

State Statutory and Regulatory Prescription Monitoring Program Data Elements Required for Transmission to the Central Repository

**DATA ELEMENTS	AL	CA	HI	ID*	IL	IN	KY	ME	MA	MI	NV*	NM	NY	OK	PA	RI*	TN	TX	UT	VA	WA*	WV	WY
Name/I.D. and/or Address of Practitioner/Prescriber/Dispenser/Pharmacy	✓		✓				✓	✓		✓			✓				✓	✓	✓	✓		✓	✓
Signatures of the Prescribing Practitioner/Dispenser																		✓	✓	✓			
Prescriber's Category of Licensure & License Number		✓																					
Practitioner's/Prescriber's Specialty and Subspecialties			✓																				
Prescriber's Federal Controlled Substance Registration Number		✓																					
State Medical License Number of Any Prescriber Using the Federal Controlled Substances Registration Number of a Government-Exempt Facility		✓																					
Pharmacy Prescription Number, and/or License Number, and/or Federal Controlled Substance Registration Number		✓							✓				✓					✓				✓	✓
Pharmacy Number																							✓
Pharmacy's National Association of Boards of Pharmacy Number and/or Location			✓						✓														
Practitioner's/Prescriber's and/or Dispenser's DEA Registration Number		✓	✓		✓	✓	✓		✓			✓	✓	✓				✓				✓	
Dispenser's Registration Number														✓									
Department Registration Number																		✓					
Triplicate Prescription Number		✓																					
Serial Number Assigned by Dispenser or Prescription Number							✓	✓				✓						✓					
Serial Number of Official Prescription Form													✓										
Date of Issue/Writing of the Prescription		✓	✓		✓			✓				✓	✓					✓	✓				✓
Date Prescription/Medication Filled or Dispensed	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓			✓	✓	✓	✓		✓	✓
Quantity and Number of Refills Authorized			✓																			✓	
Whether the Prescription is New or is a Refill			✓					✓				✓											✓
Name/Address for the Patient, Recipient (or Animal Owner), or Whom the Prescription was Written or to Whom the Medications Were Dispensed	✓	✓	✓		✓	✓		✓				✓	✓	✓	✓			✓	✓	✓		✓	✓
Patient's/Recipient's Identifier/ I.D. Number or that of their Representative			✓			✓	✓	✓	✓	✓				✓			✓		✓				
Gender of the Patient		✓											✓										✓
Patient's/Recipient's Date of Birth (D.O.B.)		✓	✓			✓		✓				✓	✓					✓		✓		✓	✓
National Drug Code (NDC) Number of Controlled Substance Dispensed	✓	✓	✓		✓	✓	✓	✓	✓			✓	✓	✓				✓				✓	✓
ICD-9 (Diagnosis Code) (if available)		✓										✓											
Quantity of Controlled Substance Prescribed or Dispensed	✓	✓			✓	✓	✓	✓	✓	✓		✓	✓	✓			✓	✓	✓	✓		✓	✓
Controlled Substance Prescribed or Dispensed							✓			✓							✓	✓	✓	✓		✓	
(Estimated) Number of Days of Supply Dispensed						✓	✓		✓				✓				✓		✓	✓			✓
Dosage or Strength of Controlled Substance								✓									✓		✓			✓	
Intended Use of the Controlled Substance or the Diagnosis for Which it is Prescribed and the Instructions for Use of the Substance																		✓					
Indication as to Whether the Prescription was Transmitted Orally or in Writing to the Pharmacist						✓																	
Other Data Elements Consistent with the American Society of Automation Pharmacy	✓																						

**Several of the elements may appear to provide the same or similar information, e.g., "Quantity of Controlled Substance Prescribed or Dispensed," and "Estimated Number of Days of Supply Dispensed." However, because the difference in language can result in varying interpretations among states, we have included the precise language of the state laws.

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ID: Please contact the Idaho State Board of Pharmacy for more information.

NV: Nevada's program collects certain data elements that are set forth in the ASAP Telecommunications Format for Controlled Substances, May 1995 edition. Those elements are not currently listed in statute or regulation. Please contact the NV Board of Pharmacy for more information.

RI: Rhode Island's program collects data elements based on the latest edition of the ASAP Telecommunications Format for Controlled Substances. The data elements are not currently listed in statute or regulation. Please contact the RI Department of Health for more information.

WA: Washington currently has a triplicate prescription form program. Please contact the WA Department of Health for more information.