PRESCRIPTION MONITORING PROGRAM STATE PROFILES – WISCONSIN

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WISCONSIN

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- Status of Program – operational
- Housing Entity – Department of Safety and Professional Services
- Advisory Commission – no
- Funding – not specified in PMP statutes or regulations
- Drugs Monitored – Schedules II – V and non-controlled, non-scheduled substances
- Who's Required to Report Dispensing Information – pharmacists and practitioners; practitioner means a person licensed to prescribe and administer drugs
- Exemptions from Reporting – direct administration of drug to patient
- Nonresident Pharmacies Required to Report – yes
- Veterinarians Required to Report – no
- Data Collection Interval – weekly/7 days
- Notice to Consumers – no
- Interstate Sharing – with other PMPs
- Persons Authorized to Receive Information – coroner; medical examiner; law enforcement and judicial/prosecutorial officials; licensing/regulatory boards; patient; health care agent; prescribers; dispensers; Department of Corrections
- Delegates Allowed – yes
- De-identified Data Provided – yes
- Unsolicited Reports – to prescribers, pharmacists, law enforcement, and licensing boards
- Training Required – no
- Mandatory Enrollment – no
- Mandatory Access – no

West's Wisconsin Statutes Annotated (2014)
Regulation and Licensing (Ch. 440 to 480)
Chapter 450. Pharmacy Examining Board

§ 450.19. Prescription drug monitoring program

(1) In this section:

(ag) " Monitored prescription drug" means a substance identified in s. 961.16,961.18, 961.20, or 961.22 or a drug identified by the board by rule as having a substantial potential for abuse.

(ar) "Practitioner" has the meaning given in s. 450.01(17) but does not include a veterinarian licensed under ch. 453.

(2) The board shall establish by rule a program for monitoring the dispensing of monitored prescription drugs. The program shall do all of the following:

(a) Require a pharmacy or a practitioner to generate a record documenting each dispensing of a monitored prescription drug at the pharmacy or, if the monitored prescription drug is not dispensed at a pharmacy, by the practitioner and to deliver the record to the board, except that the program may not require the generation of a record in any of the following circumstances:

1. A monitored prescription drug is administered directly to a patient.

2. A monitored prescription drug is compounded, packaged, or labeled in preparation for delivery but is not delivered.

3. The prescription order is for a monitored prescription drug that is a substance listed in the schedule in s. 961.22 and is not a narcotic drug, as defined in s. 961.01(15), and the prescription order is for a number of doses that is intended to last the patient 7 days or less.

(b) Identify specific data elements to be contained in a record documenting the dispensing of a prescription drug, including the method of payment and, subject to sub. (2m), the name recorded under s. 450.11(1b)(bm). In identifying specific data elements, the board shall consider data elements identified by similar programs in other states and shall ensure, to the extent possible, that records generated by the program are easily shared with other states.

(c) Specify the persons to whom a record may be disclosed and the circumstances under which the disclosure may occur. The rule promulgated under this paragraph shall permit the board to share a record generated by the program with relevant agencies of other states.

(d) Specify a secure electronic format for delivery of a record generated under the program and authorize the board to grant a pharmacy or practitioner a waiver of the specified format.

(e) Specify a deadline for the delivery of a record to the board.

(f) Specify the discipline for failure to comply with rules promulgated under this subsection.

(g) Maximize the potential for funding the operation of the program with available federal funding sources.

(h) Ensure that the program complies with s. 146.82 and 45 CFR part 164, subpart E.

(2m)(a) The rules promulgated under sub. (2) may not require that a record delivered to the board before 2 years after April 9, 2014, contain the name recorded under s. 450.11(1b)(bm).

(b) After consultation with representatives of licensed pharmacists and pharmacies, and subject to the approval of the secretary, the board may delay the requirement that a record delivered to the board contain the name recorded under s. 450.11(1b)(bm) for an additional period beyond the date specified in par. (a).

(3)(a) A pharmacy, pharmacist, or practitioner is immune from civil or criminal liability or professional discipline arising from the pharmacy's, pharmacist's, or practitioner's compliance in good faith with this section or with rules promulgated under this section.

(b) Nothing in this section may be construed to require a pharmacy, pharmacist, or practitioner to obtain, before prescribing or dispensing a monitored prescription drug to a patient, information about the patient that has been collected pursuant to the program established under sub. (2).

(4) Records generated under the program under this section are not subject to inspection or copying under s. 19.35.

Wisconsin Administrative Code (2014)
Pharmacy Examining Board
Chapter Phar 18. Prescription Drug Monitoring Program

Phar 18.02 Definitions.

As used in this chapter:

(1) "Access" means to have the ability to view PDMP information through an account established with the board.

(2) "Administer" has the meaning given in s. 450.01 (1), Stats.

(3) "Animal" has the meaning given in s. 453.02 (1m), Stats.

(3m) "ASAP" means the American Society for Automation in Pharmacy.

Note: Contact: American Society for Automation in Pharmacy, 492 Norristown Road, Suite 160; Blue Bell, PA 19422; phone: (610) 825-7783; Fax: (610) 825-7641; webpage: http://asapnet.org/index.html.

(4) "Board" has the meaning given in s. 450.01 (2), Stats.

(5) "Controlled substance" means a drug, substance, analog, or precursor described in any of the following:

(a) Schedule I, II, III, IV, or V in the federal controlled substances act, 21 USC 812 (b)(1) to (b)(5) and (c), as changed and updated by 21 CFR 1308.

(b) Schedule I, II, III, IV, or V in subch. II. of ch. 961, Stats., as amended by ch. CSB 2.

(6) "Department" means the department of safety and professional services.

(7) "Dispense" has the meaning given in s. 450.01 (7), Stats.

(8) "Dispenser" means all of the following:

(a) A pharmacy from where a pharmacist dispenses a monitored prescription drug.

Note: A site of remote dispensing authorized under s. 450.062, Stats., and s. Phar 7.095 is under the supervision of a pharmacy.

(b) A practitioner who dispenses a monitored prescription drug.

(9) “Dispenser delegate” means an agent or employee of a dispenser to whom the task of inputting or accessing PDMP information has been delegated.

(10) “Dispensing data” means data compiled pursuant to s. Phar 18.04.

(11) “Drug” has the meaning given in s. 450.01 (10), Stats.

(12) (a) “Monitored prescription drug” means all of the following:

1. A controlled substance included in s. 450.19 (1), Stats.

2. A drug identified by the board as having a substantial potential for abuse in s. Phar 18.03.

(b) “Monitored prescription drug” does not mean a controlled substance that by law may be dispensed without a prescription order.

(13) “Patient” has the meaning given in s. 450.01 (14), Stats.

(13e) “PDMP” means the Wisconsin prescription drug monitoring program.

(14) “Person authorized by the patient” means person authorized by the patient in s. 146.81 (5), Stats., and includes persons with delegated authority under s. 48.979, Stats.

(15) “PDMP information” means all of the following:

(a) The data compiled and stored by the board from dispensing data submitted to it by dispensers.

(b) The information created by the board to satisfy the requirements in s. Phar 18.12.

(16) “Pharmacy” means any place of practice licensed by the board under ss. 450.06 or 450.065, Stats., including a pharmacy that chooses to solely dispense to animal patients.

(17) “Practitioner” has the meaning given in s. 450.19(1)(ar), Stats.

(18) “Practitioner delegate” means an agent or employee of a practitioner to whom the practitioner has delegated the task of accessing PDMP information.

(19) “Prescription” has the meaning given in s. 450.01 (19), Stats.

(20) “Prescription order” has the meaning given in s. 450.01 (21), Stats.

(21) “Program” means the prescription drug monitoring program established under this chapter.

(22) Repealed.

(23) “Zero report” means a report that indicates that a dispenser has not dispensed a monitored prescription drug since the previous submission of dispensing data or a zero report.

Wisconsin Administrative Code (2014)
Pharmacy Examining Board
Chapter Phar 18. Prescription Drug Monitoring Program

Phar 18.03 Drugs that have a substantial potential for abuse.

Pursuant to s. 450.19 (1)(b), Stats., the board has identified all of the following drugs as having a substantial potential for abuse:

(1) A controlled substance identified in schedule II, III, IV or V in the federal controlled substances act, 21 USC 812 (b)(2) to (b)(5) and (c), as changed and updated by 21 CFR 1308.

(2) A controlled substance identified in schedule IV or V in subch. II. of ch. 961, Stats., as amended by ch. CSB 2.

(3) Tramadol.

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Phar 18.04 Dispensing data.

(1) As used in this section:

(a) "DEA registration number" means the registration number issued to a dispenser or practitioner by the federal department of justice, drug enforcement administration.

(b) "Dispenser identifier" means the DEA registration number, or when the DEA registration number is not available, the NPI number.

(c) "NDC number" means national drug code number, the universal product identifier used in the U.S. to identify a specific drug product.

(d) "NPI number" means national provider identifier number, the registration number issued to a dispenser or practitioner by the national provider identifier registry.

(e) "Practitioner identifier" means the DEA registration number, or when the DEA registration number is not available, the NPI number.

(2) Subject to s. Phar 18.08, a dispenser shall compile dispensing data that contains information about each time he or she dispenses a monitored prescription drug to a patient.

(3) The dispensing data shall contain all of the following information:

(a) The dispenser's full name.

(b) The dispenser identifier, if available.

(c) The date dispensed.

(d) The prescription number.

(e) The NDC number or the name and strength of the monitored prescription drug.

(f) The quantity dispensed.

(g) The estimated number of days of drug therapy.

(h) The practitioner's full name.

(i) The practitioner identifier, if available.

(j) The date prescribed.

(k) The partial fill indicator.

(l) The patient's full name.

(m) The patient's address, or if the patient is an animal, the owner of the patient's address, including street address, city, state and ZIP code.

(n) The patient's date of birth, or if the patient is an animal, the owner of the patient's date of birth.

(o) The patient's gender.

(4) A dispenser who fails to compile dispensing data as required by subs. (2) and (3) may be subject to disciplinary action by the licensing board that issued the license under which the dispenser is authorized to dispense monitored prescription drugs.

Wisconsin Administrative Code (2014)
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Phar 18.05 Electronic submission of dispensing data.

(1) A dispenser shall create an account with the board through which the dispenser shall submit dispensing data to the board.

Note: The application to create an account may be completed online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

(2) The dispensing data shall be submitted to the board in compliance with the data standards in the version and release of the ASAP implementation guide for prescription monitoring programs identified by the board or other electronic format identified by the board.

Note: The guide for dispensers which specifies the data standards in the version and release of the ASAP implementation guide for prescription monitoring programs identified by the board and other electronic formats identified by the board may be obtained online at www.dsps.wi.gov or at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

(3) If a dispenser is not able to create an account or submit dispensing data as required by subs. (1) and (2), the board may grant a waiver to a dispenser who satisfies all of the following conditions:

(a) The dispenser agrees to begin filing dispensing data on a paper form identified by the board for each monitored prescription drug dispensed.

(b) The dispenser files with the board a written application for a waiver on a form provided by the board.

Note: The application for a waiver may be obtained online at www.dsps.wi.gov or at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

(4) A dispenser who fails to create an account with the board and submit dispensing data as required by subs. (1) and (2) or be granted a waiver under sub. (3) may be subject to disciplinary action by the licensing board that issued the license under which the dispenser is authorized to dispense monitored prescription drugs.

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Phar 18.06 Frequency of submissions.

(1) A dispenser shall submit dispensing data to the board within 7 days of dispensing a monitored prescription drug.

(2) If a dispenser does not dispense a monitored prescription drug for 7 days, the dispenser shall submit a zero report to the board.

(3) If a dispenser is not able to submit dispensing data within 7 days of dispensing a monitored prescription drug as required by sub. (1), the board may grant an emergency waiver to a dispenser who satisfies all of the following conditions:

(a) The dispenser is not able to submit dispensing data because of circumstances beyond its control.

(b) The dispenser files with the board a written application for an emergency waiver on a form provided by the board prior to the required submission of dispensing data.

Note: The application for an emergency waiver may be obtained online at www.dsps.wi.gov or at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

(4) Unless otherwise specified by the board, an emergency waiver granted under sub. (3) shall only be effective for 7 days.

(5) A dispenser who fails to submit dispensing data or a zero report as required by subs. (1) and (2), be granted an emergency waiver under sub. (3), or submits false information to the board may be subject to disciplinary action by the licensing board that issued the license under which the dispenser is authorized to dispense monitored prescription drugs.

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Phar 18.09 Direct access to PDMP information.

(1) Dispensers, dispenser delegates, practitioners, and practitioner delegates may access PDMP information in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter and other state or federal laws and regulations relating to the privacy of patient health care records.

(2) To obtain access to PDMP information, dispensers, dispenser delegates, practitioners, and practitioner delegates shall create an account with the board on a form provided by the board.

Note: The application to create an account may be completed online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

(3) The board may deny, suspend, revoke or otherwise restrict or limit a dispenser's, dispenser delegate's, practitioner's, or practitioner delegate's direct access to PDMP information for any of the following reasons:

(a) The dispenser, dispenser delegate, practitioner, or practitioner delegate uses PDMP information in violation of s. 146.82 or 450.19, Stats., this chapter, or other state or federal laws or regulations relating to the privacy of patient health care records.

(b) The dispenser, dispenser delegate, practitioner, or practitioner delegate is no longer licensed in this state or another state and recognized by this state as a person authorized to prescribe or dispense monitored prescription drugs.

(c) The board, other licensing board, or regulatory agency takes adverse action against the dispenser, dispenser delegate, practitioner, or practitioner delegate.

(d) A licensing board or equivalent regulatory agency in another jurisdiction takes adverse action against the dispenser, dispenser delegate, practitioner, or practitioner delegate.

(e) The federal department of justice, drug enforcement administration takes adverse action against the dispenser, dispenser delegate, practitioner, or practitioner delegate.

(f) The dispenser, dispenser delegate, practitioner, or practitioner delegate is convicted of a crime substantially related to the prescribing or dispensing of a monitored prescription drug.

(g) The dispenser delegate or practitioner delegate is no longer delegated the task of inputting or accessing PDMP information.

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Phar 18.11 Methods of obtaining PDMP information.

(1) The board shall disclose PDMP information about a patient to the patient if he or she does all of the following:

(a) Appears in person at the department with two forms of valid proof of identity, one of which is valid government—issued photographic identification.

(b) Makes a request for the PDMP information on a form provided by the board.

(2) The board shall disclose PDMP information about a patient to a person authorized by the patient if the person authorized by the patient does all of the following:

(a) Appears in person at the department with two forms of valid proof of identity, one of which is valid government—issued photographic identification.

(b) Provides proof sufficient to the board of the authorization or delegation from the patient.

(c) Makes a request for the PDMP information on a form provided by the board.

(3) The board shall disclose the minimum amount of PDMP information necessary to designated staff of a relevant agency in another state in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter, and other state or federal laws and regulations relating to the privacy of patient health care records if the designated staff does all of the following:

(a) Creates an account with the board on a form provided by the board.

(b) Provides proof sufficient to the board that the relevant agency in another state is entitled to the information under ss. 146.82 and 450.19 (2) (c), Stats.

(c) Makes a request for the PDMP information through its account with the board.

(4) The board shall disclose the minimum amount of PDMP information necessary to a health care facility staff committee, or accreditation or health care services review organization in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter, and other state or federal laws and regulations relating to the privacy of patient health care records if the designated staff does all of the following:

(a) Creates an account with the board on a form provided by the board.

(b) Provides proof sufficient to the board that the health care facility staff committee, or accreditation or health care services review organization is entitled to the information under s. 146.82 (2) (a) 1., Stats.

(c) Makes a request for the PDMP information through its account with the board.

(5) The board shall disclose the minimum amount of PDMP information necessary to designated staff of a federal or state governmental agency in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter, and other state or federal laws and regulations relating to the privacy of patient health care records if the designated staff does all of the following:

(a) Creates an account with the board on a form provided by the board.

(b) Provides proof sufficient to the board that the federal or state governmental agency is entitled to the information under s. 146.82 (2) (a) 5., Stats.

(c) Makes a request for the PDMP information through its account with the board.

(6) The board shall disclose the minimum amount of PDMP information necessary to designated staff of the department who is charged with investigating dispensers, dispenser delegates, practitioners, and practitioner delegates in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter, and other state or federal laws and regulations relating to the privacy of patient health care records if the designated staff does all of the following:

(a) Creates an account with the board on a form provided by the board.

(b) Provides proof sufficient to the board that the department is entitled to the information under s. 146.82 (2) (a) 5., Stats.

(c) Makes a request for the PDMP information through its account with the board.

(7) The board shall disclose the minimum amount of PDMP information necessary to a prisoner's health care provider, the medical staff of a prison or jail in which a prisoner is confined, the receiving institution intake staff at a prison or jail to which a prisoner is being transferred or a person designated by a jailer to maintain prisoner medical records or designated staff of the department of corrections in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter, and other state or federal laws and regulations relating to the privacy of patient health care records if the person does all of the following:

(a) Creates an account with the board on a form provided by the board.

(b) Provides proof sufficient to the board that the person is entitled to the information under s. 146.82 (2) (a) 21., Stats.

(c) Makes a request for the PDMP information through its account with the board.

(8) The board shall disclose the minimum amount of PDMP information necessary to a coroner, deputy coroner, medical examiner, or medical examiner's assistant following the death of a patient in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter, and other state or federal laws and regulations relating to the privacy of patient health care records if the person does all of the following:

(a) Creates an account with the board on a form provided by the board.

(b) Provides proof sufficient to the board that the person is entitled to the information under s. 146.82 (2) (a) 18., Stats.

(c) Makes a request for the PDMP information through its account with the board.

(9) The board shall disclose the minimum amount of PDMP information necessary to a researcher in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter, and other state or federal laws and regulations relating to the privacy of patient health care records if the person does all of the following:

(a) Creates an account with the board on a form provided by the board.

(b) Provides proof sufficient to the board that the person is entitled to the information under s. 146.82 (2) (a) 6. or 20., Stats.

(c) Makes a request for the PDMP information through its account with the board.

(10) The board shall disclose the minimum amount of PDMP information to designated staff of a law enforcement authority in the same or similar manner, and for the same or similar purposes, as those persons are authorized to access similar confidential patient health care records under ss. 146.82 and 450.19, Stats., this chapter, and other state or federal laws and regulations relating to the privacy of patient health care records if the designated staff does all of the following:

(a) Creates an account with the board on a form provided by the board.

(b) Provides a lawful order of a court of record under s. 146.82 (2) (a) 4., Stats., or provides evidence satisfactory to the board that the law enforcement agency is entitled to the information under s. 146.82 (2) (a) 11., Stats.

(c) Makes a request for PDMP information through its account with the board.

Note: The application to create an account and form to request PDMP information may be completed online at www.dsps.wi.gov or obtained at no charge from the Department of Safety and Professional Services, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

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Phar 18.14 Exchange of PDMP information.

(1) The board may exchange PDMP information with a prescription monitoring program operated by a relevant agency in another jurisdiction if the prescription monitoring program satisfies all of the following conditions:

(a) The prescription monitoring program is compatible with the program.

(b) The relevant agency operating the prescription monitoring program agrees to exchange similar information with the program.

(2) In determining the compatibility of a prescription monitoring program to the program, the board may consider any of the following:

(a) The safeguards for privacy of patient records and the prescription monitoring program's success in protecting patient privacy.

(b) The persons authorized to access the information stored by the prescription monitoring program.

(c) The schedules of controlled substances monitored by the prescription monitoring program.

(d) The information required by the agency to be submitted regarding the dispensing of a prescription drug.

(e) The costs and benefits to the board of sharing information.

(3) The board may assess a prescription monitoring program's continued compatibility with the program at any time.