How to Get the Most Out of Prescription Drug Monitoring Programs
Target Audience: Pharmacists and Pharmacy Technicians

ACPE#: 0202-0000-18-019-L03-P/T

Activity Type: Knowledge-based
Disclosures

I own 40 shares of GlaxoSmithKline stock.
Learning Objectives

1. Discuss how state prescription monitoring programs (PMPs) share data across state lines.
2. Identify which states require pharmacists to register with or request information from their PMP.
3. Describe situations where pharmacists judge appropriate opioid use by evaluating patient PMP reports.
4. Identify types of drug diversion that PMPs will not address.
1. A new patient presents a prescription for Percocet. What information from a PMP report will help the pharmacist evaluate the appropriate use of the medication?

A. What non-controlled substance prescriptions the patient has obtained

B. The patient’s prescriber(s)

C. State law or board of pharmacy guidelines

D. The patient’s address
2. In a state where pharmacists are required to review a patient’s PMP report before dispensing a hydrocodone prescription, what other action is most important?

A. Document your review of the PMP report
B. Request the pharmacy technician to obtain the report
C. File the report after reading it
D. Notify the prescriber that you reviewed the report
3. **Assessment Question**

3. The review of a PMP report involves checking to:

A. Be sure the patient sees only one prescriber
B. Be sure the patient uses only local pharmacies
C. See whether the patient identification, location of prescribers, and the drugs are appropriate for this patient
D. See if all the drugs match the patient’s diagnosis on the current prescription
4. Assessment Question

4. What type of drug diversion cannot be detected from a PMP report?

A. Same/similar drug from multiple prescribers
B. Same/similar drug from multiple pharmacies
C. Multiple brands of the same drug
D. Forged or photocopied prescription
5. Assessment Question

5. Pharmacist Susie has just moved to a new neighborhood. She has concerns about one of her new neighbors who is acting strangely and decides to check the PMP to see if he’s using drugs. What is the most likely consequence of Susie’s action?

A. Civil lawsuit
B. Criminal charges
C. No action because no one will know
D. Disciplinary action by the pharmacy board
Clarification of Acronyms

- **PMP=PDMP CSMD=CSMP=CSMPD=CSD=PDR=CSRS**
- Prescription Monitoring Program (PMP)
- Prescription Drug Monitoring Program (PDMP)
- Controlled Substance Monitoring Database (CSMD)
- Controlled Substance Monitoring Program (CSMP)
- Controlled Substance Monitoring Program Database (CSMPD)
- Controlled Substance Database (CSD)
- Prescription Drug Registry (PDR)
- Controlled Substance Reporting System (CSRS)
Status of Operational PMPs

- PMP Currently Operating Statewide
- PMP Operating in Local Jurisdictions
How a PMP Works

1. Pharmacy submits Rx data to each state PMP in which it is licensed.
2. To obtain information, a physician/pharmacist/other person must register with a PMP, in advance of need.
3. When requesting information, he/she must:
   - visit the PMP’s website;
   - enter a unique username & password; and
   - type in the patient’s name & demographics.
4. The report is delivered.
PMPs Are Effective

• “... a state’s implementation of a program was associated with an average reduction of 1.12 opioid-related overdose deaths per 100,000 population in the year after implementation.”¹

• *Massachusetts credits database with 30% opioid prescription reduction*²

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PMP Can Help Assist Health Care Providers to Identify Drug Misuse or Potential Diversion

- Escalating doses
- Multiple prescribers or pharmacies
- Illogical drug regimens
- Multiple payment types
Information PMPs Do Not Collect Patient Information For

- Drugs that are administered, not dispensed, in:
  - Hospitals
  - Provider offices
  - Many residential nursing facilities
- Prescriptions written/authorized but never dispensed
- Drugs that are purchased illegally or via the internet
PMP Is Not Designed to Identify

- Prescription forgery
- Drug diversion via theft
  - Hospitals
  - Nursing homes
  - In-home hospice
  - Pharmacies
Caution: Access PMP Data Only for Your Patient and for Treatment Purposes

• Ohio: Dentist Enters Plea for Misuse of Ohio Prescription Monitoring System ¹

• Indiana pharmacists cited for trying to see Prince’s records ²

• Nevada PMP: Someone accessed records of Stephen Paddock and leaked to the press. Charges will be forthcoming.

• Note: A health care provider has NO RELATIONSHIP with a dead person.


Reviewing a PMP report

As we discuss the following PMP reports, think about how the information might impact your practice of pharmacy in the following settings:

- Community pharmacy
- Hospital pharmacy
- Emergency department pharmacy
- Long term care pharmacy
## Prescription Monitoring Program

### Patient Rx History Report

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N/R N=New R=Refill
Pay Ci=Insurance C=Cash/Private Pay M1=Medicare M2=Medicaid WC=Workers Comp U=Unknown

### Prescribers for prescriptions listed
- A: Hospice physician
- B: Oncologist
- C: Internist

### Pharmacies that dispensed prescriptions listed
- R: Specialty Pharmacy
- S: Pharmacy near patient’s home
- T: Pharmacy near physician

### Patients that match search criteria
- 1285 Jane Doe, DOB 1/1/1985
- 1288 Jane Ann Doe, DOB 1/1/1985
- 1291 Jane A Doe DOB 1/1/1985
## Prescription Monitoring Program
### Patient Rx History Report

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N/R N=New R=Refill  
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### Prescribers for prescriptions listed
- A Emergency Room #1
- B Pain Specialist
- C Internist
- D Emergency Room #2
- E Pain Specialist #2
- F Family Practice Physician
- G Emergency Department #3
- H OB-GYN
- I Family Practice

### Pharmacies that dispensed prescriptions listed
- R Pharmacy in next county
- S Pharmacy near patient's home
- T Pharmacy near prescriber
- X Pharmacy 40 miles away
- Y Pharmacy 120 miles away
- Z Hospital Pharmacy
- M Mail Order Pharmacy
- P Pharmacy near hospital
- Q Pharmacy two counties away

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N/R: N=New, R=Refill
Pay: C=Cash/Private Pay, M1=Medicare, M2=Medicaid, WC=Workers Comp, U=Unknown

Prescribers for prescriptions listed:
A: James Smith, MD Buffalo, NY
B: James Smith, MD Los Angeles, CA
C: John Smith, MD Buffalo, NY

Pharmacies that dispensed prescriptions listed:
R: Pharmacy near patient's work
S: Pharmacy near patient's home
T: Pharmacy near physician's office

Patients that match search criteria:
1285: Tom Doe, DOB 1/8/1985
1288: Thomas A Doe, DOB 6/1/1985
1291: Thomas Allen Doe DOB 1/7/1985

Note locations of prescribers. Are they reasonable (considering patient travels) or potential error?
Note locations of pharmacies. Are they reasonable (considering patient travels) or potential error?

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N/R – New R – Refill  
Pay: C – Cash/Private Pay  M1 – Medicare  M2 – Medicaid  WC – Workers Comp  U – Unknown

Prescribers for prescriptions listed
A  James Smith, MD Buffalo, NY
B  James Smith, MD Los Angeles, CA
C  John Smith, MD Buffalo, NY

Pharmacies that dispensed prescriptions listed
R  Pharmacy near patient’s work
S  Pharmacy near patient’s home
T  Pharmacy near physician’s office

Patients that match search criteria
1285  Tom Doe, DOB 1/8/1985
1288  Thomas A Doe, DOB 6/1/1985
1291  Thomas Allen Doe, DOB 1/7/1985
Note dates of birth. Are they different persons or a data entry error?

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N/R: N=New R=Refill
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Shortcomings of PMPs

• Patients cross state borders
• Low utilization by health care
  • Separate website required
  • Separate registration and login
  • Data entry required (for patient demographics)
  • Value of data is often discounted
Background on NABP Involvement With PMPs

- NABP’s mission is to support state boards of pharmacy and assist other regulators to protect the public health
- In fall 2010, NABP was approached by several members
- They requested a low-cost, easy to implement, highly enhanced solution for interstate sharing of PMP data
- Result:
No cost to PMPs – NABP paid for development and continues to pay maintenance & operation costs

Supports states’ control over PMP data

Began operation in August 2011

Is a national network of PMPs

Goal – 50+ PMPs sharing with 50+ PMPs
1. To obtain multistate data, the physician/pharmacist/other person enters a request to home PMP (PMP 1).
2. PMP 1 encrypts a message and sends it to PMP InterConnect for delivery to other state(s).
3. Other state(s) decrypt(s) the message, query their own PMP, encrypt a message, and send it to PMP InterConnect.
4. PMP InterConnect delivers the encrypted message(s) to PMP 1.
5. PMP 1 decrypts the message(s), prepares a report, and delivers it to the requester.
## Request for Multistate Data

### Prescription Monitoring Program

#### Request for Patient Prescription History Report

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<table>
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<th>Zip code</th>
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| Telephone number including area code |   |

- I need data from the following additional states:
  - [ ] CT
  - [ ] MA
  - [ ] NH
  - [ ] RI
  - [ ] VT

I certify that this person is my patient and the information is requested for the purpose of treatment or evaluation.
PMP InterConnect Success

• As of Dec 2017:
  • 16 million requests per month
  • 31 million responses per month

• Over 1 million prescribers are capable of obtaining multistate PMP data through PMP InterConnect
Each State Controls All Access to Its Data

- The following slide is an image from the PMP InterConnect console
- Each state sets all the permissions for every state or healthcare entity with which it decides to share PMP data
- Only the state PMP administrator/director has access to these controls
# Review: Set PMP Level Controls

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PMP InterConnect Console
To Address Low Utilization

• Some states passed laws that mandate prescribers/pharmacists register with their home PMP
  • Usually occurs as part of professional license renewals
Mandated Registration with PMPs
As of June 30, 2017

*Exceptions may apply and effective dates may vary. Preparation for implementation may result in a time difference between enactment and effective date(s) and date of implementation of the mandate.

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To Address Low Utilization (continued)

• Other states passed laws that mandate prescribers/pharmacists access data from their home PMP

• Some laws are tied to specific use cases:
  • New patient in opioid treatment program
  • Prescriber is in a pain clinic
  • Limited to workers’ compensation patients
To Address Low Utilization (continued)

- Other state laws have broad thresholds:
  - Initial prescription (for a controlled substance)
  - Prior to dispensing any controlled substance over a five-day supply
  - Every prescription for pain or anxiety
  - Reason to believe any one of 16 circumstances has occurred
  - Treatment of chronic pain
Mandated Use of PMPs – Specific Circumstances Defined by Each State
As of June 30, 2017

* Exceptions may apply and effective dates may vary. Preparation for implementation may result in a time difference between the enactment and effective date(s) and date of implementation of the mandate. For more information about mandated use of PMPs, please see Mandated Use of Prescription Drug Monitoring Programs (PMPs) – Highlights of Key State Requirements, www.namsdl.org

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Required Access Laws Are Effective

“The analysis revealed that combined implementation of mandated provider review of state-run prescription drug monitoring program data and pain clinic laws reduced opioid amounts prescribed by 8 percent and prescription opioid overdose death rates by 12 percent.”

Using IMS Health’s National Prescription Audit and government mortality data

doi: 10.1377/hlthaff.2016.0448 Health Aff October 2016 Vol. 35 no. 10 1876-1833
Next Steps to Increase Utilization of PMP Data

- Add additional states to PMP InterConnect
- Promote in-workflow (one-click) access to PMP data for health care providers’:
  - Health care systems
  - Electronic medical record vendors
  - Health information exchanges
  - Pharmacy software systems
- Increase efficiency by providing access to automated analytical tools
In-Workflow Access to Data
*Summary*

- No registration
- No extra usernames/passwords
- No data entry
- No added steps
- No delay
In-Workflow Access to Data

*Example*

In-workflow access to PMP data: “one-click”
Making Mandatory Access Easier

Some states are providing in-workflow (one-click) access for all providers in their states

- Arizona
- Indiana
- Kansas
- Massachusetts
- Michigan
- Ohio
- Pennsylvania
- Virginia

Many other states allow in-workflow access but may not pay for it.
Results of One-Click Access

Ohio

- Kroger integration started August 2015 and is now nationwide (31 states)
- Use of PMP by pharmacists $\uparrow$ 500%
- Ohio Pharmacy systems now integrated (in addition to Kroger)

CVS
Lagniappe
PDX
Pioneer
QS1
Rx30
One-Click Access For Prescribers in Ohio

- Allscripts
- Aprima
- Bixmatics
- Cerner
- ComputerRx
- Dr. First
- E-Clinical Works
- EPIC
- GE Health
- Glenwood
- Health Business System
- Healthiva
- Medent
- Meditech
- Netsmart
- NextGen
- PastRx
- ProComp
One-Click Access Is Occurring Today in 32 States
What Pharmacists Can Do

• Make sure that your state participates in interstate PMP data sharing, at least with neighbor states.

• Ask for “one-click access” to PMP data for your pharmacy dispensing software.

• If using the PMP data is mandatory in your state, contact legislators about providing “one-click access” to all prescribers and pharmacists in the state.
A PMP Is Not a Panacea for the Opioid Epidemic

• Drug abuse and misuse are complex problems
  • Pain and suffering have psychological components
  • Genetics
  • Availability of other substances
  • Prices in the pharmacy and on the street
• Solutions are complex and multifaceted
Summary

- PMPs are working in 50 states + District of Columbia
- PMPs are an essential tool to address opioid issues
- PMPs don’t address all types of opioid issues
- Pharmacists should use PMPs to help provide appropriate patient care
- PMP data should be available within clinical workflow – one click away
Questions?

Danna Droz
ddroz@nabp.pharmacy
847/391-4508
1. A new patient presents a prescription for Percocet. What information from a PMP report will help the pharmacist evaluate the appropriate use of the medication?

A. What non-controlled substance prescriptions the patient has obtained
B. The patient’s prescriber(s)
C. State law or board of pharmacy guidelines
D. The patient’s address
2. In a state where pharmacists are required to review a patient’s PMP report before dispensing a hydrocodone prescription, what other action is most important?

A. Document your review of the PMP report
B. Request the pharmacy technician to obtain the report
C. File the report after reading it
D. Notify the prescriber that you reviewed the report
3. Assessment Question

3. The review of a PMP report involves checking to:

A. Be sure the patient sees only one prescriber
B. Be sure the patient uses only local pharmacies
C. See whether the patient identification, location of prescribers, and the drugs are appropriate for this patient
D. See if all the drugs match the patient’s diagnosis on the current prescription
4. Assessment Question

4. What type of drug diversion cannot be detected from a PMP report?

A. Same/similar drug from multiple prescribers
B. Same/similar drug from multiple pharmacies
C. Multiple brands of the same drug
D. Forged or photocopied prescription
5. Assessment Question

5. Pharmacist Susie has just moved to a new neighborhood. She has concerns about one of her new neighbors who is acting strangely and decides to check the PMP to see if he’s using drugs. What is the most likely consequence of Susie’s action?

A. Civil lawsuit
B. Criminal charges
C. No action because no one will know
D. Disciplinary action by the pharmacy board