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RxLegal

Prescription Drug Monitoring Programs

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According to the Centers for Disease Control and Prevention (CDC), more than 36,000 individuals were victims of a fatal drug overdose in 2008.[1] The majority of these deaths were related to prescription drug abuse, most frequently opioid analgesics. Multiple factors have contributed to the severity of opioid abuse and misuse in the United States, including a substantial increase in the number of opioid prescriptions dispensed by retail pharmacists (from an estimated 76 million in 1991 to over 200 million from 2009 to 2013), more social acceptability for administering medications for different purposes, and an increase in marketing of medications.[2]

As part of a multifaceted effort to curb the increase in prescription drug abuse, the majority of states have implemented prescription drug monitoring programs (PDMPs). These programs "collect, monitor, and analyze electronically transmitted prescribing and dispensing data submitted by pharmacies and dispensing practitioners."[3] The overarching goal of this data collection and analysis is to support efforts related to enforcement, education, research, and abuse prevention.

Table 1. Deficiencies of prescription drug monitoring programs[7]

PDMP deficiency	Comments
Inadequate data collection	• Majority of states do not require reporting of the method of payment; this results in a cash payment loophole where prescription drug abusers who pay cash evade monitoring. • Majority of states do not record the identification of the person picking up the prescription. • No state collects data on prescribers' deaths or disciplinary status such as DEA registration suspension.
Ineffective data utilization	• Most states do not require prescribers and pharmacists to consult PDMP systems. • There is significant resistance to the use of these systems by providers, as consulting them may increase workload. • Many systems have a lag time in reporting data. • Most states do not have appropriate tools for analyzing the large amount of data within the PDMP.
Insufficient interstate data sharing	• There is little to no sharing of data among states; therefore, drug abusers and traffickers can cross state lines to obtain medications.
Underuse of information by law enforcement	• Many states prevent access to these data by law enforcement and licensing authorities due to the concerns of prescribers and pharmacists that these authorities will be able to see information about prescribing/dispensing patterns and then undertake a "fishing expedition." • Unsolicited reports from the PDMP are generally not sent to law enforcement or licensing authorities in order to alert them to potential concerns; therefore, these authorities need to know of a concern in advance in order to receive needed data.

Note: DEA = Drug Enforcement Agency; PDMP = prescription drug monitoring program.

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Although almost all states have a PDMP (excluding Missouri), state laws and rules governing these programs vary significantly. It is important for pharmacists and prescribers to be familiar with their state laws. A comprehensive listing of all state PDMP Web sites may be found at: http://www.pdmpassist.org/content/state-pdmp-websites.[4] In addition, the National Alliance for Model State Drug Laws maintains an up-to-date site on the status of PDMP legislation at: http://www.namsdl.org/prescription-monitoring-programs.cfm.[5]

Administration of PDMP programs is performed by the individual state; the federal Drug Enforcement Agency (DEA) is not involved with the administration of any state PDMP.[6] The state agency responsible for PDMP oversight varies, with boards of pharmacy and departments of health being the most common state agencies involved in PDMP administration.[3] Most states collect and analyze data on use of schedule II to V controlled substances; however, some states only collect data on schedule II to IV substances, and one state (Pennsylvania) monitors the use of schedule II medications only. Access to information within the PDMP is determined by state law and is generally limited. Prescribers and pharmacists are allowed to obtain reports on patients under their direct care in most states. Some states also provide access to PDMP information to law enforcement, licensing and regulatory boards, state Medicaid programs, medical examiners or coroners, and certain research organizations.

Although PDMP implementation has resulted in progress in combating drug diversion and abuse, there are still deficiencies that need to be addressed. Shepherd listed these PDMP deficiencies as inadequate data collection, ineffective utilization of data, insufficient interstate data sharing, and underuse of certain information by law enforcement.[7] **Table 1** provides comments on the deficiencies present in each category.

In conclusion, pharmacists need to be aware of state laws and rules regarding PDMPs. These laws and rules vary significantly from state to state. Although PDMPs have helped to combat prescription drug abuse and diversion, there are still deficiencies in these systems that need to be addressed.

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