

# Prescription Drug Monitoring Programs (PDMPs)

Rebecca R. Poston, BPharm,
MHL
Program Manager
Practitioner Diversion
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#### Disclosure

I do not have (nor does any immediate family member have): a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity or any affiliation with an organization whose philosophy could potentially bias our presentation.



#### Questions to Discuss

- 1. How is information maintained in E-FORCSE used?
- 2. What is the penalty for failing to report controlled substance dispensing information to E-FORCSE?
- 3. What information must be included on a schedule II opioid prescription for the treatment of acute pain?



#### **Questions to Discuss**

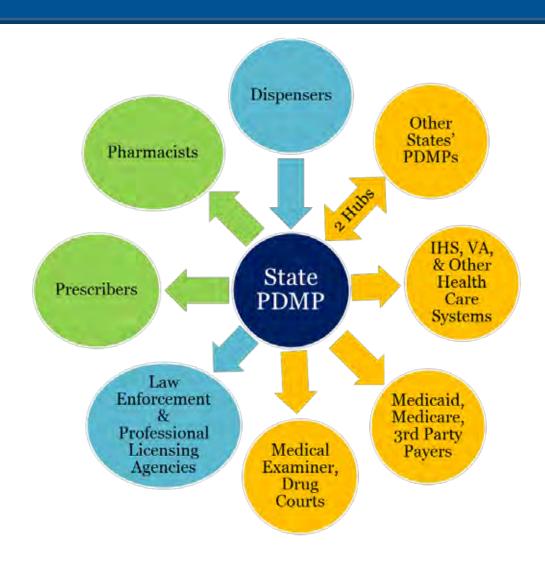
- 4. What information must be included on a schedule II opioid prescription for the treatment of nonacute pain?
- 5. Practitioners have a duty to consult E-FORCSE; how often must this be completed. What if E-FORCSE is down?



#### **Objectives**

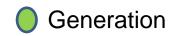
- Solution
  Discuss E-FORCSE's purpose,
  background and available information
- § Review benefits and navigational changes in the new AWARxE software platform
- Solution
  Discuss recent legislative activity impacting E-FORCSE
- Serview the impact of E-FORCSE utilization on prescriber and patient behavior

# PDMPs: Generations I, II, and III











#### How is the information used?

- § Prescribers and pharmacists use to improve patient care outcomes
- § Enforcement agencies use to assist active investigations involving diversion, abuse and health care fraud
- § Impaired practitioner consultants use to assist in monitoring treatment



# Dispenser Reporting Requirements

#### § Effective as of January 1, 2018

- Pharmacies and dispensing practitioners must report controlled substance dispensing no later than the next business day.
- Pharmacies and dispensing practitioners must report zero dispensing activity by the close of the next business day.
- Failing to report the dispensing of a controlled substance is a first degree



# Dispensing Information Reported

#### § Patient

- Name, Address, Date of Birth, Prescription Information, Payment Type, Telephone Number, and Person's Identification
- § Prescriber
  - Name, Address, DEA Number
- § Pharmacy
  - Name, Address, DEA Number and Permit
     Number



# Controlled Substance Information Not Reported to the Database

- § All acts of administration
- If *dispensed* to a person under the age of 16
- § If *dispensed* in the health care system of the Department of Corrections;
- § If dispensed by a Department of Defense facility



#### PDMP Data Characteristics

- Secondaries
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- § 7.3 million unique individuals in database with 6.9 million living in Florida
- § 207,712 unique prescribers (67,835 are instate, 139,877 out of state)
- § Number of prescriptions per patient 5.08
- § Number of prescriptions per prescriber 178.98





#### **PMP AWARXE**



# New Platform Migration

- § E-FORCSE powered by PMP AWARXE
- § Migration occurred April 18, 2018
- § Practitioner Preparedness
  - New User ID will be Email Address in Profile
- Solution
  Different look, same functionality





# **Registration Information**

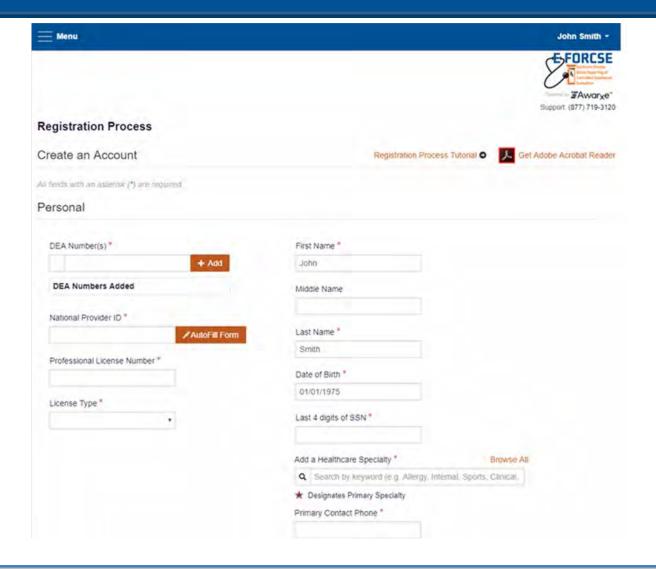


#### How Do I Register for E-FORCSE?

- Sopen a browser window <a href="https://Florida.pmpaware.net">https://Florida.pmpaware.net</a>
- § Click "Create and Account".
- § Enter an email address and password.
- § Select User Role
- § Enter personal and employer information.
- § Click "Submit your Registration"



# Registration Site



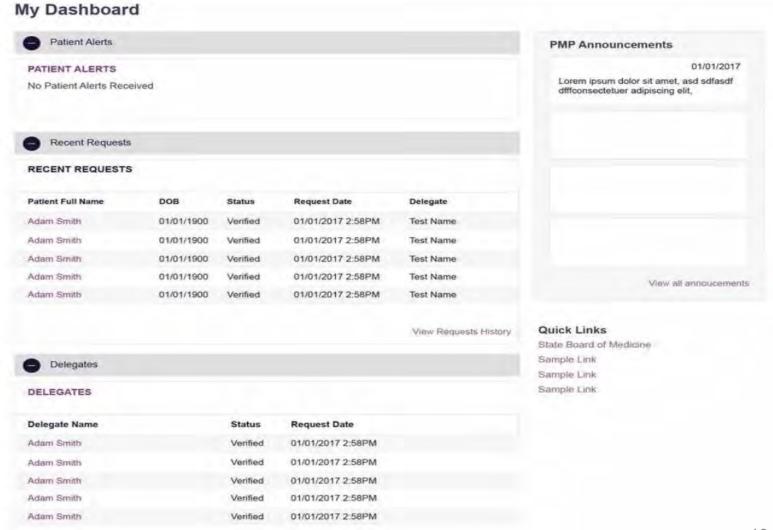


# Menu Options



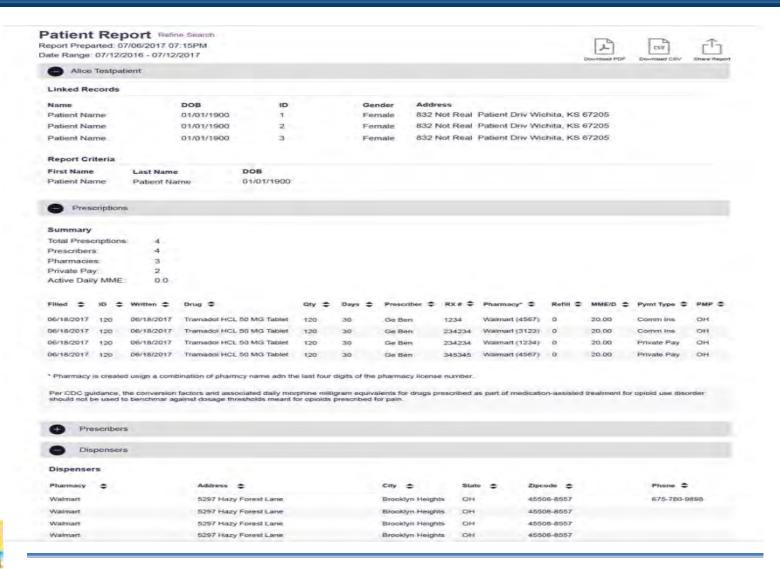


#### AWARXE User Dashboard





#### AWARXE Patient Query







# Legislative Activity Impacting Controlled Substance Prescribing and E-FORCSE



#### Prescriber Requirements:

- § Complete a 2-hour board approved CE
- Include words "acute pain exception" on schedule II opioid prescriptions more than a 3 day supply
- § Include words "nonacute pain" on schedule II opioid prescriptions for treatment other than acute pain



#### Prescriber Requirements Continued:

- § Required consultation of PDMP
- § Concurrently prescribe an emergency opioid antagonist with a prescription for schedule II opioids for traumatic injuries



#### Prescription Requirements for Acute Pain:

- § Supply of a schedule II opioid may not exceed 3-days; maximum of 7-days if:
  - Prescriber determines medically necessary;
  - Prescriber indicates "acute pain exception" on the prescription; and
  - Prescriber documents justification for greater than 3-day supply in the patient's medical record



# Prescription Requirements for Nonacute Pain:

- § Prescriber must indicate "nonacute pain" on schedule II opioid prescriptions for the treatment of pain other than acute
- S Applies to prescriptions for chronic pain, cancer, terminal conditions, pain treated with palliative care and a traumatic injury with Injury Score of 9 or higher



# Dispensing Health Care Practitioners

- May dispense a 3-day supply of a schedule II opioid and up to 7-days if criteria is met
- § May dispense a 14-day supply of a controlled substance listed in schedule III
- If approved to provide medically assisted treatment for opiate addiction, may dispense buprenorphine and buprenorphine combination products

#### **PDMP**

- § Required consultation of PDMP except:
  - Patient is < 16 years of age</li>
  - Nonopioid schedule V
  - System is not operational
  - Technological or electrical failure
- Solution
  Not more than a 3-day supply may be prescribed or dispensed if system is not consulted
- Document reason not consulted in patient's medical record and pharmacy dispensing system



#### PDMP Continued:

- § Failure to consult may result in a nondisciplinary citation by the regulatory board
- § Record retention schedule
- § Electronic health recordkeeping integration
- § Data sharing with other states





#### Florida's Successes



#### Florida's Successes

- § Increased reporting frequency
- § Reduced morphine milligram equivalent dosing prescribed
- § Reduced the number of individuals having multiple provider episodes
- § Expanded access to delegates and Veteran's Administration prescribers

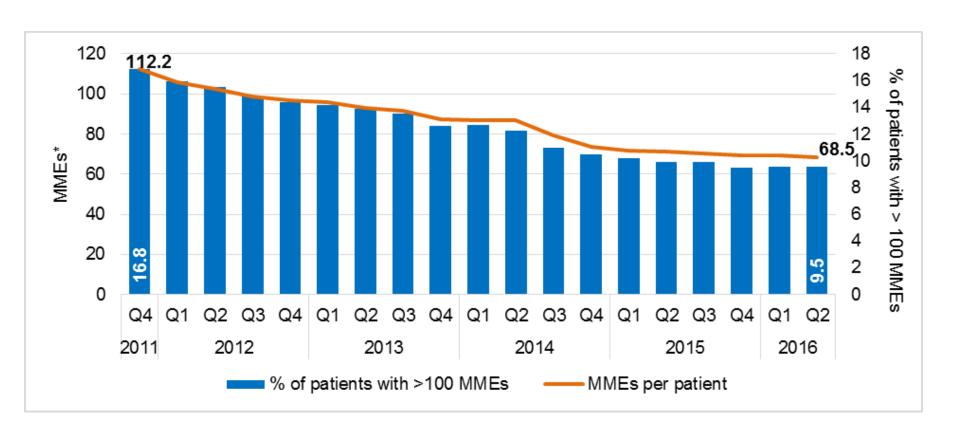


# Increase in Prescriber Enrollment and Utilization

License Type	Total Licensees (No.)	Registered Users (No.)	Registered Users (%)	Users who have Queried (No.)	Users who have Queried (%)	RY2017 Queries (No.)
ARNPs	23,442	3,314	14.1%	2,389	72.1%	993,302
Dentists	13,402	1,064	7.9%	651	61.2%	27,962
Physicians	73,085	15,034	20.6%	10,601	70.5%	11,653,724
Opticians	3,336	15	0.4%	4	26.7%	18
Osteopathic Physicians	8,217	3,185	38.8%	2,496	78.4%	2,607,733
Physician Assistants	7,846	2,108	26.9%	1,672	79.3%	699,277
Podiatrists	1,816	226	12.4%	139	61.5%	19,748
Pharmacist s	30,247	17,852	59.0%	16,174	90.6%	19,757,284
Designees	N/A	860	N/A	500	58.1%	75,195
TOTAL	161,391	43,658	27.1%	34,626	79.3%	35,834,243



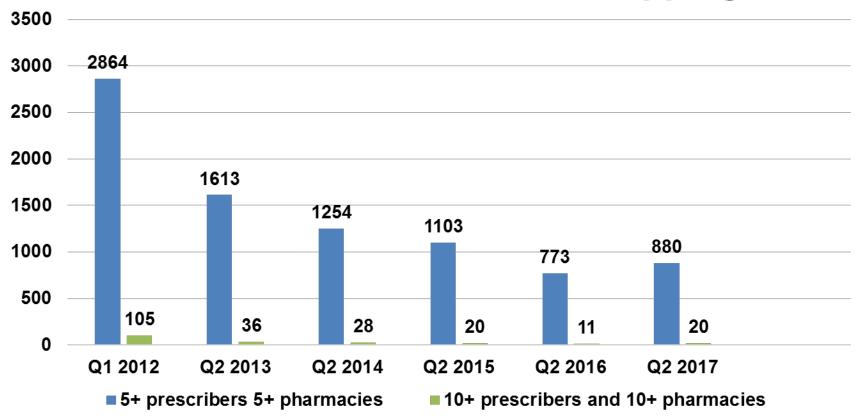
# Impact on Prescriber Behavior





# Impact on Patient Behavior

#### 69 % Decrease in Doctor Shopping





# Proactive Reporting Notification

- § Reviewed quarterly by staff
- Seports will identify individuals obtaining controlled substance prescriptions from multiple prescribers and multiple dispensers
- § Only relevant information will be provided to health care practitioners
- § Alerts will be visible on Menu > Dashboard



# Purpose of Proactive Reporting

- § Provides a comprehensive approach to address diversion, misuse and abuse
- § Supports coordinated care and potential noncompliance allowing the physician to focus on concerns



# System Improvements

- § Integrate dispensing information into the prescriber and dispenser workflow
- § Enact and implement interstate data sharing
- § Provide prescriber report feature
- § Provide prescribing alert feature



# Summary

- § E-FORCSE is an effective tool
- § Information identifies prescription fraud, forgeries, prescriber visits, and broader view of patient controlled substance medication histories
- Many changes will be taking effect on July 1, 2018. Visit the Department of Health's website for more information



# Post Questions (True or False)

- 1. The primary purpose of E-FORCSE is to provide information to prescribers and dispensers to support your clinical decisions and to help reduce drug abuse and diversion.
- 2. Failing to report the dispensing of a controlled substance to E-FORCSE is a first degree misdemeanor.



# Post Questions (True or False)

- 3. A prescriber must include the words acute pain exception on schedule II opioid prescriptions for more than a 3 day supply up to a 7 day supply.
- 4. A prescriber must include the words nonacute pain on a schedule II opioid prescription for treatment other than acute pain.
- 5. Each prescriber and dispenser or his or her designee has a duty to consult E-FORCSE each time a controlled substance is prescribed patient age 16 or older.

#### **Questions**

#### **Technical Support**

Help Desk: 877-719-3120

https://apprisspmp.zendesk.com/hc/en-

us/requests/new

E-FORCSE® Program Staff (850) 245-4797 e-forcse@flhealth.gov www.eforcse.com



