

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



*News Flash -*



NEW products from the Medicare Learning Network® (MLN)

- [“Screening Pelvic Examinations,”](#) Booklet, ICN 907792, Downloadable only.

MLN Matters® Number: SE1250

Related Change Request (CR) #: N/A

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

## **Prescription Drug Monitoring Programs: A Resource to Help Address Prescription Drug Abuse and Diversion**

### **Provider Types Affected**

This MLN Matters® Special Edition Article about Prescription Drug Monitoring Programs (PDMPs) is intended for physicians, pharmacists, nurses, and other health care providers that prescribe or dispense scheduled drugs.

### **What You Need to Know**

Prescription drug abuse and diversion are acute problems in the area of pain management. Efforts to improve the management of pain create a dilemma for physicians and other providers, who have to balance legitimate patient therapeutic needs against what may be potential abuse or drug diversion activities due to the drug-seeking behavior of their patients.

Most States have operational PDMPs that collect data on prescriptions of controlled substances in order to provide resources to reduce prescription drug abuse and diversion. If you enroll in your state's PDMP, you may get reports to help you identify patients who are obtaining prescriptions from other doctors or

#### **Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.

from multiple pharmacies, or who may be at risk for prescription drug abuse. A PDMP report may be particularly useful before prescribing controlled substances for new patients. Visit <http://www.pmpalliance.org/content/prescription-monitoring-frequently-asked-questions-faq> for more information and links to your state's PDMP.

## Background

---

PDMPs are statewide electronic databases that collect prescription dispensing data of controlled substances. Legislation authorizing collection of data is currently in place in 49 states with 41 states having a functional PDMP.<sup>1</sup> These databases were originally implemented as an effort to address controlled substance abuse and reduce diversion.

Despite the proliferation of PDMPs, not all of them function in the same manner. The agencies that are responsible for housing and monitoring these programs vary across states but are typically located in either the state's Board of Pharmacy, Department of Health and Human Services, or law enforcement agencies. States have a say on what type of controlled substances are tracked (CII-V) and may include other prescription drugs such as tramadol, carisoprodol, or butalbital.

Many PDMPs provide secure online access to authorized users including physicians and pharmacists. These monitoring programs can report dispensing dates, prescriber, pharmacy, drug name, quantity, and strength of controlled substance prescriptions, including opioids.

Although the focus of PDMPs was originally intended to help reduce drug diversion and abuse, they can also be used for improving medical care and ensuring safe use of controlled substances. Improving the prescribing of controlled substances can reduce their diversion and abuse. Identifying abusers for treatment can improve the public's health.

## Need for Action

---

Abuse of prescription drugs is considered the nation's fastest growing drug-problem. Average sales of opioids per person have increased from 74 milligrams to 369 milligrams between 1997 and 2007, a 402% increase. The Centers for Disease Control and Prevention (CDC) reported that the estimated number of emergency department visits for non-medical use of opioid analgesics increased 111% during 2004-2008 (from 144,600 to 305,900 visits). In addition, drug overdoses, including those from prescription drugs, were the second leading cause of deaths from unintentional injuries in the United States during 2007, exceeded only by motor vehicle fatalities.<sup>2</sup>

Movements to improve pain assessment and control have increased the awareness among physicians and patients on the need for analgesics, fueling the nation's consumption, which ranks among the

---

<sup>1</sup> Clark T, Eadie J, Kreiner P, Strickler G. Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices. The PDMP Center of Excellence, Heller School for Social Policy and Management, Brandeis University. September 20, 2012.

<sup>2</sup> Unintentional drug poisoning in the United States [July 2010]. National Center for Injury Prevention and Control. Centers for Disease Control and Prevention. <http://www.cdc.gov/HomeandRecreationalSafety/pdf/poison-issue-brief.pdf>.

### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.

highest in the world. This increased attention to better managing pain creates a dilemma for prescribers who must appropriately prescribe potent opioids for the treatment of pain while being mindful of the possibility that certain individuals may be seeking prescriptions for non-medical purposes or to satisfy an addiction.

Don't be duped into believing "not my Medicare patient." A recent U.S. Government Accountability Office (GAO) report titled "Medicare Part D: Instances of Questionable Access to Prescription Drugs," identified 170,000 Medicare beneficiaries who received prescriptions from five or more prescribers and often receiving 2-4 times a normal year's supply. The most frequently prescribed drugs were hydrocodone with acetaminophen and oxycodone alone or in combination. When samples of these cases were reviewed with the prescribing physicians, none were aware of the other prescribers. In many cases, the beneficiary had signed a pain management agreement but continued to 'doctor shop.' Beginning in 2013, due to the risks of adverse effects from misuse of opioid analgesics, the Centers for Medicare and Medicaid Services (CMS) will require Medicare Part D plans to contact prescribers to ascertain the medical necessity of potentially unsafe, high opioid dosages used for chronic, non-cancer pain. For more information about the requirements for Medicare Part D sponsors to manage the use of opioids in their prescription drug plans, go to <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html> on the CMS website.

With added involvement and interventions from prescribers and pharmacists, PDMPs are one step towards resolving inappropriate or unsafe controlled substance prescription use by the identification of 'doctor shoppers' and detecting therapeutic duplication. Most states require pharmacies to report controlled substance prescription data at least biweekly to their PDMP. This consistent and up-to-date monitoring could prevent the dispensing of unnecessarily high amounts of controlled substance prescriptions at either the physician visit or dispensing pharmacy - a more direct and time efficient method.

A recent report assessing the best practices of PDMPs identified 6 areas for further development.<sup>3</sup> One area of special note was increasing medical provider education and encouraging the use of PDMPs as a clinical tool. This second area is the natural extension of PDMP data into the broader areas of improving public health and safety.

## Provider Action

---

PDMP records may help you determine if a patient is obtaining prescriptions from other doctors or from multiple pharmacies. We encourage you to actively participate in your state's PDMP:

- Determine if your state has a PDMP and how you can access the data by visiting <http://www.pmpalliance.org/content/state-pmp-websites> on the Internet.

---

<sup>3</sup> Clark T, Eadie J, Kreiner P, Strickler G. Prescription Drug Monitoring Programs: An Assessment of the Evidence for Best Practices. The PDMP Center of Excellence, Heller School for Social Policy and Management, Brandeis University. September 20, 2012.

### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.

- Consider developing an office protocol to request a PDMP report for all new patients receiving a controlled substance. Additionally, a periodic PDMP report could be requested if pain control is for a chronic condition to assure that the patient is properly managing their medications.

**Disclaimer**

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.