Prescription Monitoring Programs: Trends, Compliance, Opioids, and More

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Disclosures

• I own 40 shares of GlaxoSmithKline stock.
CPE Information

• Target Audience: Pharmacists and Pharmacy Technicians
• ACPE#: 0202-0000-19-077-L03-P/T
• Activity Type: Knowledge-based
Pharmacist Learning Objectives

At the completion of this knowledge-based activity, participants will be able to:

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 oxycodone/acetaminophen 5/325. What information from a PMP report will help the pharmacist evaluate the appropriate use of the medication?

A. What non-controlled substance prescription(s) the patient has obtained
B. The patient’s prescriber(s)
C. State law or board of pharmacy guideline(s)
D. The patient’s address
2. In a state where a pharmacist is required to review a patient’s PMP report before dispensing prescription for hydrocodone, what action will indicate compliance with the law?

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. In reviewing a PMP report to determine appropriate opioid use, a pharmacist should:

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. 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. 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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¹ [http://content.healthaffairs.org/content/35/7/1324](http://content.healthaffairs.org/content/35/7/1324)
PMPs 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
PMPs Are 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.

• 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

**Jane Doe**  
**DOB 01/01/1985**

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**N/R** N=New R=Refill  
**Pay** Cl=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

**Jane Doe**  
DOB 01/01/1985

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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

### 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
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?
**Prescription Monitoring Program**

**Patient Rx History Report**

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<td>OXYCODONE/APAP 5/325 MG TAB50</td>
<td>10</td>
<td>10</td>
<td>1285</td>
<td>C</td>
<td>1/10/2016</td>
<td>8604</td>
<td>N</td>
<td>T</td>
<td>Cl</td>
</tr>
</tbody>
</table>

N/R: New; R: Refill; Pay: CI=Insurance; 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, DMD 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 1/6/1985
- 1288: Thomas A Doe, DOB 8/1/1985
- 1291: Thomas Allen Doe, DOB 1/7/1985

Note dates of birth. Are they different persons or a data entry error?
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
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:

PMP InterConnect®
NABP PMP InterConnect®

• 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
How NABP PMP InterConnect Works – Traditional Method

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

Patient Name:
First name
Middle name or initial (if any)
Last name

Date of Birth mm/dd/yyyy
Street Address
City
State
Zip code
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 December 2018:
  - 31 million requests per month
    - Each request goes to 2 or more states.
  - 86 million responses per month
    - 2 or more states respond to each request
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 health care 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

<table>
<thead>
<tr>
<th>State</th>
<th>Requests Authorized</th>
<th>Disclosures Authorized</th>
<th>Role Disclosure Authorizations</th>
<th>Required Request Flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>AR</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>CO</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>CT</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>DE</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>ID</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>IL</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>IN</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>IA</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>KS</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>KY</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
<td>Defaults Used</td>
</tr>
<tr>
<td>LA</td>
<td>Yes</td>
<td>Yes</td>
<td>Modify</td>
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<td>LA</td>
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<td>LA</td>
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<td>Modify</td>
<td>Defaults Used</td>
</tr>
</tbody>
</table>
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
Mandatory Registration States

Data from www.pdmpassist.org/pdf/Mandatory_Enrollment_20190115.pdf
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 a specific circumstance (stated in law) has occurred
  • Treatment of chronic pain
Mandatory PMP Review States

Source: http://www.pdmpassist.org/pdf/Mandatory_Query_20181120.pdf
“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*

<table>
<thead>
<tr>
<th>Electronic Medical Record</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>City Hospital</strong></td>
</tr>
<tr>
<td><strong>Patient Name</strong></td>
</tr>
<tr>
<td><strong>Patient City, State, Zip</strong></td>
</tr>
<tr>
<td><strong>Patient telephone</strong></td>
</tr>
<tr>
<td><strong>Physician</strong></td>
</tr>
<tr>
<td><strong>Diagnosis Codes</strong></td>
</tr>
<tr>
<td><strong>Clinical Synopses</strong></td>
</tr>
<tr>
<td><strong>ALL</strong></td>
</tr>
<tr>
<td><strong>Last 12 months</strong></td>
</tr>
<tr>
<td><strong>Reports</strong></td>
</tr>
<tr>
<td><strong>Consultant Reports</strong></td>
</tr>
<tr>
<td><strong>Encounters</strong></td>
</tr>
<tr>
<td><strong>Brief</strong></td>
</tr>
<tr>
<td><strong>Detailed</strong></td>
</tr>
<tr>
<td><strong>Procedures</strong></td>
</tr>
<tr>
<td><strong>PMP Report</strong></td>
</tr>
<tr>
<td><strong>Lab Reports</strong></td>
</tr>
</tbody>
</table>

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
  • Oregon
  • Pennsylvania
  • Virginia
  • West Virginia

Many other states allow in-workflow access but may not pay for it.
Pharmacy Systems That Provide One-Click Access to PMP Reports

- Connexus (used by Walmart, Sam’s Club)
- Lagniappe
- PDX®
- PioneerRx
- QS/1®
- RxConnect (used by CVS pharmacies)
- Transaction Data Systems (Rx30 Pharmacy Management System)
Integrating PMP request into Healthcare systems - One-Click Access
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 & Puerto Rico
• 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
Prescription Monitoring Programs: Trends, Compliance, Opioids, and More

Questions?

Danna Droz
ddroz@nabp.pharmacy
847/391-4508
1. A new patient presents a prescription for oxycodone/acetaminophen 5/325. What information from a PMP report will help the pharmacist evaluate the appropriate use of the medication?

A. What non-controlled substance prescription(s) the patient has obtained
B. The patient’s prescriber(s)
C. State law or board of pharmacy guideline(s)
D. The patient’s address
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D. The patient’s address
2. In a state where a pharmacist is required to review a patient’s PMP report before dispensing prescription for hydrocodone, what action will indicate compliance with the law?

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
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3. In reviewing a PMP report to determine appropriate opioid use, a pharmacist should:

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
Assessment Question

3. In reviewing a PMP report to determine appropriate opioid use, a pharmacist should:

A. Be sure the patient sees only one prescriber

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D. See if all the drugs match the patient’s diagnosis on the current prescription
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
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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. 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
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