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DACS
District Addiction Consultation Service

Utilizing the PDMP & appropriately evaluating therapeutic concerns

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District Addiction Consultation Service

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Learning Objectives

- Develop a basic understanding of how the DC PDMP facilitates exchange of prescription data between providers
- Review relative PDMP regulations set forth by DC Health
- Discuss common red flags found in the PDMP and learn how to address concerns appropriately
- Learn how to use the PDMP as a clinical tool to enhance patient care and detect controlled substance misuse while keeping in mind that each patient case is unique
- Recognize the harm caused by provider stigma and how it can be avoided through communication and context
- Learn about the free clinical resources available through the DC PDMP

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What is a Prescription Drug Monitoring Program (PDMP)?

- PDMPs are databases which collect and transmit controlled and covered substance prescription data within a state
- PDMPs can be used to monitor prescribing and dispensing trends within a state
- Prescribers and Dispensers are encouraged and, in some cases, required to query the PDMP
- Pharmacies send prescription data to the PDMP
- Clinicians and other providers can access prescription data via the PDMP website or through an EHR
- PDMP data can help providers make informed patient care decisions and identify situations of substance abuse
- PMP Aware™ is the DC PDMP website

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PDMP Terms & Definitions

Covered Substance

- All drug products containing cyclobenzaprine, butalbital, or gabapentin
- All controlled substances included in schedule II, III, IV and V

Administer

- The direct application of a controlled substance, whether by injection, inhalation, topical application, ingestion, or any other means, to the body of a patient or research subject by a practitioner (or in the practitioner's presence, by the practitioner's authorized agent) or the patient or research subject at the direction of and in the presence of the practitioner

Dispense

- To distribute a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery

Reporting Period

- The 24-hour time period immediately following the dispensing of a covered substance during which a pharmacy is required to send data to the PDMP

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PDMP Terms & Definitions

Prescriber

- A practitioner, or other authorized person, who prescribes a controlled substance or other covered substance in the course of his or her professional practice

Dispenser

- A practitioner who dispenses a covered substance to the ultimate user (i.e., patient)

PDMP Advisory Committee

- The multi-discipline committee established pursuant to section 3 of the Act, which functions under the Department to advise the PDMP Director on the implementation and evaluation of the District's PDMP

Interoperability

- The ability of a PDMP to share prescription information with another state or third party (approved by the PDMP Director) which has the ability to perform interstate PDMP data exchanges

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Historical Overview of the DC PDMP

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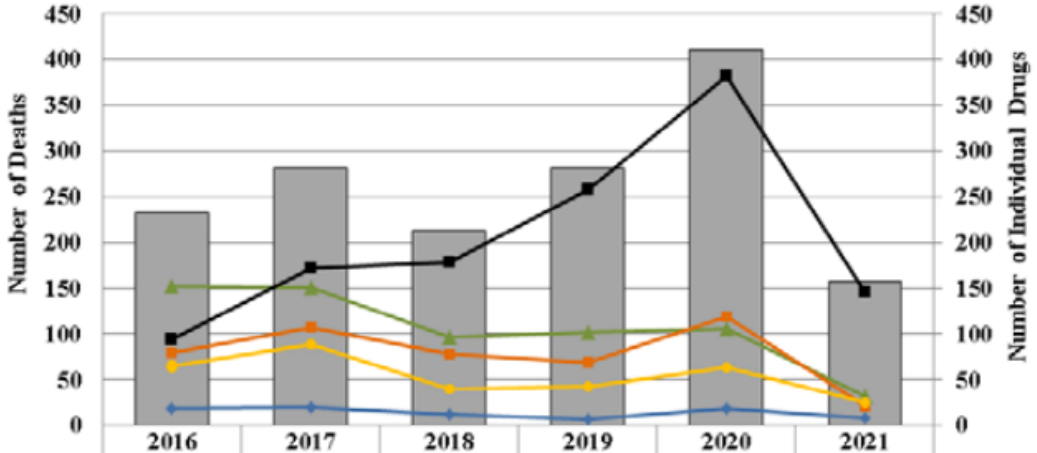
Opioid-related fatal overdoses in DC, 2016-2021

Fig. 2: Total Number of Opioid Drugs Contributing to Drug Overdoses by Year (All Opioids)



	2016	2017	2018	2019	2020	2021
Number of Deaths	233	281	213	281	411	157
Heroin	152	151	97	102	106	32
Fentanyl	94	172	178	257	382	145
Fentanyl Analogs	79	107	78	69	119	21
Prescription Opioids	65	89	40	43	63	25
Other	19	20	12	7	19	8

Government of the District of Columbia Office of the Chief Medical Examiner. Figure 2: Total Number of Opioid Drugs Contributing to Drug Overdoses by Year (All Opioids). Revised 19 August 2021. Accessed 8 September 2021.

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Why the PDMP is important to patient outcomes…

- Health care providers frequently interact with individuals at risk
- PDMPs inform opioid prescribing, clinical decision-making, and assist with early identification of SUD
- Can help bring issues like diversion to a provider's attention

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However, the PDMP can be misused

- Patients may be dismissed from a practice or turned away based on PDMP data

- Patients may not receive adequate pain treatment if a provider mistakenly suspects abuse or misuse

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PDMP Mandatory Query Act

- **Prescribers*** with a DC license are required to query the DC PDMP prior to initiating a new course of treatment for a patient in DC that includes prescribing an **opioid** or **benzodiazepine** for more than 7 consecutive days, and every 90 days thereafter while the course of treatment or therapy continues.
- Effective since March 16th, 2021

* Physicians, APRNs, PAs, medical residents, dentists, podiatrists, veterinarians, optometrists

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PDMP Mandatory Query Act

- **Dispensers*** with a DC license are required to query the DC PDMP prior to dispensing an **opioid** or **benzodiazepine** for a course of treatment that is anticipated to last for more than 7 consecutive days, and before dispensing a refill for an opioid or benzodiazepine more than 90 days after the initial fill or previous fill date.
- Effective since March 16th, 2021

* Pharmacists and other providers who dispense covered substances to patients for take-home use

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PDMP Mandatory Query Act exceptions

- Does not apply if:
  - The patient is currently receiving hospice or palliative care
  - The patient receives the medication during an inpatient hospital admission or at discharge
  - The patient is in a nursing home or residential care facility that uses a sole source pharmacy
  - The PDMP is not operational/available due to a temporary technological or electrical failure, emergency, or natural disaster, in which case the Prescriber or Dispenser must document the circumstances in the patient's medical record

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PDMP data exceptions

(Types of prescriptions you may not find in the PDMP)

- A medication dispensed by a DC-licensed methadone treatment program or substance abuse treatment pharmacy or facility
- A medication received inpatient (hospital), in a nursing home, or in hospice
- A medication dispensed by a research project/clinical trial approved by a regionally accredited institution of higher education or under the supervision of a governmental agency

Keep in mind:

- Pharmacies are exempt from reporting requirements if they are experiencing a hardship or emergency beyond their control
- Pharmacies are exempt from reporting requirements if they never possess or dispense covered substances

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The PDMP as a clinical tool

- Allows providers to access a patient's controlled substance prescription history at the point-of-care
- Access the PDMP using the Aware website or via an established EHR connection (time saving option)
- Visibility of prescription data from other states

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Examples of PDMP 'red flags'

- Many controlled prescriptions from different prescribers
- Many controlled prescriptions from different pharmacies
- High MME dosing
- Concerning combinations (i.e., benzo + opioid)
- Patient has multiple addresses, names, and DOBs listed
- Many patients coming from the same provider with prescriptions for the same controlled substances, same doses, etc. (i.e., 'cookie-cutter prescriptions')

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What to do when there are red flags:

- **Get all the facts** and avoid making assumptions
  - Have a conversation with the patient
  - Discuss concerns with the prescribing provider
  - Use this information to make informed and appropriate clinical decisions.

- **Confirm** any suspected PDMP errors with the patient and pharmacy (if error confirmed, the pharmacy is responsible for correcting).

- **Use context and professional judgement** to interpret PDMP findings based on patient diagnosis, treatment history, and discussion with the patient's other providers.

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Have a conversation with your patient

- Use PDMP findings to have a conversation with your patients

- Attempt to determine the reason for concerning behavior:
  - Change in dose
  - Change in medication
  - Switched providers due to insurance restrictions
  - A case of severe, chronic, or uncontrolled pain
  - Patient has limited health literacy and/or misunderstood instructions
  - Patient has limited access to transportation
  - The patient's other providers may not have checked the PDMP
  - The medication may have been diverted or stolen
  - Underlying mental health issues
  - Patient may have a substance use disorder ★ Be sure to refer for treatment

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People need to see that you care before they care what you think

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Follow Up with Providers

- Discuss your concerns with other providers within the patient's care team
  - Plan what questions you will ask
  - Understand that all providers play an essential role in the care of each patient
  - Respect that another provider's perspective may differ from yours
  - Focus on conveying a clear picture of the patient case and treatment rationale
- Be sure to document all communication with providers and with the patient

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Example Case Study

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Case Study: 53-Year-Old Male with Metastatic Colorectal Cancer

December 8, 2020

Initial Presentation

AB is a 53-year-old man with a history of colorectal cancer presenting with an elevated serum CEA 4 years after low anterior resection surgery.

Current medications include:

- Alprazolam 0.5 mg BID prn anxiety
- Fluoxetine 40 mg QD

CS Dispensations

Alprazolam 0.5 mg

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Case Study: 53-Year-Old Male with Metastatic Colorectal Cancer

December 8, 2020

Initial Clinical Workup

- CEA: 43 µg/L
- FDG-PET reveals increased FDG uptake in several lymph nodes
- Subsequent histological examination is ***positive for malignancy***

Treatment Plan

- cetuximab 400 mg/m2 IV x 1 dose, then 250 mg/m2 each week
- irinotecan 125 mg/m2 IV weekly
- Continue Alprazolam and Fluoxetine as directed

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Case Study: 53-Year-Old Male with Metastatic Colorectal Cancer

January 4, 2021: Follow-Up Visit

- Following the initiation of chemotherapy, AB begins to report experiencing **severe pain** (8-9 on pain scale) that is not effectively controlled with extra-strength OTC acetaminophen
- Due to patient history of stomach ulcer, recommend beginning Tramadol 50 mg tablets, 1-2 PO q 4-6 hours as needed for pain

CS Dispensations

Tramadol 50 mg

Alprazolam 0.5 mg

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Case Study: 53-Year-Old Male with Metastatic Colorectal Cancer

January 21, 2021

- Patient still reports pain of 7-8 on scale despite taking Tramadol
- D/C Tramadol
- Begin Hydrocodone/Acetaminophen 5-325 mg tablets, 1-2 PO q 4-6 hours as needed for pain (60 MME/day)

CS Dispensations

Hydrocodone/
Acetaminophen 5-325 mg

Tramadol 50 mg

Alprazolam 0.5 mg

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Case Study: 53-Year-Old Male with Metastatic Colorectal Cancer

February 12, 2021

- Patient reports that pain levels have improved while taking hydrocodone/acetaminophen, but pain is still 6-7 on pain scale
- Begin OxyContin 10 mg controlled-release tablets PO q 12 hours (30 MME)
- Continue Hydrocodone/Acetaminophen 5-325 mg tablets, 1-2 PO q 4-6 hours only as needed for breakthrough pain (60 MME/day)
- Provide patient with emergency Narcan and appropriate counseling regarding prn dosing and risk of overdose

CS Dispensations

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Case Study: 53-Year-Old Male with Metastatic Colorectal Cancer

When the patient attempts to refill his prescription for Hydrocodone / Acetaminophen 5-325 mg tablets on February 12, his pharmacist notices that he should still have 7 days supply left of his medication.

The pharmacist is also concerned because the patient received tramadol last month as well and is concerned that the patient has several other red flags, including:

- **Multiple opioid prescriptions**
- **Early refills**
- **90 MME/day dosing**
- **Benzodiazepine + Opioid combination**

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Case Study: 53-Year-Old Male with Metastatic Colorectal Cancer

Pharmacist's concerns:

- **Multiple opioid prescriptions**
- **Early refills**
- **90 MME/day dosing**
- **Benzodiazepine + Opioid combination**

What options does this pharmacist have when it comes to determining whether this patient's prescriptions are safe and appropriate?

- ✓ Discuss concerns with the patient
- ✓ Contact the prescribing practitioner for better understanding of the patient's diagnosis and treatment
- ✓ Be sure to document

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Discussing concerns with the patient

In this example, the pharmacist may want to determine whether the patient has any medication remaining.

For example:

"I see that you last filled this prescription on 1/21 which would mean that you still have some medication left at home. Do you have any of this medication left?"

It may also be helpful to determine whether the patient is still taking Tramadol and calculate the patient's daily MME.

For example:

"What medications are you currently taking? How are you taking them?"

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Discussing concerns with the provider

The pharmacist may decide to call the prescriber to clarify the situation and/or address concerns surrounding patient safety and therapeutic rationale.

For example:

"What is the diagnosis associated with this course of treatment?"

"Are you aware that this patient is refilling their opioid medication early?"

"How has the patient been instructed to take this medication?"

"Are you aware that the patient is also taking a benzodiazepine?"

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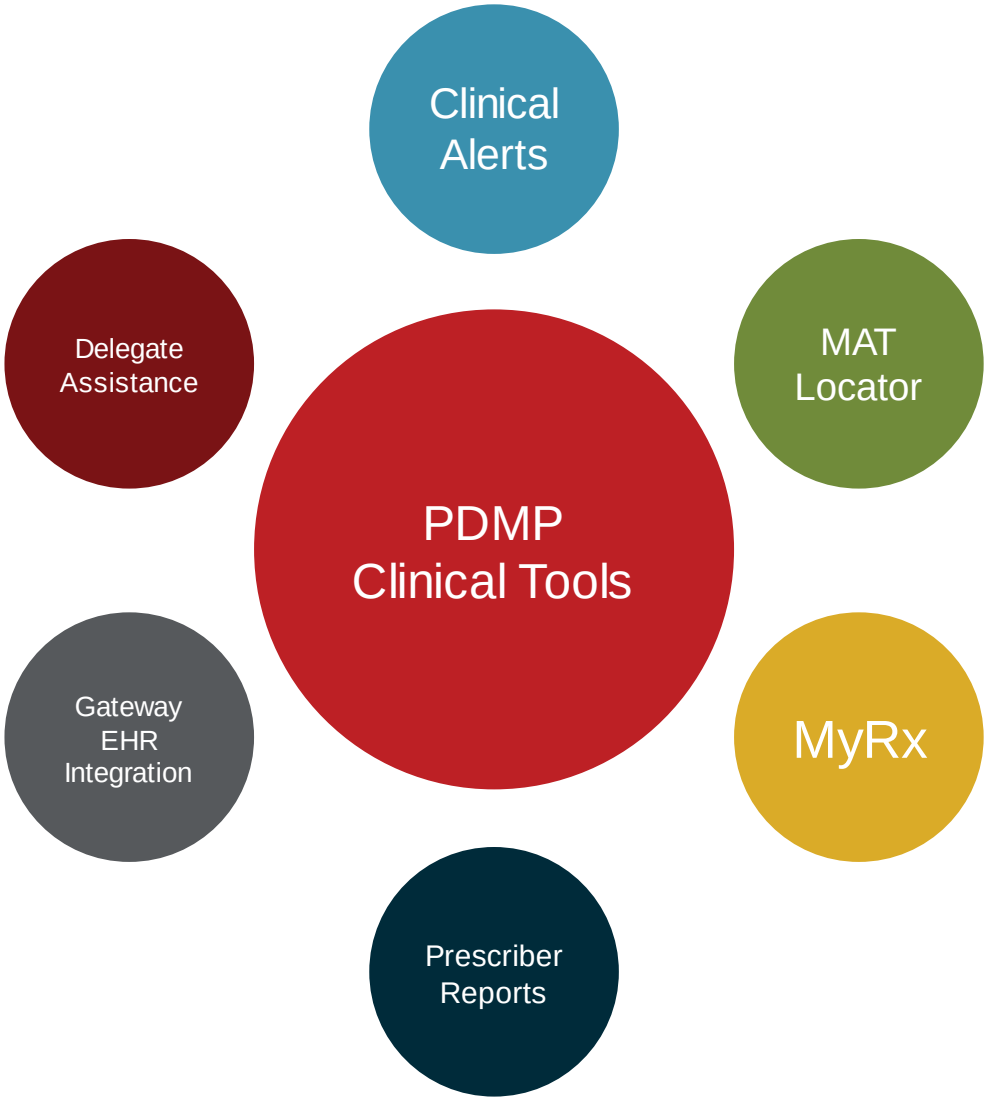
Clinical Alerts
Delegate Assistance
MAT Locator
PDMP Clinical Tools
Gateway EHR Integration
MyRx
Prescriber Reports

Clinical Alerts

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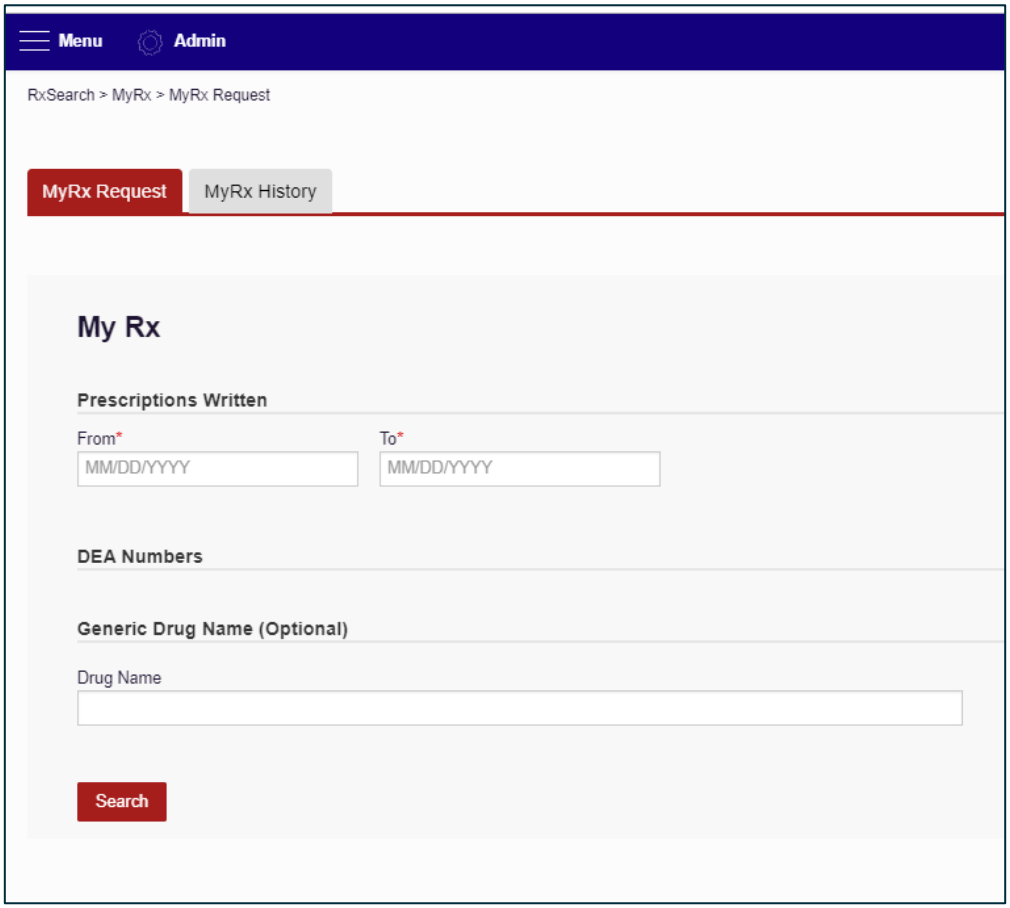
My Rx (Prescriber Self-Report)



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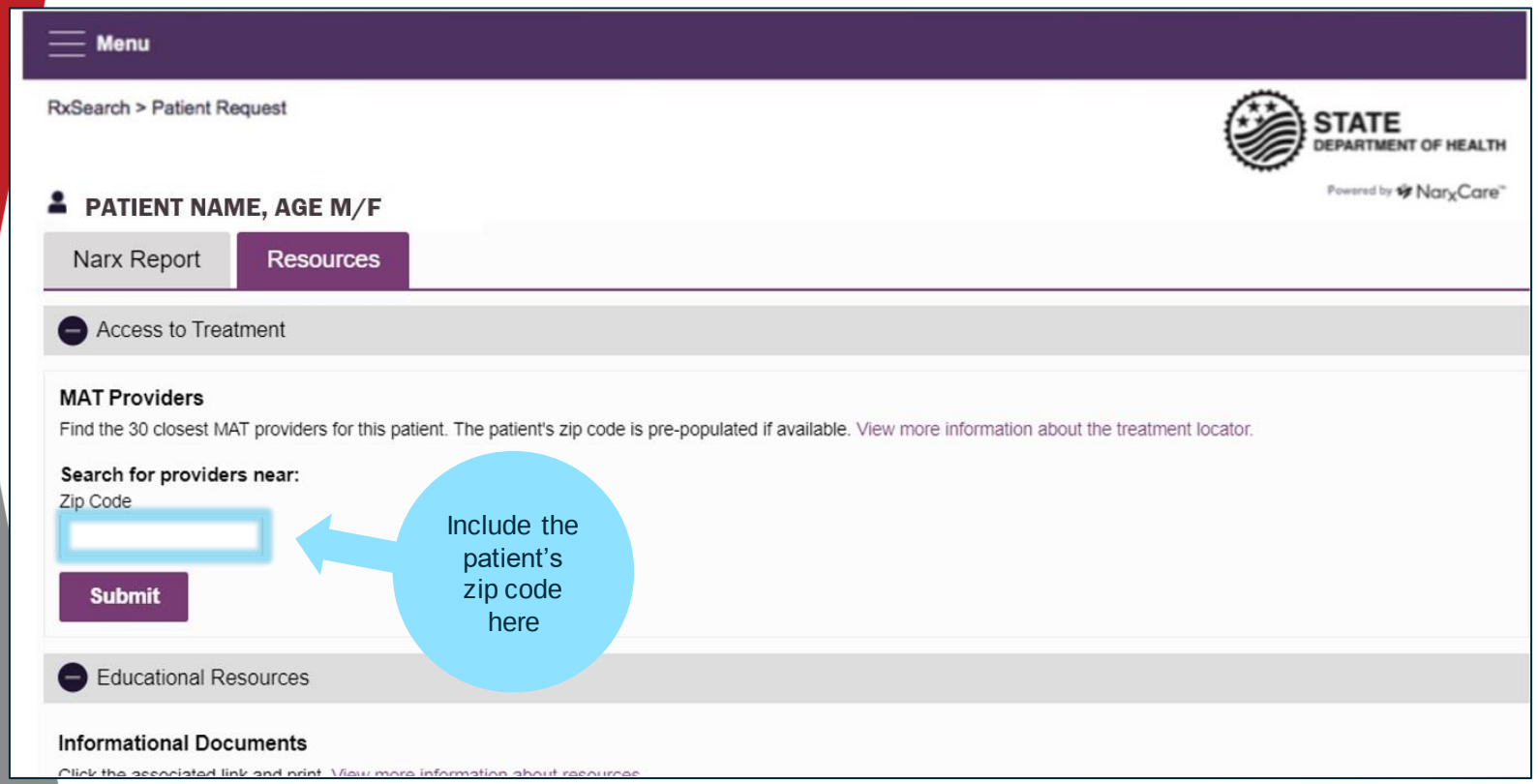
MAT Locator



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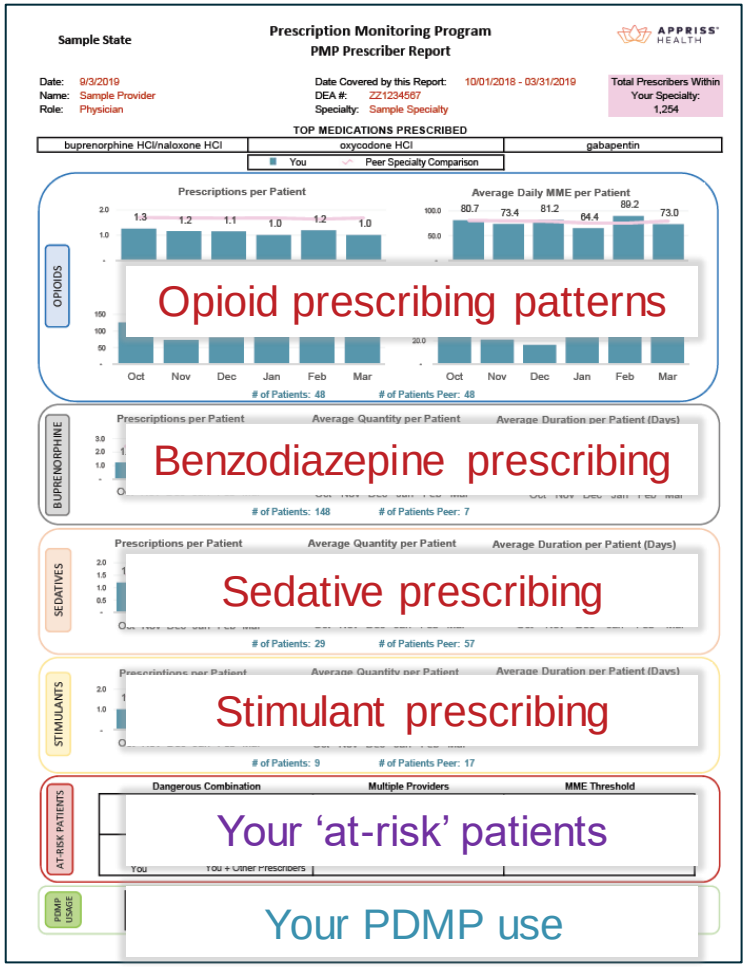
Prescriber Reports

- Sent on a quarterly basis
- View your own prescribing patterns in comparison to other DC prescribers within your same specialty
- Your PDMP account must list your current DEA # in order to receive a report
- Your PDMP account must also list your correct practice specialty for an accurate report
  - (i.e., emergency medicine, internal medicine, dermatology, etc.)



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PMP Gateway® Integration

With PMP Gateway, providers can check the PDMP more efficiently by simply clicking a button in the patient's chart

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PDMP Delegate Access

DC-licensed prescribers are each allowed (2) registered delegates who can search the PDMP on their behalf

- Must hold a DC Health license or certification
- Must work under the direct supervision of the prescriber/dispenser

Registered Addiction Counselors
Registered Nurses (RNs)
Pharmacy Interns
Dental Assistants
Dental Hygienists
Licensed Practical Nurses (LPNs)
Medical Training Registrants (MTRs)
Pharmacy Technicians
Licensed Clinical Social Workers
Trained Medication Employees (TMEs)
Certified Addiction Counselors

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Delegate Registration

Registration Requirements

- Must be licensed, registered, or certified by a health occupations board
- Must be employed at the same location and under the direct supervision of the prescriber or dispenser
- Separate applications for delegate registration

Registration Process

- Application must include individual license, registration or certification number and a copy of another government issued ID
- Application must be co-signed by supervising prescriber or dispenser

Expiration of Registration

- Registration for delegates expire June 30th of every even-numbered year
- If the delegate becomes ineligible, the program must be notified in writing within 24 hours

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Summary

- The PDMP allows for better visibility of a patient's prescription history and promotes early detection of prescription medication abuse, misuse, and diversion.
- Providers should never jump to conclusions based on PDMP data. Instead, discuss concerns with the patient and other providers, gather full context of the patient case, and use your professional judgement to inform decision making.
- Provider resources that assist with PDMP use and efficiency:
  - **PMP Gateway funding** – access the PDMP through your EHR
  - **Delegates** – Nurses, pharmacy technicians, etc.
- DACS is a *free* resource which aims to help DC providers with the identification and treatment of substance use disorders, related resources and referrals.

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