Controlled Substances Prescription Monitoring Program

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Controlled Substances
Prescription Monitoring Program

Faculty Disclosure Declaration:

I have no actual or potential conflict of interest in relation to this program or presentation.
Controlled Substances
Prescription Monitoring Program

- A.R.S. § 36-2602 requires the ASBP to establish a controlled substances prescription monitoring program that:
  - Includes a **computerized central database tracking system** to track the prescribing, dispensing, and consumption of Schedule II, III, IV and V controlled substances in Arizona,
  - **Assists law enforcement in identifying illegal activity** related to the prescribing, dispensing, and consumption of Schedule II, III, IV and V controlled substances,
  - **Provides information to patients, medical practitioners, and pharmacists to help avoid the inappropriate use** of Schedule II, III, IV and V controlled substances, and
  - **Is designed to minimize inconvenience to patients, prescribing medical practitioners and pharmacies** while effectuating the collection and storage of information.
Controlled Substances
Prescription Monitoring Program

**Purpose of the monitoring program:**
- Improve the State’s ability to identify controlled substance abusers or misusers and refer them for treatment
- Identify and stop diversion of prescription controlled substance drugs

**Primary function of the Arizona State Board of Pharmacy:**
- Provide a central repository of all prescriptions dispensed for Schedule II, III, IV and V controlled substances in Arizona
Oct 16, 2017: Mandatory Use of PMP begins

- FACT SHEET FOR S.B. 1283--controlled substances prescription monitoring program
- Requires medical practitioners to obtain a patient utilization report from the controlled substances prescription monitoring program’s central database tracking system before prescribing certain controlled substances and outlines exemptions to this requirement.
- Mandated Program Use and Exemptions
  - 1. Requires a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV for a patient, to obtain a patient utilization report regarding the patient for the preceding 12 months from the Program’s central database tracking system at the start of each new course of treatment and at least quarterly while that prescription remains a part of treatment, beginning the later of October 1, 2017, or 60 days after the statewide health information exchange has integrated the Program data into the exchange.
  - 2. Requires each medical practitioner regulatory board to notify licensees of the implementation date.
Exemptions from Mandatory Use

3. Stipulates the medical practitioner is not required to obtain a patient utilization report from the central database if:

a) the patient is receiving hospice care or palliative care for a serious or chronic illness;

b) the patient is receiving care for cancer, a cancer-related illness or condition or dialysis treatment;

c) a medical practitioner will administer the controlled substance;

d) the patient is receiving the controlled substance during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility;

e) the medical practitioner is prescribing the controlled substance to the patient for no more than a ten-day period after an invasive medical or dental procedure or a medical or dental procedure that results in acute pain;

f) the medical practitioner is prescribing no more than a five-day prescription and has reviewed the Program’s central database tracking system for that patient within the last 30 days, and the system shows that no other prescriber has prescribed a controlled substance in the preceding 30-day period.
Substance Abuse Issues
A message from a DEA pamphlet

• The abuse of prescription drugs--especially controlled substances--is a serious social and health problem in the United States today. As a healthcare professional, you share responsibility for solving the prescription drug abuse and diversion problem.

• You have a legal and ethical responsibility to uphold the law and to help protect society from drug abuse.
A message from a DEA pamphlet cont’d

• You have a professional responsibility to prescribe controlled substances appropriately, guarding against abuse while ensuring that your patients have medication available when they need it.

• You have a personal responsibility to protect your practice from becoming an easy target for drug diversion. You must become aware of the potential situations where drug diversion can occur and safeguards that can prevent it.
Confronted by a suspected drug abuser?

• **Do:**
  • Perform a thorough exam appropriate to the condition.
  • Document exam results and questions you asked the patient.
  • Request picture I.D. or other I.D. and SSN. Photocopy these documents and include them in the patient’s record.
  • Call a previous prescriber, pharmacist or hospital to confirm the patient’s story.
  • Confirm a telephone number, if provided by the patient.
  • Confirm the current address at each visit.
  • Write prescriptions for limited quantities.
Confronted by a suspected drug abuser?

• Don’t:
  • “Take their word for it” when you are suspicious.
  • Dispense drugs just to get rid of drug-seeking patients.
  • Prescribe, dispense or administer controlled substances outside the scope of your professional practice or in the absence of a formal practitioner-patient relationship.
A message from a CDC pamphlet

• What should you do if you find information about a patient in the PMP report that concerns you?

• According to the CDC, patients should not be dismissed from care based on PDMP information. Use the opportunity to provide potentially life-saving information and interventions.

• You should:
• Confirm that the information in the PDMP is correct.

• Check for potential data entry errors, use of a nickname or maiden name or possible identity theft to obtain prescriptions.

• **Assess for possible misuse or abuse.**

• Offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients who meet criteria for opioid use disorder. If you suspect diversion, urine drug testing can assist in determining whether opioids can be discontinued without causing withdrawal.

• **Discuss any areas of concern with your patient and emphasize your interest in their safety.**
How Practitioners and delegates gain access
How to Register in Aware

1. **Go** online to: https://arizona.pmpaware.net and click the ‘Create an Account’ link on the homepage.

2. **Put** in an email unique to you, meaning no one else has access. Create a password (at least 8 characters, include 1 capital, 1 lowercase, 1 symbol) and type it in both boxes. Click the “Save and Continue” button.

3. **Select** User Role → Healthcare Professional → select specific type. Click the “Save and Continue” button.

4. **Fill** in the requested information. [Note: Nurse Practitioners must use AP#, not RN#]. Click on the “Submit Your Registration” button.

6. **If** you agree to the user’s statement, click on “I agree.”

7. **VERIFY YOUR EMAIL:** You will receive an email from no-reply-pmpaware@globalnotifications.com (check your spam and junk mail folders), in the email, click on the link embedded in the words “verify your email”. NOTE: If the email is not verified, registration cannot be approved.

8. **Save** no-reply-pmpaware@globalnotifications.com to your safe sender list and contacts as this is the email address used by the system to communicate with you.
Access approval is not immediate

Your registration information goes onto a list of pending registrations.

PMP office members verify your DEA #, your NPI #, your Arizona practitioner #, check your email address to be certain it is unique to you and is not the address of someone else in your office, and check the employment information for completeness.

After you have verified your email, they approve it.
Regarding prescriber delegates....

- You **cannot** let another person use your PMP account
- You **may have a delegate** (or delegates) run your PMP patient reports on your behalf
- Delegates register for their own accounts **with their own email address** and you control their access by approving or revoking them as your delegates from within your own PMP account
- Delegate registration is the same as prescriber registration except.... User Role ➔ Healthcare Professional ➔ either Prescriber Delegate—Licensed (LPN, RN) or Prescriber Delegate—Unlicensed (MA, office manager, medical records tech)
- and required **entry of prescriber’s PMP email** address as supervisor
5.3.1 Approving and Rejecting Delegates

1. When a user registers as a delegate for a supervisor, the supervisor receives an email alerting them that a delegate account is pending their approval.

2. The user logs into the PMP AWARxE application (https://arizona.pmaware.net/login) and navigates to User Profile > Delegate Management.

3. From the Delegate management screen, the user is able to see all delegates associated with their account. New Delegate(s) are identified with the pending symbol in the Delegate Status column.

4. The user selects the delegate to view their information in the detail card at the bottom of the screen.

5. To approve or reject the delegate, the supervisor must click the appropriate button under the delegate’s information. The delegate’s status turns to green if approved or will be removed if rejected.
Running Patient Reports
Quick Reference Guide – Making a Request in PMP AWARxE

1. Go to the PMP AWARxE login page [https://arizona.pmpaware.net/login](https://arizona.pmpaware.net/login). If a password reset is needed, use the “Reset Password” link.

2. Once you’re logged in, select the RxSearch tab, then choose Patient Request.

3. Enter search criteria.
   - At a minimum, you must provide:
     - **First name** (full or partial*)
     - **Last name** (full or partial*)
     - **Date of birth** (must be in MM/DD/YYYY format)
     - **Prescription fill dates** (must be in MM/DD/YYYY format)

4. Click Search at the bottom of the screen to submit your request.

5. Matching patient history will now display. If multiple patients are identified, you will be presented with the option to refine your search by providing additional search information or you can select a single, multiple, or all returned patient groups to include in your patient prescription request results.

6. Click on “Run Report”, the patient prescription results will be displayed.

7. Print form by clicking on the PDF button or convert the form to a CSV [Microsoft Excel] file. You may retrieve your searches and the search results of any delegates by clicking on the Requests History tab.

**Search Tips:**

- **Partial Spelling:** Using Partial Spelling can be helpful for hyphenated or commonly abbreviated names (Will vs. William). At a minimum, enter the first three characters of the patient’s first and/or last name.

- **Prescription Fill Dates** - The maximum time period for your search is 60 months.

- **PMP Interconnect Search** - allows you to search other participating state databases for the patient’s records.
  - To improve the likelihood of finding a specific patient:
    - For out-of-state searches – Limit your search criteria to only the required fields.
    - For in-state searches – In addition to the required fields, include additional details such as ZIP code.
## Linked Records

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<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>ID</th>
<th>Gender</th>
<th>Address</th>
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<tbody>
<tr>
<td>TEST PATIENT</td>
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<td></td>
<td>555 FAKE DR WICHITA KS 87203</td>
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## Report Criteria

First Name: Test, Last Name: Patient, DOB: 01/01/1900, ZIP Code: , City: , State: , Phone: , SSN: , DL: 

## Summary

<table>
<thead>
<tr>
<th>Prescriptions</th>
<th>Prescribers</th>
<th>Pharmacies</th>
<th>Private Pay</th>
<th>Active Daily MME: 0.0</th>
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## Prescriptions

<table>
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<tr>
<th>Filled</th>
<th>ID</th>
<th>Written</th>
<th>Drug</th>
<th>QTY</th>
<th>Days</th>
<th>Prescriber</th>
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<th>Refills</th>
<th>MMEID</th>
<th>Pymt Type</th>
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<tbody>
<tr>
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<td>1</td>
<td>01/10/2017</td>
<td>OXYCONTIN 80 MG TABLET</td>
<td>90.0</td>
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<td>CA TEB</td>
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<td>Carol (2222)</td>
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<td>480.0</td>
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<td>AZ</td>
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<td>01/04/2017</td>
<td>OXYCODONE HCL 20 MG TABLET</td>
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<td>30</td>
<td>AL TEB</td>
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<td>Alice (4937)</td>
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<td>85.0</td>
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<td>Dave (0000)</td>
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*Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

## Prescribers

<table>
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<tr>
<th>Name</th>
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<th>Zip</th>
<th>Phone</th>
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<tbody>
<tr>
<td>TESTPRESCRIBER, ALICE</td>
<td>1111 FAKE ST</td>
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<td>KS</td>
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<td>TESTPRESCRIBER, CAROL</td>
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<td>KS</td>
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<tr>
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<td>Phone</td>
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<tr>
<td>TESTPREScriber, Dave</td>
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### Dispensers

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<td>David's PHARMACY CHAIN (0000)</td>
<td>7th TEST ST</td>
<td>WICHITA</td>
<td>KS</td>
<td>67212</td>
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</tr>
<tr>
<td>Cheryl's PHARMACY CHAIN (2222)</td>
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<td>KS</td>
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**Disclaimer:**

DISCLAIMER: The State of Arizona does not warrant the information in the PMP database to be accurate or complete. This report is based on the search criteria entered and the data entered by the dispenser. The reports may contain errors resulting from the reporting of information received. The PMP staff suggests that additional independent verification of patient profile information with pharmacies and prescribers may sometimes be prudent or necessary.
QUESTIONS?

Arizona State Board of Pharmacy
Web page: www.azpharmacy.gov

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