Controlled Substances Prescription Monitoring Program

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Conflict of Interest Disclosure

Faculty Disclosure Declaration:
I have no actual or potential conflict of interest in relation to this program or presentation.
Opioid Epidemic

• June 5, 2017: Declaration of Emergency and Notification of Enhanced Surveillance Advisory – Opioid Overdose Epidemic by Gov. Doug Ducey

On Monday morning, Governor Ducey declared a statewide health emergency to address the growing number of opioid overdose deaths in Arizona.

The declaration allows agencies to more rapidly respond to this public health crisis and empowers our state to utilize all necessary resources to combat it, including by coordinating efforts between public- and private-sector partners.
Opioid Epidemic Act 2018

- No more prescriber dispensing of CII opioids
- 5 day limit on initial opioid prescription
- Max of 90 MME/day
- Mandatory RPh checking of PMP for CII medications
- Red Caps on all CII opioids
- Mandatory e-prescribing of CII opioids
EPCS Mandate Education

Health Current is collaborating with AHCCCS, ADHS, and the AZ Board of Pharmacy to manage and coordinate a statewide EPCS (Electronic Prescribing of Controlled Substances) Education Campaign

Campaign Objectives:
- Inform prescribers about the EPCS mandate
- Educate prescribers about eRx and EPCS basics
- Educate prescribers about EPCS waiver process
- Support provider EPCS adoption via telephonic & web-based support

Contact Information:

General eRx Inbox: erx@healthcurrent.org
Phone Number: 602-688-7200
Naloxone

Standing Order

June 9, 2017: Arizona Department of Health Services Director Dr. Cara Christ releases standing order for Naloxone

This standing order is issued by Dr. Cara Christ, MD MS (NPI #1639369036), Director of Arizona Department of Health Services. The standing order authorizes any Arizona-licensed pharmacist to dispense naloxone to any individual in accordance with the conditions of this order.

Dispense one of the three following naloxone products based on product availability and preference.

☐ For intranasal administration
  Dispense: NARCAN™ 4mg/0.1mL nasal spray
  Sig: For suspected opioid overdose, administer a single spray of Narcan in one nostril. Repeat after 3 minutes if no or minimal response.
  Refills: PRN x 1 year
  OR
  Dispense: 2mg/2mL single dose Luer-Jet prefilled syringe. Include 1 Luer-lock mucosal atomization device per dose dispensed.
  Sig: For suspected opioid overdose, spray 1 mL in each nostril. Repeat after 3 minutes if no or minimal response.
  Refills: PRN x 1 year

☐ For intramuscular injection
  Disp: 0.4mg/mL in 1mL single dose vials. Include one 3cc, 23g 1” syringe per dose dispensed.
  Sig: For suspected opioid overdose, inject 1mL IM in shoulder or thigh, PRN opioid overdose. Repeat after 3 minutes if no or minimal response.
  Refills: PRN x 1 year

☐ For intramuscular or subcutaneous injection
  Disp: EVZIO™ 2mg/0.4mL auto-injector, #1 Two-pack
  Sig: For suspected opioid overdose, follow audio instructions from device. Place on thigh and inject 0.4mL. Repeat after 3 minutes if no or minimal response.
  Refills: PRN x one year

Cara Christ, MD MS, Director of Arizona Department of Health Services

Effective date 11/20/17, Expiration date 11/20/19

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director
Naloxone Reporting

Reports to AZ-PIERS:
- Administered doses by Emergency Medical Services/Ambulance agencies (first response agencies, ground and air ambulance agencies)
- Administered doses by Law Enforcement Officers

Reported by the Controlled Substances Prescription Monitoring Program:
- Dispensed doses at Pharmacies
A free 24/7 hotline that assists providers with complex patients with pain and opioid use disorders, answered by medical experts at the Poison and Drug Information Centers in Arizona.

Arizona OAR Line
1-888-688-4222

Real Time Consultation for Practitioners:

- Opioid-naïve patient treatment
- Dangerous drug combinations
- Chronic pain treatment
- Opioid use disorder
- Tapering of doses
OAR Line

- The OAR Line will provide routine patient follow-up call, directly to patient, to confirm well-being, contact with referred services, and to address new/additional issues.
- Facilitate warm transfers to MAT facilities
Key Metrics

1,798 suspect opioid deaths
11,733 suspect opioid overdoses
1,004 neonatal abstinence syndrome
27,626 naloxone doses dispensed
7,246 naloxone doses administered
AZ Opioid Prescribing Guidelines 2018

The Guidelines Include:

- Acute Pain Treatment
- Chronic Pain Treatment
- Risk Evaluation
- Connection with MAT
- Inheriting Patients Using Opioids
- Exit Strategies from Long Term Opioids
- ER Prescribing
Assembly Bill 474
(Controlled Substance Abuse Prevention Act)

Yenh Long, Pharm.D., BCACP
Program Administrator, Nevada Prescription Monitoring Program
Nevada Board of Pharmacy
Prescription Opioids in Nevada

- **4th highest** for oxycodone (ARCOS)
- **4th highest** for morphine (ARCOS)
- **11th highest** for hydrocodone (ARCOS)

GRAMS PER 100,000 POPULATION, 2016

In 2016, Nevada had 316 deaths from prescription opioid overdose

http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/ClinicalSAPTA/State%20of%20Nevada%20Plan%20To%20Reduce%20Prescription%20Drug%20Abuse.pdf

CUMULATIVE DISTRIBUTION BY STATE IN GRAMS PER 100,000 POPULATION: https://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/report_yr_2016.pdf
1999-2015 Average Death Rates for Prescription Opioid Overdose

Deaths highest in:
1. West Virginia: 17 deaths
2. Utah: 12.3 deaths
3. Nevada: 10.3 deaths

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 Vital Statistics jurisdictions through the Vital Statistics Cooperative Program.
Assembly Bill (AB) 474
Nevada Legislature 79th (2017) Session
Effective January 1, 2018
AB 474 Summary Components

1. New components to a written CS RX
2. Factors to consider before writing an initial RX
3. Prescribing after 30 days
4. Prescribing after 90 days
5. Continuing education requirements
6. Mandatory registration and use of the PMP
7. Enforcement of AB 474
New Components to a CS Prescription

1. Pt’s Date of Birth
2. ICD-10 diagnosis code
3. Practitioner’s DEA number
   - If multiple practitioners’ names and DEA numbers are pre-printed on the RX, the practitioner must clearly indicates which is his or her name and DEA number
4. Days supply (number of days the RX is intended to last specified by practitioner)
Sample CS Prescription

John Smith, MD
Jane Doe, APN, Susie Lu, APN
Nancy Johnson, PA-C

1234 Friendly Doc. Dr.

Reno, NV 89509

Telephone: (775)765-1234
Fax: (775)765-1243

DEA # MD 1234567
LIC #

Name: Betty White DOB: 1/1/1990 Date: 11/14/2017
Address: 1234 Smart St. Reno NV 89509

Norco 5/325 1/80 9-10 pm. 10D M57.5

#150 (one-hundred-fifty) must last 30 days.

Jane Doe, APN

Refill: 1-2-3-4-PRN
Before Writing an **Initial Prescription** for a CS

Each practitioner must:

- *Have a bona fide relationship with pt*;
- *Establish a preliminary diagnosis/treatment plan*;
- *Perform a Patient Risk Assessment*;
  - Must make a good faith effort to obtain/review the pt’s medical records
  - Conduct a physical examination and assess the pt’s mental health, their risk of abuse, addiction and dependency

*If the practitioner decides to write an initial RX:*

- Obtain and review the pt’s PMP report
- ≤ 14-day supply if treating acute pain;
- < 90 MME daily for an opiate naïve pt; AND
- *Obtain informed written consent* from pt
The practitioner must obtain informed written consent after discussing the following with the patient:

- **Risks and benefits** of using the CS
- Proper **use, storage and disposal** of the CS;
- **Treatment plan** and possible **alternative** treatment options;
- Exposure **risk to a fetus** of a childbearing age woman;
- If the CS is an opioid, the **availability of an opioid antagonist** without a RX; AND
- If the pt is a minor, the **risks that the minor will abuse, misuse, or divert** the CS, and ways to detect those issues.
Before writing a Prescription to Continue Treatment AFTER 30 DAYS

- Continuing CS for >30 consecutive days the practitioner and pt must enter into a Prescription Medication Agreement, which must include:
  - **Goals** of the treatment;
  - Pt’s consent to drug testing;
  - A requirement that the pt take the CS as prescribed;
  - A prohibition on sharing the CS with any other person;
  - A requirement that the pt inform the practitioner,
    - Any other CS prescribed or taken;
    - Alcohol, cannabinoid, illicit drugs usage
    - Treatment received for side effects or complications from the CS;
    - Each state in which the pt previously resided or had a RX for CS filled;
  - Reasons the practitioner may change or discontinue the treatment.
Before writing a Prescription to Continue Treatment After 90 Days

- Continuing CS for >90 consecutive days the practitioner must:
  - Determine an evidence-based diagnosis for the pain;
  - Complete a Risk of Abuse Assessment validated through peer-reviewed research;
  - Discuss the treatment plan with the pt;
  - Obtain and review the pt’s PMP Report at least every 90 days during the course of treatment;
  - If the pt is receiving a CS dose that > 90 MME daily;
    - Consider referral to a pain management specialist;
    - Develop a revised treatment plan (including assessment of risks of adverse outcomes) and document in medical record
Practitioners who are registered to prescribe CS must complete a minimum of **2 hours** of training relating to the misuse and abuse of CS, prescribing of opioids, or addiction during each period of licensure.
A practitioner shall, before issuing a prescription for a CS and at least once every 90 days for the duration of the course of treatment, obtain and review the pt’s PMP report.

The practitioner shall review the PMP report to assess:

- Medical necessity of the CS; AND

- Shall not prescribe the CS if the patient has already been issued an RX for the same CS, to treat the same diagnosis
Violations of AB 474

- A practitioner who violates any components of AB 474 is subject to professional discipline by their licensing board.

- NRS 453.164 Board of Pharmacy reports suspected fraudulent, illegal, unauthorized or inappropriate activity related to CS to law enforcement, licensing board, prescriber, and/or pharmacies.

Unsolicited Reports
Types of Unsolicited Reports to Licensing Boards

- “Doctor Shopper” reports
  - Informs licensing boards and involved practitioners of possible doctor shoppers
  - Provides names of licensees involved in the pt’s care
  - Provides names of licensees not registered/obtaining/reviewing PMP

- Scheduled reports (Biannual)
  - Top 10 highest prescribers
    - RX count
    - Pill Count
    - Drug ingredient (i.e. hydrocodone, oxycodone, amphetamine, etc.)

- Reports generated from complaints (informal or formal)
- Reports generated from day to day abnormal findings
IMPACT OF AB 474
31% decrease in the rate of opioid RXs per 100 Nevada residents.

Opioid RXs with <30 days supply decreased by 48%.

Opioid RXs with >=30 days supply decreased by 14%.
Number of RXs and unique pts receiving <50 MME/month decreased 27%.

Number of RXs and unique pts receiving 50 - 90 MME/month decreased ~44%.

Number of RXs and unique pts receiving >90 MMEs/month decreased 32%.
The total number of pts identified in the 22 quarters was 3,296.

The highest quarter was April 1, 2013 - June 30, 2013, with 302 pts identified.

The lowest quarter was April 1, 2018 - June 30, 2018, with only 13 pts identified.

From the high of 302 pts (Q2 of 2013) to the low of 13 pts (Q2 of 2018), the volume of potential doctor shoppers identified dropped by 96%.
Number of PMP Queries Per Quarter

- 30% increase in PMP queries from Q1 2014 compared to Q1 2015
- 51% increase in PMP queries from Q1 2015 compared to Q1 2016
- 29% increase in PMP queries from Q1 2016 compared to Q1 2017
- 33% increase in PMP queries from Q1 2017 compared to Q2 2018
Number of Individuals Co-Prescribed Benzodiazepines and Opioids in the Same Month, by Month and Resident County, January 2017 - May 2018

Number of individuals co-prescribed opioids and benzodiazepine decreased 41%.
Nonfatal and Fatal Overdoses by Month and Year, Nevada Residents, 2017-2018*

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<th>Month</th>
<th>Emergency Department Encounters*</th>
<th>Inpatient Admissions*</th>
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*Data for 2018 is through March 31, 2018. Data are preliminary and are subject to changes.
Contact Information

- Board of Pharmacy tele: (775) 850-1440
- PMP tele: (775) 687-5694