

NASCSA Prescription Monitoring Program Contacts

July 22, 2017

Alabama

| | | | | | |
|------------------------------|-------------------|-----------------|-------------------------------|--------------|------------|
| Last name | First name | Title | State Pharmacy Director | Phone | 3342063014 |
| Bishop | Nancy | Email | nancy.bishop@adph.state.al.us | Fax | 3342065663 |
| Department | | Address | PO Box 303017 | List | CSandPMP |
| | | Address2 | Suite 1010 | | |
| Agency | | City | Montgomery | | |
| Alabama Department of Health | | State | AL | Zip | 36130 |

Alabama

| | | | | | |
|-----------------------------|-------------------|-----------------|-------------------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 3342065634 |
| Durham | Jameson | Email | Jamey.Durham@adph.state.al.us | Fax | 3342065609 |
| Department | | Address | 201 Monroe Street | List | CSandPMP |
| | | Address2 | Suite 968 | | |
| Agency | | City | Montgomery | | |
| Department of Public Health | | State | AL | Zip | 36104 |

Alaska

| | | | | | |
|-----------------------------------|-------------------|-----------------|----------------------------------|--------------|------------|
| Last name | First name | Title | Deputy Director | Phone | 9074652144 |
| Chambers | Sara | Email | sara.chambers@alaska.gov | Fax | 9074652974 |
| Department | | Address | State Office Building | List | CSandPMP |
| | | Address2 | 333 Willoughby Avenue, 9th Floor | | |
| Agency | | City | Juneau | | |
| Business & Professional Licensing | | State | AK | Zip | 99801 |

Arizona

| | | | | | |
|---------------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | PMP Manager | Phone | 6027712732 |
| Crawford | Kimberly | Email | KCrawford@azpharmacy.gov | Fax | |
| Department | | Address | 1616 W. Adams Street | List | PMP |
| | | Address2 | Suite 120 | | |
| Agency | | City | Phoenix | | |
| Arizona Board of Pharmacy | | State | AZ | Zip | 85007 |

Arizona

| | | | | | |
|-------------------|-------------------|-----------------|-----------------------------------|--------------|------------|
| Last name | First name | Title | Director, Prescription Monitoring | Phone | 6027712744 |
| Dodge | Elizabeth | Email | edodge@azpharmacy.gov | Fax | 6027712749 |
| Department | | Address | 1616 W. Adams Street | List | CSandPMP |
| Board of Pharmacy | | Address2 | Suite 120 | | |
| Agency | | City | Phoenix | | |
| | | State | AZ | Zip | 85007 |

Arkansas

| | | | | | |
|----------------------|-------------------|-----------------|-------------------------------|--------------|------------|
| Last name | First name | Title | Administrator, PMP | Phone | 5016833960 |
| Robertson | Denise | Email | denise.robertson@arkansas.gov | Fax | 5016612869 |
| Department | | Address | 4815 W. Markham Street | List | PMP |
| Pharmacy Services | | Address2 | Slot 25 | | |
| Agency | | City | Little Rock | | |
| Department of Health | | State | AR | Zip | 72205 |

California

| | | | | | |
|-----------------------|-------------------|-----------------|-------------------------|--------------|------------|
| Last name | First name | Title | Manager | Phone | 9162273436 |
| Farales | Tina | Email | tina.farales@doj.ca.gov | Fax | 9163199444 |
| Department | | Address | 4949 Broadway | List | PMP |
| CURES/PDMP | | Address2 | Room G-110 | | |
| Agency | | City | Sacramento | | |
| Department of Justice | | State | CA | Zip | 95820 |

California

| | | | | | |
|-----------------------|-------------------|-----------------|-----------------------|--------------|------------|
| Last name | First name | Title | Administrator II | Phone | 9162273324 |
| Small | Mike | Email | mike.small@doj.ca.gov | Fax | 9163199444 |
| Department | | Address | 4949 Broadway | List | CSandPMP |
| CURES/PDMP | | Address2 | G110 | | |
| Agency | | City | Sacramento | | |
| Department of Justice | | State | CA | Zip | 95820 |

Colorado

| | | | | | |
|-------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | Executive Director | Phone | 3038947754 |
| Gassen | Chris | Email | chris.gassen@state.co.us | Fax | 3038947764 |
| Department | | Address | 1560 Broadway | List | CSandPMP |
| Board of Pharmacy | | Address2 | Suite 1310 | | |
| Agency | | City | Denver | | |
| | | State | CO | Zip | 80202 |

Colorado

| | | | | | |
|----------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | PDMP Administrator | Phone | 3038947430 |
| Rivera | Janina | Email | Janina.Rivera@state.co.us | Fax | 3038690133 |
| Department | | Address | 1560 Broadway | List | PMP |
| Colorado Board of Pharmacy | | Address2 | Suite 1350 | | |
| Agency | | City | Denver | | |
| | | State | CO | Zip | 80202 |

Connecticut

| | | | | | |
|---------------------------------|-------------------|-----------------|-----------------------|--------------|------------|
| Last name | First name | Title | Health Program Assoc. | Phone | 8607136073 |
| Damon | Donna | Email | donna.damon@ct.gov | Fax | 8606222608 |
| Department | | Address | 450 Columbus Blvd. | List | PMP |
| CT Dept. of Consumer Protection | | Address2 | Suite 901 | | |
| Agency | | City | Hartford | | |
| CT PMP | | State | CT | Zip | _06103 |

Connecticut

| | | | | | |
|------------------------------------|-------------------|-----------------|-------------------------|--------------|------------|
| Last name | First name | Title | PMP Administrator/HPA I | Phone | 8607136116 |
| Kittiphane | Nana | Email | nana.kittiphane@ct.gov | Fax | 8607065361 |
| Department | | Address | 165 Capitol Avenue | List | PMP |
| Connecticut Department of Consumer | | Address2 | Room 145 | | |
| Agency | | City | Hartford | | |
| Prescription Monitoring Program | | State | CT | Zip | _06106 |

Connecticut

| | | | | | |
|-----------------------------------|-------------------|-----------------|-------------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 8607136066 |
| Marriott | Rodrick | Email | rodrick.marriott@ct.gov | Fax | 8607137242 |
| Department | | Address | 165 Capitol Avenue | List | CSandPMP |
| Drug Control Division | | Address2 | | | |
| Agency | | City | Hartford | | |
| Department of Consumer Protection | | State | CT | Zip | _06106 |

Connecticut

| | | | | | |
|-----------------------------------|-------------------|-----------------|----------------------|--------------|------------|
| Last name | First name | Title | Program Manager, PMP | Phone | 8607136073 |
| Soto | Xaviel | Email | xaviel.soto@ct.gov | Fax | 8606222608 |
| Department | | Address | 165 Capitol Avenue | List | PMP |
| Drug Control Division | | Address2 | | | |
| Agency | | City | Hartford | | |
| Department of Consumer Protection | | State | CT | Zip | _06106 |

Delaware

| | | | | | |
|------------------------------------|-------------------|-----------------|----------------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 3027444501 |
| Mangler | David | Email | David.Mangler@state.de.us | Fax | 3027392711 |
| Department | | Address | Cannon Building, Suite 203 | List | CSandPMP |
| Delaware Department of State | | Address2 | 861 Silver Lake Blvd. | | |
| Agency | | City | Dover | | |
| Division of Professional Licensure | | State | DE | Zip | 19904 |

District of Columbia

| | | | | | |
|----------------------|-------------------|-----------------|------------------------------|--------------|------------|
| Last name | First name | Title | PDMP Project Manager | Phone | 2027279066 |
| Onumah | Kofi | Email | kofi.onumah@dc.gov | Fax | 2027278471 |
| Department | | Address | 899 North Capitol Street, NE | List | CSandPMP |
| Board of Pharmacy | | Address2 | 2nd Floor | | |
| Agency | | City | Washington | | |
| Department of Health | | State | DC | Zip | 20002 |

District of Columbia

| | | | | | |
|----------------------|-------------------|-----------------|------------------------------|--------------|------------|
| Last name | First name | Title | Executive Director | Phone | 2024429219 |
| White | Shauna | Email | shauna.white@dc.gov | Fax | 8778624252 |
| Department | | Address | 899 North Capitol Street, NE | List | CSandPMP |
| Board of Pharmacy | | Address2 | 2nd Floor | | |
| Agency | | City | Washington | | |
| Department of Health | | State | DC | Zip | 20002 |

Florida

| | | | | | |
|---------------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Program Operations Manager | Phone | 8502454797 |
| Marshall | Erica | Email | erika_marshall@flhealth.gov | Fax | |
| Department | | Address | 4052 Bald Cypress Way | List | PMP |
| Prescription Monitoring Program | | Address2 | Bin C-16 | | |
| Agency | | City | Tallahassee | | |
| Department of Health | | State | FL | Zip | 32399 |

Florida

| | | | | | |
|--------------------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Program Manager | Phone | 8502454797 |
| Poston | Rebecca | Email | rebecca_poston@flhealth.gov | Fax | |
| Department | | Address | 4052 Bald Cypress Way | List | CSandPMP |
| Prescription Drug Monitoring Program | | Address2 | C-16 | | |
| Agency | | City | Tallahassee | | |
| | | State | FL | Zip | 32399-3254 |

Georgia

| | | | | | |
|----------------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | Special Agent | Phone | 4046565102 |
| Higgins | Ronnie | Email | rhiggins@gdna.ga.gov | Fax | 4046518210 |
| Department | | Address | 254 Washington Street, SW | List | PMP |
| Georgia Drugs & Narcotics Agency | | Address2 | Suite G2000 | | |
| Agency | | City | Atlanta | | |
| | | State | GA | Zip | 30334 |

Guam

| | | | | | |
|----------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | Program Coordinator IV | Phone | 6717357519 |
| Pinaula | Jeffrey | Email | Jeffrey.Pinaula@dphhs.gov | Fax | 6717355556 |
| Department | | Address | | List | CSandPMP |
| Department of Health | | Address2 | | | |
| Agency | | City | Mangilao | | |
| 123 Chalan Kareta | | State | GU | Zip | 96913 |

Hawaii

| | | | | | |
|--------------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Special Agent | Phone | 8088378470 |
| Ladao | Lani | Email | lani.c.ladao@ned.hawaii.gov | Fax | 8088378474 |
| Department | | Address | 3375 Kaopaka Street | List | PMP |
| Narcotics Enforcement Division | | Address2 | Suite D100 | | |
| Agency | | City | Honolulu | | |
| Department of Public Safety | | State | HI | Zip | 96819 |

Hawaii

| | | | | | |
|--------------------------------|-------------------|-----------------|--------------------------------|--------------|------------|
| Last name | First name | Title | Special Agent | Phone | 8088378470 |
| Yamamoto | Dean | Email | dean.m.yamamoto@ned.hawaii.gov | Fax | 8088378474 |
| Department | | Address | 3375 Kaopaka Street | List | CSandPMP |
| Narcotics Enforcement Division | | Address2 | Suite D100 | | |
| Agency | | City | Honolulu | | |
| | | State | HI | Zip | 96819 |

Idaho

| | | | | | |
|-------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | Executive Director | Phone | 2083342356 |
| Adams | Alex | Email | alex.adams@bop.idaho.gov | Fax | 2083343536 |
| Department | | Address | 1199 Shoreline Lane | List | CSandPMP |
| Board of Pharmacy | | Address2 | Suite 303 | | |
| Agency | | City | Boise | | |
| | | State | ID | Zip | 83702 |

Idaho

| | | | | | |
|-------------------|-------------------|-----------------|---------------------------------|--------------|------------|
| Last name | First name | Title | Program Information Coordinator | Phone | 2083342356 |
| Anderson | Teresa | Email | teresa.anderson@bop.idaho.gov | Fax | 2083344814 |
| Department | | Address | 1199 Shoreline Lane | List | CSandPMP |
| Board of Pharmacy | | Address2 | Suite 303 | | |
| Agency | | City | Boise | | |
| | | State | ID | Zip | 83702 |

Idaho

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|-------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Chief Investigator | Phone | 2083342356 |
| Collings | Fred | Email | fred.collings@bop.idaho.gov | Fax | 2083343536 |
| Department | | Address | 1199 Shoreline Lane | List | PMP |
| Board of Pharmacy | | Address2 | Suite 303 | | |
| Agency | | City | Boise | | |
| | | State | ID | Zip | 83702 |

Idaho

| | | | | | |
|-------------------------|-------------------|-----------------|-----------------------------------|--------------|------------|
| Last name | First name | Title | Investigative Support Coordinator | Phone | 2083342356 |
| Mitchell | Ellen | Email | Ellen.Mitchell@bop.idaho.gov | Fax | 2083343536 |
| Department | | Address | 1199 Shoreline Lane | List | PMP |
| Idaho Board of Pharmacy | | Address2 | Suite 303 | | |
| Agency | | City | Boise | | |
| | | State | ID | Zip | 83702 |

Illinois

| | | | | | |
|---------------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | PMP Manager | Phone | 2175580943 |
| Berberet | Craig | Email | craig.berberet@illinois.gov | Fax | 2175577975 |
| Department | | Address | 401 N. Fourth Street | List | CSandPMP |
| Prescription Monitoring Program | | Address2 | Room 133 | | |
| Agency | | City | Springfield | | |
| Department of Human Services | | State | IL | Zip | 62701 |

Illinois

| | | | | | |
|---------------------------------|-------------------|-----------------|--------------------------------|--------------|------------|
| Last name | First name | Title | IT Director | Phone | 2177859013 |
| Murzynski | Stanley | Email | stanley.murzynski@illinois.gov | Fax | 2175577975 |
| Department | | Address | 401 North 4th Street | List | PMP |
| Prescription Monitoring Program | | Address2 | | | |
| Agency | | City | Springfield | | |
| | | State | IL | Zip | 62702 |

Illinois

| | | | | | |
|---------------------------------|-------------------|-----------------|---------------------------------|--------------|------------|
| Last name | First name | Title | Clinical Director, Prescription | Phone | 2179711433 |
| Pointer | Sarah | Email | sarah.pointer@illinois.gov | Fax | |
| Department | | Address | 401 N. 4th Street | List | PMP |
| Dept. of Human Services | | Address2 | | | |
| Agency | | City | Springfield | | |
| Bureau of Pharmacy and Clinical | | State | IL | Zip | 62677 |

Indiana

| | | | | | |
|--------------------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 3172348039 |
| Brady | Mike | Email | mbrady@pla.in.gov | Fax | 3172334236 |
| Department | | Address | 402 W. Washington Street | List | PMP |
| INSPECT | | Address2 | Room W072 | | |
| Agency | | City | Indianapolis | | |
| Indiana Professional Licensing | | State | IN | Zip | 46202 |

Indiana

| | | | | | |
|-------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | Director of INSPECT | Phone | 3172348039 |
| Slusser | Kara | Email | KSlusser@pla.in.gov | Fax | 3172334236 |
| Department | | Address | 402 W. Washington Street | List | PMP |
| INSPECT | | Address2 | Room W072 | | |
| Agency | | City | Indianapolis | | |
| | | State | IN | Zip | 46204 |

Iowa

| | | | | | |
|--------------------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | Associate Director | Phone | 5152815944 |
| Tiffany | Jennifer | Email | Jennifer.tiffany@iowa.gov | Fax | 5152814609 |
| Department | | Address | 400 S.W. Eighth Street | List | PMP |
| Iowa Prescription Monitoring Program | | Address2 | Suite E | | |
| Agency | | City | Des Moines | | |
| Iowa Board of Pharmacy | | State | IA | Zip | 50309 |

Iowa

| | | | | | |
|------------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | PMP Director | Phone | 5152815944 |
| Witkowski | Terry | Email | terry.witkowski@iowa.gov | Fax | 5152814609 |
| Department | | Address | 400 SW 8th Street | List | PMP |
| Iowa Board of Pharmacy | | Address2 | Suite E | | |
| Agency | | City | Des Moines | | |
| | | State | IA | Zip | 50309 |

Kansas

| | | | | | |
|---------------------------------|-------------------|-----------------|----------------------|--------------|------------|
| Last name | First name | Title | PDMP Program Manager | Phone | 7852966547 |
| Kenton | Reyne | Email | reyne.kenton@ks.gov | Fax | 7852968420 |
| Department | | Address | 800 SW Jackson | List | PMP |
| Prescription Monitoring Program | | Address2 | Suite 1414 | | |
| Agency | | City | Topeka | | |
| Board of Pharmacy | | State | KS | Zip | 66612 |

Kentucky

| | | | | | |
|---------------------------------------|-------------------|-----------------|-----------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 5025642815 |
| Hold | Stephanie | Email | stephanie.hold@ky.gov | Fax | 5025647876 |
| Department | | Address | 275 E. Main Street | List | CSandPMP |
| Division of Audits and Investigations | | Address2 | 5ED | | |
| Agency | | City | Frankfort | | |
| Cabinet for Health & Family Services | | State | KY | Zip | 40621 |

Kentucky

| | | | | | |
|---------------------------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | Program Manager - KASPER | Phone | 5025642815 |
| Hopkins | Dave | Email | dave.hopkins@ky.gov | Fax | 5025647876 |
| Department | | Address | 275 E Main Street | List | PMP |
| Division of Audits and investigations | | Address2 | 5ED | | |
| Agency | | City | Frankfort | | |
| Cabinet for Health & Family Services | | State | KY | Zip | 40621 |

Louisiana

| | | | | | |
|-------------------|-------------------|-----------------|----------------------------|--------------|------------|
| Last name | First name | Title | Executive Director | Phone | 2259256481 |
| Broussard | Malcolm | Email | mbroussard@pharmacy.la.gov | Fax | 2259220316 |
| Department | | Address | 3388 Brentwood Drive | List | CSandPMP |
| Board of Pharmacy | | Address2 | | | |
| Agency | | City | Baton Rouge | | |
| | | State | LA | Zip | 70809-1700 |

Louisiana

| | | | | | |
|---------------------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | Administrative Assistant | Phone | 2259254767 |
| Clausen | Danielle | Email | dclausen@pharmacy.la.gov | Fax | 2259256408 |
| Department | | Address | 3388 Brentwood Drive | List | PMP |
| Prescription Monitoring Program | | Address2 | | | |
| Agency | | City | Baton Rouge | | |
| Board of Pharmacy | | State | LA | Zip | 70809-1700 |

Louisiana

| | | | | | |
|-------------------|-------------------|-----------------|------------------------------|--------------|------------|
| Last name | First name | Title | Assistant Executive Director | Phone | 2259220094 |
| Fontenot | Joseph | Email | jfontenot@pharmacy.la.gov | Fax | 2259235670 |
| Department | | Address | 3388 Brentwood Drive | List | CSandPMP |
| Board of Pharmacy | | Address2 | | | |
| Agency | | City | Baton Rouge | | |
| | | State | LA | Zip | 70809-1700 |

Maine

| | | | | | |
|---------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | PMP Coordinator | Phone | 2072872512 |
| Buzzell | Johanna | Email | johanna.buzzell@maine.gov | Fax | 2072879152 |
| Department | | Address | 11 State House Station | List | PMP |
| Office of Substance Abuse | | Address2 | 41 Anthony Avenue | | |
| Agency | | City | Augusta | | |
| | | State | ME | Zip | _04333 |

Maine

| | | | | | |
|---------------------------|-------------------|-----------------|-------------------------|--------------|------------|
| Last name | First name | Title | Data & Research Manager | Phone | 2072874706 |
| Rogers | Anne | Email | anne.rogers@maine.gov | Fax | |
| Department | | Address | 11 State House Station | List | PMP |
| Office of Substance Abuse | | Address2 | 41 Anthony Avenue | | |
| Agency | | City | Augusta | | |
| | | State | ME | Zip | _04333 |

Maine

| | | | | | |
|---------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | Acting Director | Phone | 2072872595 |
| Wheeler | Sheldon | Email | sheldon.wheeler@maine.gov | Fax | |
| Department | | Address | 11 State House Station | List | PMP |
| Office of Substance Abuse | | Address2 | 41 Anthony Ave | | |
| Agency | | City | Augusta | | |
| | | State | ME | Zip | _04333 |

Maryland

| | | | | | |
|----------------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | PDMP Manager | Phone | 4104028609 |
| Jackson | Kate | Email | kate.jackson@maryland.gov | Fax | 4104028601 |
| Department | | Address | 55 Wade Avenue | List | PMP |
| Health & Mental Hygiene | | Address2 | | | |
| Agency | | City | Catonsville | | |
| Behavioral Health Administration | | State | MD | Zip | 21228 |

Massachusetts

| | | | | | |
|------------------------------------|-------------------|-----------------|--------------------------------------|--------------|------------|
| Last name | First name | Title | PMP Director | Phone | 6177538016 |
| Johnson | David | Email | David.E.Johnson@MassMail.State.Ma.us | Fax | |
| Department | | Address | 239 Causeway Street | List | PMP |
| Department of Health | | Address2 | Suite 410 | | |
| Agency | | City | Boston | | |
| Division of Professional Licensure | | State | MA | Zip | _02114 |

Massachusetts

| | | | | | |
|---------------------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | Program Coordinator | Phone | 6177537305 |
| Walker | Ryan | Email | ryan.walker2@state.ma.us | Fax | |
| Department | | Address | 99 Chauncy Street | List | PMP |
| Department of Public Health | | Address2 | 11th Floor | | |
| Agency | | City | Boston | | |
| Prescription Monitoring Program | | State | MA | Zip | _02111 |

Massachusetts

| | | | | | |
|-----------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | Epidemiologist | Phone | 6177538032 |
| Young | Len | Email | Leonard.young@state.ma.us | Fax | |
| Department | | Address | 239 Causeway Street | List | PMP |
| Department of Public Health | | Address2 | Suite 410 | | |
| Agency | | City | Boston | | |
| Drug Control Program | | State | MA | Zip | _02114 |

Michigan

| | | | | | |
|---|-------------------|-----------------|----------------------------------|--------------|------------|
| Last name | First name | Title | Manager, Drug Monitoring Section | Phone | 5172426078 |
| Pasanski | Forrest | Email | PasanskiF1@michigan.gov | Fax | |
| Department | | Address | | List | PMP |
| Dept. of Licensing and Regulatory Affairs | | Address2 | 611 W. Ottawa St., 3rd Floor | | |
| Agency | | City | Lansing | | |
| Bureau of Professional Licensing | | State | MI | Zip | 48909 |

Minnesota

| | | | | | |
|---------------------------------|-------------------|-----------------|------------------------------|--------------|------------|
| Last name | First name | Title | PMP Manager | Phone | 6512012833 |
| Carter | Barbara | Email | barbara.a.carter@state.mn.us | Fax | 6126172261 |
| Department | | Address | 2829 University Avenue, SE | List | PMP |
| Prescription Monitoring Program | | Address2 | #530 | | |
| Agency | | City | Minneapolis | | |
| Board of Pharmacy | | State | MN | Zip | 55414 |

Minnesota

| | | | | | |
|---------------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Program Administrator | Phone | 6512012841 |
| Whitman | Shannon | Email | shannon.whitman@state.mn.us | Fax | |
| Department | | Address | 2829 University Avenue | List | PMP |
| Prescription Monitoring Program | | Address2 | Suite 530 | | |
| Agency | | City | Minneapolis | | |
| Board of Pharmacy | | State | MN | Zip | 55414 |

Minnesota

| | | | | | |
|-------------------|-------------------|-----------------|----------------------------|--------------|------------|
| Last name | First name | Title | Executive Director | Phone | 6512012825 |
| Wiberg | Cody | Email | cody.wiberg@state.mn.us | Fax | 6126172262 |
| Department | | Address | 2829 University Avenue, SE | List | CSandPMP |
| Board of Pharmacy | | Address2 | #530 | | |
| Agency | | City | Minneapolis | | |
| | | State | MN | Zip | 55414-3251 |

Mississippi

| | | | | | |
|-------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | PMP Manager | Phone | 6018990138 |
| Crenshaw | Dana | Email | dcrenshaw@mbp.state.ms.us | Fax | 6018998904 |
| Department | | Address | 6360 I-55 North | List | PMP |
| Board of Pharmacy | | Address2 | Suite 400 | | |
| Agency | | City | Jackson | | |
| | | State | MS | Zip | 39211 |

Mississippi

| | | | | | |
|-------------------|-------------------|-----------------|-------------------------|--------------|------------|
| Last name | First name | Title | Compliance Agent | Phone | 6018998880 |
| Gamill | Frank | Email | fgamill@mbp.state.ms.us | Fax | 6018998891 |
| Department | | Address | 6360 I-55 North | List | PMP |
| Board of Pharmacy | | Address2 | Suite 400 | | |
| Agency | | City | Jackson | | |
| | | State | MS | Zip | 39211 |

Missouri

| | | | | | |
|---------------------------------------|-------------------|-----------------|------------------------------|--------------|------------|
| Last name | First name | Title | Administrator | Phone | 5737512111 |
| Boeger | Michael | Email | michael.boeger@health.mo.gov | Fax | 5735262569 |
| Department | | Address | 920 Wildwood Drive | List | CSandPMP |
| Bureau of Narcotics & Dangerous Drugs | | Address2 | P.O. Box 570 | | |
| Agency | | City | Jefferson City | | |
| Department of Health & Senior | | State | MO | Zip | 65102-0570 |

Missouri

| | | | | | |
|--------------------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Coordinator | Phone | 3146151658 |
| Varner | Emily | Email | evarner@stlouisco.com | Fax | 3146150507 |
| Department | | Address | Department of Public Health | List | PMP |
| Prescription Drug Monitoring Program | | Address2 | 6121 N. Hanley Road | | |
| Agency | | City | Berkley | | |
| Saint Louis County Department of | | State | MO | Zip | 63134 |

Montana

| | | | | | |
|-------------------|-------------------|-----------------|--------------------|--------------|------------|
| Last name | First name | Title | Executive Officer | Phone | 4068412371 |
| Bough | Marcie | Email | mbough@mt.gov | Fax | 4068412344 |
| Department | | Address | 310 S. Park Avenue | List | CSandPMP |
| Board of Pharmacy | | Address2 | P.O. Box 200513 | | |
| Agency | | City | Helena | | |
| | | State | MT | Zip | 59620 |

Montana

| | | | | | |
|-------------------|-------------------|-----------------|--------------------|--------------|------------|
| Last name | First name | Title | Program Manager | Phone | 4068412240 |
| Peterson | Donna | Email | dpeterson3@mt.gov | Fax | 4068412344 |
| Department | | Address | 301 S. Park Avenue | List | PMP |
| Board of Pharmacy | | Address2 | P.O. Box 200513 | | |
| Agency | | City | Helena | | |
| | | State | MT | Zip | 59620 |

Montana

| | | | | | |
|-------------------|-------------------|-----------------|--------------------|--------------|------------|
| Last name | First name | Title | | Phone | 4068412344 |
| Sybrant | Bill | Email | bsybrant@mt.gov | Fax | 4068412305 |
| Department | | Address | 301 S. Park Avenue | List | CSandPMP |
| Board of Pharmacy | | Address2 | P.O. Box 200513 | | |
| Agency | | City | Helena | | |
| | | State | MT | Zip | 59620-0513 |

Nebraska

| | | | | | |
|--|-------------------|-----------------|-------------------------|--------------|------------|
| Last name | First name | Title | Chief Executive Officer | Phone | 4029817664 |
| Bass | Deborah | Email | dbass@nehii.org | Fax | |
| Department | | Address | P.O. Box 27842 | List | PMP |
| | | Address2 | | | |
| Agency | | City | Omaha | | |
| Nebraska Health Information Initiative | | State | NE | Zip | 68127 |

Nebraska

| | | | | | |
|--|-------------------|-----------------|-------------------------|--------------|------------|
| Last name | First name | Title | Program Director | Phone | 4022902635 |
| Borcher | Kevin | Email | kborcher@nehii.org | Fax | 4029050291 |
| Department | | Address | P.O. Box 27842 | List | PMP |
| Prescription Monitoring Program | | Address2 | 6103 South 102nd Street | | |
| Agency | | City | Omaha | | |
| Nebraska Health Information Initiative | | State | NE | Zip | 608127 |

Nebraska

| | | | | | |
|---------------------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | Administrator | Phone | 4024712118 |
| Wisell | Becky | Email | becky.wisell@nebraska.gov | Fax | 4024713577 |
| Department | | Address | P.O. Box 94986 | List | CSandPMP |
| Professional & Occupational Licensing | | Address2 | | | |
| Agency | | City | Lincoln | | |
| Department of Health | | State | NE | Zip | 68509-4986 |

Nevada

| | | | | | |
|-------------------|-------------------|-----------------|-------------------------|--------------|------------|
| Last name | First name | Title | Executive Secretary | Phone | 7756875694 |
| Pinson | Larry | Email | lpinson@pharmacy.nv.gov | Fax | 7756875161 |
| Department | | Address | 431 W. Plumb Lane | List | CSandPMP |
| Board of Pharmacy | | Address2 | | | |
| Agency | | City | Reno | | |
| | | State | NV | Zip | 89509 |

New Hampshire

| | | | | | |
|---------------------------------|-------------------|-----------------|----------------------------|--------------|------------|
| Last name | First name | Title | Program Manager | Phone | 6032716980 |
| Ricco Jonas | Michelle | Email | michelle.riccojonas@nh.gov | Fax | 6032712856 |
| Department | | Address | 121 South Fruit Street | List | PMP |
| Prescription Monitoring Program | | Address2 | | | |
| Agency | | City | Concord | | |
| | | State | NH | Zip | _03301 |

New Jersey

| | | | | | |
|-------------------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 9732738010 |
| Melio | James | Email | mielobj@dca.lps.state.nj.us | Fax | |
| Department | | Address | 124 Halsey Street | List | PMP |
| Prescription Monitoring Program | | Address2 | | | |
| Agency | | City | Newark | | |
| Attorney General - Consumer Affairs | | State | NJ | Zip | _07102 |

New Jersey

| | | | | | |
|-----------------------------------|-------------------|-----------------|--------------------------------|--------------|------------|
| Last name | First name | Title | Assistant Deputy Director | Phone | 9735046476 |
| Wetzel | Matthew | Email | matthew.wetzel@lps.state.nj.us | Fax | 9735046326 |
| Department | | Address | PO Box 45027 | List | CSandPMP |
| Division of Consumer Affairs | | Address2 | Directors Office | | |
| Agency | | City | Newark | | |
| NJ Office of the Attorney General | | State | NJ | Zip | _07101 |

New Mexico

| | | | | | |
|---------------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 5052229818 |
| Bagwell | Shelley | Email | shelley.bagwell@state.nm.us | Fax | 5052229845 |
| Department | | Address | 5500 San Antonio Drive NE | List | PMP |
| Prescription Monitoring Program | | Address2 | Suite C | | |
| Agency | | City | Albuquerque | | |
| Board of Pharmacy | | State | NM | Zip | 87109 |

New Mexico

| | | | | | |
|---------------------------------|-------------------|-----------------|----------------------------|--------------|------------|
| Last name | First name | Title | Manager | Phone | 5052229847 |
| Gonzales | Maria | Email | maria.gonzales@state.nm.us | Fax | 5052229845 |
| Department | | Address | 5500 San Antonio Drive NE | List | PMP |
| Prescription Monitoring Program | | Address2 | Suite C | | |
| Agency | | City | Albuquerque | | |
| Board of Pharmacy | | State | NM | Zip | 87109 |

New Mexico

| | | | | | |
|-------------------|-------------------|-----------------|----------------------------|--------------|------------|
| Last name | First name | Title | Executive Director | Phone | 5052229838 |
| Kesner | Ben | Email | ben.kesner@state.nm.us | Fax | 5052229845 |
| Department | | Address | 5500 San Antonio Drive, NE | List | CSandPMP |
| Board of Pharmacy | | Address2 | Suite C | | |
| Agency | | City | Albuquerque | | |
| | | State | NM | Zip | 87109-4177 |

New Mexico

| | | | | | |
|---------------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | PMP Specialist | Phone | 5052229814 |
| Wade | Christy | Email | Cristy.Wade@state.nm.us | Fax | 5052229845 |
| Department | | Address | 5500 San Antonio Drive NE | List | PMP |
| Prescription Monitoring Program | | Address2 | Suite C | | |
| Agency | | City | Albuquerque | | |
| Board of Pharmacy | | State | NM | Zip | 87109 |

New York

| | | | | | |
|--------------------------------|-------------------|-----------------|------------------------------|--------------|------------|
| Last name | First name | Title | Health Program Administrator | Phone | 5184080248 |
| Del Signore | Sarah | Email | skd03@health.state.ny.us | Fax | 518 |
| Department | | Address | Riverview Center | List | PMP |
| Bureau of Narcotic Enforcement | | Address2 | 150 Broadway | | |
| Agency | | City | Albany | | |
| Department of Health | | State | NY | Zip | 12204 |

New York

| | | | | | |
|--------------------------------|-------------------|-----------------|----------------------------|--------------|------------|
| Last name | First name | Title | Assistant Director | Phone | 5184080248 |
| Murray | Anita | Email | anita.murray@health.ny.gov | Fax | 5184080209 |
| Department | | Address | Riverview Center | List | CSandPMP |
| Bureau of Narcotic Enforcement | | Address2 | 150 Broadway | | |
| Agency | | City | Albany | | |
| Department of Health | | State | NY | Zip | 12204 |

New York

| | | | | | |
|--------------------------------|-------------------|-----------------|----------------------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 5184080248 |
| Vinciguerra | Joshua | Email | joshua.vinciguerra@health.ny.gov | Fax | 5184020209 |
| Department | | Address | Riverview Center | List | CSandPMP |
| Bureau of Narcotic Enforcement | | Address2 | 150 Broadway | | |
| Agency | | City | Albany | | |
| Department of Health | | State | NY | Zip | 12204 |

North Carolina

| | | | | | |
|-------------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | Manager | Phone | 9197331765 |
| Asbun | Alex | Email | alex.ashbun@dhhs.nc.gov | Fax | 9195080983 |
| Department | | Address | 3008 Mail Service Center | List | CSandPMP |
| Drug Control Unit | | Address2 | | | |
| Agency | | City | Raleigh | | |
| Health & Human Services | | State | NC | Zip | 27699-3008 |

North Carolina

| | | | | | |
|---|-------------------|-----------------|----------------------------|--------------|------------|
| Last name | First name | Title | Program Assistant | Phone | 9197331765 |
| Scott | Devon | Email | devon.scott@dhhs.nc.gov | Fax | 9195080983 |
| Department | | Address | 325 North Salisbury Street | List | PMP |
| Controlled Substances Regulatory Branch | | Address2 | | | |
| Agency | | City | Raleigh | | |
| | | State | NC | Zip | 27699 |

North Carolina

| | | | | | |
|---|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | Program Consultant | Phone | 9197331765 |
| Womble | John | Email | johnny.womble@dhhs.nc.gov | Fax | 9195080983 |
| Department | | Address | 3008 Mail Service Center | List | PMP |
| Controlled Substances Regulatory Branch | | Address2 | | | |
| Agency | | City | Raleigh | | |
| | | State | NC | Zip | 27699-3008 |

North Dakota

| | | | | | |
|-------------------|-------------------|-----------------|-------------------------|--------------|------------|
| Last name | First name | Title | Executive Director | Phone | 7013289535 |
| Hardy | Mark | Email | mhardy@btinet.net | Fax | 7012589536 |
| Department | | Address | P.O. 1354 | List | CSandPMP |
| Board of Pharmacy | | Address2 | 1906 E. Broadway Avenue | | |
| Agency | | City | Bismarck | | |
| | | State | ND | Zip | 58502-1354 |

North Dakota

| | | | | | |
|--------------------------------------|-------------------|-----------------|------------------------|--------------|------------|
| Last name | First name | Title | Program Administrator | Phone | 7013289537 |
| Zahn | Kathy | Email | pdmp@nd.gov | Fax | 7013289536 |
| Department | | Address | 1906 E Broadway Avenue | List | PMP |
| Prescription Drug Monitoring Program | | Address2 | P.O. Box 1354 | | |
| Agency | | City | Bismarck | | |
| | | State | ND | Zip | 58502 |

Ohio

| | | | | | |
|------------------------|-------------------|-----------------|--------------------------|--------------|------------|
| Last name | First name | Title | PMP Director | Phone | 6144664143 |
| Garner | Chad | Email | chad.garner@bop.ohio.gov | Fax | 6146448556 |
| Department | | Address | 77 S. High Street | List | CSandPMP |
| Ohio Board of Pharmacy | | Address2 | 17th Floor | | |
| Agency | | City | Columbus | | |
| | | State | OH | Zip | 43215 |

Oklahoma

| | | | | | |
|---------------------------------------|-------------------|-----------------|---------------------------------|--------------|------------|
| Last name | First name | Title | Prescription Monitoring Program | Phone | 4055303105 |
| Escalante | Paula | Email | pescalante@obn.state.ok.us | Fax | |
| Department | | Address | 419 NE 38th Terrace | List | PMP |
| Bureau of Narcotics & Dangerous Drugs | | Address2 | | | |
| Agency | | City | Oklahoma City | | |
| | | State | OK | Zip | 73105 |

Oklahoma

| | | | | | |
|---|-------------------|-----------------|-----------------------|--------------|------------|
| Last name | First name | Title | Agent-In-Charge | Phone | 9194461616 |
| Hale | David | Email | dhale@obn.state.ok.us | Fax | 9194450724 |
| Department | | Address | 6216 S. Lewis Street | List | CSandPMP |
| Bureau of Narcotics and Dangerous Drugs | | Address2 | Suite 195 | | |
| Agency | | City | Tulsa | | |
| | | State | OK | Zip | 74136 |

Oregon

| | | | | | |
|-------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | Administrative Specialist | Phone | 9716731105 |
| Beran | Todd | Email | todd.beran@state.or.us | Fax | 9716730990 |
| Department | | Address | 800 NE Oregon Street | List | PMP |
| Oregon Health Authority | | Address2 | Suite 772 | | |
| Agency | | City | Portland | | |
| PH-ODPE-IPE-PDMP | | State | OR | Zip | 97232 |

Oregon

| | | | | | |
|-------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Administrative Specialist 2 | Phone | 9716731037 |
| Kraus | Sara | Email | sara.e.kraus@state.or.us | Fax | 9716730990 |
| Department | | Address | 800 NE Oregon Street | List | PMP |
| Oregon Health Authority | | Address2 | Suite 772 | | |
| Agency | | City | Portland | | |
| PH-ODPE-IPE-PDMP | | State | OR | Zip | 97232 |

Oregon

| | | | | | |
|----------------------------------|-------------------|-----------------|---------------------------|--------------|------------|
| Last name | First name | Title | Program Manager | Phone | 9715728585 |
| Millet | Lisa | Email | lisa.m.millet@state.or.us | Fax | 9716730990 |
| Department | | Address | 800 NE Oregon St | List | PMP |
| Public Health Division | | Address2 | Suite 772 | | |
| Agency | | City | Portland | | |
| Injury Prevention & Epidemiology | | State | OR | Zip | 97232 |

Pennsylvania

| | | | | | |
|---------------------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Supervisory Narcotics Agent | Phone | 8148364300 |
| McGill | Alan | Email | amcgill@attorneygeneral.gov | Fax | 8148364328 |
| Department | | Address | 4801 Atlantic Ave. | List | CSandPMP |
| Office of the Attorney General | | Address2 | | | |
| Agency | | City | Erie | | |
| Bureau of Narcotics Investigation and | | State | PA | Zip | 16335 |

Pennsylvania

| | | | | | |
|-----------------------------------|-------------------|-----------------|--------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 7175473144 |
| Patel | Meghna | Email | magpatel@pa.gov | Fax | 7177870191 |
| Department | | Address | 625 Forster Street | List | PMP |
| Pennsylvania Department of Health | | Address2 | | | |
| Agency | | City | Harrisburg | | |
| Prescription Monitoring Program | | State | PA | Zip | 17120 |

Rhode Island

| | | | | | |
|-----------------------------------|-------------------|-----------------|------------------------------|--------------|-------------|
| Last name | First name | Title | Data Manager | Phone | 4012222507 |
| Ayers | Victoria | Email | Victoria.ayers@health.ri.gov | Fax | 4012222158 |
| Department | | Address | 3 Capitol Hill | List | CSandPMP |
| Rhode Island Department of Health | | Address2 | Room 205 | | |
| Agency | | City | Providence | | |
| Prescription Monitoring Program | | State | RI | Zip | _02908-5097 |

Rhode Island

| | | | | | |
|-------------------|-------------------|-----------------|-----------------------------|--------------|-------------|
| Last name | First name | Title | Executive Director | Phone | 4012222837 |
| Ragosta | Peter | Email | peter.ragosta@health.ri.gov | Fax | 4012222158 |
| Department | | Address | 3 capitol Hill | List | CSandPMP |
| Board of Pharmacy | | Address2 | Room 205 | | |
| Agency | | City | Providence | | |
| | | State | RI | Zip | _02908-5097 |

Rhode Island

| | | | | | |
|---------------------------------|-------------------|-----------------|---------------------|--------------|-------------|
| Last name | First name | Title | Program Specialist | Phone | 4012224747 |
| Raymong | Matthew | Email | ripmp@health.ri.gov | Fax | |
| Department | | Address | 3 Capitol Hill | List | PMP |
| Prescription Monitoring program | | Address2 | Room 205 | | |
| Agency | | City | Providence | | |
| Department of Health | | State | RI | Zip | _02908-5097 |

South Carolina

| | | | | | |
|--------------------------------------|-------------------|-----------------|---------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 8038960689 |
| Frick | Christie | Email | frickcj@dhec.sc.gov | Fax | 8038960686 |
| Department | | Address | 2600 Bull Street | List | CSandPMP |
| Prescription Drug Monitoring Program | | Address2 | | | |
| Agency | | City | Columbia | | |
| SC Dept. of Health & Environmental | | State | SC | Zip | 29201 |

South Carolina

| | | | | | |
|--------------------------------|-------------------|-----------------|----------------------|--------------|------------|
| Last name | First name | Title | Assistant Director | Phone | 8038960688 |
| Paschall | Tracie | Email | paschatm@dhec.sc.gov | Fax | 8038960686 |
| Department | | Address | 2600 Bull Street | List | PMP |
| Bureau of Drug Control | | Address2 | | | |
| Agency | | City | Columbia | | |
| Health & Environmental Control | | State | SC | Zip | 29201 |

South Carolina

| | | | | | |
|--------------------------------|-------------------|-----------------|----------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 8038960636 |
| Thomson | Lisa | Email | thomsola@dhec.sc.gov | Fax | 8038960627 |
| Department | | Address | 2600 Bull Street | List | CSandPMP |
| Bureau of Drug Control | | Address2 | | | |
| Agency | | City | Columbia | | |
| Health & Environmental Control | | State | SC | Zip | 29201 |

South Dakota

| | | | | | |
|---------------------------------|-------------------|-----------------|----------------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 6053622737 |
| DeNoon | Melissa | Email | melissa.denoon@state.sd.us | Fax | 6053622738 |
| Department | | Address | 4001 W. Walhalla Blvd | List | PMP |
| Prescription Monitoring Program | | Address2 | Suite 106 | | |
| Agency | | City | Sioux Falls | | |
| Board of Pharmacy | | State | SD | Zip | 57106 |

South Dakota

| | | | | | |
|-------------------|-------------------|-----------------|-----------------------------------|--------------|------------|
| Last name | First name | Title | Executive Director | Phone | 6053622737 |
| Shanard- | Kari | Email | kari.shanard-koenders@state.sd.us | Fax | 6053622738 |
| Department | | Address | 4001 W. Valhalla Blvd | List | CSandPMP |
| Board of Pharmacy | | Address2 | Suite 106 | | |
| Agency | | City | Sioux Falls | | |
| | | State | SD | Zip | 57106 |

South Dakota

| | | | | | |
|-----------------------------------|-------------------|-----------------|-----------------------------|--------------|------------|
| Last name | First name | Title | Assistant Director | Phone | 6057733331 |
| Zeeb | Brian | Email | brian.zeeb@state.sd.us | Fax | |
| Department | | Address | 1302 E. Highway 14, Suite 5 | List | PMP |
| South Dakota Division of Criminal | | Address2 | | | |
| Agency | | City | Pierre | | |
| | | State | SD | Zip | 57501 |

Tennessee

| | | | | | |
|--|-------------------|-----------------|----------------------|--------------|------------|
| Last name | First name | Title | Director | Phone | 6153511761 |
| Bess | David | Email | david.bess@tn.gov | Fax | 6152538782 |
| Department | | Address | 665 Mainstream Drive | List | PMP |
| Controlled Substance Monitoring Database | | Address2 | | | |
| Agency | | City | Nashville | | |
| | | State | TN | Zip | 37075 |

Tennessee

| | | | | | |
|-------------------|-------------------|-----------------|-------------------------|--------------|------------|
| Last name | First name | Title | Executive Director | Phone | 6157412403 |
| Dillard | Reggie | Email | reginald.dillard@tn.gov | Fax | 6152538782 |
| Department | | Address | 665 Mainstream Drive | List | CSandPMP |
| Board of Pharmacy | | Address2 | | | |
| Agency | | City | Nashville | | |
| | | State | TN | Zip | 37075 |

Texas

| | | | | | |
|-------------------|-------------------|-----------------|-----------------------------------|--------------|------------|
| Last name | First name | Title | Director of Professional Services | Phone | 5123058037 |
| Benz | Allison | Email | allison.benz@pharmacy.texas.gov | Fax | 5123058082 |
| Department | | Address | 333 Guadalupe | List | PMP |
| Board of Pharmacy | | Address2 | Suite 3-500 | | |
| Agency | | City | Austin | | |
| | | State | TX | Zip | 78701 |

Texas

| | | | | | |
|-------------------------------|-------------------|-----------------|----------------------------|--------------|------------|
| Last name | First name | Title | Manager, PMP Program | Phone | 5123058050 |
| Slack | B.J. | Email | texasmp@pharmacy.texas.gov | Fax | 5123058075 |
| Department | | Address | 333 Guadalupe Street | List | PMP |
| Texas State Board of Pharmacy | | Address2 | Suite 3-500 | | |
| Agency | | City | Austin | | |
| | | State | TX | Zip | 78701 |

Vermont

| | | | | | |
|---------------------------------|-------------------|-----------------|---------------------------|--------------|-------------|
| Last name | First name | Title | Program Manager | Phone | 8026524147 |
| Hauser | Hannah | Email | Hannah.hauser@vermont.gov | Fax | 8026522019 |
| Department | | Address | 108 Cherry Street | List | CSandPMP |
| Prescription Monitoring Program | | Address2 | P.O. Box 70 | | |
| Agency | | City | Burlington | | |
| Board of Pharmacy | | State | VT | Zip | _05042-0070 |

Virginia

| | | | | | |
|-------------------|-------------------|-----------------|-------------------------------|--------------|------------|
| Last name | First name | Title | Director, PMP | Phone | 8043674523 |
| Orr | Ralph | Email | ralph.orr@dhp.virginia.gov | Fax | 8045274470 |
| Department | | Address | Perimeter Center | List | CSandPMP |
| Board of Pharmacy | | Address2 | 9960 Mayland Drive, Suite 300 | | |
| Agency | | City | Henrico | | |
| | | State | VA | Zip | 23233-1463 |

Washington

| | | | |
|----------------------|-------------------|------------------------------|------------------|
| Last name | First name | Title | Phone |
| Buaumgartner | Chris | PMP Program Director | 3602364806 |
| Department | | Email | Fax |
| Department of Health | | chris.baumgartner@doh.wa.gov | 3602362901 |
| Agency | | Address | List |
| | | P.O. Box 47852 | PMP |
| | | Address2 | |
| | | City | |
| | | Olympia | |
| | | State | |
| | | WA | Zip 98504 |

West Virginia

| | | | |
|-------------------|-------------------|----------------------------------|------------------|
| Last name | First name | Title | Phone |
| Goff | Michael | Acting Executive Director & CSMP | 3045580558 |
| Department | | Email | Fax |
| Board of Pharmacy | | michael.l.goff@wv.gov | 3045580474 |
| Agency | | Address | List |
| | | 2310 Kanawha Blvd East | CSandPMP |
| | | Address2 | |
| | | City | |
| | | Charleston | |
| | | State | |
| | | WV | Zip 25311 |

Wisconsin

| | | | |
|-------------------------------------|-------------------|--------------------------------|-----------------------|
| Last name | First name | Title | Phone |
| Magermans | Andrea | PDMP Analyst | 6082616546 |
| Department | | Email | Fax |
| Controlled Substances Board & PDMP | | andrea.magermans@wisconsin.gov | |
| Agency | | Address | List |
| Department of Safety & Professional | | P.O. Box 8366 | CSandPMP |
| | | Address2 | |
| | | City | |
| | | Madison | |
| | | State | |
| | | WI | Zip 53708-8366 |

Wisconsin

| | | | |
|-------------------------------------|-------------------|-----------------------------|-----------------------|
| Last name | First name | Title | Phone |
| Zadrazil | Chad | Managing Director | 6082660011 |
| Department | | Email | Fax |
| Controlled Substances Board & PDMP | | chad.zadrazil@wisconsin.gov | |
| Agency | | Address | List |
| Department of Safety & Professional | | P.O. Box 8366 | CSandPMP |
| | | Address2 | |
| | | City | |
| | | Madison | |
| | | State | |
| | | WI | Zip 53708-8366 |

Wyoming

| | | | | | |
|-------------------|-------------------|-----------------|---------------------|--------------|------------|
| Last name | First name | Title | Executive Director | Phone | 3076349636 |
| Walker | Mary | Email | mary.walker@wyo.gov | Fax | 3076346335 |
| Department | | Address | 1712 carey Avenue | List | CSandPMP |
| Board of Pharmacy | | Address2 | Suite 200 | | |
| Agency | | City | Cheyenne | | |
| | | State | WY | Zip | 82002 |

Wyoming

| | | | | | |
|-------------------|-------------------|-----------------|---------------------|--------------|------------|
| Last name | First name | Title | PMP Manager | Phone | 3076349636 |
| Wills | David | Email | david.wills@wyo.gov | Fax | 3076349184 |
| Department | | Address | 1712 Carey Avenue | List | PMP |
| Board of Pharmacy | | Address2 | Suite 200 | | |
| Agency | | City | Cheyenne | | |
| | | State | WY | Zip | 82002 |

X

| | | | | | |
|---------------------------------------|-------------------|-----------------|--------------------|--------------|------------|
| Last name | First name | Title | Chief Investigator | Phone | 8015306630 |
| Furlong | David | Email | dfurlong@utah.gov | Fax | 8015306301 |
| Department | | Address | 160 E. 300 S | List | CSandPMP |
| Occupational & Professional Licensing | | Address2 | P.O. Box 146741 | | |
| Agency | | City | Salt Lake City | | |
| Bureau of Investigations | | State | UT | Zip | 84114 |
