

Arkansas Prescription Monitoring Program

FY 2018

First Quarter Report

July-September 2017



ARKANSAS
DEPARTMENT OF HEALTH

New Laws Take Effect, Rules are Changed and Queries Increase

July – September, 2017

On August 1st, Act 820 took effect requiring prescribers to check the Prescription Monitoring Program (PMP) when prescribing certain medications. The act mandates prescribers query the PMP every time they prescribe schedule II or schedule III opioids, as well as the first time they prescribe a benzodiazepine. Certain exemptions exist for emergencies and palliative care.

From the time the PMP first began operating in March of 2013, pharmacies have been required to report prescriptions on a weekly basis. On August 3rd, the Board of Health approved changes to the rules governing reporting to the PMP to require pharmacies to upload files daily. The new requirement goes into effect December 1st. The change is intended to give prescribers more up-to-date information before writing prescriptions.

Between July and September 2017, the total number of registered PMP users increased 15.3%. Optometrists saw the largest percent increase, and prescriber delegates saw the largest absolute increase. The number of registered optometrists increased 94.7%, from 38 to 74. The number of registered prescriber delegates increased 45.0%; from 2,990 to 4,335-- a difference of 1,345. Smaller increases were also seen in the number of other types of users. There was no change in the number of authorized users from licensing boards (table 1).

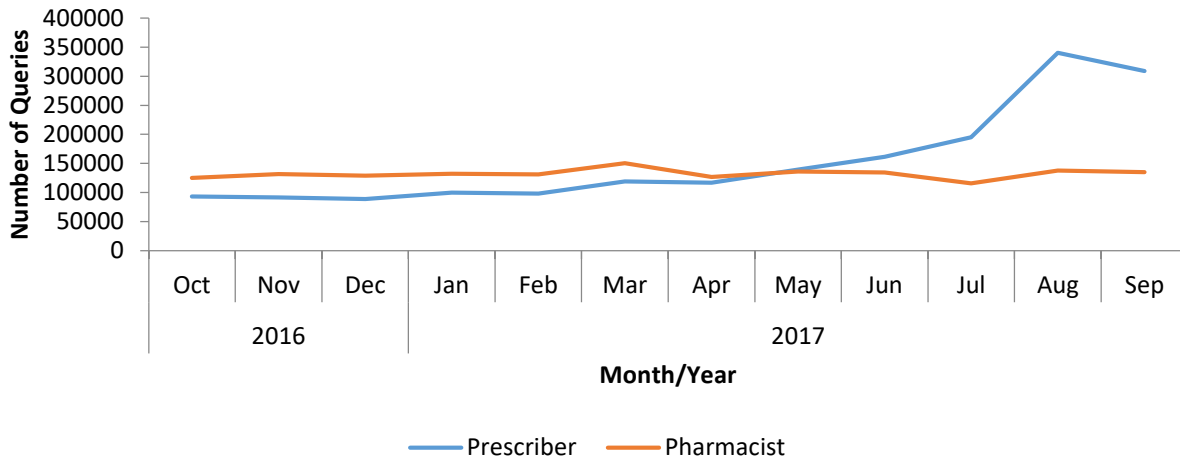
Table 1: Number of authorized users by type – July – September 2017

PMP User Type	Jul 2017	Aug 2017	Sept 2017	Percent Change (Jul - Sept)
Physician	4,536	4,757	4,860	7.1%
Osteopathic Physician	313	329	333	6.4%
Podiatrist	54	64	66	22.2%
Physician Assistant	289	302	306	5.9%
Adv. Practice Nurse	1,815	1,888	1,950	7.4%
Optometrist	38	61	74	94.7%
Dentist	776	847	893	15.1%
Veterinarian	20	21	22	10.0%
Pharmacist	2,636	2,688	2,711	2.8%
Delegate	2,990	4,002	4,335	45.0%
Law Enforcement	172	172	177	2.9%
Licensing Board	4	4	4	0.0%
TOTAL	13,643	15,135	15,731	15.3%

There is currently no law in Arkansas requiring prescribers to register as PMP users. Mandatory use of the PMP, as required by Act 820, indirectly obligates prescribers to sign up. Now that the law is in effect, prescribers or their delegates are mandated to include documentation of a PMP query in their patient's chart when they prescribe certain controlled substances. The increase in the number of PMP users seen between July and September was likely due to Act 820.

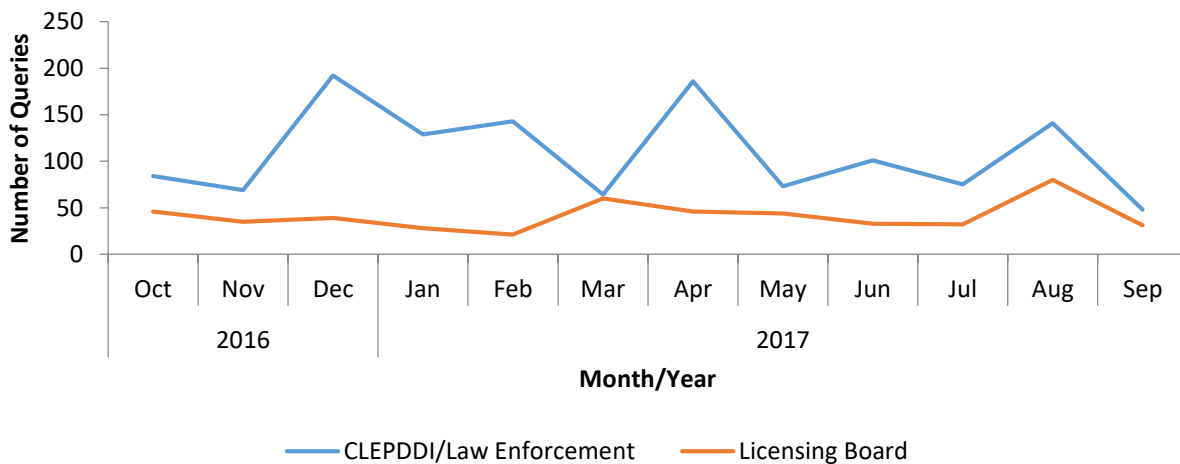
Along with the increase in registered users, there has also been an increase in queries to the PMP. Prescriber queries reached an all-time high in August 2017, then fell slightly in September. Between October 2016 and September 2017, pharmacist queries increased 8% and prescriber queries increased 231% (figure 1). The increase in prescriber queries is likely due to Act 820, which took effect on August 1st.

Figure 1: Number of queries by prescribers and pharmacists – Arkansas – October 2016 – September 2017



Licensing boards and certain members of law enforcement are authorized to use the PMP to investigate diversion of controlled substances. Queries by these types of users fluctuate throughout the year and account for a small fraction of the total number of queries made to the PMP. Spikes in law enforcement queries often coincide with the Certified Law Enforcement Prescription Drug Diversion Investigator (CLEPDDI) trainings where new investigators are given access to the PMP (figure 2).

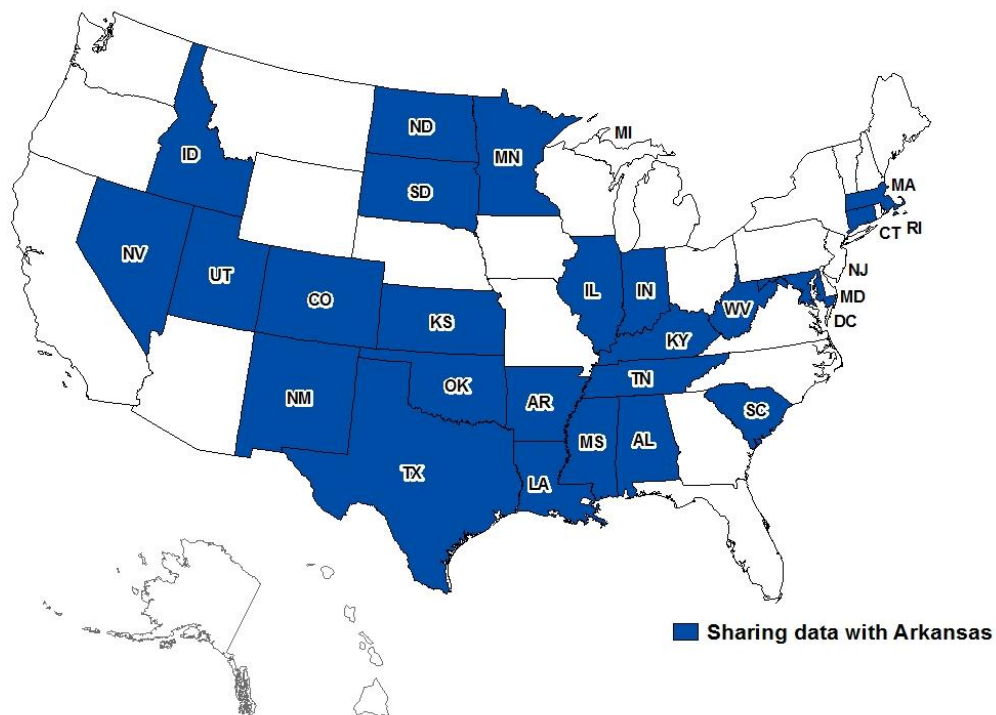
Figure 2: Number of queries by licensing boards and law enforcement – Arkansas – October 2016 – September 2017



Interstate Data Sharing

Interstate data sharing extends the reach of state-run PMPs by allowing prescribers and pharmacists to see prescriptions their patients fill in other states. In the absence of a national PMP, interstate data sharing can address multi-state doctor shopping within participating states. Between July and September, the Arkansas PMP began sharing data with two new states: Connecticut and Idaho. Arkansas currently shares data with 23 states (figure 3).

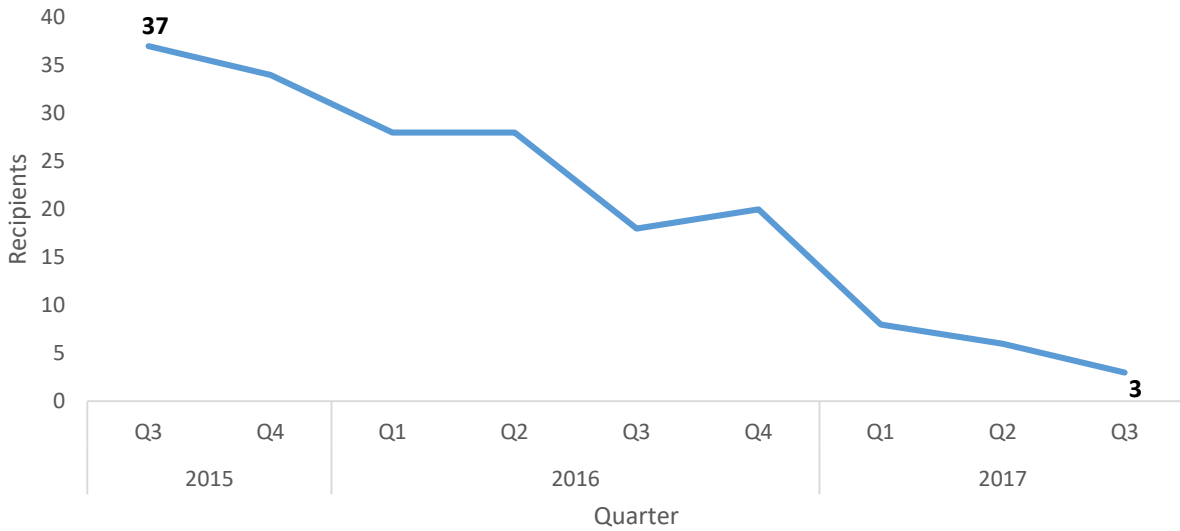
Figure 3: States that share PMP data with Arkansas – September 2017



Doctor Shopping

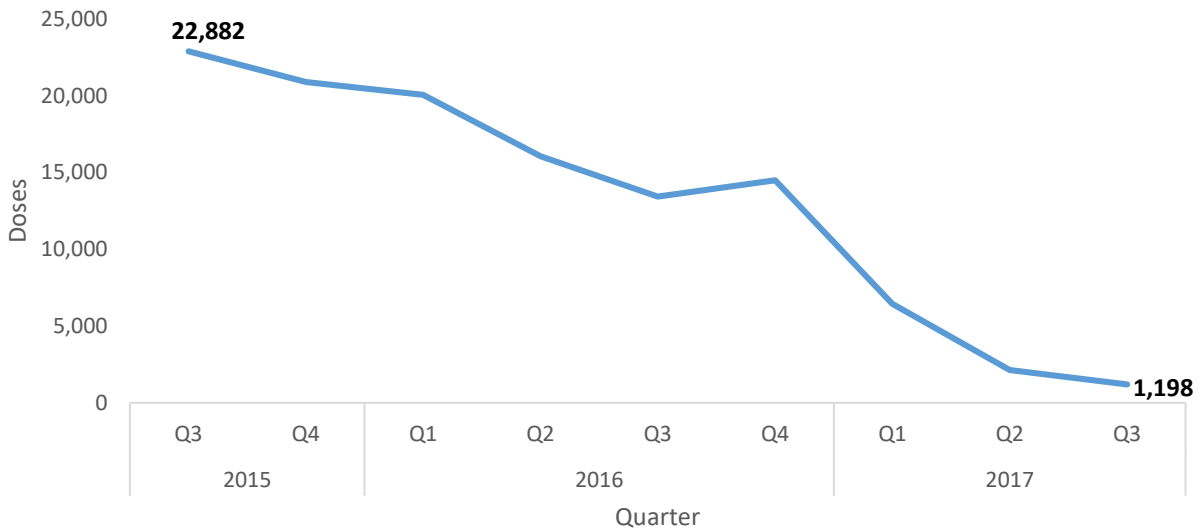
Curtailling doctor shopping was one of the original justifications for creating a PMP in Arkansas. When the PMP first began operating, doctor shopping was defined as visiting 10 or more prescribers and 10 or more pharmacies in a 90-day period. The PMP was so successful in addressing such blatant drug seeking behavior that the threshold was eventually lowered to 7 or more prescribers and 7 or more pharmacies in 90 days. The number of people engaged in 7x7 doctor shopping has gone from 37 in the third quarter of 2015, to 3 in the third quarter of 2017 (figure 4).

Figure 4: Recipients seeing 7 or more physicians and 7 or more pharmacies in a 90-day period – Arkansas - third quarter 2015 – third quarter 2017



As the number of doctor shoppers has gone down, the number of doses (mainly pills) has gone down as well. The concurrent reduction in doses dispensed shows that a few high-volume doctor shoppers are *not* making up for doctor shopping that has been halted over the last two years (figure 5).

Figure 5: Quantity of doses of controlled substance dispensed to 7x7 “Doctor Shoppers” – Arkansas – third quarter 2015 – second quarter 2017

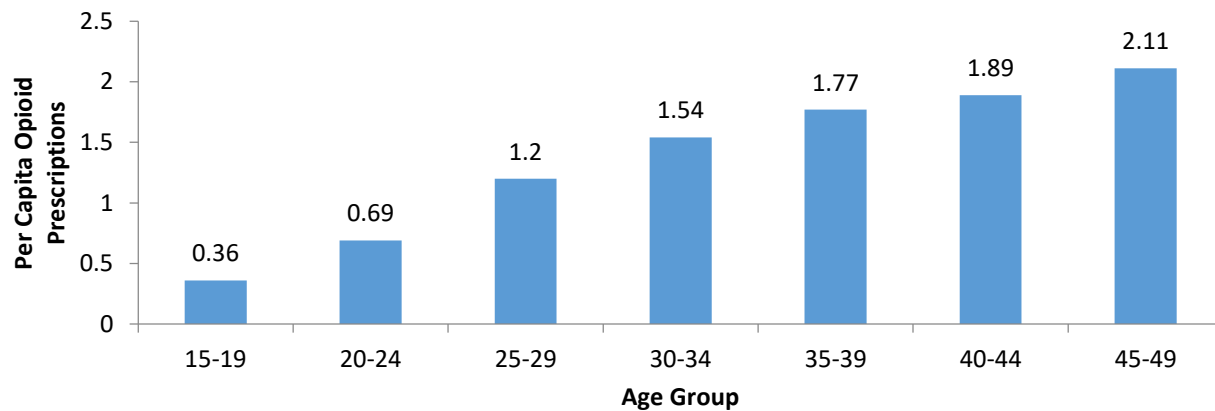


Special Topic: Opioid Prescribing to Women of Reproductive Age

Opioid prescribing to women of reproductive age is a special concern for the public health community. In addition to overdose, it also increases the risk for a condition called Neonatal Abstinence Syndrome (NAS). NAS is a constellation of symptoms caused by in utero exposure to psychoactive drugs. In September 2017, the PMP reported high rates of opioid prescribing to women aged 15 – 49, along with increasing rates of NAS diagnoses in Arkansas since 2000. The report found that approximately three out of every 1,000 babies born in 2014 were diagnosed with NAS, and the rate is even higher in certain sub-populations. The full report is available under the “reports” section of arkansaspmp.com.

In Arkansas, women of every age are prescribed more opioids than men. In 2014, the last year for which information about NAS is available, reproductive-age women filled between 0.36 and 2.11 prescriptions per capita. Women aged 25 years or more, who account for 59.3% of all births, filled between 1.2 and 2.11 prescriptions per capita in 2014 (figure 6).

Figure 6: Opioid prescriptions filled per capita by women of reproductive age - Arkansas 2014



Population-level surveillance of opioid prescribing is just one of the ways the Arkansas PMP works to ensure the legitimate use of controlled substances in health care. Going forward, the PMP will continue to monitor prescribing, as well as drug-related morbidity and mortality.