

The Role of a Prescription Drug Monitoring Program in Reducing Prescription Drug Diversion, Misuse, and Abuse

Prescription painkiller abuse kills more than 40 people daily, eclipsing the number of deaths related to heroin and cocaine use combined.[1] State legislators recognized the need to monitor certain prescription drugs as early as the 1930s. California was the first State to establish a Prescription Drug Monitoring Program (PDMP) in 1939. Other States have also seen the need to share data to monitor patterns associated with drugs of abuse. As of December 2014, 49 States had passed and implemented PDMP legislation to improve patient care and safety, and the one State without a program—Missouri—reintroduced legislation in December 2015 to establish a PDMP.[2,3] This fact sheet provides an overview of how PDMPs can provide health care prescribers, pharmacists, patients, State regulatory boards, and law enforcement agencies with a collaborative method to reduce prescription drug diversion, misuse, and abuse.

A PDMP is a statewide electronic database that stores prescribing and dispensing records related primarily to medications classified as Federal controlled substances, but it may include any potential drug of abuse. Individuals authorized under State law to receive PDMP data, such as providers, pharmacies, or State law enforcement agencies, may access the database. The design, objectives, and organization of PDMPs vary among States. The National Association of Boards of Pharmacy (NABP) operates PMP InterConnect, which had 30 member States in January 2016. PMP InterConnect securely transfers prescription data across State lines and links participating PDMPs, giving providers and other authorities that can access their own State's PDMP access to the PDMPs of the other member States.[4]

PDMP Utilization

PDMPs may be categorized as reactive, proactive, or a combination of the two. States that use a reactive approach generate reports in response to a specific request or inquiry by an authorized individual or agency, such as a prescriber, dispenser, or regulatory authority. Dispensers report each time a controlled substance is dispensed to an individual. Dispensers may make PDMP database inquiries if an at-risk patient is suspected and the dispenser is authorized by the State to do so. Prescribers may make a specific request or inquiry of a PDMP when obtaining a health history, when developing a treatment plan, and when prescribing controlled substances. Prescribers should make a particular effort to consult the PDMP when prescribing controlled substances to a new patient or for a patient who resides outside of the typical practice area. States that use a proactive approach generate reports based on patterns of behavior that raise red flags and provide this unsolicited data to an authorized individual or agency for further investigation or action.[5]

Benefits of a PDMP

For Prescribers

PDMPs contribute to the continuity of care among providers working in a variety of practice settings such as primary care, pain management, and substance abuse care. These databases help providers by increasing awareness of all active controlled substance medications on file for a patient. PDMPs also help providers safely and effectively treat chronic pain. PDMPs may alert prescribers to patients obtaining prescriptions from multiple doctors or pharmacies (known as “doctor shoppers”) and may deter patients from doctor shopping.[6] Prescribers can use PDMP data as a tool to monitor compliance and increase confidence in prescribing decisions.

For Pharmacists

PDMPs help pharmacists ensure that patients who are treated for legitimate, chronic pain maintain access to essential medications. The databases can help identify at-risk patients who may benefit from a pharmacist-initiated counseling session or patients who may be candidates for a referral for lock-in to one dispenser or provider. PDMPs can raise a red flag that alerts a pharmacist to prescriptions likely to enter the illicit market. PDMPs may also help pharmacists identify questionable prescriber patterns that warrant referral for further investigation.

For Patients

PDMPs protect patient privacy while decreasing the incidence of opiate exposure or overdose related to misuse and abuse. PDMP data may draw a prescriber's or dispenser's attention to life-threatening controlled substance interactions that pose a risk to patients managed by more than one prescriber. Identified at-risk patients may be deterred from drug misuse or abuse. Identifying an at-risk patient may encourage the patient to seek help, and the patient can be referred for treatment if desired. However, proactive analysis and distribution of PDMP data may reduce the need for substance abuse treatment admissions. PDMPs may also alert patients to prescriptions fraudulently billed in their name. PDMPs used effectively may benefit patients by preserving their access to appropriately utilized prescription-based therapy.[7]

For Regulatory and Law Enforcement Agencies

PDMP data may help regulatory and law enforcement agencies in a variety of ways. Identifying patterns provides a resource to target areas for further investigation. Data may identify patients who exhibit questionable patterns of obtaining and filling prescriptions for controlled substances or prescribers who exhibit patterns of overprescribing controlled substances. Overprescribing indicators may reveal a pill mill—a medical practice or other health care facility “that routinely conspires in the prescribing and dispensing of controlled substances outside the scope of the prevailing standards of medical practice”[8]—or may expose patterns of insurance fraud. In addition, PDMP data may reduce the amount of time spent on drug diversion or fraud investigations. As a result, the costs of regulatory and law enforcement agencies are reduced. PDMP data may also assist regulatory and law enforcement agencies with monitoring compliance and abstinence.[9]

Maximize Efficiency and Improve Patient Care by Using a PDMP

Consider the following actions to maximize the efficiency and effectiveness of PDMPs:

- Become familiar with the State's specific compliance and reporting requirements and follow them;
- Offer data submission and retrieval training to qualified personnel;
- Incorporate PDMP database screening into workflow schematics; and
- Integrate PDMP monitoring into voluntary, comprehensive compliance programs to maximize PDMP use and improve patient care by reducing prescription drug diversion, misuse, and abuse.

PDMP Resource Guide

Consult these sources for more information on PDMPs:

- **Drug Enforcement Administration (DEA) Office of Diversion Control:** The DEA Office of Diversion Control helps prevent, detect, and investigate diversion of controlled pharmaceuticals and listed chemicals from lawful purposes to the illicit drug market.[10] For more information, visit <http://www.deadiversion.usdoj.gov/> on the Internet.

- **National Alliance for Model State Drug Laws (NAMSDL):** NAMSDL helps States address the issues of drug and alcohol abuse and monitors the progress of drug legislation in all 50 States.[11,12] NAMSDL assists States with legislative and policy questions related to PDMPs. For more information, visit <http://www.namsdl.org/index.cfm> on the Internet.
- **NABP PMP InterConnect:** The NABP operates PMP InterConnect, which allows users of PDMPs in 30 States (as of January 2016) to securely transfer prescription data across State lines and link participating PDMPs.[13] For more information, visit <http://www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect> on the Internet.
- **National Association of State Controlled Substances Authorities (NASCSA):** A nonprofit organization dedicated to assisting government agencies, pharmaceutical companies, and other stakeholders increase the effectiveness and efficiency of their efforts to reduce drug diversion and abuse.[14] For more information, visit <http://www.nascsa.org/about.htm> on the Internet.
- **National Association of Drug Diversion Investigators (NADDI):** NADDI is a nonprofit organization that helps prevent and investigate prescription drug diversion through cooperative efforts among law enforcement, health care professionals, State regulatory agencies, and pharmaceutical manufacturers.[15] For more information, visit <http://www.naddi.org> on the Internet.
- **National Institute on Drug Abuse (NIDA):** NIDA is a U.S. Department of Health and Human Services (HHS), National Institutes of Health (NIH) program that funds research on drug abuse and addiction to track drug usage trends, understand how drugs affect the brain and body, and develop new drug treatment and prevention approaches.[16] For more information, visit <http://www.drugabuse.gov/> on the Internet.
- **Office of National Drug Control Policy (ONDCP):** Created by the Anti-Drug Abuse Act of 1988, the ONDCP works with the President and the Executive branch to address drug control issues and activities. The ONDCP also develops the National Drug Control Strategy, which the White House releases annually, and which currently monitors the 5-year goals of the Strategy.[17, 18] For more information, visit <https://www.whitehouse.gov/ondcp> on the Internet.
- **PDMP Center of Excellence at Brandeis University:** The PDMP Center of Excellence works with Federal and State stakeholders to evaluate and analyze the effectiveness of PDMPs. The Center of Excellence identifies PDMP best practices, compiles and analyzes performance measures, improves the methods used to assess PDMP effectiveness, encourages innovative uses of data, and assists States with information analysis and dissemination. It also provides analytical support in using Center of Excellence materials, data, and tools.[19] For more information, visit <http://www.pdmpexcellence.org/> on the Internet.

To see the electronic version of this fact sheet and the other products included in the “Drug Diversion” Toolkit, visit the Medicaid Program Integrity Education page at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

Follow us on Twitter  [#MedicaidIntegrity](https://twitter.com/MedicaidIntegrity)

References

- 1 Centers for Disease Control and Prevention. (2011, November 1). Prescription Painkiller Overdoses at Epidemic Levels. Retrieved January 6, 2016, from http://www.cdc.gov/media/releases/2011/p1101_flu_pain_killer_overdose.html
- 2 National Alliance for Model State Drug Laws. (2015, September 11). Prescription Drug Monitoring Programs—Bill Status Update. Retrieved January 6, 2016, from <http://www.namsdl.org/library/67EBD921-CB97-2EA0-C0413D0B3896FEFA/>
- 3 State of Missouri. Senate. (2015, December 2). SB 768 Establishes a Prescription Drug Monitoring Act. Retrieved January 6, 2016, from http://www.senate.mo.gov/16info/BTS_Web/Bill.aspx?SessionType=R&BillID=22259792
- 4 National Association of Boards of Pharmacy. NABP PMP InterConnect. Retrieved January 6, 2016, from <http://www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect/>

- 5 Finklea, K., Sacco, L., & Bagalman, E. (2014, March 24). Congressional Research Service. Prescription Drug Monitoring Programs (p. 5). Retrieved January 6, 2016, from <http://www.fas.org/sgp/crs/misc/R42593.pdf>
- 6 Executive Office of the President of the United States. (2011). Epidemic: Responding to America's Prescription Drug Abuse Crisis (pp. 8–9). Retrieved January 6, 2016, from https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/rx_abuse_plan.pdf
- 7 PMP Center of Excellence. Brandeis University Schneider Institutes for Health Policy. (2011, February). Prescription Monitoring Program Center of Excellence. Briefing on PMP Effectiveness. 2.1 Prescription Monitoring Programs: An Effective Tool in Curbing the Prescription Drug Abuse Epidemic. Retrieved January 6, 2016, from http://www.pdmpexcellence.org/sites/all/pdfs/pmp_effectiveness_brief_a_2_24_11.pdf
- 8 Florida Office of the Attorney General. (2012, April 2). Florida's Prescription Drug Diversion and Abuse Roadmap 2012–2015. Retrieved January 6, 2016, from [http://myfloridalegal.com/webfiles.nsf/WF/KGRG-8T8L5K/\\$file/PrescriptionDrugDiversionAndAbuseRoadmap.pdf](http://myfloridalegal.com/webfiles.nsf/WF/KGRG-8T8L5K/$file/PrescriptionDrugDiversionAndAbuseRoadmap.pdf)
- 9 PMP Center of Excellence. Brandeis University Schneider Institutes for Health Policy. (2011, February). Prescription Monitoring Program Center of Excellence. Briefing on PMP Effectiveness. 2.1 Prescription Monitoring Programs: An Effective Tool in Curbing the Prescription Drug Abuse Epidemic. Retrieved January 6, 2016, from http://www.pdmpexcellence.org/sites/all/pdfs/pmp_effectiveness_brief_a_2_24_11.pdf
- 10 Drug Enforcement Administration. Office of Diversion Control. Home Page. Retrieved January 6, 2016, from <http://www.deadiversion.usdoj.gov/>
- 11 National Alliance for Model State Drug Laws. About. Retrieved January 6, 2016, from <http://www.namsdl.org/about.cfm>
- 12 National Alliance for Model State Drug Laws. (2015, September 11). Prescription Drug Monitoring Programs—Bill Status Update. Retrieved January 6, 2016, from <http://www.namsdl.org/library/67EBD921-CB97-2EA0-C0413D0B3896FEFA/>
- 13 National Association of Boards of Pharmacy. (2013). NABP PMP InterConnect. Retrieved January 6, 2016, from <http://www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect>
- 14 National Association of State Controlled Substances Authorities. (2012). About NASCSA. Retrieved January 6, 2016, from <http://www.nascsa.org/about.htm>
- 15 National Association of Drug Diversion Investigators. (2013). About. Retrieved January 6, 2016, from http://www.associationdatabase.com/aws/NADDI/pt/sp/about_us
- 16 National Institutes of Health. National Institute on Drug Abuse. The Science of Drug Abuse & Addiction. Retrieved January 6, 2016, from <http://www.drugabuse.gov>
- 17 Office of National Drug Control Policy. About ONDCP. Retrieved January 6, 2016, from <https://www.whitehouse.gov/ondcp/about>
- 18 The White House. Office of National Drug Control Policy. (2015). National Drug Control Strategy: 2015. Retrieved January 6, 2016, from https://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/2015_national_drug_control_strategy.pdf
- 19 PDMP Center of Excellence. Brandeis University. The Heller School for Social Policy and Management. (2010–2013). Mission and Scope of Work. Retrieved January 6, 2016, from <http://www.pdmpexcellence.org/content/mission-and-scope-work>

Disclaimer

This fact sheet was current at the time it was published or uploaded onto the web. Medicaid and Medicare policies change frequently so links to the source documents have been provided within the document for your reference.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. Use of this material is voluntary. Inclusion of a link does not constitute CMS endorsement of the material. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

February 2016

