MAG Fact Sheet

Georgia Prescription Drug Monitoring Program

Every Georgia prescriber who has a DEA registration number is now required to register with the state's Prescription Drug Monitoring Program (PDMP). Georgia prescribers must register with the state's PDMP within 30 days of obtaining a DEA license. Click to register with Georgia PDMP.

The Georgia Composite Medical Board (GCMB) will take disciplinary action against prescribers who fail to register with the PDMP.

A prescriber may delegate their authority check the PDMP to two members of their medical staff. For a prescriber to delegate this authority to unlicensed or unregistered staff (i.e., an office manager or medical assistant), the staff member must register (and obtain their own log in credentials) as a user of the PDMP.

A health care facility (e.g., a hospital or ambulatory surgery center) may select two employees to serve as delegates per shift or rotation. At hospitals that provide emergency services, each prescriber may designate two individuals who are employed by that hospital per shift or rotation.

Any unauthorized use of PDMP data by a delegate can result in civil or criminal liability for the prescriber. Delegates may only use PDMP data for the purpose of providing medical care or to inform the prescriber of a patient's potential use, misuse, abuse or underutilization of a prescribed medication.

Prescribers or their delegate must review the information from the PDMP when they prescribe a controlled substance that is listed in paragraph (1) or (2) of Code Section 16-13-26 (see below for the code section language) or a benzodiazepine. This review is limited to the first time a prescriber issues a prescription for a given patient and at least every 90 days thereafter.

Exemptions from the requirement to check the PDMP database are as follows...

– Prescriptions for no more than a three-day supply of a covered substance and no more than 26 pills

– The patient is in a hospital or health care facility, including – but not limited to – a nursing home, an intermediate care home, a personal care home or a hospice program that provides patient care and whereby the prescriptions are to be administered and used by a patient on the premises of the facility

– The patient has had outpatient surgery at a hospital or ambulatory surgical center and the prescription is for no more than a 10-day supply of a covered substance and no more than 40 pills

– The patient is terminally ill or under the supervised care of an outpatient hospice program

– The patient is receiving treatment for cancer

Prescribers or their delegate must make a notation in the patient's medical record that the PDMP was consulted and they must identify the individual who conducted the PDMP patient search. If the PDMP does not allow the prescriber/delegate to gain access to the patient's information for any reason, the prescriber/delegate should note the time and date and the prescriber/delegate's name in the patient's medical record.

Prescribers may include PDMP prescription information in a patient's electronic health or medical record.

If a prescriber fails to check the PDMP, they will be held administratively accountable to GCMB – but they will not be held civilly liable or criminally responsible.

When prescribing an opiate, opioid, opioid analgesic or opioid derivative, the prescriber must provide the patient with information on the drug's addictive risks and the options that are available for safely disposing of any unused medications. This information can be provided in verbal or written form.

A health care provider, coroner, or medical examiner must report all incidents of neonatal abstinence syndrome to the Georgia Department of Public Health, which will submit an annual report – including findings and recommendations on how to reduce the number of infants born with neonatal abstinence syndrome – to the president of the Georgia Senate, the speaker of the Georgia House of Representatives, and the chairs of the Georgia House and Senate Health and Human Services committees.

GCMB has "adopted Rule 360-15-.01(3), which requires physicians (not resident physicians) who maintain an active DEA license and prescribe controlled substances to complete at least three hours of AMA/AOA PRA Category 1 CME that is designed specifically to address controlled substance prescribing practices by their next renewal date. The completion of this requirement may count as three hours toward the physician's CME license renewal requirement. Note, too, that any controlled substances prescribing guidelines coursework that has been taken since a physician's license 'last expired' will count toward this requirement."

Physicians can click here for free and other resources that fulfill GCMB's controlled substances prescribing CME requirement.

Click here for Georgia Department of Public Health PDMP web page.

MAG members can contact Bethany Sherrer at bsherrer@mag.org or 678.303.9273 with questions related to the Georgia PDMP.

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OCGA 16-13-26 Paragraphs 1 and 2

The following are paragraphs 1 and 2 of Code Section 16-13-26, as of May 5, 2017. This is subject to change during each legislative session. Go to www.lexisnexis.com/hottopics/gacode for the latest version of this language.

Paragraph 1

Any of the following substances, or salts thereof, except those narcotic drugs specifically exempted or listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(A) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding naloxone hydrochloride, but including the following...

(i) Raw opium;
(ii) Opium extracts;
(iii) Opium fluid extracts;
(iv) Powdered opium;
(v) Granulated opium;
(vi) Tincture of opium;
(vii) Codeine;
(viii) Ethylmorphine;
(ix) Hydrocodone ;
(x) Hydromorphone;
(xi) Metopon;
(xii) Morphine;
(xiii) Oripavine;
(xiv) Oxycodone;
(xv) Oxymorphone;
(xvi) Thebaine;

(B) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subparagraph (A) of this paragraph, except that these substances shall not include the isoquinoline alkaloids of opium;

(C) Opium poppy and poppy straw;

(D) Cocaine, coca leaves, any salt, compound, derivative, stereoisomers of cocaine, or preparation of coca leaves, and any salt, compound, derivative, stereoisomers of cocaine, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine;

Paragraph 2

Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation...

(A) Alfentanil;
(A.1) Alphaprodine;
(B) Anileridine;
(C) Bezitramide;
(C.5) Carfentanil;
(D) Dihydrocodeine;
(E) Diphenoxylate;
(F) Fentanyl ;
(G) Isomethadone;
(G.5) Levo-alphacetylmethadol (some other names: levomethadyl acetate, LAAM);
(H) Levomethorphan;
(I) Levorphanol;
(J) Methazocine;
(K) Methadone;
(L) Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane;
(M) Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenyl-propane-carboxylic acid;
(N) Pethidine (meperidine);
(O) Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;
(P) Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;
(Q) Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
(R) Phenazocine;
(S) Piminodine;
(T) Racemethorphan;
(U) Racemorphan;
(U.1) Remifentanil;
(V) Sufentanil;
(V.1) Tapentadol;
(V.2) Thiafentanil;
(W) 4-anilino-N-phenethyl-4-piperidine (ANPP);