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| Alabama | No | Pain management program services shall receive authorization from the employer/agent prior to providing services. No health care provider may refer the employee to another pain management program without prior authorization from the employer/agent (Alabama Administrative Code). | N/A | N/A | N/A | N/A | N/A | http://www.adph.org/pdmp/ | This law requires anyone who dispenses Class II, III, IV, V controlled substances to report the dispensing of these drugs to the database. Mandatory reporting began April 1, 2006. | N/A |
| Alaska | No | No | No | No | N/A | N/A | N/A | http://pmp.relay_health.com/AK/Documents/AK_PMP_FAQ_030812v1.pdf | Pharmacies and other dispensers (clinics, etc.) that are licensed by the Alaska Board of Pharmacy are required by law to provide dispensing activity to the data collection vendor in approved formats and frequencies. | N/A |
| Arizona | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.azpharmacy.gov/CS-Rx_Monitoring/aboutpmp.asp | Dispensers are required to report on a weekly basis (II-V). | N/A |
| Arkansas | No | N/A | N/A | N/A | N/A | N/A | N/A | Law adopted- PDMP will become active in | N/A | N/A |

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| California | Yes | N/A | A written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent (77). | Guidelines encourage the consideration of urine drug screening to assess the use or presence of illegal drugs (especially with issues of abuse, addiction or poor pain control) (77-78). | Advisory | http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS_Regulations/MTUS_ChronicPainMedicalTreatmentGuidelines.pdf | If there are repeated violations from the medication contract or any other evidence of abuse, addiction, or possible diversion it has been suggested that a patient show evidence of a consult with a physician that is trained in addiction to assess the ongoing situation and recommend possible detoxification. (Weaver, 2002). Chronic Pain Treatment Guidelines also include indicators for addiction and follow up suggestions. To evaluate patients at risk for drug abuse the | http://oag.ca.gov/cures-pdmp | No- Medical professionals can register to use the program. | AB 487, signed into law on October 4, 2001, requires most CA-licensed physicians to take, as a one time requirement, 12 units CME on pain management and the appropriate care and treatment of the terminally ill. |

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| Colorado | Yes | N/A | Recommended-Contract specifications outlined (78). | Use of drug screening initially , randomly at least once a year and as deemed appropriate by the prescribing physician, Drug screening is suggested for any patients who have been receiving opioids for 90 days (79). | Binding | http://www.colorado.gov/_c/Satellite/CDLE-WorkComp/CDLE/1248095316866 | Addiction – If addiction occurs, patients may require treatment, Refer to treatment section. After detoxification they may need long-term treatment with naltrexone, an antagonist which can be administered in a long-acting form or buprenorphine which requires specific education per the DEA (83). | http://www.dora.state.co.us/pharmacy/pdmp/index.htm | Regular consultation of the Prescription Drug Monitoring Program (PDMP) – Physicians should review their patient on the system whenever drug screens are done. This information should be used in combination with the drug screening results, functional status of the patient and other laboratory findings to review the need for treatment and level of treatment appropriate for the patient (82). | When physicians are accredited in Colorado by the Colorado Division of Workers' Compensation they do take 2 hours of CME on opioids. It is not a state wide requirement for all doctors however. |

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| Connecticut | Yes | Documentation of medical necessity, including gains in pain, function or work capacity, is mandatory for prescribing beyond what is described within the guidelines (using over 12 weeks duration) (2). | Patients continuing on opioids longer than 4 weeks should be managed under a narcotic agreement as recommended by the Federation of State Medical Boards (2) | A baseline urine test for drugs of abuse and assessment of function and pain should be performed prior to institution of opioids for chronic pain (2). Patients maintained beyond 4 weeks on chronic medications should have urine drug testing up to 2x/yr for stable low risk patient and more frequently for high risk patients. | Advisory | http://wcc.state.ct.us/download/acrobat/protocols.pdf | Before prescribing opioids for chronic pain, potential comorbidities should be evaluated. These include opioid addiction, drug or alcohol problems and depression. Discontinue treatment or refer to addiction management if patient exhibits drug seeking behaviors (2). | http://www.ct.gov/dcp/cwp/view.asp?a=1620&q=411378&dcpNav_GID=1881 | Pharmacies are required to report transactions for controlled substances twice a month. Pharmacies and physicians then can use the data when prescribing to patients. Using the PDMP is not required. | N/A |

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| Delaware | Yes | Not if the health care provider is a certified health care provider in the DE Workers' Compensation Health Care Payment System (HCPS). Otherwise, 19 Del. C. §2322D(a)(1) requires non-certified health care providers to "first preauthorize each health care procedure, office visit or health care service to be provided to the employee with the employer or insurance carrier." 19 Del. C. §2322D(b) allows 1 visit if the first instance of treatment before a provider must become certified. | Recommended | No, but physician should deem when drug testing is appropriate. | A certified health care provider who does not adhere to the health care practice guidelines risks non-payment, if the carrier challenges the treatment. A certified health care provider agrees to adhere to the practice guidelines as a condition of certification in the HCPS. The preferred pharmacy formulary is advisory | http://dowc.ingenix.com/info.asp?page=pracguid#b7 | No specifics | Delaware Statute for PMP 16 Del. C. §4798: http://delcode.delaware.gov/title16/c047/sc07/index.shtml#4798 Dept. of State, Division of Professional Regulation (not OWC) has a new PMP. Info is on their web site at: http://dpr.delaware.gov/boards/controlledsubstances/pmp/ | Dispensers are required to report Schedule II, III, IV, and V controlled substances, and any other drugs identified by the board of pharmacy as demonstrating a potential for abuse. The Delaware Office of Workers' Compensation (OWC) certifies its providers and requires them to maintain their professional licenses. If a provider loses his or her license because he or she did not follow the PMP rules set forth by the Division of Professional Regulation, then he or she would no longer be certified in the DE Workers' | The continuing education requirement for OWC does not hone in on opioid use, but is more of a general overview of the HCPS. |
| District of Columbia | No | N/A | N/A | N/A | N/A | N/A | N/A | Legislation enacted, but the system is not yet fully operational | N/A | N/A |
| Florida | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.e-forcse.com/home.html | E-FORCSE Pharmacies are required to report dispensing activity for schedule II-IV controlled substances. | N/A |
| Georgia | No | N/A | N/A | N/A | N/A | N/A | N/A | Approved- Should be operational in January of | N/A | N/A |

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| Hawaii | Yes, ODG Guidelines | N/A | N/A | N/A | N/A | N/A | N/A | Electronic Prescription Accountability System | Dispensing activity for schedule II-IV controlled substances is reported | N/A |
| Idaho | No | N/A | N/A | N/A | N/A | N/A | N/A | http://ipmp.bop.idaho.gov/ | Data is collected on a monthly basis from Idaho pharmacies and out-of-state mail service pharmacies licensed with the Idaho Board of Pharmacy (II-IV). | N/A |
| Illinois | No | There are no specific opioid regulations in Illinois, but pre-authorization can be part of utilization review. | N/A | N/A | N/A | N/A | N/A | https://www.ilpmp.org/ | The PMP contains all Schedule II-IV prescriptions dispensed by Illinois retail pharmacies (collected on a weekly basis). Doctors who prescribe more than a certain amount of drugs are supposed to enter the info into the PMP but many don't. | N/A |
| Indiana | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.in.gov/pla/inspect.htm | INSPECT- All dispensed schedule II-V controlled substances reported | N/A |

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| Iowa | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.state.ia.us/ibpe/pmp/pmp_info.html | All Iowa pharmacies that dispense outpatient prescriptions of Schedule II, III, or IV controlled substances are required to report those prescriptions to the PMP. | N/A |
| Kansas | Yes, ODG Guidelines | No | No | No | Advisory | Not required, but recognized as primary standard of reference. | No | http://www.kansas.gov/pharmacy/KSPMP.htm | Pharmacies dispensing in and into the state of Kansas must report to K-TRACS all schedule II, III and IV controlled substance prescriptions and drugs of concern that they dispense. However, when a Kansas resident actually goes to another state and physically picks up the prescription(s) in that state, that prescription technically is not dispensed in Kansas and is not to be reported to K-TRACS | No |

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| Kentucky | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.chf.s.ky.gov/NR/rdonlyres/B86A82B7-9329-4C02-9E38-ED02A8375EF2/0/HB1andKASPERFAQs06292012.pdf | Prescribers must query KASPER before prescribing a Schedule II or Schedule III drug with hydrocodone for the first time. The statute then requires the prescriber to query the system no less than every three months when issuing any new prescription or refill for that patient for any Schedule II or Schedule III drug with hydrocodone. | N/A |
| Louisiana | Yes | N/A | Suggested: Informed, written, witnessed consent by the patient (22). Contract detailing reasons for termination of supply, with appropriate tapering of dose (23). | No, but physician should deem when drug testing is appropriate. | N/A | http://www.laworks.net/Downloads/OWC/MedicalGuidelines_Pain.pdf | Physicians should take into consideration pre-existing factors that could lead to addiction before prescribing opioid treatment (preventative) (23). | http://www.louisianapharmacists.com/display.common.cfm?an=1&subarticle=10 | Pharmacists - Effective January 1, 2009, pharmacies dispensing controlled substances must report those transactions through the Louisiana Board of Pharmacy (LABP) Prescription Monitoring Program (PMP). Pharmacists must apply for authority to access the information electronically, but only for their own patients. | N/A |

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| Maine | Yes. Board Rules and Regulations Chapter 7, Section 2, Subsection 2. (Guidelines dated September 25, 1997). | No | No | No | Binding | N/A | Yes | http://www.maine.gov/dhhs/osa/data/pmp/ | The state legislature passed a law in 2003 that requires information about all transactions for Schedule II, III, and IV controlled substances dispensed in Maine to be reported to the state government. | No |
| Maryland | No | No | No | No | N/A | N/A | N/A | Estimated to begin the first quarter of 2013 | For controlled dangerous substances under schedule II – V; there are exceptions for certain dispensers that are required to report. | N/A |
| Massachusetts | Yes | The total daily dose of opioids should not be increased above 120mg of oral morphine of the equivalent. Some patients may benefit from a higher dose if there is documented objective improvement, and a lack of significant opioid side effects (6). | Long term opioid patients must have a written, informed agreement. | A baseline initial drug screen should be performed, and the use of random drug screening at least twice and up to 4 times per year for the purpose of improving patient care (6). | N/A | http://www.mass.gov/eohhs/prov/der/licensing/compliance/drug-control/ma-online-prescription-monitoring-program/ | Preventative- no process for if addiction occurs | http://www.mass.gov/eohhs/prov/der/licensing/compliance/drug-control/ma-online-prescription-monitoring-program/ | N/A | Effective Feb. 1, 2012, physicians applying to renew their license or obtain a new license must complete at least three (3) credits of education and training in pain management and opioid education. This requirement applies to all physicians who prescribe controlled substances |

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| Michigan | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.michigan.gov/lara/0,4601,7-154-35299_28150_55478---,00.html | MAPS-According to Board of Pharmacy Administrative Rule 338.3162b, all pharmacies, dispensing practitioners and veterinarians who dispense controlled substances in Schedules 2-5 are required to electronically report this prescription data through MAPS Online on the 1st and 15th day of every month | N/A |
| Minnesota | Yes | Rules are located in the document outlines <i>Fees for Medical Services</i> : https://www.revisor.mn.gov/rules/?id=5221&view=chapter&keyword=type=all&keyword=opioids&redirect=0 | N/A | N/A | N/A | https://www.revisor.mn.gov/rules/?id=5221.6105&keyword=type=all&keyword=opioids | The health care provider shall maintain diligence to detect incipient or actual chemical dependency to any medication prescribed for treatment of the employee's condition. In cases of incipient or actual dependency, the health care provider shall refer the employee for appropriate evaluation and treatment of the dependency. | http://pmp.pharmacy.state.mn.us/index.html | The Minnesota Prescription Monitoring Program (PMP) collects prescription data on all schedule II-IV controlled substances as well as those federal schedule V controlled substances which are designated as schedule III in Minnesota. | N/A |
| Mississippi | No | N/A | N/A | N/A | N/A | N/A | N/A | http://pmp.relayhealth.com/ms/ | N/A | N/A |

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| Missouri | No | N/A | N/A | N/A | N/A | N/A | N/A | Legislation Pending | N/A | N/A |
| Montana | Yes | Pre-authorization is not required for treatment within the guidelines. | All patients on chronic opioids should have a written, informed agreement. The agreement should discuss side effects of opioids, results of use in pregnancy, inability to refill lost or missing medication/prescription, withdrawal symptoms, requirement for drug testing, necessity of tapering, and reasons for termination of prescription. | No, but physician should deem when drug testing is appropriate. | Binding | http://www.mtguidelines.com/MedPro/TreatmentSummary.aspx?tsid=439 | Focus on prevention and identifying factors that may lead to addiction. | Yes- Enacted, collecting data. | Prescription data will be collected on all schedule II- IV controlled substances. Prescribers then can request a report. | N/A |
| Nebraska | No | N/A | N/A | N/A | N/A | N/A | N/A | Yes | N/A | N/A |
| Nevada | Yes, ACOEM Practice Guidelines | N/A | Use of a patient opioid agreement is recommended (5). | Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician (5). | N/A | http://www.acoem.org/uploadedFiles/Knowledge_Centers/Practice_Guidelines/Chronic%20Pain%20Opioid%202011.pdf | Prescreen for risk of addiction or abuse. Methods are outlined (8). Sections on <i>Managing Risk of Abuse and Addiction</i> . (11- 12) | http://www.fightrxabuse.org/topics/RxAbuse/profileNV.asp | Prescription data collected twice a month for all II- IV controlled substances. Registered users can request reports. | N/A |

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| New Hampshire | No | N/A | N/A | N/A | N/A | N/A | N/A | Legislation Enacted June 2012 | N/A | N/A |
| New Jersey | No | N/A | N/A | N/A | N/A | N/A | N/A | Yes- Collecting Data | N/A | N/A |
| New Mexico | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.namsdl.org/resources/New%20Mexico1.pdf | Prescription data collected monthly for all II-IV controlled substances. Practitioners can request reports. | N/A |
| New York | Yes there are guidelines, but there are no specifics on opioids or chronic pain. | The Guidelines state that "Narcotic medications should be prescribed with strict time, quantity, and duration guidelines and with definitive cessation parameters... [with a] Maximum duration: 2 weeks." The Guidelines further state: "Use beyond two weeks is acceptable in appropriate cases. Any use beyond the maximum should be documented and justified based on the diagnosis and/or invasive procedures" | N/A | N/A | N/A | N/A | N/A | http://www.health.ny.gov/professionals/narcotic/ | Prescription data collected for all II-V controlled substances. Also, confidential notification is sent to practitioners when a patient is receiving controlled substances from multiple practitioners. | N/A |

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| North Carolina | No, but North Carolina relies on doctors to use accepted prescribing guidelines put forth by their respective specialties. | N/A | N/A | N/A | N/A | N/A | N/A | http://www.ncdhs.gov/mhddsas/controlledsubstance/index.htm | Prescription data is collected on all schedule II-IV controlled substances. Prescribers then can request a report. | N/A |
| North Dakota | Yes, ODG Guidelines | In the state of North Dakota prior authorization is required for all transmucosal, sublingual, and transbuccal formulations of fentanyl. This would include Actiq, Fentora, Onsolis, Abstral, and Subsys. | Highly encouraged, but not required | Highly encouraged, but not required | Advisory in regards to the opioid analgesics. | N/A | North Dakota has instituted a triage process to identify potential problems or complications with the opioid therapy once an injured worker has been on 90 days of opioid therapy. | http://www.nodakpharmacy.com/PDMP-index.asp | Providers are not required to access the PDMP. | No |
| Ohio | Yes, ODG Guidelines | N/A | N/A | N/A | N/A | N/A | N/A | https://www.ohiopmp.gov/portal/default.aspx | OARRS- Practitioners and pharmacists are required to report and use before prescribing. | N/A |

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| Oklahoma | Yes, ODG Guidelines and OK Treatment Guideline for use of Schedule II Drugs | N/A | An Opioid Treatment Agreement and Informed Consent document is required for patients and physicians. | Urine drug screens must be done regularly and with a chain of custody . | ODG and OTG govern scope and duration of care; provided, care outside the guidelines is allowed in a medical emergency if preauthorized by the payer or if approved by the court upon a finding that treatment per the guidelines is not in the best interest of the employee. | http://www.owcc.state.ok.us/OTG-Drugs.pdf | N/A | http://www.ok.gov/obnnd/Prescription_Monitoring_Program/index.html | State law requires all dispensers of Schedule II, III, IV, and V controlled substances to submit prescription dispensing information using an automated format within 30 days of the time that the controlled substance is dispensed. OK Treatment Guidelines for the use of schedule II drugs requires providers to use the PMP drug website maintained by the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND). | 1 hour of education of prescribing controlled substances every 2 years. |
| Oregon | No | No | No | No | N/A | http://www.cbs.state.or.us/wcd/rdrs/manc/ops_final.pdf | Not a separate process, identified by rule | http://www.orpdmp.com/ | Pharmacies submit prescription data to the PDMP system for all Schedules II, III, and IV controlled substances dispensed to Oregon residents. | Not workers' compensation mandated |
| Pennsylvania | No | N/A | N/A | N/A | N/A | N/A | N/A | Yes | N/A | N/A |
| Rhode Island | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.health.ri.gov/programs/prescriptionmonitoring/ | Dispensing activity reporting required for II-III | N/A |

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| South Carolina | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.scdhec.gov/administration/drug_control/pmp.htm | SCRIPTS- The purpose of the S.C. Reporting & Identification Prescription Tracking System (SCRIPTS) is to collect data on all Schedule II, III, and IV controlled substances dispensed in and/or into the state of South Carolina. | N/A |
| South Dakota | Yes- Treatment standards are required for certification of case management plans. | N/A | N/A | N/A | N/A | N/A | N/A | http://www.hidinc.com/sdpmp | Pharmacies and practitioners that dispense any Schedule II, III, and IV controlled substances in South Dakota or to an address in South Dakota must electronically report such dispensing to the SD PDMP starting on December 12, 2011. | N/A |
| Tennessee | Yes- Law enacted to amend the Tennessee Code | The prescribing of Schedule II, III and IV controlled substances for a period greater than 90 days is subject to Utilization Review. | Employee may be asked to sign a "drug contract." More than one violation of the drug contract disqualifies the employee from receiving Schedule II-IV controlled substances. | | N/A | Law passed May 1, 2012 and effective as of July 1, 2012 | There is no process for identifying/treating addiction per se. The employer may be responsible for the cost though. | http://health.state.tn.us/boards/ControlledSubstance/index.shtml | CSMD- Pharmacies within the state of Tennessee are required to upload all schedule II-V prescriptions at least twice monthly. The use of the PDMP is also covered in the new law. All pharmacies, including dispensing MD offices should be discussed. | There is mandatory CME required by the BME for 1 hour each two years as part of license renewal. |
| Texas | Yes, ODG Guidelines | N/A | N/A | N/A | N/A | Texas adopted a closed formulary. | N/A | http://www.txdps.state.tx.us/RegulatoryServices/prescription_program/index.htm | N/A | N/A |
| Utah | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.dopl.utah.gov/programs/csd/index.html | CSD- Utah law requires all outpatient pharmacies to report dispensing a controlled substance prescription (schedules II – V) within | N/A |
| Vermont | No | No | No | No | No | No | No | http://healthvermont.gov/adap/VPMS.aspx#about | N/A | N/A |

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| Virginia | No | N/A | N/A | N/A | N/A | N/A | N/A | http://www.dhp.virginia.gov/dhp_programs/pmp/ | Pharmacies, non-resident pharmacies, permitted physicians, and physicians holding a permit to sell controlled substances are required to report all dispensing of any Schedule II, III, and IV controlled substances to the PMP. | N/A |
| Washington | Yes, guidelines and rules: http://www.lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/Opioids.pdf rules - http://apps.leg.wa.gov/WAC/default.aspx?cite=296-20 (WAC 296-20-03019 - 03024) | Yes, non-preferr ed opioids and opioid coverage for chronic noncancer pain require prior authorization, see http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/PrescribingPatients/OutpatientDrug.asp. Fentanyl I base opioids (Duragesic, Actiq, Fentora, etc) are noncovered, see http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/PrescribingPatients/Policy/default.asp. | Yes, when opioids are initially prescribed for chronic noncancer pain then renewed every 6 months. See WAC 296-20-03020 | No, but drug testing is strongly recommended for chronic, noncancer pain, for aberrant behaviors and monitoring chronic opioid therapy | Binding as coverage is based on them | Washington Boards and Commissions also have Pain Management Rules for all licensees that can prescribe opioid in the state, see http://www.doh.wa.gov/PublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PainManagement.aspx. | Guideline has guidance for providers. Practitioners should pay close attention to contraindications for abuse/addiction before administering opioids (5). Appearance of misuse of medications: Be sure to watch out for and document any appearance of misuse of medications. Acquisition of drugs from other physicians, uncontrolled dose escalation or other aberrant behaviors must be carefully assessed. In all such patients, opioid use should be reconsidered and | Yes, the department has access to PMP in two ways: department's clinicians for individual claim review and a monthly download of all active claims controlled substance history, see http://www.doh.wa.gov/PublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP.aspx | No but the Boards and Commissions rules specified that they should review PMP. The program started data collection from all dispensers on October 7, 2011. | The boards and Commissions have specific recommendation on CME through their rules. |

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| West Virginia | Yes | 58.1. No later than 30 days after the attending physician begins treatment with opioids, he/she must submit a written report to the Commissioner, private carrier, Insurance Commissioner or self-insured employer in order for the applicable to pay (85). | Yes, required for authorized payment for or opioid use (85). | Drug testing is strongly recommended (85). | The passage of Senate Bill 437 in WV will impact opioid regulation for all carriers and providers. Currently the Rules that will govern the implementation are being drafted and reviewed. | http://www.wvinsurance.gov/LinkClick.aspx?fileticket=loXHcc-ihrc%3d&tabid=330&mid=899 | N/A | https://65.78.228.163/login.asp | N/A | One time requirement: 2 hrs. end of life care including pain mgmt and 30 hrs. related to specialty |
| Wisconsin | Yes | Under DWD 81 Worker's Compensation Treatment Guidelines there is NO pre-authorization requirement | N/A | N/A | Advisory | http://dwd.wisconsin.gov/wc/medical/DW_D81.pdf | A health care provider shall maintain diligence to detect incipient or actual chemical dependency to any medication prescribed for treatment of the patient's condition. In cases of incipient or actual dependency, the health care provider shall refer the patient for appropriate evaluation and treatment of the dependency (DWD 81.04(4)). | Enacted- not yet operational | N/A | N/A |

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| Wyoming | Yes | Division Review: At the 4th month of a refill, a RN will review chart notes and supporting documentation to determine if guideline Health Care Provider documentation requirements were met. If so, the nurse will authorize a 4th month of medication. | A written contract is mandatory unless the injured worker is mentally or physically incapable (2). | Mandatory monthly , random tests | Advisory , but nurse case managers are required to address the guidelines prior to approving the opioid. | http://wyomingworkforce.org/Documents/WSCD-Claims/ChronicTreatmentGuideline.pdf | Criteria is given for when a physician should seek consultation about abuse/addiction for a patient using opioids(4). | http://pharmacyboard.state.wy.us/pdmp.aspx | The Board collects Schedule II-IV controlled substance prescription information from all resident and non-resident retail pharmacies that dispense to residents of Wyoming. | N/A |