

# Arkansas Prescription Monitoring Program

**FY 2017**

**Fourth Quarter Report**

**April-June 2017**



**ARKANSAS**  
DEPARTMENT OF HEALTH

# Arkansas Prescription Monitoring Program



## Quarterly Report

### April-June, Fiscal year 2017

The Arkansas Prescription Monitoring Program (PMP) was created in 2011 by Act 304 of the Arkansas General Assembly. Since then, the rules and regulations governing the PMP have undergone a number of updates. The following changes were made in 2017 by the Arkansas General Assembly:

- Insurance providers may verify that health care providers in their network have registered with the PMP.
- The Arkansas Medicaid Prescription Drug Program is allowed access to the PMP.
- Prescribing criteria for controlled substances will be developed by the PMP Advisory Committee and the Director of the ADH. Reports will be provided to prescribers, dispensers and licensing boards based upon this criteria.
- Use of the PMP was made mandatory in some circumstances and penalties were established for failure to query the PMP.

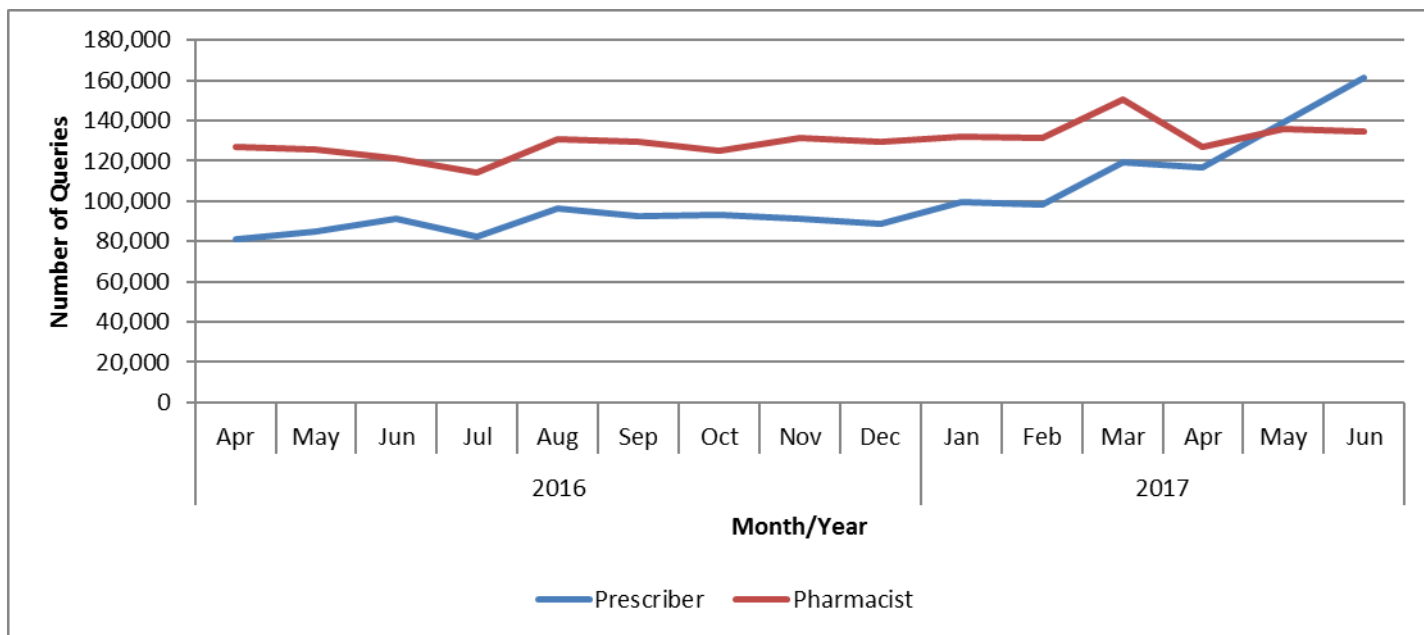
The statute requirement of Act 820 of 2017 pertaining to accessing the PMP has fueled the increase in the number of registered users this quarter (table 1) .

**Table 1: Number of authorized users by type— Arkansas —April—June 2017**

PMP User Type	Apr 2017	May 2017	Jun 2017	Percent Change (Apr-Jun)
Physician	4048	4166	4324	6.8%
Osteopathic Physician	274	284	313	14.2%
Podiatrist	36	38	54	50%
Physician Assistant	250	262	289	15.6%
Advanced Practice Nurse	1599	1640	1815	13.5%
Optometrist	30	36	38	26.7%
Dentist	680	704	776	14.1%
Veterinarian	18	19	20	11.1%
Pharmacist	2503	2523	2636	5.3%
Delegate	1349	1635	2990	121.6%
Law Enforcement	171	172	172	0.6%
Licensing Board	4	4	4	0.0%
<b>TOTALS</b>	<b>10962</b>	<b>11483</b>	<b>13431</b>	<b>22.5%</b>

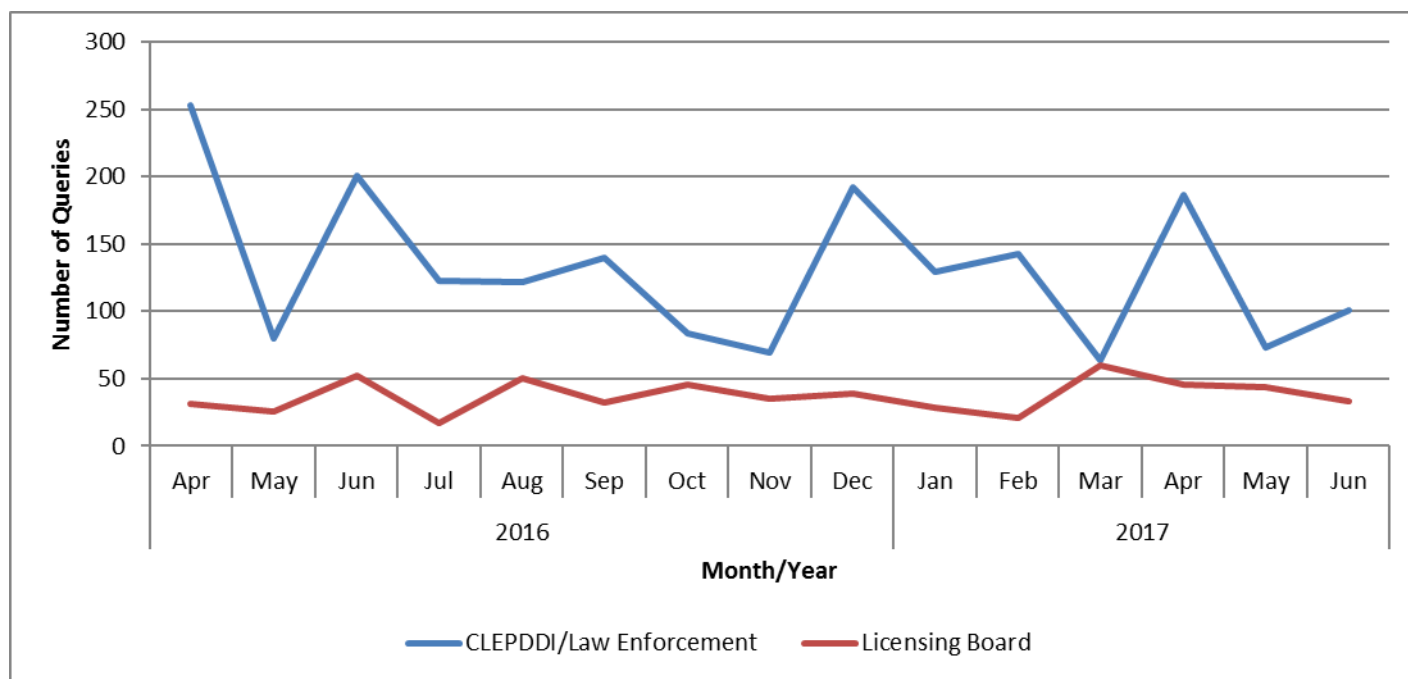
The total number of PMP queries continues to increase. More queries were made in June 2017 than any other month since the inception of the PMP. Between July 2016 and June 2017, pharmacist queries increased by 18% and prescriber queries increased by 97% (figure 1).

**Figure 1: Number of queries by prescribers and pharmacists— Arkansas—April 2016—March 2017**



Licensing board and law enforcement queries have fluctuated over time and are a small percent of the total queries made to the PMP. There were large spikes in law enforcement queries in April, June and December 2016 (figure 2). These spikes were driven by changes in PMP access authorized by ACT 901 of 2015.

**Figure 2: Number of queries by licensing boards and law enforcement— Arkansas—April 2016—June 2017**

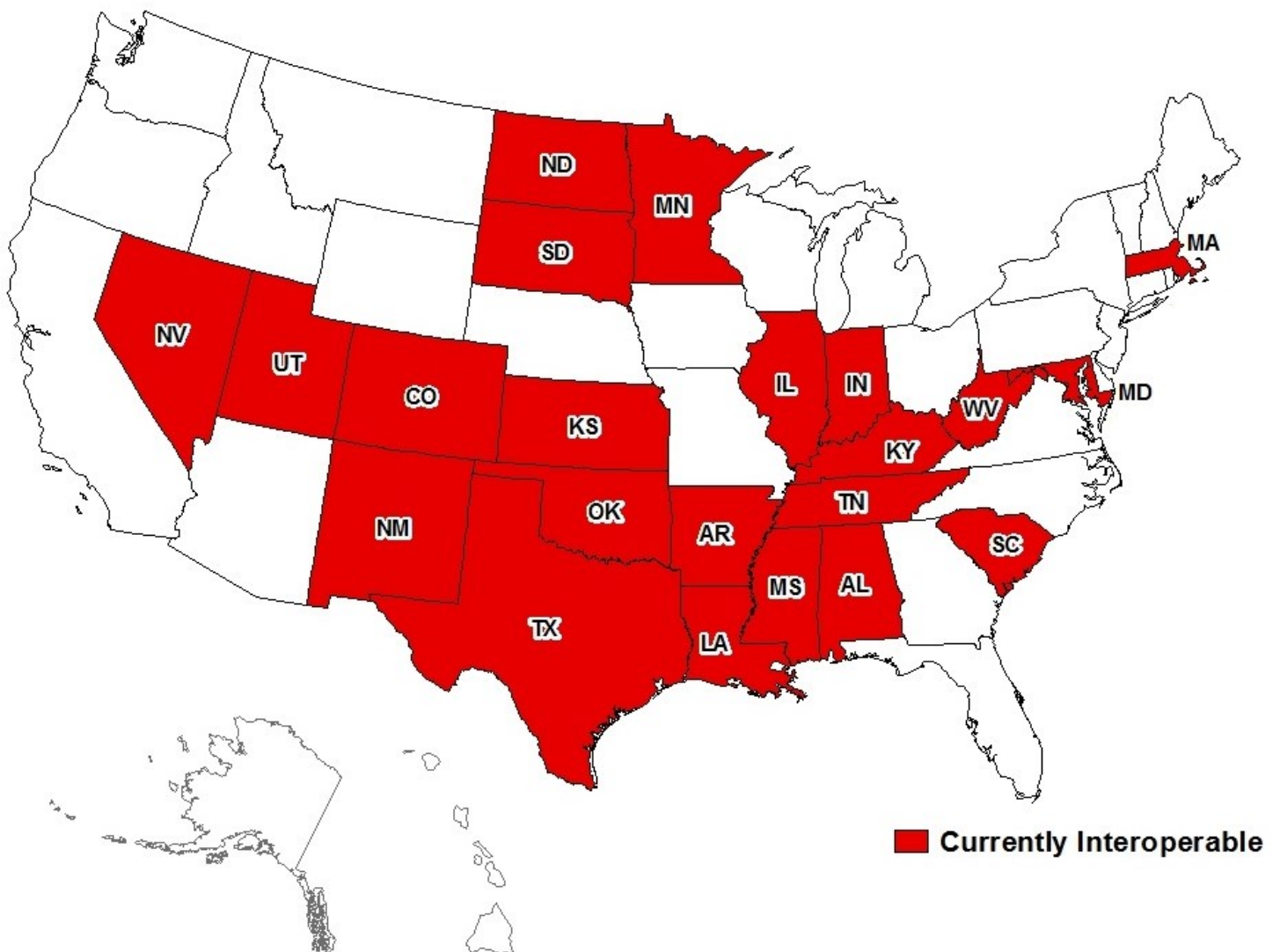


The Arkansas Prescription Monitoring Program shares controlled substance prescription data with twenty-one (21) other states (figure 3). Most states begin the program by sharing data with border states. Arkansas shares data with five of its six border states: Texas, Oklahoma, Louisiana, Tennessee, and Mississippi.

Texas is the most recent to pass legislation to share data with Arkansas. Missouri has yet to pass any PMP legislation.

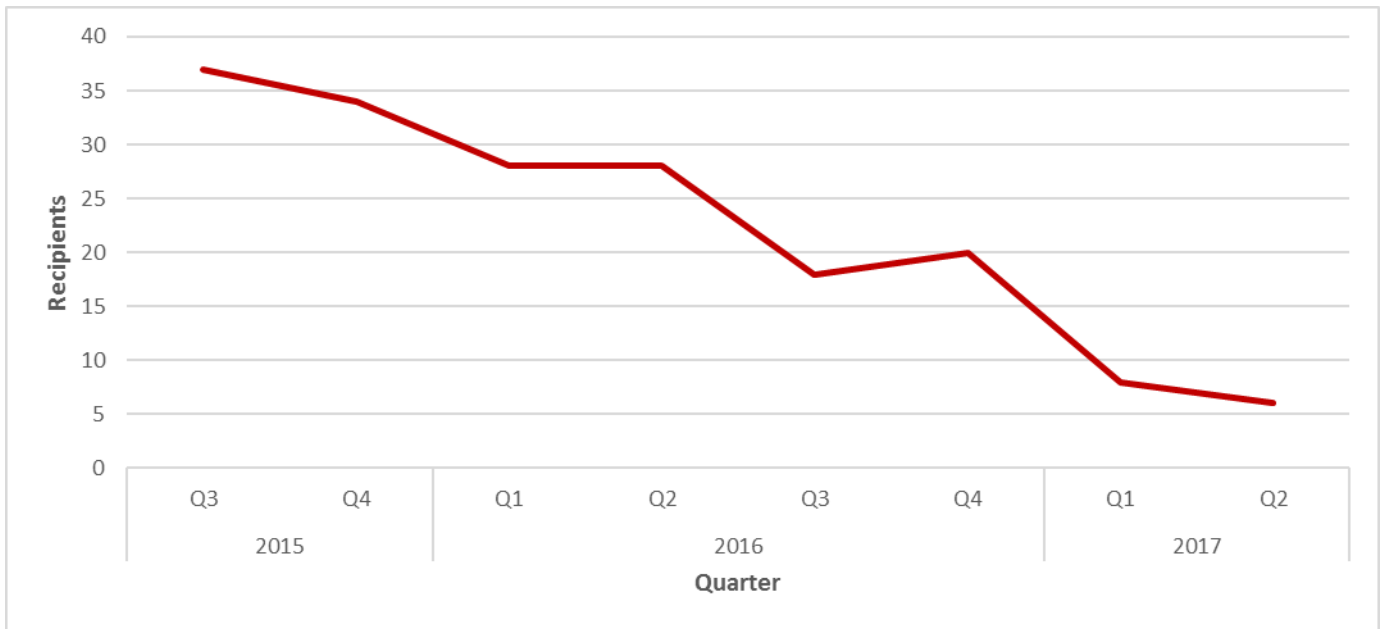
The Red States in figure 3 are the states with which Arkansas currently shares data. The goal is for all states and territories to share data by 2020. State laws that bar or restrict data sharing must change in order to reach the goal.

**Figure 3: States that share PMP data with Arkansas — March 2017**



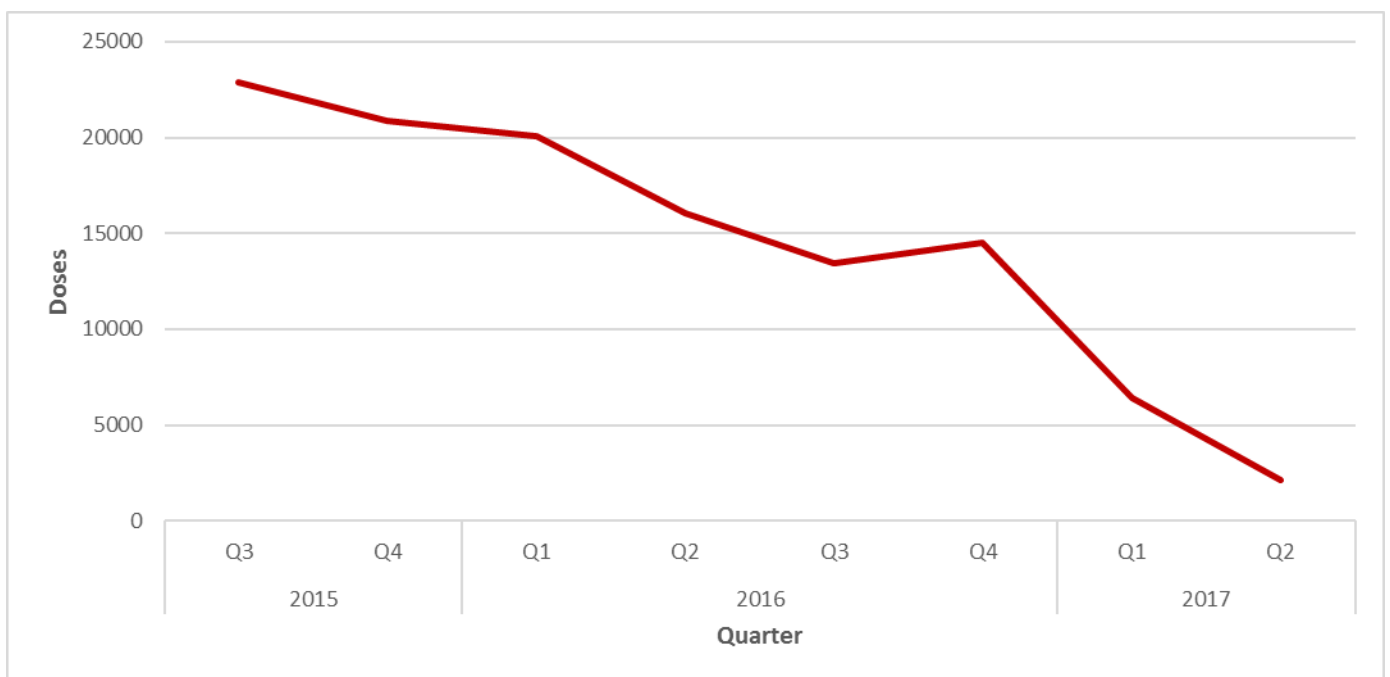
Monitoring “doctor shopping” (visiting multiple prescribers and multiple pharmacies) by recipients is a key way to evaluate the effectiveness of a prescription monitoring program. The Arkansas PMP has made progress in reducing the number of doctor shoppers in Arkansas. **The number of recipients seeing seven (7) or more physicians and seven (7) or more pharmacies in a 90-day period has decreased from 37 during the third quarter of 2015 to 6 in the second quarter of 2017 (figure 4).**

**Figure 4: Recipients seeing seven (7) or more physicians and seven (7) or more pharmacies in a 90-day period— Arkansas—Third quarter 2015—Second quarter 2017**



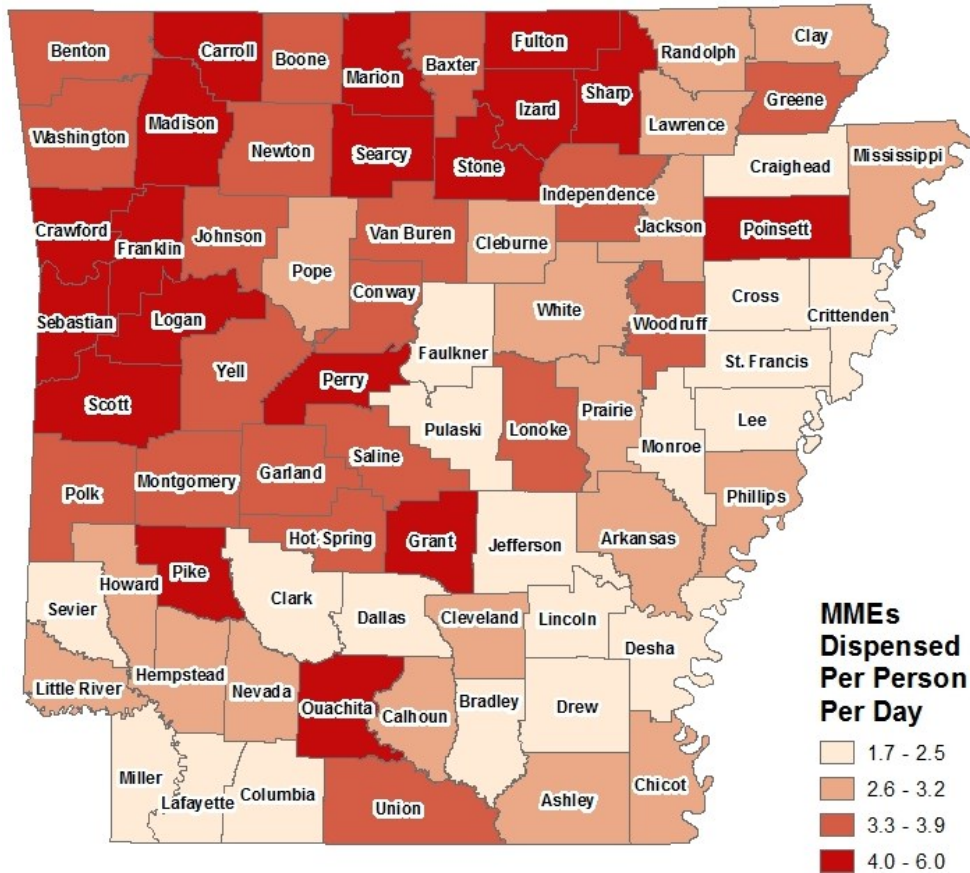
The number of doses of controlled substances dispensed to doctor shoppers decreased by 91% between the third quarter of 2015 and the second quarter of 2017 (figure 5).

**Figure 5: Quantity of doses of controlled substances dispensed to 7 X 7 “Doctor Shoppers” — Arkansas— Third quarter 2015—Second quarter 2017**



Addressing opioid overprescribing is a continued focus in preventing overdoses in Arkansas. According to data from the PMP, the amount of opioids dispensed to Arkansans aged 18 or older ranged from 1.7—6.0 milligram morphine equivalents per capita per day across Arkansas counties. In other words, enough opioids were dispensed for every person over age 18 to take 1.7 to 6 milligrams of morphine per day for a year (figure 6).

**Figure 6: Milligram morphine equivalents dispensed per capita per day by county—Arkansas residents aged 18+, 2016**



Even as health providers and regulators work to decrease opioid prescribing, patients can reduce the risk of drug-related injury and death in their communities by properly disposing of unused drugs. Arkansas Take Back ([artakeback.org](http://artakeback.org)) collects and disposes of unused drugs at more than 130 sites throughout the state.

Limiting access to potentially dangerous drugs while ensuring that patients suffering from pain receive adequate treatment is a major challenge for health care providers. Recent increases in drug overdose deaths highlights the value of non-pharmacological treatments for pain. Exercise therapy, weight loss, and cognitive behavioral therapy can treat some types of pain without risk of drug overdose.

The PMP will continue to work with health care providers, legislators, law makers, social service providers, and others to ensure the legitimate use of prescription drugs as well as to minimize drug misuse and diversion in our state.