

## Strengthening Prescription Drug Monitoring Programs

The Pharmaceutical Research and Manufacturers of America (PhRMA) and its members are committed to supporting the appropriate use of prescription medicines and working with others to prevent and stop diversion and abuse. One of the most promising tools in preventing and detecting potential doctor shoppers while allowing for legitimate medical use of needed prescription medicines by patients is prescription drug monitoring programs (PDMPs). These state-run data bases collect analyze and share dispensing information on controlled substances, providing critical information to providers to inform their prescribing. Available evidence supports the value of PDMPs as an effective tool in influencing appropriate clinical decision-making, reducing “doctor shopping” and preventing prescription drug abuse and diversion.

Evidence suggests that when PDMP data are readily accessible to prescribers, the data contribute to reductions in prescription drug abuse:<sup>i</sup>

- Among primary care physicians who were aware of PDMPs, more than half view their use of PDMPs as having contributed to reduced abuse and diversion of prescription medicines.<sup>ii</sup>
- A national level analysis found an association between PDMPs and reductions in opioid abuse and misuse over time.<sup>iii</sup>

However, studies also suggest that there are barriers to greater PDMP use among prescribers.<sup>iv</sup> Strengthening and improving use of these programs is a critical component of efforts to meaningfully address abuse and diversion in a meaningful way.

PhRMA supports policies to:

- Mandate PDMP registration, use and training
- Strengthen PDMP structure and usability
- Support appropriate oversight

More detailed recommendations in each area are provided below.

### **Mandate PDMP Registration, Use and Training**

To date, 22 states require prescribers to access PDMPs under certain circumstances, such as prior to initial prescribing of a controlled substance and/or at particular set intervals. According to a national survey and study, among primary care physicians aware of their state’s PDMP, 57% believed that it reduced abuse and diversion of prescription drugs.<sup>v</sup> Similarly, studies in

states such as California, Ohio and Oklahoma found that prescribers reported that the databases helped them to identify patients abusing prescription medicines and to identify doctor shoppers. In a survey of Massachusetts prescribers receiving data generated by the Commonwealth's PDMP regarding potential doctor shoppers, just 8.4% of prescribers knew of all or some of the other prescriptions written for their patients that were included in the PDMP report.<sup>vi</sup>

Public policies should:

- *Require mandatory prescriber registration, education and training* on an ongoing basis—including on effective use of PDMPs—to ensure appropriate prescribing of controlled substances, effective pain management and guidance on prescribing of opioids and non-opioid analgesics and other modalities of care.
- *Make registration easier for users by allowing automatic PDMP registration* by prescribers at the time of licensing or licensing renewal.
- Allow the designation of authorized delegates to access PDMPs (e.g., other licensed professionals within a clinical practice) to help alleviate time constraints and administrative burdens faced by prescribers. These delegates should be required to complete appropriate education and training in the use of the PDMP.

### **Strengthen PDMP Structure and Usability**

While access to PDMP data is important, fostering appropriate clinical decision-making through practical approaches to facilitate ease of use is also critically important. A key element from the prescriber perspective is making PDMP information easily accessible and presented in a format that is easy to interpret and use. A national evaluation comparing states with and without PDMPs found that states with PDMPs that issued proactive (unsolicited) reports were associated with lower rates of abuse and treatment admissions for schedule II substances.<sup>vii</sup>

We support policies to:

- *Promote the development and dissemination of best practices guidance on how to interpret and apply data generated from PDMPs* during the course of clinical care, e.g., user-friendly, electronically generated reports that quickly and visually display information regarding patients most at risk. Given many providers accessing PDMPs may not prescribe controlled substances on a regular basis, providing information to them in a quick and digestible form to inform clinical decisions is important.
- *Foster the development of national standards aimed at improving accessibility, promoting real time data entry and access, and expanding interoperability*, including:
  - Permitting electronic prescribing of controlled substances in compliance with Drug Enforcement Administration regulations.

- Streamlining the number of screens or “click-throughs” in PDMPs to facilitate timely and appropriate prescribing decisions.
- Integrating PDMP data directly into electronic health records.

### Support Appropriate Oversight

Appropriate oversight and regular assessments of PDMPs is essential to ensuring these programs are achieving stated policy goals, therefore public policies should:

- *Require routine evaluations* to ensure PDMPs are meeting stated policy goals and are not negatively impacting legitimate patient access to needed medicines.
- *Ensure appropriate clinical oversight* is applied to the review and interpretation of PDMP data.
- *Require certification by users of PDMP data* to ensure that any access to patient information in the PDMP is appropriate and complies with all applicable law, regulations and policies (e.g., access by law enforcement should be limited to active ongoing investigations and sanctioned as required by state and federal law).
- *Ensure appropriate penalty provisions* to deter unlawful disclosure, use or access of PDMP data.

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<sup>i</sup> Worley, J. “Prescription Drug Monitoring Programs, a Response to Doctor Shopping: Purpose, Effectiveness, and Directions for Future Research,” *Issues in Mental Health Nursing* 2012 (33)5: 319-328.

<sup>ii</sup> Rutkow L et al. Most primary care physicians are aware of prescription drug monitoring programs, but many find the data difficult to access. *Health Affairs* March 2015( 34):484-92.

<sup>iii</sup> Reifler, LM, et al., “Do Prescription Monitoring Programs Impact State Trends in Opioid Abuse/Misuse,” *Pain Medicine*, 2012(13): 434-442.

<sup>iv</sup> Network for Excellence in Health Innovation (NEHI). *Physicians and PDMPs: Improving the Use of Prescription Drug Monitoring Programs*. Issue Brief. Nov. 2015.

<sup>v</sup> Rutkow, L., et al. Most Primary Care Physicians Are Aware Of Prescription Drug Monitoring Programs, But Many Find The Data Difficult To Access , *Health Affairs* 2015(34)3:484-92.

<sup>vi</sup> Thomas, C.P. et al., Prescriber response to unsolicited prescription drug monitoring program reports in Massachusetts. *Pharmacoepidemiology and Drug Safety*, June 2014, doi: 10.1002/pds.3666.

<sup>vii</sup> Simeone, R., & Holland, L. An Evaluation of Prescription Drug Monitoring Programs, Simeone Associates, Inc., No. 2005PMBXK189, Sept. 2006 for BJA, DOJ.