



Prescription Drug Monitoring Program Training and Technical Assistance Center

# *The Prescription Drug Monitor*

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## **Harold Rogers PDMP FY 2014 Competitive Grant Announcement**

The Bureau of Justice Assistance is seeking applications for funding under the Harold Rogers Prescription Drug Monitoring Program. This program furthers the Department of Justice's mission by providing resources to plan, implement, and enhance prescription drug monitoring programs to prevent and reduce the misuse and abuse of prescription drugs and to aid in investigations of pharmaceutical crime.

Eligibility for this grant is limited to three (3) categories: Implementation and Enhancement Grants (Category 1), Tribal Prescription Drug Monitoring Program Data Sharing Grants (Category 2), and Data-Driven Multi-Disciplinary Approaches to Reducing Rx Abuse Grants (Category 3). The deadline to submit an application is May 6, 2014. View the [ANNOUNCEMENT](#).

## **DOJ and HHS Team Up to Combat Health Care Fraud**

The Departments of Justice (DOJ) and Health and Human Services (HHS) published the annual Health Care Fraud and Abuse Control (HCFAC) Program report stating that efforts to combat health care fraud have recovered over \$19 billion since 2009. The HCFAC Program has returned more almost \$26 billion to the Medicare Trust Funds and U.S. Treasury. The joint DOJ and HHS operations or Health Care Fraud Prevention and Enforcement Action Team (HEAT) engaged in investigations that recovered \$4.3 billion in fiscal year 2013 from individuals and companies who attempted to defraud federal health programs. HEAT was started in 2009 to prevent fraud, waste and abuse in Medicare and Medicaid. DOJ and HHS currently operate Medicare Fraud Strike Force Teams in nine areas around the country. These teams use advanced data analysis techniques to identify health care fraud 'hot spots' for targeted investigations. As a result, DOJ initiated 1,013 criminal health care fraud cases and 1,083 civil health care fraud cases in FY 2013. According to the HCFAC Program's annual report, their enforcement activities have resulted in over an \$8 return on investment for every \$1 expended. Read the [REPORT](#).

## **CDC: Physicians Are a Leading Source of Prescription Opioids for the Highest Risk Users**

Researchers from the Centers for Disease Control and Prevention (CDC) published findings from a study, 'Sources of Prescription Opioid Pain Relievers by Frequency of Past-Year Nonmedical Use: United States, 2008-2011', in the March issue of the Journal of the American Medical Association (JAMA) Internal Medicine. Past studies have indicated that the majority of all users of opioids for nonmedical reasons get the medications from family or friends; however, this study shows that high risk users of opioids for nonmedical reasons get the medications by prescriptions from their physicians. Historically, prevention efforts have focused on 'take-back' events for proper disposal of unused or unwanted medications. This has proven to be effective in addressing the problem when the opioid sources are family or friends, but other strategies need to be employed when the opioid source is a physician. The researchers analyzed data from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH) for the years 2008 through 2011. Among the findings, the sources of opioids for frequent, nonmedical users are: own prescriptions (27%), family and friends for free (26%), buying from family and friends (23%), or buying from drug dealer (15%). The JAMA article also listed current efforts to address the overdose epidemic: tracking drug overdose trends, development of abuse-deterrent opioid formulations, education of health care providers and public, enhancement and integration of state prescription drug monitoring programs, use of medical claims data to identify improper opioid prescribing, use of health plans to address improper patient use of opioids, and increasing access to substance abuse treatment. Read the [PRESS RELEASE](#) and [STUDY](#).

## **CNN Health: New Pain Pill's Approval: 'Genuinely Frightening'**

The Food and Drug Administration's (FDA) approval of the hydrocodone-based drug, Zohydro ER, has sparked several influential groups asking for the FDA to reconsider. Letters from eight members of the U.S. Congress, twenty-nine state attorneys general, and the FED UP! Coalition detailed compelling arguments against Zohydro's approval. The letters cited the drug's lack of abuse-deterrent properties, the number of overdose deaths attributable to opioid medications, health and crime-related costs, a November 2012 internal FDA memo warning of the likelihood for abuse, and the FDA's advisory board voting against the drug's approval as valid reasons for the FDA to reevaluate its approval. Zohydro's manufacturer, Zogenix, claims the benefits to chronic pain patients outweigh the potential risks. The Chief Medical Officer for the company stated that 'We do not expect the introduction of Zohydro ER to increase the overall use of opioids' and 'prescription data from the last five years shows that total use of ER opioids is constant and independent of new entrants to the market.' The FDA issued a statement that they have concerns about the abuse and misuse of opioid medications and intend to move medications containing hydrocodone from Schedule III to Schedule II; approval by the Drug

Enforcement Administration (DEA) is pending. Read the [CNN REPORT](#), letters from [CONGRESS](#), [ATTORNEYS GENERAL](#), [FED UP!](#), and the [DEA PROPOSED RULE](#).

## **Study Identifies Measures to Reduce Doctor Shopping**

Julie Worley, a nurse researcher at Rush University Medical Center, conducted a study on women involved in doctor shopping. The study was based on interviews with women that were recruited from substance abuse support groups. From the interviews, four common traits were identified:

- The primary reason for doctor shopping was to satisfy their addiction.
- Addicts 'networked' to share information about how to doctor shop, which doctors and pharmacies were likely to prescribe and dispense, and even shared rides to appointments.
- Addicts developed ways to elude detection including sharing x-ray and diagnostic imaging results and fixing urine samples for drug testing.
- Addicts manipulated prescribers to write prescriptions by falsifying symptoms, lying about current medication use, and exaggerating pain or anxiety symptoms.

The researchers offered several suggestions that might reduce the incidence of a health care professional becoming a victim doctor shopping:

- Check the prescription drug monitoring program
- Use sophisticated urine drug screening
- Employ treatment contracts
- Examine the patient for needle track marks
- Confirm patient identities and insurance status
- Discourage use of cash payments for visits and prescriptions
- Increase prescriber education on responsible prescribing and abuse identification
- Identify steps to deal with situation when abuse/addiction is detected.

Read the [ARTICLE](#)

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## **Did You Know?**

- The 8<sup>th</sup> National Prescription Drug Take-Back Day is scheduled for April 26, 2014. DEA National Take Back 4-26-14. Read the [DETAILS](#).
- Drug czar R. Gil Kerlikowske called for increasing the availability of naloxone for emergency care providers and first responders. Additionally, he mentioned that prescribing naloxone to the addicted person and their relatives or significant others could be very helpful. Read the [ARTICLE](#).

- The Drug Enforcement Administration has published U.S. maps showing the total number of all methamphetamine clandestine laboratory incidents from 2004 through 2012. View the [MAPS](#).
- The American Medicine Chest Challenge is designed to increase awareness about prescription drug abuse and provide web resources for safe disposal of medications. Their website has an interactive map to locate collection sites around the country. Go to the [WEBSITE](#).
- Representative Tom Marino (R-PA) is sponsoring a bill (HR4069) to amend the ‘Ensuring Patient Access and Effective Drug Enforcement Act of 2013’. One provision establishes the Combating Prescription Drug Abuse Working Group to review and report on Federal initiatives on reducing prescription drug abuse, identify gaps and opportunities to ensure safe use of prescription drugs, and make recommendations on ways to reduce diversion and abuse of prescription drugs. The report to Congress will address prescription drug monitoring, illegal internet sites, proper disposal of prescription drugs, identify prescription abuse by geographic area, identify the resource needs for law enforcement, development of abuse-resistant prescription drugs, and recommend ways to reduce theft of prescription drugs. Read the [BILL](#).
- The U.S. Government Accountability Office (GAO) issued a report on Internet Pharmacies. Their findings indicate that most of the rogue sites operate outside the United States and sell counterfeit drugs. The report also details the obstacles that federal agencies face in investigating and prosecuting persons involved with the rogue pharmacies. Read the [REPORT](#).
- The Children’s and Women’s Health Centre of British Columbia has developed a website to provide facts on mixing medicine, alcohol, and street drugs. The website, [Drugcocktails.ca](#), contains many resources concerning these substances. For example, you can input the generic or brand name of a medication and retrieve information on the possible consequences when it is taken in conjunction with alcohol, tobacco, caffeine, other medications, and street drugs. Visit the [WEBSITE](#).
- Each state’s most common drugs of abuse, based on ONDCP drug treatment admissions data, have been posted by PolicyMic. Visit the [WEBSITE](#).

Read [more](#)

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## PDMPs News and Updates

- Delaware
- Florida
- Michigan
- Missouri
- New Jersey
- New York

- Ohio
- Oklahoma
- Oregon
- Rhode Island
- Virginia
- Washington

**Delaware** – The Delaware Senate passed HB154 which creates a criminal offense of ‘Medication Diversion’. This bill makes it a felony for any person to intentionally divert prescription narcotics from patients in hospital, group home, or nursing home facilities. Read the [BILL](#).

**Florida** – A Florida judge dismissed a case that challenges the release of patient prescription drug histories; stating that ‘the government’s interest in regulating drugs outweighs patients’ expectation of privacy. Read the [ARTICLE](#).

**Michigan** – Board of Pharmacy Administrative Rule 338.3162d will require daily reporting of controlled substance prescription information to the Michigan Automated Prescriptions Systems (MAPS), effective July 1, 2014. Read the [RULE](#).

**Missouri** – The Missouri Legislature has two bills (SB921, HB1133) that establish a prescription drug monitoring program. Read the [SENATE BILL](#), [HOUSE BILL](#).

**New Jersey** – To help fight the incidence of forged and counterfeit prescriptions, the NJ Division of Consumer Affairs passed regulations to require security features on all prescription blanks used by prescribers. The new prescription forms, phased in over the next six months, will include thermochromic ink, micro-printing, a ‘VOID’ pantograph, a unique 15-digit identification number for each blank and a corresponding barcode to enable scanning by pharmacists. Read the [ANNOUNCEMENT](#).

**New York** – The Commissioner of the New York City Department of Health issued a guidance letter to health care professionals asking for their help in providing effective care for at risk patients. Read the [LETTER](#). The New York Senate has drafted a bill (S 6477) which protects health care professionals who prescribe or dispense an opioid antagonist from any criminal or civil liability. The proposed bill also expands the health care professional’s authority to prescribe, dispense, and distribute opioid antagonists directly or by non-patient specific order to a person at risk of overdose or to someone in a position to help that person. Read the [BILL](#). Governor Cuomo issues statement on the progress of the state’s efforts to reduce prescription drug abuse and detail the success of I-STOP. Read the [ANNOUNCEMENT](#).

**Ohio** – The Ohio Automated Rx Reporting System’s creation and use of ‘Practice Insight Reports’ show success in reducing patient prescription drug abuse. This report tool includes a patient’s Morphine Equivalent Daily Dose amount to identify patients at risk for overdose or developing a painkiller addiction. Read the [ARTICLE](#).

**Oklahoma** – The Oklahoma House introduced a bill (HB2589) which makes provisions of the Trafficking in Illegal Drugs Act applicable for person convicted of violations involving 1000g of morphine, 400g of oxycodone, 50g of hydrocodone, or 15g of alprazolam. Read the [BILL](#). The Oklahoma Senate introduced a bill (SB1821) requiring that registrants or members of their staff

shall access and verify information in the monitoring program prior to prescribing or authorizing a refill of any controlled substance. Read the [BILL](#).

**Oregon** – The U.S. District Court for Oregon ruled that the Drug Enforcement Administration’s administrative subpoena powers to obtain prescription records from the monitoring program violated the Fourth Amendment. Read the [RULING](#).

**Rhode Island** – The Rhode Island Medical Society is planning to introduce legislation that would require registrants to enroll with the monitoring program when they renew their controlled substances registration. Read the [ARTICLE](#). The Department of Health has proposed regulations to establish the procedures for administration of naloxone to individuals experiencing an opioid overdose or suspected overdose. Read the [REGULATIONS](#).

**Virginia** – The Virginia Senate introduced a bill (SB294) which registers prescribers with the monitoring program upon filing an application for a license or license renewal. It also requires prescribers to check the monitoring program when the prescriber is starting treatment that involves benzodiazepines or opioids and when that treatment is expected to last more than 90 days. Read the [BILL](#).

**Washington** – Initiatives implemented by the Washington Department of Health make progress in reducing overdose deaths. The overdose death rate dropped 27% between 2008 and 2012. The drops are attributed to the creation of new prevention tools, pain management rules, and establishment of the Prescription Monitoring Program. Read the [NEWS RELEASE](#).

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**Articles for The Prescription Drug Monitor** – If there are news items about your state’s PDMP or if you have information that you believe would be of interest to other readers of The Prescription Drug Monitor, please let us know. The items can be sent to [info@pdmpassist.org](mailto:info@pdmpassist.org).

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**PDMP Training and Technical Assistance Center Providing Assistance** - Brandeis University’s PDMP Training and Technical Assistance Center (TTAC) continues to provide assistance to grantees, non-grantees, federal partners, and other stakeholders. If you need information, training, or other assistance related to PDMPs, please don’t hesitate to contact us. Your request will get immediate attention, including input from other states in our national PDMP network, if necessary. The TTAC can help with questions about program evaluation, operating costs, laws and regulations, vendors, advisory groups, education, and more.

You can reach the TTAC team by telephone 781-609-7741 or e-mail [info@pdmpassist.org](mailto:info@pdmpassist.org).

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**PDMP Center of Excellence at Brandeis** - Funded by the Bureau of Justice Assistance, the PDMP Center of Excellence (COE) at Brandeis University collaborates with PDMPs and other stakeholders to help PDMPs achieve their full potential in combating the prescription drug abuse epidemic.

Major program areas include: encouraging and evaluating innovative uses of PDMP data, compiling PDMP best practices, advancing methods for assessing PDMP effectiveness, and

providing an online clearinghouse of information and tools to enhance PDMP operations and help establish new PDMPs.

The COE welcomes your input and collaboration in fulfilling its mission. You may contact the COE at [info@pmpexcellence.org](mailto:info@pmpexcellence.org) or call 781-736-3909.

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