

Frequently Asked Questions

Are other states planning to implement prescription drug monitoring programs?

As of January 2009, 11 states were in the process of proposing, preparing, or considering legislation. These states included Arkansas, Delaware, Florida, Georgia, Maryland, Missouri, Montana, Nebraska, New Hampshire, Oregon, and South Dakota. Only one state (Wisconsin) and the District of Columbia have done nothing to implement a program. Florida became the 39th state to pass PDMP legislation in July 2009.

Has monitoring program data been used to target potential subjects of investigations?

Program officials state their systems are not used to target subjects for an investigation. Prescription drug monitoring data regarding specific healthcare professionals may be reviewed after an official complaint is received. The PDMP system may also be programmed to highlight significant deviations regarding prescriptions. The states use the data to identify that a problem exists and to determine the extent of the diversion or abuse. The systems are also queried for patients who are found to be "doctor shoppers"-- one individual visiting numerous doctors and pharmacies to obtain pharmaceutical controlled substances.

Is the accessibility to controlled substance prescription data a violation of patient confidentiality?

Every prescription drug monitoring program provides safeguards to protect patient confidentiality. Only those individuals who are authorized by statute or regulation can access the controlled substance prescription information.

Who is authorized to review the data and once the data is collected, what is done with it?

Each state has legislation that determines who can access the PDMP data. PDMP officials are not privy to information that is not part of the PDMP. The significance of the monitoring programs is to facilitate access to prescription information in a more user friendly format.

What impact do monitoring programs have on bordering states that do not operate a monitoring program?

State authorities report that after a prescription drug monitoring program goes into effect, "doctor shopping" patients often move their criminal activities to bordering states that do not have a PDMP. PDMP information can be shared with other states if state statutes and regulations permit it. The National Alliance for Model State Drug Laws has drafted a Model Interstate Compact to assist states in their efforts to share prescription information across state lines. More information on the National Alliance for Model State Drug Laws can be found at www.natlalliance.org.

Additionally, the Integrated Justice Information Systems (IJIS) Institute is leading a project funded by the Bureau of Justice Assistance (BJA) to develop a system for the interstate exchange of prescription drug monitoring program data. IJIS created a pilot project between California and Nevada to share state PDMP information. In May 2007, a test of the pilot project was successful with the exchange of information. This is the first time states have exchanged PDMP data in an automated fashion.

Currently, IJIS is working to implement a prototype system that will prove the value of a shared hub server used to

centrally facilitate and broker data exchanges. The hub server would provide for a centralized enabling system with which each state PDMP system could communicate more economically than having each and every state manage 49 exchange pipelines on a one-by-one basis. The Ohio Board of Pharmacy has agreed to serve as the host agency that would work under the guidance of the IJIS PDMP Committee to acquire and operate the hub for the duration of the prototype. Ohio, Kentucky, and Nevada have agreed to participate in this phase of the project to exchange data via the hub. For these projects, IJIS is working closely with the practitioners from the Alliance of States with Prescription Monitoring Programs, the Bureau of Justice Assistance, and the Drug Enforcement Administration. The goal is to provide recommendations on how to implement the data exchanges based on the new open standards emerging from the Global Justice XML Data Model. More information on the IJIS Interstate PDMP exchange project can be found at www.IJIS.org.

What additional time, if any, is required to submit prescription data to state authorities?

The majority of pharmacies submit prescription information electronically. States have generally expressed satisfaction with the electronic system since it markedly reduced the paperwork burden that existed when pharmacies manually submitted prescription data.

How can a state initiate a prescription drug monitoring program?

The Harold Rogers Prescription Drug Monitoring grant program provides financial assistance to state authorities who want to create or enhance a prescription drug monitoring program. Additional information can be found at www.ojp.usdoj.gov/bja

What are some of the beneficial uses of prescription drug monitoring programs?

Historically, investigators needed to visit each location to obtain prescription information for routine pharmacy inspections or investigations. The PDMP database eliminates this tedious process by requiring prescription information be maintained electronically. This allows investigators to obtain pharmacy data from multiple locations without having to visit each and every pharmacy.

Prescription drug monitoring programs are being used to deter and identify illegal activity such as prescription forgery, indiscriminate prescribing and "doctor shopping." Most programs provide patient specific drug information upon request of the patient's physician or pharmacist. Some state programs proactively notify physicians when their patients are seeing multiple prescribers for the same class of drugs. This assists healthcare professionals in managing patient care. It has been an extremely successful program to thwart diversion in a number of states.

What are the annual costs to operate a prescription drug monitoring program?

The cost of implementing and operating a prescription drug monitoring program differs from state to state because of many variables that exist. The average cost to start a PDMP is approximately \$350,000. State annual operating costs for PDMPs range from \$100,000 to nearly \$1 million. Cost variations are affected by the frequency of data collection (daily, bi-weekly vs. monthly), the use of a third party vendor, the number of prescriptions written/filled in a state, the number of schedules (II-V) collected, and the use of official forms when

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Prescription Drug Monitoring Program For the State of Florida

Priority Problem: Prescription Drugs in Florida

- The Drug Enforcement Administration estimates 7 million Americans are abusing prescription drugs, an increase of 80 percent since 2002.
- In Florida, the rate of deaths (per 100,000 residents) caused by prescription drugs is over three times as high as the rate of deaths caused by all illicit drugs combined.
- In addition, according to the 2008 Florida Youth Substance Abuse Survey, among Florida's 12th graders, the past 30 day prevalence rates for abuse of depressants and prescription pain relievers are greater than for all other illegal drugs, excluding marijuana.
- Controlled substances are potentially beneficial medications, but they also have the capacity to be abused, misused, and sold for profit as well as contribute to behavior such as "doctor shopping."
- Prescription drug diversion costs lives, increases crime and misery from drug addiction, and accelerates costs connected to treatment, medical expenses and Medicaid fraud.
- In Florida, drug-related deaths continue to increase:
2008: 8,556
2007: 8,620
2006: 7,741
2005: 7,573
2004: 7,128
2003: 6,676
- It is not an uncommon practice for individuals abusing prescription medication to participate in doctor and pharmacy shopping, illegally purchase medication without a prescription over the Internet, steal drugs from family or friends, and forge or alter prescription forms.
- A report by the Florida Medical Examiners Commission has concluded that prescription drugs have outstripped illegal drugs as a cause of death in Florida.
- Many experts in the field attribute the trend to the increasing popularity among doctors in the practice of prescribing painkillers, combined with aggressive marketing techniques by pharmaceutical companies.
- In Florida, physicians directly dispensing Schedule II narcotics (for example: morphine, methadone, oxycodone) are frequently associated with so called "Pain Clinics" offering "pills for pay" unlike legitimate pain management doctors.
- Unfortunately, Florida leads the nation with the top 25 dispensing practitioners of "oxycodone." These practitioners are located in 5 counties within the state: Broward, Palm Beach, Miami-Dade, Hillsborough, and

One Solution: Prescription Drug Monitoring Programs

- State authorities in states with PDMPs have indicated that after a PDMP goes into effect, "doctor shopping" patients often move their criminal activities to bordering states that do not have this program.
- Prescription Drug Monitoring Programs are an important tool for prescribers, dispensers, and law enforcement in combating the prescription drug abuse problem.
- Prescription drug monitoring programs (PDMPs) are among the most important components of government efforts to prevent and reduce controlled substance diversion and abuse.
- PDMPs are intended to reduce or eliminate the flow of controlled substances from legitimate medical sources to nonmedical users or dealers.
- In 2009, Florida became the 39th state to pass PDMP legislation that prohibits illegal provision and receipt of prescription drugs by health care professionals and patients.

Goals of Prescription Drug Monitoring Programs

The goals of PDMPs are unique for each state but are generally based on a number of possible major objectives of prescription monitoring, namely:

- Education and Information
- Public Health Initiatives
- Early Intervention and Prevention
- Investigations and Enforcement
- Protection of Confidentiality
- Eliminate Forgery and Counterfeiting of Prescription Forms
- Reduce the Number of Deaths that are Prescription-Drug-Related
- Reduce Criminal Activity Associated with Addiction and Diversion
- Reduce Suffering and Addiction caused by Misuse and Abuse of Prescription Drugs

The goals of the PDMP encompass both the promotion to free up resources with access to appropriate pharmaceutical care and the deterrence of pharmaceutical diversion. Therefore, the emphasis is on preventing drug abuse, increasing patient safety and ensuring public trust in the system.

Florida's Prescription Drug Monitoring Program Florida Statute 893.055

- Signed into law on June 18, 2009
- Provides for a comprehensive electronic database system that has controlled substance prescriptions provided to it to be designed and established by December 1, 2010

- Funding for the federal grant
- Personal identification address and written.
- Electronic system American Society comply with the Accountability
- Electronic reporting the National Reporting (N
- Makes known dispensing of the first degree
- Mandatory reporting including out
- Reporting dissemination as possible, extension is
- The Department health care li Medicine, the Board of Pharmacy organizations the Office of Association, Osteopathic the Department Health Care for the prescri
- Created the Force within
- Creation of a contracted un goals and pu program and
- The "direct-s administer th electronic da effectiveness enhancement the prescrip distribution o education an health care p appropriate.