Prescription Drug Monitoring Programs: Adopting Best and Promising Practices

National Association of Attorneys General
Eastern Region Meeting
Thursday, October 29, 2015
New York, NY
Mandate Prescribers Use PDMP Data Before Prescribing
13 States Mandate Prescribers Use PDMP Data Before Prescribing Opioids

as of October 19, 2015

• Kentucky – July 2012 - 1st State
• Tennessee – April 2013
• New York – August 2013
• CT, MA, NV, NJ, NM, OH, OK, PA, RI, WV,
5 States Using Best Practices — CT, KY, NJ, NY and OH

- Must check PDMP before initial Rx to patient
- Must check before subsequent Rx at least every 90 days,
  - 3 states - must check before all Rx, i.e. Universal - CT, NJ, NY
- Mandate applies to all opioid & benzodiazepine Rx
  - 4 states – applies to all C-II through C-IV Rx – CT, KY, NJ, NY,
- Exceptions
  - Rx supply for 7 days or less
  - Rx for terminally ill patients under care of hospice program
  - Rx if it is impossible to query the PDMP due to an emergency situation
  - Rx when the program is not operational due to technological or electrical failure or natural disaster.
KY Mandates Prescribers Use PDMP Data

KASPER Reports

Number of Reports in Thousands

- 186 in 2006
- 274 in 2007
- 362 in 2008
- 418 in 2009
- 708 in 2010
- 811 in 2011
- 2,691 in 2012
- 4,587 in 2013
University of Kentucky Evaluation of Mandate - 1

• Prescriber registration increased 262% & queries increased 650%.
• Pharmacist registrations increased 322% & queries increased by 124%.
• A reduction in CII – CIV Rx from 4 to 8%.
• Both opioid and benzodiazepine prescribing decreased.
• But a “chilling effect” on opioid prescribing did not appear.
University of Kentucky Evaluation of Mandate - 2

• High-dose oxycodone Rx decreased.

• # patients receiving Rx for combination of an opioid, benzodiazepine, and muscle relaxant, decreased by 30%.

• Doctor Shopping decreased by over 50%.

• Hospital discharges and deaths decreased.

• While increase in heroin discharges and deaths increased, that started a year before HB1.

Tennessee Mandate

More CSMD Queries, Fewer Doctor Shoppers

- Number of Searches Made by Prescribers, Dispensers, and Delegates
- High Utilization Patients: Patients filled 5 or more prescriptions with different DEA Prescribers at 5 or more different DEA dispensers within 90 days.

Source: Tennessee Department of Health Internal Files, February 2014
PMP Registry Activity by Month

I-STOP's effective date

New PMP implemented

Source: New York State Department of Health
Changes in Prescribing Behavior

Comparison of opioid prescribing during the year prior to mandated PMP use and year post implementation:

- 8.72% decrease in total prescriptions;
- 10.4% decrease in patients w/ a prescription;
- 10.3% decrease in total quantity dispensed;
- Largest decreases in prescriptions were codeine 5 (-24%), hydrocodone (-17.7%) and codeine 3 (-14.3%);
- Increases in prescriptions for fentanyl (3.5%), morphine (2.2%) and oxycodone (0.2%).

Source: New York State Department of Health
Doctor Shopping Activity in New York

- New PMP implemented
- I-STOP's effective date

Source: New York State Department of Health
Multiple Provider Episodes by State and Quarter
Rates per 100,000 Residents

Kentucky mandatory PDMP use law implemented
Speeds of PDMP Responses Facilitate Mandates

• Ohio PDMP maintains record of average response time for reports for each month:

• From September 2014 to September 2015:
  • In-state only requests – 2 to 4 seconds per request
  • Multiple state requests – 9 to 11 seconds per request
# Max Numbers – New York State PDMP

<table>
<thead>
<tr>
<th>Searches per second</th>
<th>Date/Time</th>
<th>Searches</th>
<th>Patients</th>
<th>Searchers</th>
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<td>83</td>
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Source: New York State Department of Health
Data Mining and Issuing Unsolicited Reports
Unsolicited Reports and Alerts

PMP data -- vigorously analyze to identify potential misuse and diversion, e.g.:

- Potential doctor shopping,
- Organized drug rings,
- Prescription forgery
- Pill Mills
- Fraudulent sales of prescriptions by prescribers

- Send analyzed data rapidly to those who can intervene
  - Prescribers and Pharmacists
  - Law Enforcement
  - Health Professional Licensing Agencies
Notes from the Field: Wyoming PMP

Unsolicited Prescription Histories per Month, 10/2008 – 9/2009

Solicited Prescription Histories per Month, 10/2008 – 9/2009

Source: Wyoming PDMP
Why Unsolicited Reports Are Important

• MA PMP survey – physicians receiving unsolicited reports:
  • Only 8% of respondents were “aware of all or most of other prescribers”
  • Only 9% said “based on current knowledge, including PMP report, patient appears to have legitimate medical reason for prescriptions from multiple prescribers.”

• Alert prescribers of persons receiving more than 100 mg morphine equivalents of opioids per day
  • 8.9 times higher risk of death than low dose
PDMPs – A Disease Registry - Can Help Save Lives

• Identify and intervene - persons doctor shopping

• West Virginia study of deaths 2005 to 2007: A significantly greater proportion of deceased subjects were doctor shoppers (25.21% vs. 3.58%) Pierce, et al; Doctor and Pharmacy Shoppers for Controlled Substances; Medical Care, Volume 00, Number 00, 2012

• If PMP identifies them and intervenes, lives can be saved

• Alerts / unsolicited report should be automated – to distribute more rapidly
# Proactive PDMPs: Data Mining & Unsolicited Reporting

<table>
<thead>
<tr>
<th># of States</th>
<th>Authorized</th>
<th>Engaged</th>
<th>Unsolicited Reports to:</th>
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<tbody>
<tr>
<td>36</td>
<td>25</td>
<td></td>
<td>Prescribers</td>
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<tr>
<td>29</td>
<td>19</td>
<td></td>
<td>Pharmacies/Pharmacists</td>
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<tr>
<td>21</td>
<td>15</td>
<td></td>
<td>Health Care Licensing Boards</td>
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<tr>
<td>24</td>
<td>20</td>
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<td>Law Enforcement</td>
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</table>

Data are from the PDMP Training and Technical Assistance Center, [www.pdmpassist.org](http://www.pdmpassist.org)  
As of 9/22/2015
Engaged in Sending Solicited and Unsolicited Reports to Licensing/Regulatory Agencies

Research is current as of September 22, 2015

* DC PDMP is not operational; Missouri does not have PDMP legislation
Research is current as of July 1, 2015

* DC PDMP is not operational; Missouri does not have PDMP legislation
Assure Law Enforcement Has Access to Data:
With proper training and supervision
## PDMPs – Access for Law Enforcement

<table>
<thead>
<tr>
<th>States</th>
<th>Conditions of access for investigators</th>
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<tr>
<td>3</td>
<td>On-line access for trained/supervised investigators</td>
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<tr>
<td>30</td>
<td>Require court order or approval, subpoenas, search warrants or probable cause</td>
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<tr>
<td>19</td>
<td>Court order or approval</td>
</tr>
<tr>
<td>17</td>
<td>Subpoena</td>
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<tr>
<td>12</td>
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<td>8</td>
<td>Probable Cause</td>
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Data are from the PDMP Training and Technical Assistance Center 2014 survey of state PDMPs.
Law Enforcement Access to PDMP Reports

Active Investigation (20)

Court/Grand Jury Process (30)
(e.g., Court Order, Subpoena, Search Warrant, Grand Jury)

Research is current as of July 1, 2015

* DC PDMP Is not operational; Missouri does not have PDMP legislation
Law Enforcement – Training and Supervision - example

• Require state and local agency directors/supervisors to designate which investigators will have access
• Mandate each investigator be trained prior to access
• Investigators open accounts on-line
• Require certification each request is for open investigation
• Give directors/supervisors ability to audit investigators’ use of data
• Hold directors/supervisors accountable
States with more opioid pain reliever sales tend to have more drug overdose deaths

CA, NY, and TX had in common

• PDMP data accessible to law enforcement investigators

• PDMP data used consecutively for decades

• States used serialized prescription forms
## PDMP data sharing with 3rd Party Payers

<table>
<thead>
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<td>Medicaid Fraud &amp; Abuse</td>
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<tr>
<td></td>
<td>(19)</td>
<td>(14)</td>
<td>Medicaid Drug Utilization Review</td>
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<td>Medicare</td>
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<td></td>
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<td>Workers Compensation – State Organization</td>
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<tr>
<td></td>
<td>(3)</td>
<td>(2)</td>
<td>Workers Compensation – Insurer</td>
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<tr>
<td></td>
<td>3</td>
<td>2</td>
<td>Private 3rd Party Payer Program</td>
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</tbody>
</table>

Data are from the PDMP Training and Technical Assistance Center, [www.pdmpassist.org](http://www.pdmpassist.org)
As of 9/22/2015
Identify Areas of Highest Risk for Opioid Overdoses and deaths, including Heroin
Rx Opioid Abuse as a Predictor of Heroin Abuse

- 4 out of 5 persons abusing heroin first abused Rx opioids. *,**
- Only 1 out of 100 persons abusing Rx opioids first abused heroin.**
- Analysis of MA PMP data shows the rate of doctor shopping (multiple provider episodes) with Rx opioids is a strong predictor of overdoses and deaths involving all opioids, including heroin.***

*Jones, Heroin use among non-medical users of Rx opioids. 2013 – see notes
** Muhuri, Nonmedical Pain Reliever Use and Initiation of Heroin Use, 2013
*** Kreiner, Analysis of MA PMP Data
2005 Prescriptions Associated with Questionable Activity (Rates per 100,000 Prescriptions) by Pharmacy Town

Questionable activity rates

0
1 - 1095
1096 - 1897
1898 - 2882
2883 - 14184

"Source: Massachusetts Dept. of Public Health in partnership with Brandeis University"
2005 Opioid-related Overdose
Rate per 100,000 by Town

Rate per 100,000 Quintiles
- 0
- 0.01 - 19.82
- 19.82 - 37.5
- 37.5 - 56.92
- 56.92 - 225.51

Map showing the distribution of overdose rates per 100,000 by town in Massachusetts. High rates are indicated in darker shades of blue.
Prescription Behavior Surveillance System

- Longitudinal, multi-state database of de-identified PDMP data
  - Currently: CA, DE, FL, ID, ME, OH, LA, WA
  - Data use agreements completed with: KY,
  - PDMP data much more timely than most health data
- Supported by the CDC and FDA
- Identify areas at high risk for opioid overdoses
- Examine emerging trends, risk indicators associated with new drug introductions (e.g., Zohydro)
The PMP Center of Excellence - Helping Prescription Monitoring Programs Fight Drug Abuse

The drug-abuse epidemic: Non-medical use of prescription drugs is now the nation’s second leading cause of accidental death. Recent trends and data.

The response: State prescription drug monitoring programs (PMPs) are effectively curbing prescription drug diversion and abuse. How can they have even greater impact? Learn how the Center of Excellence is helping PMPs address the problem. Read our mission statement.

Kentucky Congressman Hal Rogers: Florida’s Pill Mills, Deaths, Demonstrate Need for Prescription Monitoring

Congressman Hal Rogers’ letter to Governor Rick Scott asking him not to discontinue Florida’s PMP makes a powerful case for prescription monitoring.

› Read the letter and related news stories.
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