

Arkansas Prescription Monitoring Program

FY 2017

Second Quarter Report

October—December 2016



ARKANSAS
DEPARTMENT OF HEALTH

Arkansas Prescription Monitoring Program



Quarterly Report

October—December, Fiscal year 2017

Act 304 of 2011 authorized the Arkansas Prescription Drug Monitoring Program (PMP).

Arkansas law states that each dispenser shall submit, by electronic means, information regarding each prescription dispensed for a controlled substance. Each time a controlled substance is dispensed to an individual, the dispenser shall submit the information required by Arkansas law to the central repository weekly for the previous week, Sunday through Saturday.

The ADH shall establish and maintain procedures to ensure that the privacy, confidentiality, and security of patient information collected, recorded, transmitted, and maintained is not disclosed except as provided in Act 304.

The goals of the PMP:

- ◆ To enhance patient care by providing prescription monitoring information that will ensure legitimate use of controlled substances in health care.
- ◆ To help curtail the misuse and abuse of controlled substances.
- ◆ To assist in combating illegal trade in and diversion of controlled substances.
- ◆ To enable access to prescription information by practitioners, law enforcement agents and other authorized individuals and agencies.

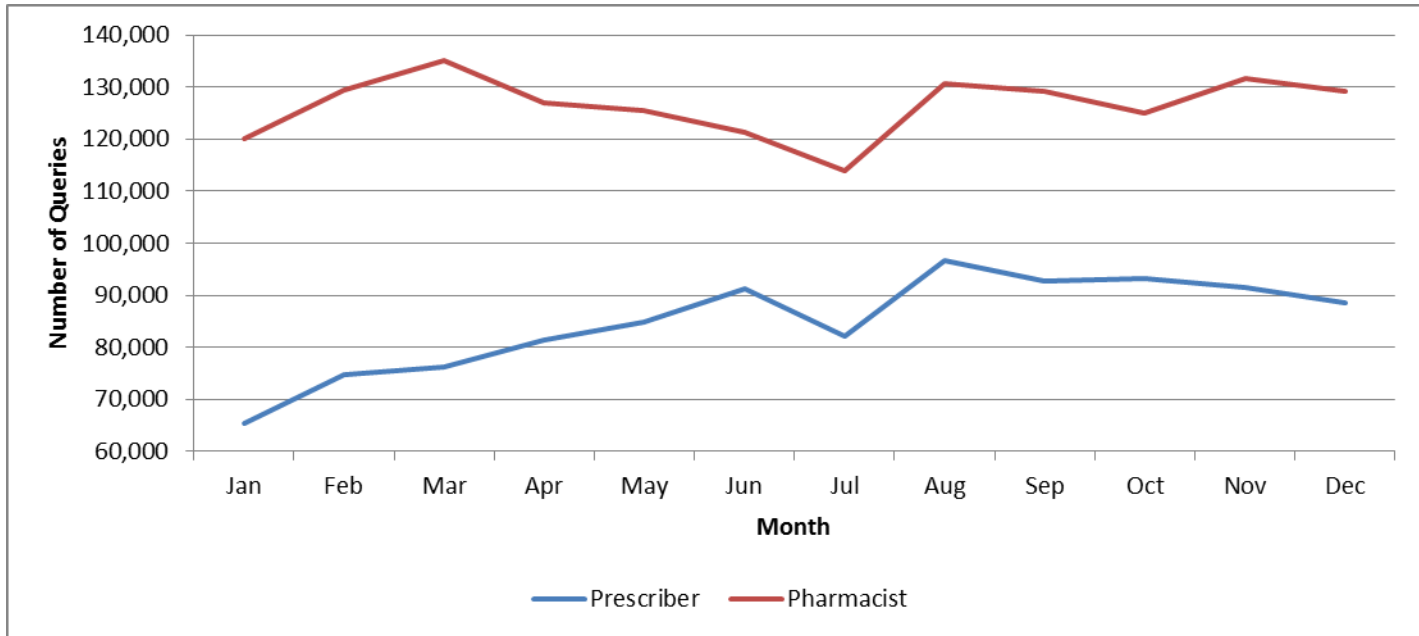
The number of authorized PMP users increased between October and December, 2016 (table 1).

Table 1: Number of authorized users by type— Arkansas —October—December 2016

PMP User Type	Oct	Nov	Dec	Percent Change
Physician	2600	2653	2717	4.5%
Osteopathic Physician	203	205	205	1.0%
Podiatrist	24	24	24	0.0%
Physician Assistant	186	188	193	3.8%
Advanced Practice Nurse	1217	1261	1298	6.7%
Optometrist	11	14	15	36.4%
Dentist	551	565	576	4.5%
Veterinarian	17	17	17	0.0%
Pharmacist	2399	2415	2426	1.1%
Delegate	743	779	831	11.8%
Law Enforcement	158	161	168	6.3%
Licensing Board	4	4	4	0.0%
TOTALS	8113	8286	8474	4.4%

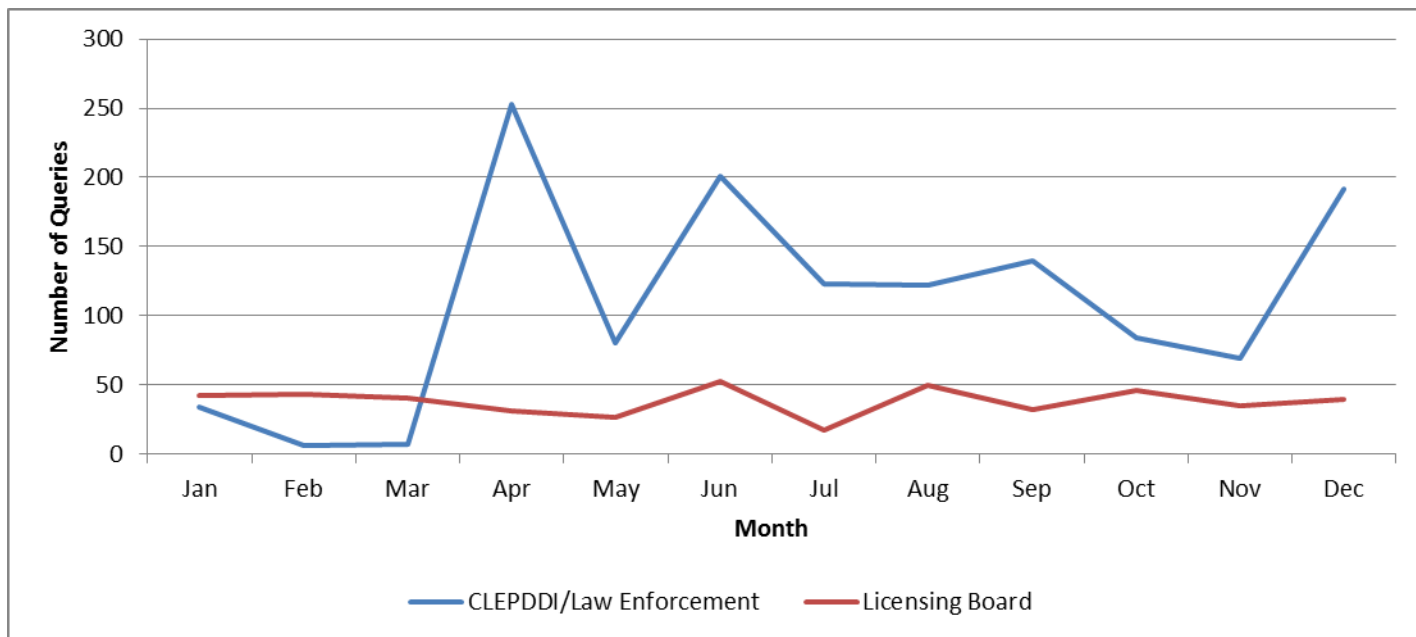
The total number of PMP queries increased over the 12 months of 2016 (figure 1). Queries by pharmacists increased dramatically compared to 2014. In January 2016, pharmacists made 120,061 queries. By December, that number rose to 129,220, an increase of 8%.

Figure 1: Number of queries by prescribers and pharmacists— Arkansas 2016



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 2016

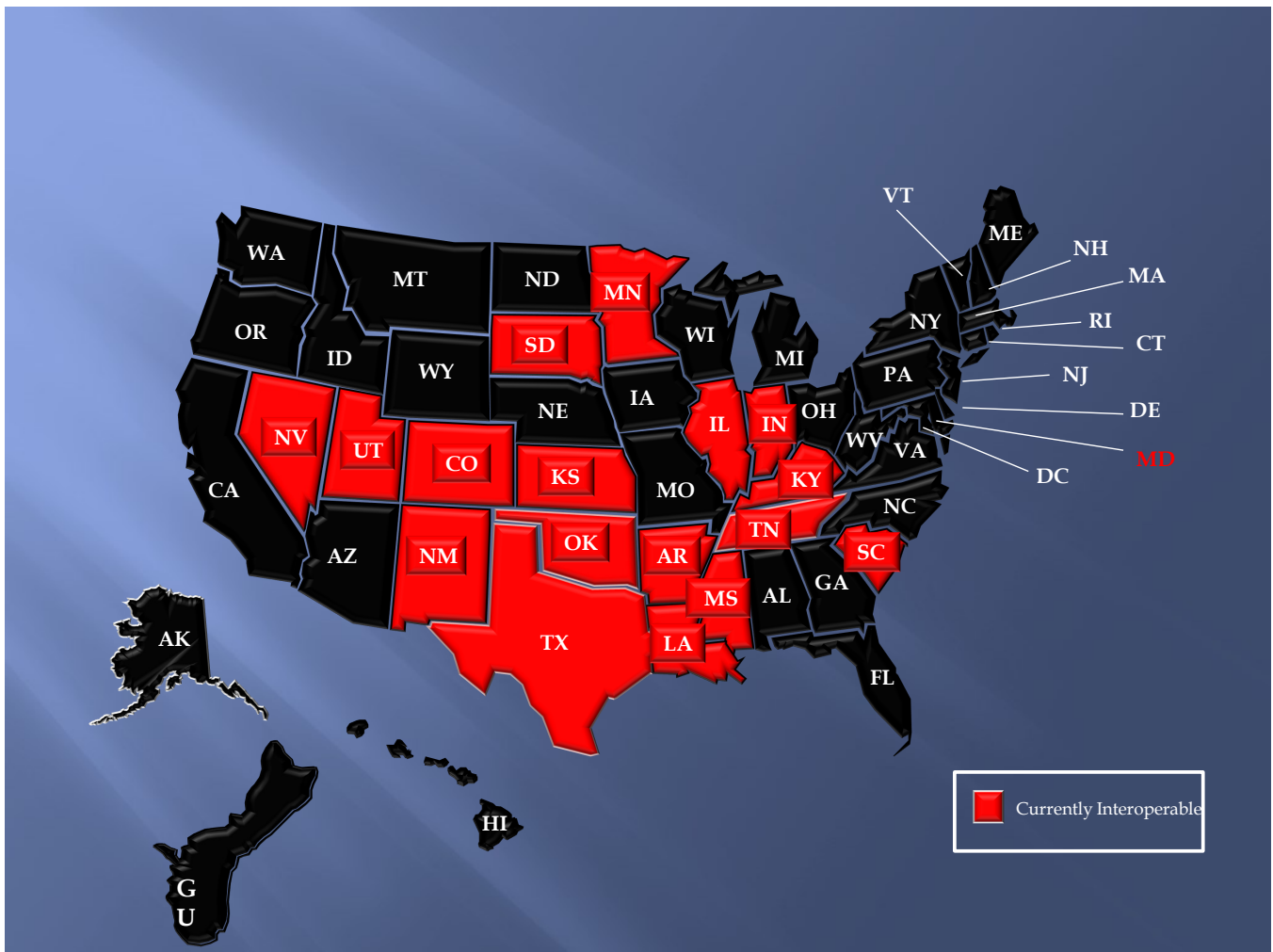


ACT 304 authorizes the Arkansas Prescription Monitoring Program to share controlled substance prescription data with seventeen (17) other states (figure 3). Most states begin the program by sharing data with neighboring or border states. Arkansas shares data with five of its six border states: Texas, Oklahoma, Louisiana, Tennessee, and Mississippi.

Texas recently passed legislation allowing them to share data with Arkansas but Missouri has yet to pass any PMP legislation.

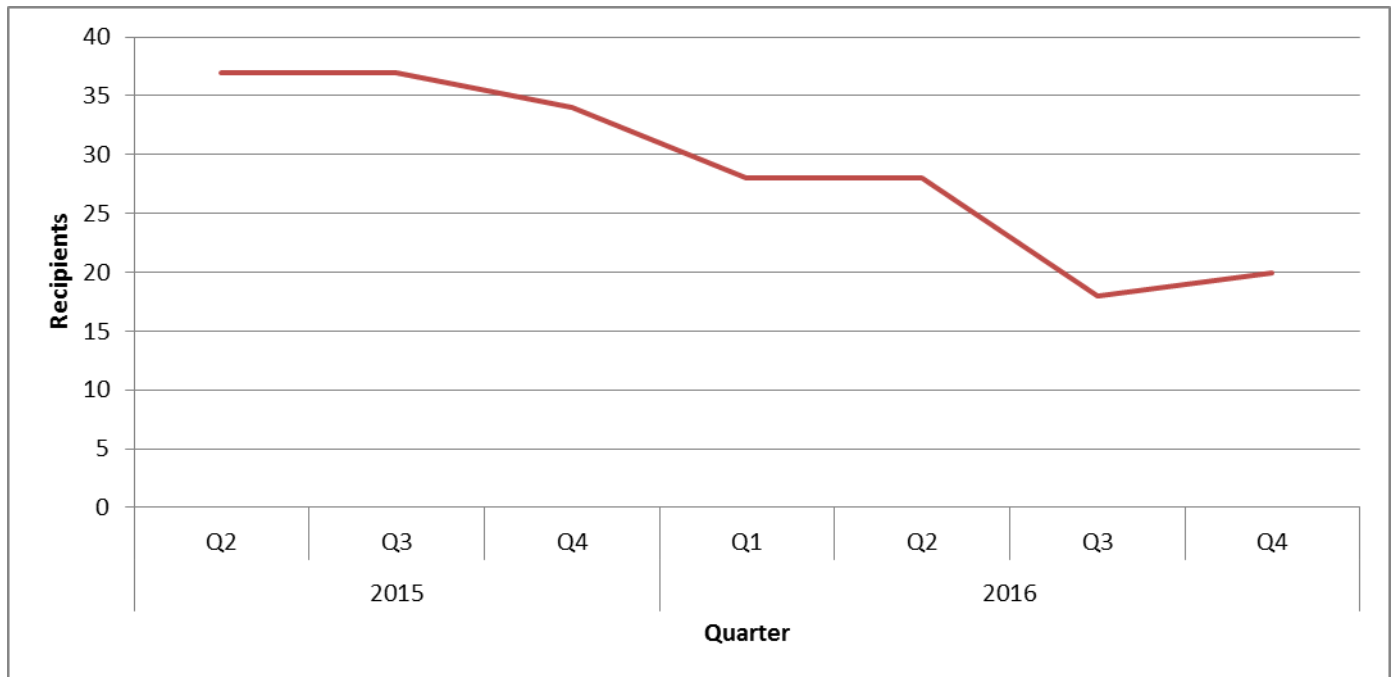
The Red States in figure 3 are the states with which Arkansas currently shares data. The goal is for all states and territories to share data by 2020. State laws that bar or restrict data sharing must change in order to reach the goal.

Figure 3: States that share PMP data with Arkansas— December, 2016



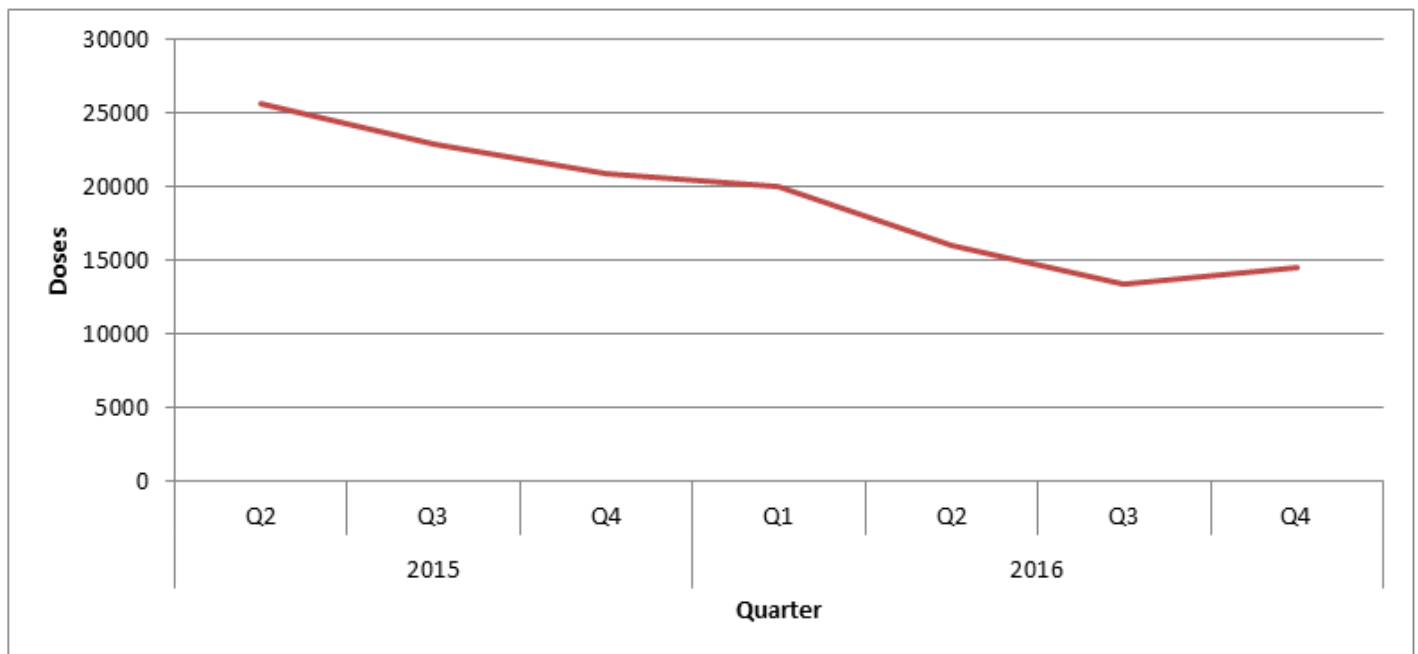
Monitoring “doctor shopping” (visiting multiple prescribers and multiple pharmacies) by recipients is a key way to evaluate the effectiveness of a prescription monitoring program. The Arkansas PMP has made progress in reducing the number of doctor shoppers in Arkansas. The number of people seeing seven (7) or more physicians and seven (7) or more pharmacies in a 90-day period has decreased over the last six (6) quarters (figure 4).

Figure 4: Recipients seeing seven (7) or more physicians and seven (7) or more pharmacies in a 90-day period— Arkansas—Second quarter, 2015—Fourth quarter, 2016



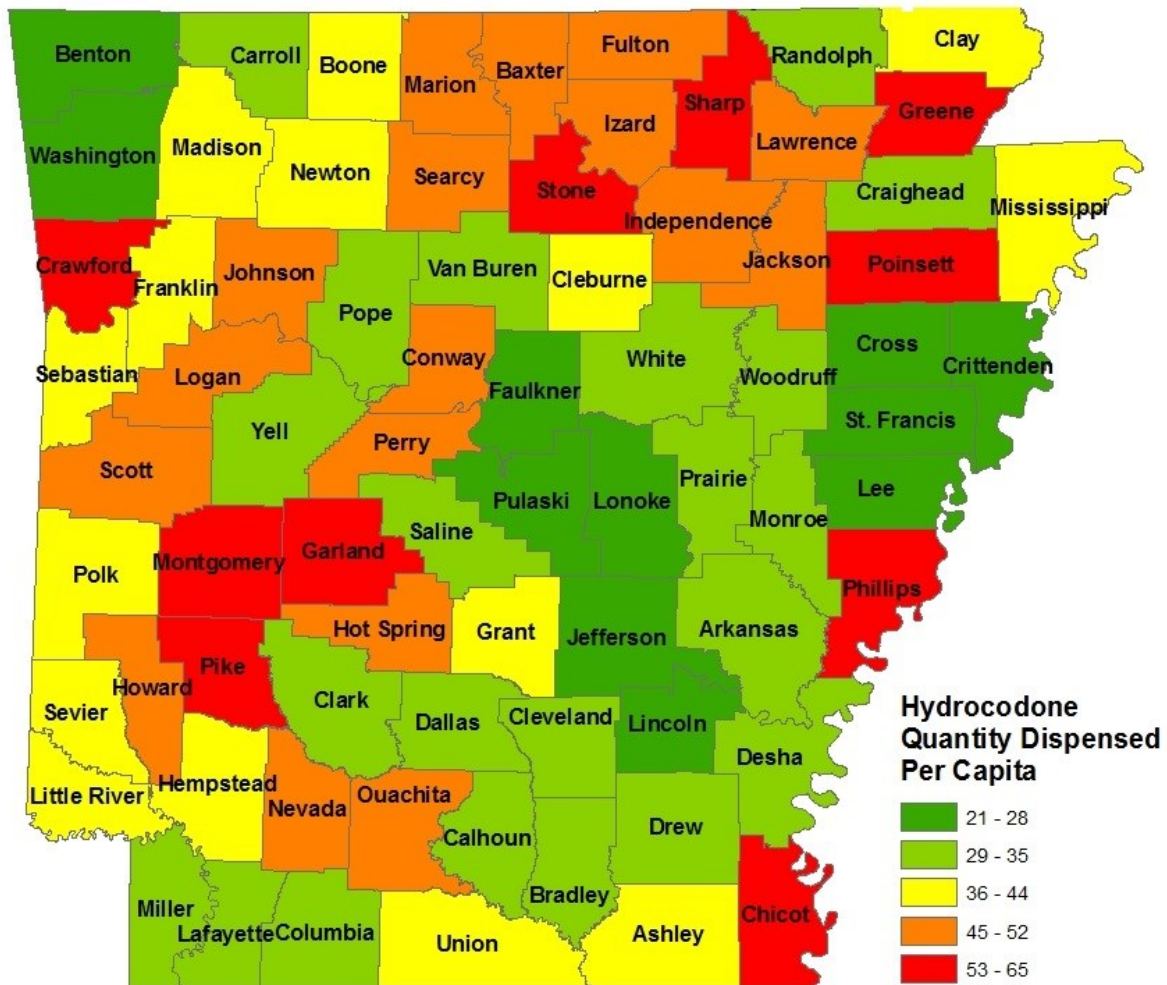
The total number of doses of controlled substances dispensed to doctor shoppers decreased from the second quarter of 2015 to the third quarter of 2016, then increased slightly (figure 5).

Figure 5: Quantity of doses of controlled substances dispensed to 7 X 7 “Doctor Shoppers” — Arkansas— second quarter, 2015—fourth quarter, 2016



Hydrocodone is the most prescribed opioid in Arkansas. The Arkansas PMP tracks hydrocodone use by mapping the quantity dispensed per capita based on the recipient’s address. Hydrocodone prescribing rates vary from 21 pills dispensed per capita in Lincoln County to 65 pills dispensed per capita in Pike County (figure 6). A complete set of maps showing county-level rates of prescription drug use is available at <http://www.arkansaspmp.com/>.

Figure 6. Hydrocodone dispensed per capita — Arkansas 2015



Prescription opioids like hydrocodone have been shown to be a safe and effective treatment for acute pain. However, long-term opioid use can lead to dependency and addiction (1). The CDC recommends that prescribers and patients carefully weigh the risks and benefits of long-term opioid use. (2).

1 Boscarino, J et al, (2011). Prevalence of Prescription Opioid-Use Disorder Among Chronic Pain Patients: Comparison of DSM-5 vs. DSM-4 Diagnostic Criteria. *Journal of Addictive Disease*. 30:185-194

2 Howell, D et al. (2016). CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *Morbidity and Mortality Weekly Report*. 65(1):1-49