

RI Prescription Monitoring Program

By Piyawadee Raksasil

Facts

- Currently, prescription drug abuse is a serious public health issue in the United States.
- In 2010, the number of prescription drug abusers in the US was 8.76 million and opioid painkillers prescribed in 2010 were sufficient for every American adult to take every four hours for one month. (National Institute on Drug Abuse, 2014)
- In 2010, RI ranked 12th in the country for unintentional drug related death. (CDC WISQARS Database, 2010)
- The number of people who died from drug overdose was double the number killed in motor vehicle accidents in recent years. (Rhode Island Department of Health, R.I. Medical Examiner, National Highway Traffic Safety Administration)

Rhode Island Prescription Monitoring Program

- The Prescription Monitoring Program (PMP) is an emerging tool that helps determine overprescribing, doctor shopping and gives details about patient drug history.
- Prescription data from all pharmacies licensed by the State of RI was collected by RI Department of Health. All Schedule II, III and IV prescriptions are required to be submitted monthly. (ATTC, 2014; RI Department of Health, 2014)
- Schedule of Drugs

Schedule	Examples
Schedule I: High abuse potential No current acceptable medical use	Heroin, Ecstasy, LSD
Schedule II: High abuse potential, restrictions on prescribing and refills	Stimulants (Ritalin, Adderall), Oxycontin, Dilaudid, Demerol
Schedule III: Moderate potential for abuse	Products containing less than 15 mg of hydrocodone per dose (Vicodin), Tylenol with Codeine, Suboxone, anabolic steroids
Schedule IV: Low abuse potential	Benzodiazepines (lorazepam, diazepam, alprazolam), sleeping pills (Halcion, Ambien, Lunesta)
Schedule V: Lowest abuse potential, contain limited quantities of narcotics	Cough syrups with codeine, anti diarrheals

(Worley, 2012)

Usefulness of the PMP

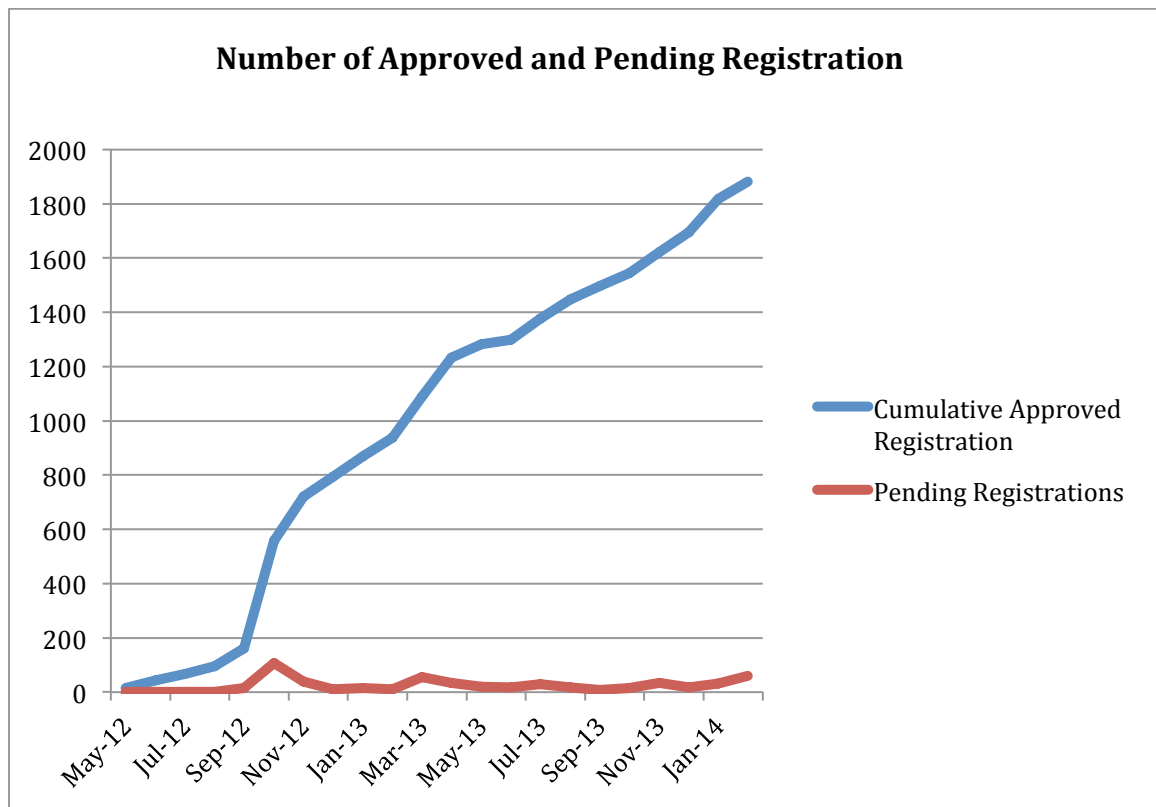
- The presence of a PMP significantly decreases prescribing of controlled

substances, decreases multiple provider episodes, and results in decreased incidence of drug overdoses and overdose deaths.

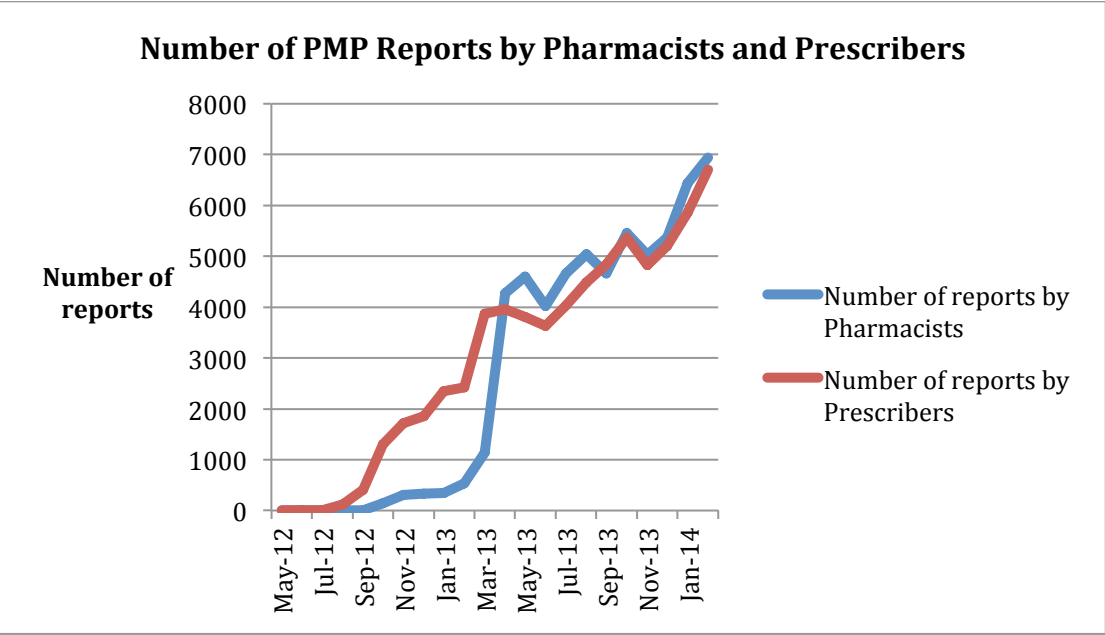
- According to Reisman et al (2009), states with a PMP had less of an increase in the number of prescription drug-related hospital admissions per year compared to states without this program.
- Similarly, a study by Curtis et al (2006) demonstrated that states with long-standing PMP had lower claim rates for opioid analgesics compared to states without the PMP.
- Many studies support these findings and show a significant decrease in the number of prescriptions for schedule II drugs after using the PMP. (Simeone et al, 2006)

Health care professionals underutilize the PMP.

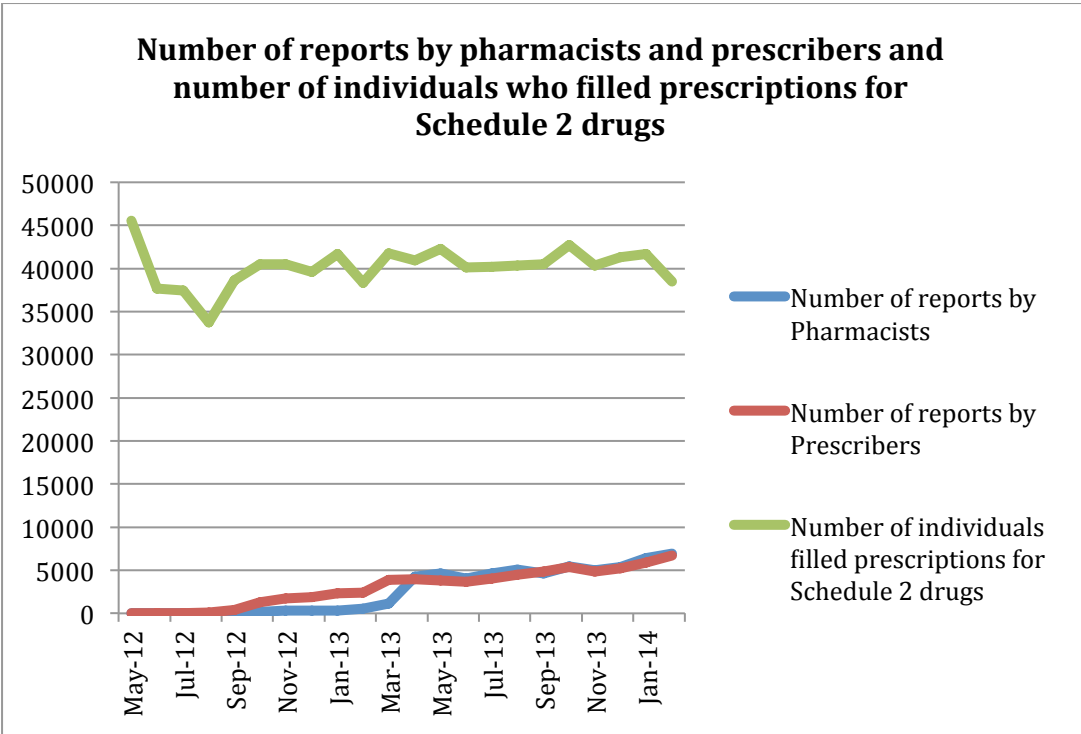
- In Rhode Island, as of February 2014, only about 20% of licensed prescribers registered for the PMP.



- The number of pending registrations for each month are almost constant, but cumulative approved registration increased rapidly.
- Specifically around September 2012, the number of registrations increased dramatically because the RI Department of Health identified the top 500 prescribers and sent a registered invitation to the top 200 prescribers. As a result, about 65% of the top 200 prescribers have registered for the PMP.



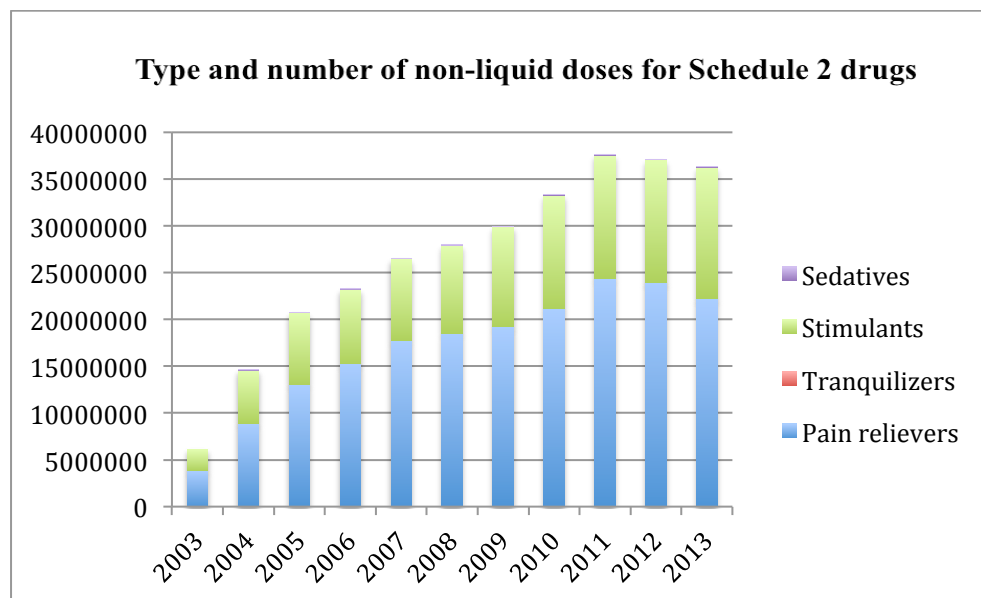
- After the number of approved registration increased, the number of solicited reports requested by pharmacists and prescribers increased as well.



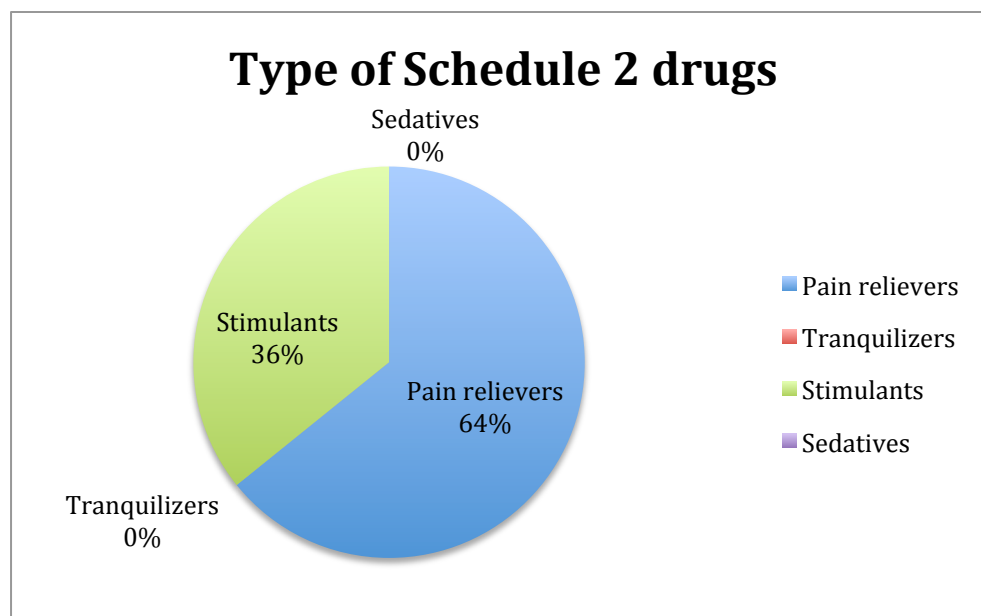
- However, the number of individuals who filled prescriptions is a lot more than the number of both pharmacist and prescriber reports. That means current data is showing just a small fraction of the total number.
- New R.I. law requires healthcare providers to register for the PMP.

RI PMP Summary Reports

Schedule 2 drugs



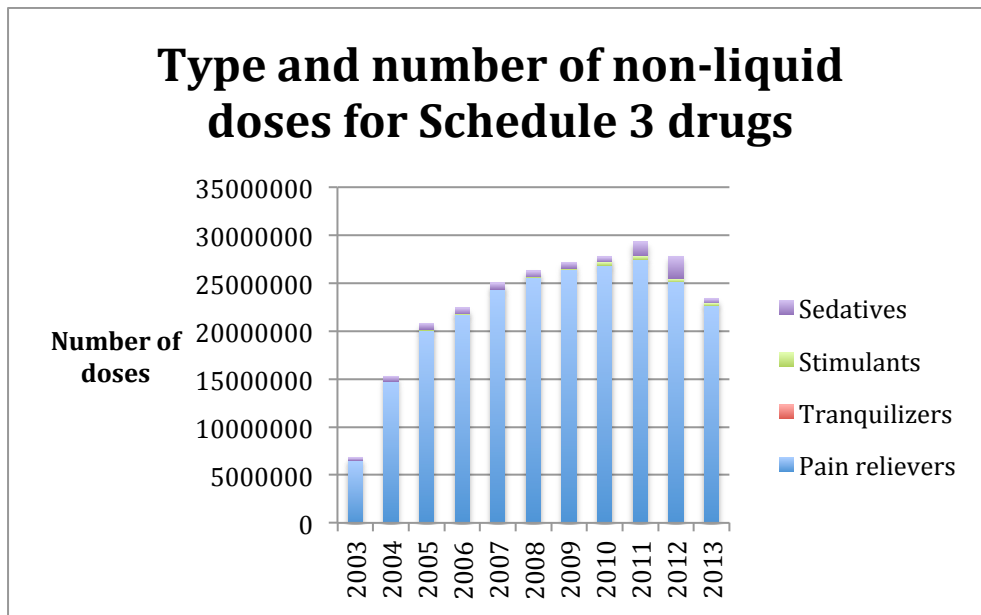
- Over 35 million Schedule 2 drugs have been prescribed in RI each year since 2011.
- Almost 25 million doses of pain relievers in Schedule 2 drugs were prescribed in 2011.



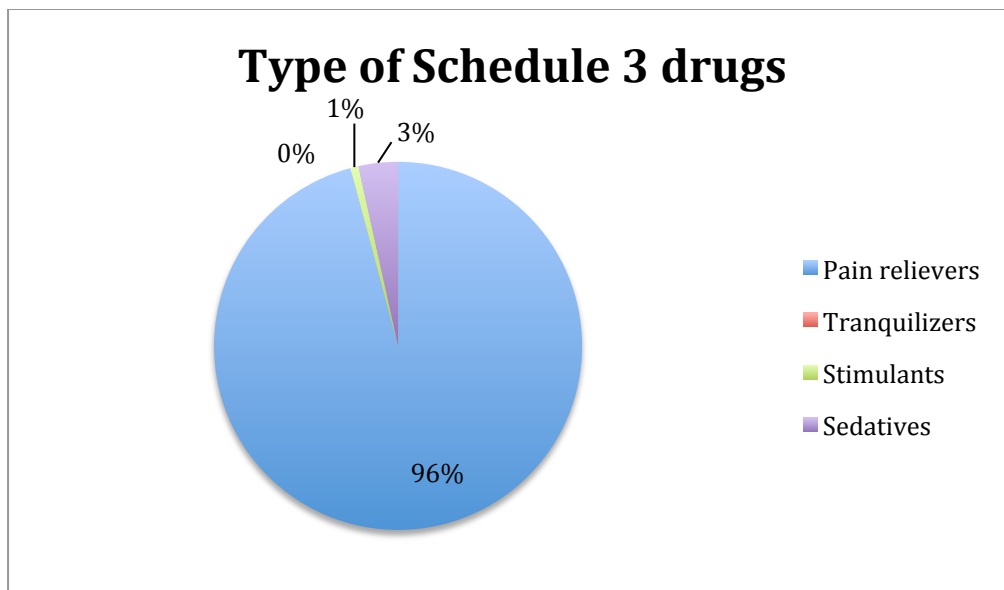
* Data from 2003-2013

- The most prescribed drugs for Schedule 2 drugs are pain relievers followed by stimulants. The number of tranquilizers and sedatives is relatively small compared to the others.

Schedule 3 Drugs



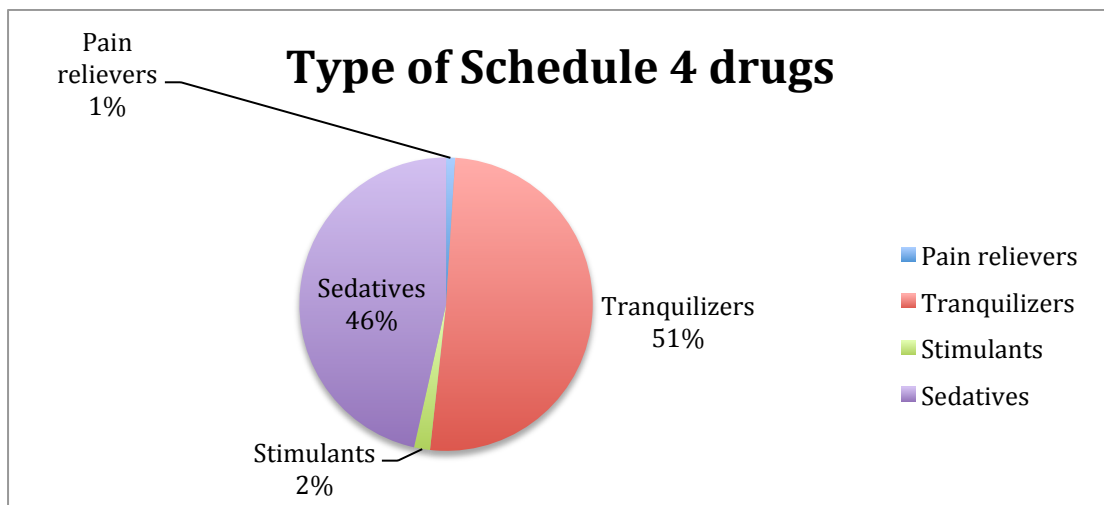
- Over 20 million Schedule 3 drugs have been prescribed in RI each year since 2005.



*** Data from 2003-2013**

- 96% of prescribed Scheduled 3 drugs are pain relievers.

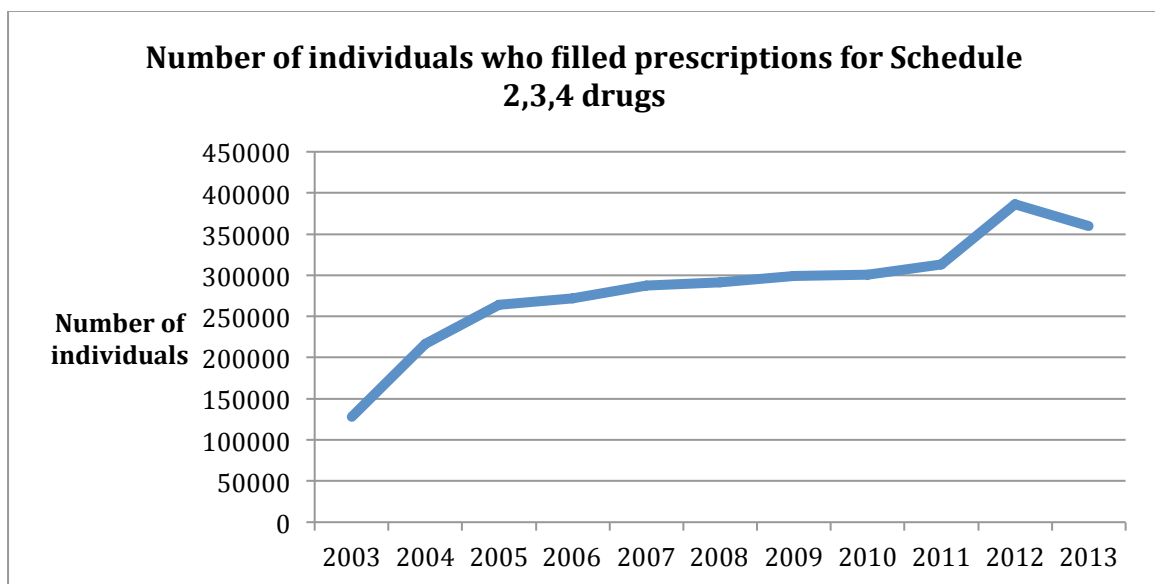
Schedule 4 Drugs



• **Data from 2012-2013**

- As of July 2013, Rhode Island requires the reporting of all Schedule 4 prescriptions in addition to those in Schedules 2 and 3.
- Tranquilizers and sedatives are the top two prescribed drugs for Schedule 4 drugs.

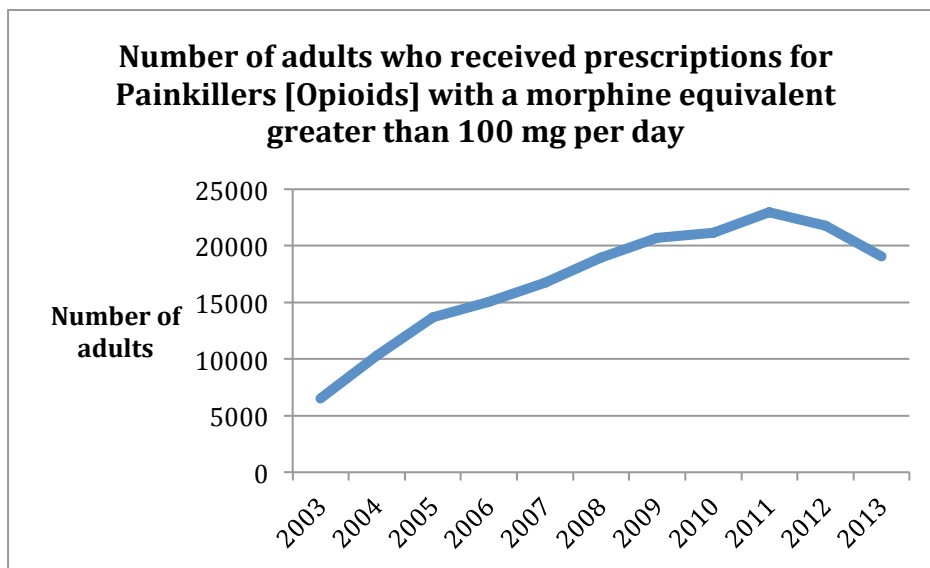
Schedule 2, 3 and 4



**** The reporting of schedule 4 prescriptions required in RI, from 7/1/2013**

- The number of people who filled prescriptions for Schedule 2, 3 and 4 seems to increase over time..
- In 2012, the RI population was about 1.05 million. (United States Census Bureau, 2012)
- In 2012, almost 400,000 people in RI filled prescriptions for Schedule drugs which was about 37% of the population.

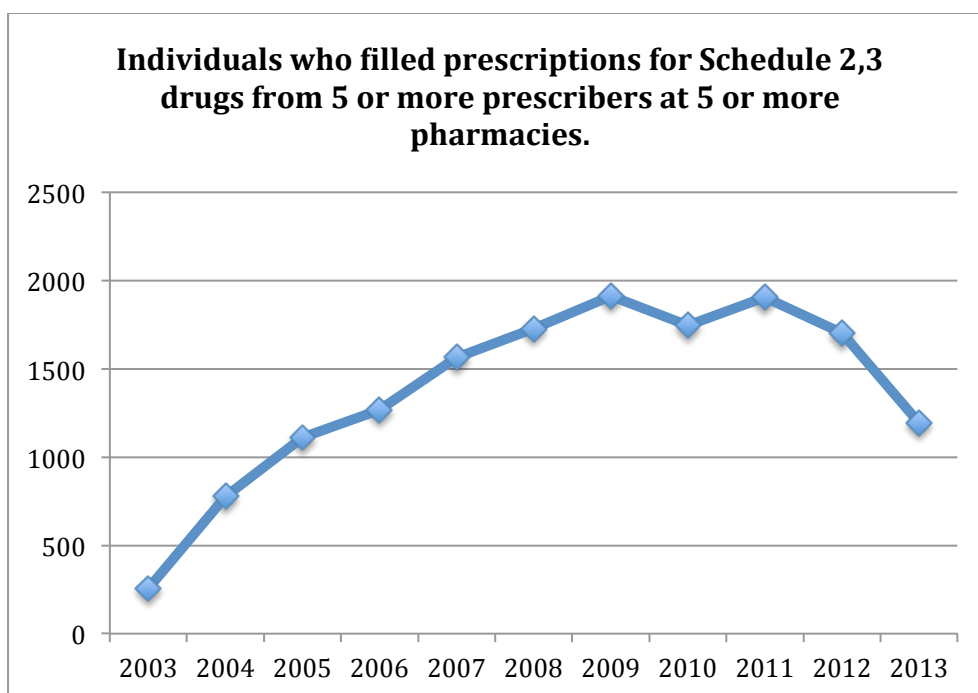
High Dose Prescriptions



- In 2011, the number of adults who had opioid prescriptions with a dose greater than 100 mg morphine equivalent spiked to almost 23,000 and about 20,000 adults received high dose prescriptions for painkillers in 2012 and 2013.

Multiple Provider Episodes (MPEs)

- Some drug abusers try to get more drugs by going to multiple doctors and pharmacies to get more prescriptions filled. This behavior is called doctor shopping.
- PMPs can help detect suspected doctor shopping.



- The number of suspected doctor shopping has been decreasing in recent years.

Next Steps

- No definitive data showing that PMP works (Nationwide) - Evaluation is needed.
- Further research should determine the real impacts of the PMPs on overdoses and overdose deaths and researchers should also consider the differences in a structure of the program in order to make a good comparison between states.

Acknowledgements

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