



# **The Role of Prescription Drug Monitoring Programs in Today's Opioid Epidemic**

Presented to

**Prescription Opioid Abuse Advisory Committee**

November 2, 2016

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# The United States' Opioid Epidemic by the Numbers:

- CDC reported that 47,055 US citizens died of a drug overdose in 2014 which is more than during any previous year on record
- In 2014 drug overdose deaths were the leading cause of injury death in the US outpacing motor vehicle deaths by 150%
- More than 3 out of 5 drug overdose deaths in 2014 involved opioids which equates to 28,647 deaths
- The US makes up about 4.6% of the world's population but consumes 80% of its opioids and 99% of the world's hydrocodone

# How is South Dakota Doing?

- Enough doses of opiates were prescribed to South Dakotans in 2015 to medicate every SD adult around-the-clock for 19 straight days
- Between 2004-2011: 82 Opioid Deaths (approximately 10 per year)
- 2013: 17 Opioid Deaths
- 2014: 16 Opioid Deaths (including one death where heroin was present)
- CDC's Analysis of Mortality Data from the National Vital Statistics System
  - SD 2013 Age-adjusted rate: 6.9 deaths per 100,000; Number of deaths: 55
  - SD 2014 Age-adjusted rate: 7.8 deaths per 100,000; Number of deaths: 63
- Compared to the rest of the US for 2014:
  - Age-adjusted rate: SD (7.8) ranks 49/51 with WV first at 35.5 deaths per 100,000
  - Number of deaths: SD (63) ranks 50/51 with CA first with 4,521 deaths and OH second with 2,744 deaths
- Opioid Prescription Rates using data from the CDC and DrugAbuse.gov:
  - SD ranks 45/51 with a prescribing rate of 66.5 prescriptions per 100 residents
  - AL is the top state with a prescribing rate of 142.9 prescriptions per 100 residents
  - HI is the bottom state with a prescribing rate of 52.0 prescriptions per 100 residents
  - Overall US rate is 82.5 prescriptions per 100 residents

Prescription Drug Monitoring Programs (PDMs) continue to be among the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk.

# SD PDMP History and General Information

The SD Prescription Drug Monitoring Program was established by the State Legislature in 2010 (SDCL 34-20E) to improve patient care and to reduce diversion of dangerous drugs; operations began in March 2012 with data submitted retroactive to July 2011

## PDMP Program Highlights

- Dispensers “must” submit reports at least weekly to the database – with the exception of federal facilities (VA, AFB, IHS) – which are not required to submit, although IHS and VA do submit
- Reports generated are tools in prescribers’ and dispensers’ practices to “improve patient care” and to aid prescribers, dispensers and law enforcement in preventing and detecting illicit use of prescription controlled drugs
- Overarching “Ultimate Goal” – prevent overdose deaths due to prescription drugs while preserving access for those in need of narcotic pain relievers and other controlled substances

# SD PDMP Timeline – Grants and Vendors

- 2009 – Hal Rogers Research Grant
- 2010 – Law Passed
- 2011 – Rules Promulgated
- 2011 – Hal Rogers Implementation Grant - Operations
- 2012 - Contracted with Health Information Designs
- 2013 – NASCSA Grant – to Fund Unsolicited Report Upgrade
- 2013 – Hal Rogers Enhancement Grant – Integration, Operations
- 2015 – Contracted with Appriss through NABP grant
- 2016 – State Contracted with Appriss
- 2016 – Hal Rogers Enhancement Grant

**South Dakota Prescription Drug Monitoring Program**  
**SD PDMP Statistical Information**  
**September 2016**

Count of Prescription Records	Total
July 1, 2011 - December 31, 2011	411,326
January 1, 2012 - December 31, 2012	1,101,417
January 1, 2013 - December 31, 2013	1,152,900
January 1, 2014 - *December 31, 2014	1,211,367
January 1, 2015 - December 31, 2015	1,297,804
January 1, 2016 - September 30, 2016	1,019,650
<b>Total</b>	<b>6,194,464</b>

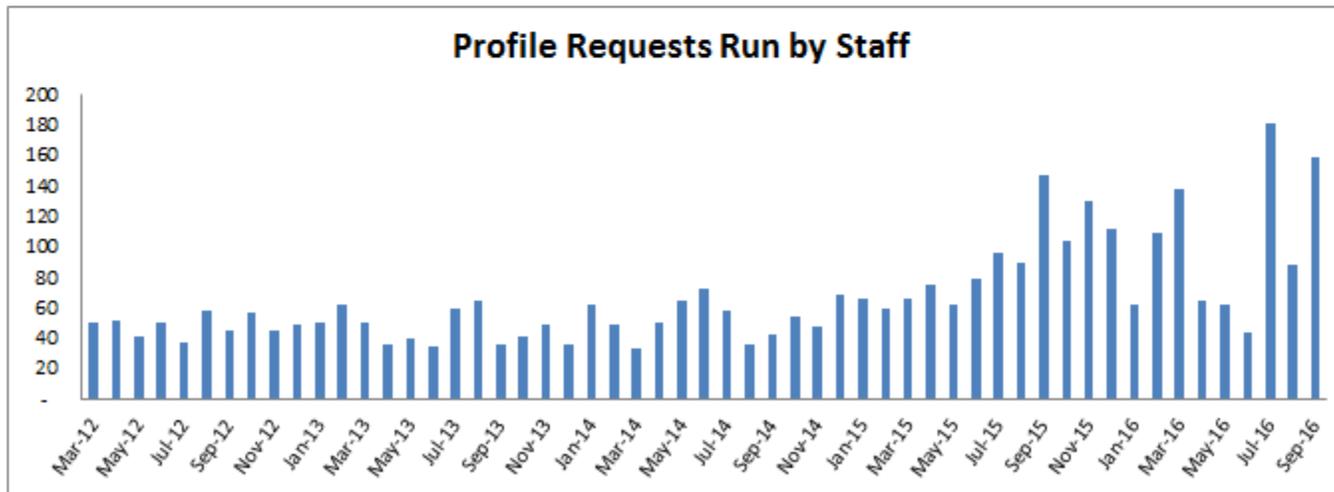
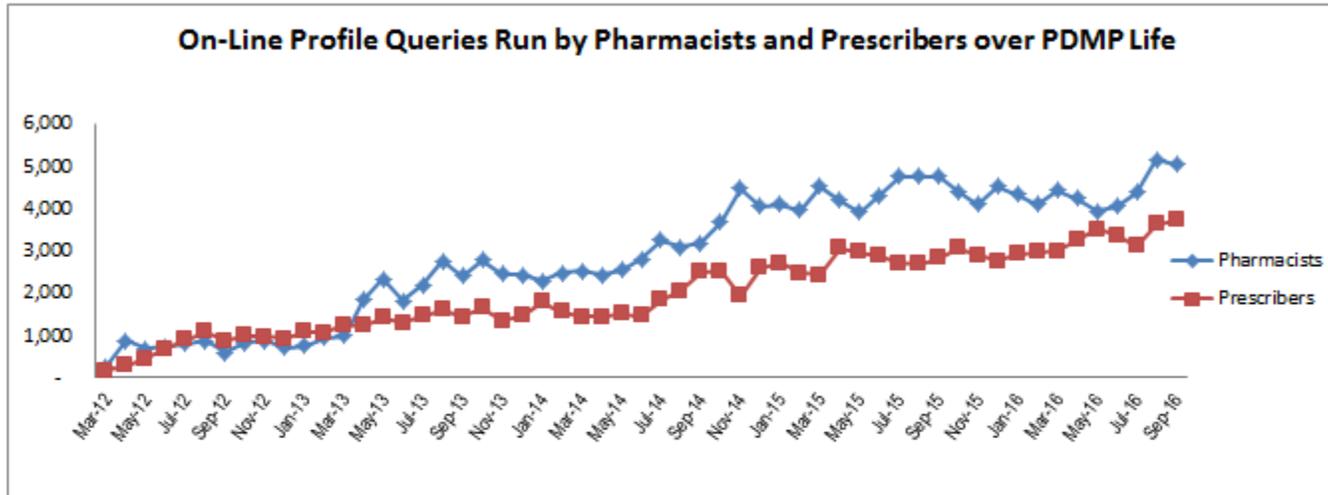
September Most Prescribed Drugs	RX's	Quantity	Days Supply	Quant/Rx
HYDROCODONE BITARTRATE/ACETAMINOPHEN	19,722	1,310,703	264,036	66
TRAMADOL HCL	13,440	1,035,906	252,679	77
ZOLPIDEM TARTRATE	7,804	273,035	269,874	35
LORAZEPAM	7,620	388,476	188,036	51
CLONAZEPAM	7,024	453,206	230,415	65
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF	6,733	393,599	258,407	58
METHYLPHENIDATE HCL	5,604	303,164	205,994	54
ALPRAZOLAM	5,314	333,956	155,094	63
OXYCODONE HCL	4,368	389,180	89,128	89
OXYCODONE HCL/ACETAMINOPHEN	4,003	267,204	54,624	67

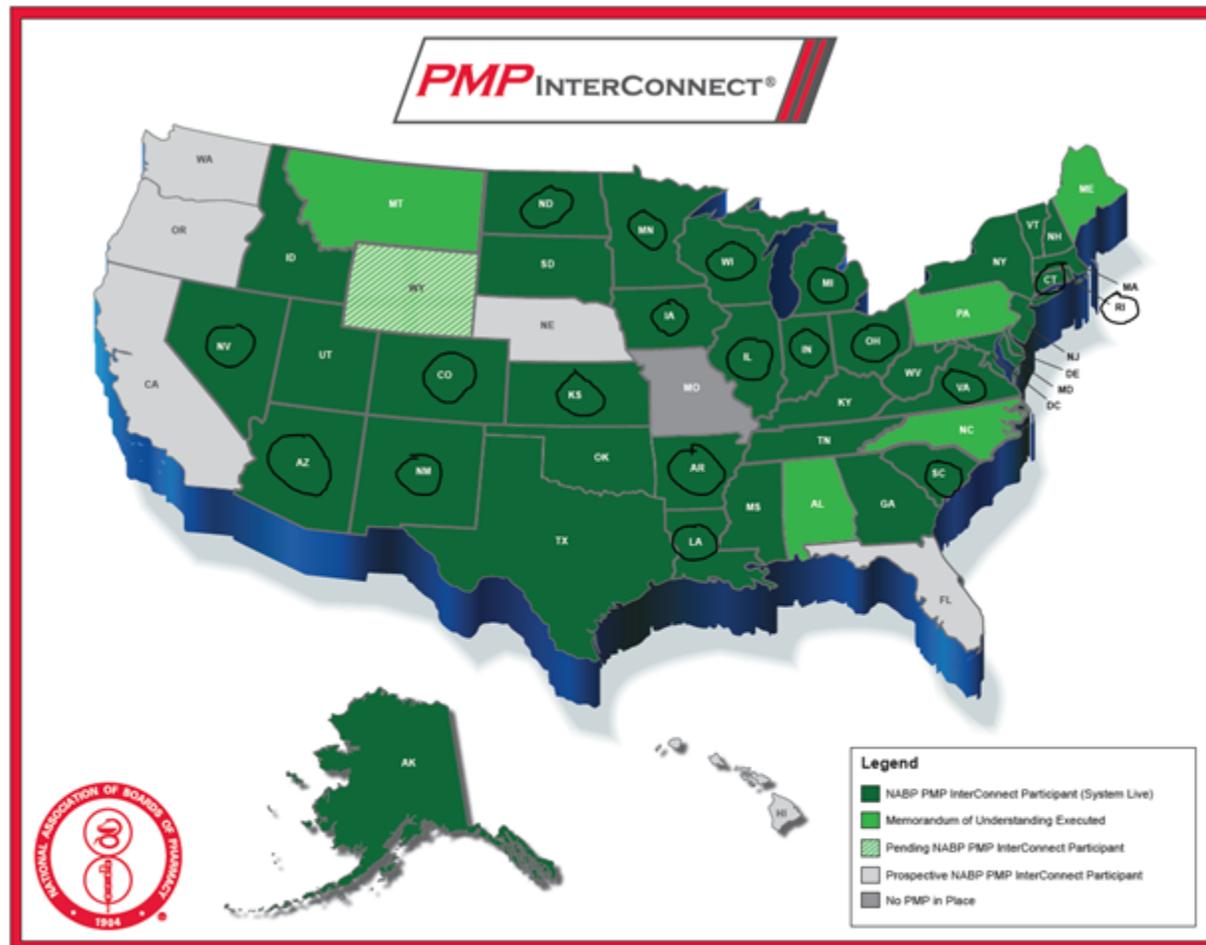
Approved for Access		% Of
2012 Total	1,253	
2013 Total	432	
2014 Total	371	
2015 Total	362	
Pharmacists	1053	84%
Physicians	773	24%
Physician Assistants	296	55%
Nurse Practitioners	264	44%
Dentists	98	22%
Other	180	
Designated Agents	289	
<b>Total</b>	<b>2,953</b>	
Prescribers Querying	24%	
Pharmacists Querying	33%	

*\*VA reporting began in Dec 2014*

Top Ten Most Prescribed Drugs Jan 1, 2016 to Sept 30, 2016	RXs	Quantity	Days Supply	Quant/RX
Hydrocodone Bitartrate/Acetaminophen	188,105	12,560,968	2,437,862	67
Tramadol HCl	125,283	9,574,242	2,323,165	76
Zolpidem Tartrate	72,354	2,508,346	2,486,318	35
Lorazepam	72,160	3,623,077	1,749,249	50
Clonazepam	65,800	4,179,983	2,119,001	64
Dextroamphetamine Sulf-Saccharate/Amphetamine Sulf-ASP	57,969	3,232,020	2,118,953	55
Alprazolam	50,491	3,136,341	1,436,759	62
Methylphenidate HCl	49,927	2,639,087	1,779,783	53
Oxycodone HCl	40,996	3,577,435	831,827	87
Oxycodone HCl/Acetaminophen	37,426	2,475,218	498,791	66

# Trending PDMP Usage





- 37 States and the District of Columbia: NABP PMP InterConnect Participant (System Live)
- 5 States: Memorandum of Understanding Executed
- 1 State: Pending NABP PMP InterConnect Participant
- 6 States: Prospective NABP PMP InterConnect Participant
- 1 State: No PMP in Place
- SD shares with the 19 circled states

# If I'm not an approved user of the SD PDMP, how do I become one?

- Website for initial account set up: <https://southdakota.pmpaware.net>
- To request a new account in PMP AWARe, on the login screen, click "Create an Account"
- You will be guided through steps to enter an email address and create a password, select user roles, click on a link in a verification email sent to the registered email address, enter personal and employer demographics, then click on "Submit Your Registration" to complete the process
- You will then be taken to a page with a notification of the additional documentation our program requires, a data requestor notary form, which will be sent in an email to be completed and uploaded
- Your account will go through a credentialing and approval process and when the account is approved, an email will be sent from the SD PDMP office
- <http://doh.sd.gov/boards/pharmacy/assets/AWARe-RegistrationNewUsers.pdf>
- <http://doh.sd.gov/boards/pharmacy/pdmp.aspx>

# The Future of the SD PDMP

- Integration of PDMP data into health system's electronic health records (EHR) and pharmacy's software systems
  - Addresses a major concern of prescribers and pharmacists which is accessing the PDMP requires additional steps that are not in the clinical workflow
  - Integration benefits include:
    - Immediate improvement in the patient care process
    - User workflows were streamlined and improved
    - Pharmacist and prescriber satisfaction was highest when technology automated the majority of workflow tasks
- Integration of SD PDMP data into Avera Health System's EHR went live May 25, 2016
  - Increased prescribers approved for access from 30% across all roles to over 50%
- Integration of SD PDMP data into Sanford Health System's EHR planned for 2017 through newly awarded Harold Rogers PDMP Enhancement Grant
  - Projected increase in prescribers approved for access to 75% across all roles

# What Data is Submitted by Dispensers?

**20:51:32:03. Data elements.** The information submitted for each prescription shall include the following items:

- (1) Dispenser identification number;
- (2) Date prescription filled;
- (3) Prescription number;
- (4) Prescription is new or is a refill;
- (5) Identification code for drug dispensed;
- (6) Quantity dispensed;
- (7) Day's supply dispensed;
- (8) Number of refills ordered;
- (9) Patient name;
- (10) Patient address;
- (11) Patient date of birth;
- (12) Patient gender;
- (13) Prescriber identification number;
- (14) Date prescription issued by the prescriber.

**Source:** 37 SDR 214, effective May 30, 2011.

**General Authority:** SDCL 34-20E-20(2).

**Law Implemented:** SDCL 34-20E-2, 34-20E-20(2).

# Unsolicited Reports

- Threshold approved by the SD PDMP Advisory Council:  
6 prescribers/6 pharmacies/90 days
- Purpose of unsolicited reports, also called education letters, is to increase awareness of patient activities to those prescribing and dispensing to the individual
- Completed quarterly
- New Appriss PMP AWA<sub>R</sub>x<sub>E</sub> Feature is “**Shopper Alerts**”: Threshold parameters are set to trigger an alert within the patient report if the limits are exceeded which allows practitioners to get an immediate notification that the patient they are viewing may warrant a closer review

# QUESTIONS?

