



Florida's Prescription Drug Monitoring Program

Overview of Florida's Prescription Drug Monitoring Program

November 16, 2018
FMA Safe Prescribing of Controlled Substances
Rebecca R. Poston, BPharm, MHL
Program Manager



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. What is the penalty for failing to report controlled substance dispensing information to E-FORCSE?
2. Practitioners have a duty to consult E-FORCSE; how often must this be completed. What if E-FORCSE is down?

Questions to Discuss

3. If the patient is less than 16 years old, do I have to consult E-FORCSE if I want to prescribe a controlled substance?
4. How far in advance may I consult E-FORCSE prior to prescribing?
5. What is the penalty for not consulting E-FORCSE?

Objectives

- Discuss E-FORCSE's purpose, background and available information
- Discuss recent legislative activity
- Review the impact of E-FORCSE utilization on prescriber and patient behavior

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 misdemeanor**

Dispensing Information Reported

- Patient
 - Name, Address, Date of Birth, Prescription Information, Payment Type, **Telephone Number**
- Prescriber
 - Name, Address, DEA Number
- Pharmacy
 - Name, Address, DEA Number

Information Not Reported to the Database

- If ***administered*** directly to a patient
- If ***administered*** or ***dispensed*** to a patient less than 16 years of age;
- If ***administered*** or ***dispensed*** in the health care system of the Department of Corrections;
- If ***dispensed*** by a Department of Defense facility

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

Key Legislative Components for Successful PDMPs

- Enrollment conditions
- Query conditions
- Use of delegates
- Training
- Data collection frequency
- Interstate data sharing
- Integration into electronic health systems

CS/CS HB 21 PDMP Changes

- Expands use to include Medical Examiners and employees of VA, DOD and IHS
- Requires consultation of the PDMP
- Authorizes integration and interstate data sharing
- Establishes record retention schedule
- Requires identification

Required Consultation

- A prescriber or dispenser or his or her designee must consult the PDMP to review a patient's controlled substance dispensing history prior to prescribing or dispensing a controlled substance for patients age 16 or older

Statutory Exemptions

- If the patient is less than 16 years of age
- Drug being prescribed is nonopioid schedule V
- System is non-operational
- Requestor has technological or electrical failure

Statutory Exemption Documentation

- Documentation is required in the patient's record reason system was not consulted
- No more than a 3-day supply of a controlled substance may be prescribed or dispensed

Retention of PDMP Records

- The PDMP will purge information from its database that is more than 4 years old

Penalty for Failing to Consult the PDMP

- Initial offense
 - Subject to a non-disciplinary citation for the initial offense
- Subsequent Offense
 - Results in disciplinary action against the health care practitioner's license

PDMP Data Characteristics

	R Y16	R Y17		R Y18	
Data Characteristics	R Y16	R Y17	R Y16-17 Change (%)	R Y18	R Y17-18 Change (%)
Number of Patients	6,620,000	6,580,000	-0.060%	6,330,000	-3.80%
Days' Supply	890,262,558	872,382,267	-2.01%	837,485,829	-4.00%
Prescription Quantity	2,020,265,458	1,954,851,568	-3.24%	1,830,948,955	-6.34%
Prescriptions	35,790,629	34,632,577	-3.24%	33,024,567	-4.64%
Total MME	21,818,277,406	21,629,004,821	-0.87%	21,248,818,861	-1.76%
Days' Supply per Rx	24.9	25.2	1.27%	25.4	0.68%
Rx Quantity per Rx	56.4	56.4	0.00%	55.4	-1.78%
Total MME per Rx	609.6	624.6	2.46%	643.4	3.02%
Population	20,268,567	1.86%	20,656,589	1.91%	20,984,400
Days' Supply per Capita	43.9	42.2	-3.85%	39.9	-5.50%
Rx Quantity per Capita	99.7	94.6	-5.06%	87.3	-7.80%
Prescriptions per Capita	1.8	1.7	-5.05%	1.6	-6.13%
Total MME/Capita	1,076.5	1,047.1	-2.73%	1,012.6	-3.29%

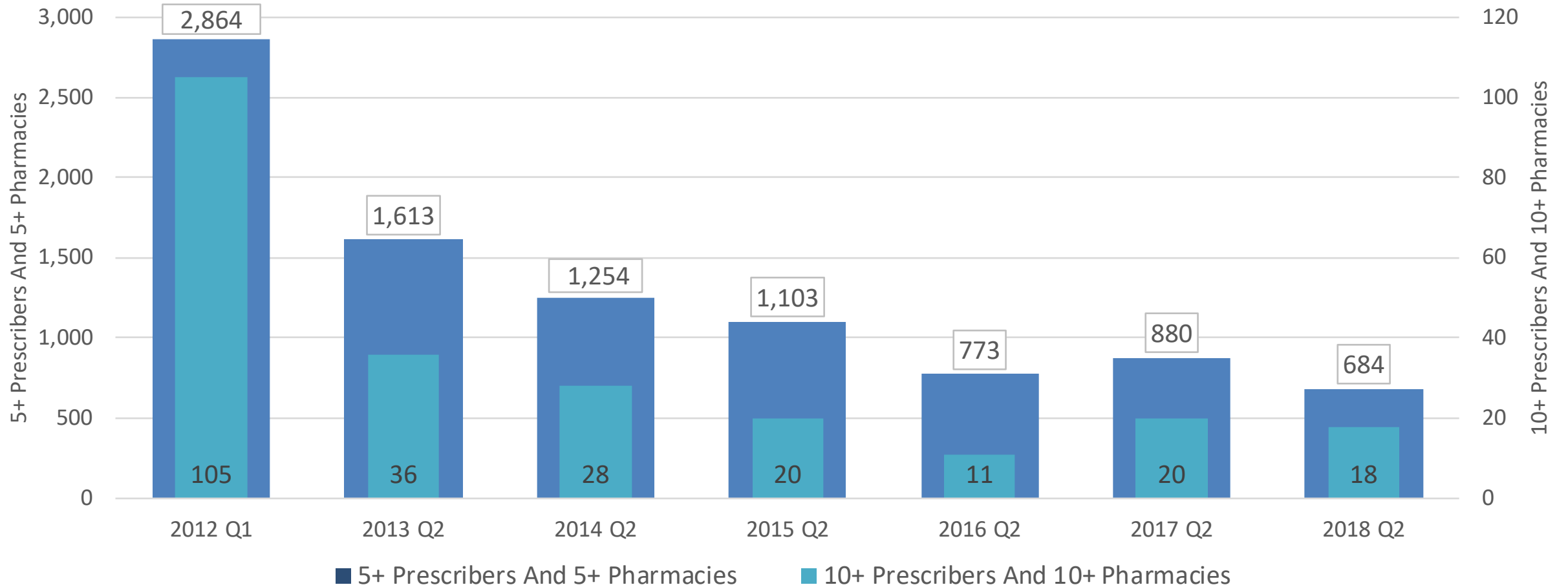
Impact on Enrollment & Utilization

License Type	RY18 Licensees (No.)	RY18 Users (No.)	RY18 Users (%)	RY17 Users (No.)	% Change Users RY17/18 (%)	RY18 Queries (No.)	RY17 Queries (No.)	% Change Queries Ry17/18 (%)
ARNP	25,740	4,538	17.6%	3,314	36.9%	1,454,361	993,302	46.4%
DN	14,283	2,461	17.2%	1,064	131.3%	42,017	27,962	50.3%
ME	75,729	21,154	27.9%	15,034	40.7%	14,751,979	11,653,724	26.6%
OPC	3,332	12	0.4%	15	-20.0%	58	18	222.2%
OS	9,120	3,291	36.1%	3,185	3.3%	3,318,423	2,607,733	27.3%
PA	8,687	2,475	28.5%	2,108	17.4%	994,627	699,277	42.2%
PO	1,904	406	21.3%	226	79.6%	31,713	19,748	60.6%
PS	31,606	12,427	39.3%	17,852	-30.4%	24,136,941	19,757,284	22.2%
DEL	N/A	15,618	N/A	860	1716.0%	629,978	75,195	737.8%
FEP*	N/A	93	N/A		N/A	189		N/A
TOTAL	170,401	62,475	36.7%	43,658	43.1%	45,360,286	35,834,243	26.6%

Impact on Prescriber Behavior

Drug	RY17		RY18		RY17/18
	No.	%	No.	%	Change* (%)
Hydrocodone SA	4,861,901	14.12	4,439,221	13.38	-8.69%
Oxycodone SA	4,364,256	12.68	4,242,005	12.79	-2.80%
Alprazolam	4,275,234	12.42	4,161,133	12.54	-2.67%
Tramadol SA	2,888,578	8.39	2,778,497	8.38	-3.81%
Zolpidem	2,248,537	6.53	2,139,415	6.45	-4.85%
Clonazepam	2,077,930	6.04	2,034,811	6.13	-2.08%
Lorazepam	1,729,871	5.02	1,693,052	5.1	-2.13%
Amphetamine	1,431,361	4.16	1,564,285	4.72	9.29%
Temazepam	1,143,955	3.32	1,110,681	3.35	-2.91%
Phentermine	4,861,901	14.12	4,439,221	13.38	-8.69%

Impact on Patient Behavior



Florida's Successes

- Increased reporting frequency
- Reduced morphine milligram equivalent dosing prescribed
- Reduced the number of individuals having multiple provider episodes
- Integrated information into clinical workflow
- Implemented interstate data sharing

System Improvements

- Transitioned to PMP AWA Rx E®
- Launched NarxCare™
- Launched Prescriber Report Solution
- Launched PMP Advanced Analytics
- Developing mobile application

PDMP Registration & Training Tools

- <https://florida.pmpaware.net>
- Training tools: www.eforcse.com

- A screenshot of a web application menu. At the top is a blue box with a white hamburger menu icon and the word "Menu". Below it are four dark blue boxes with white text. The first box is titled "Home" and contains "Dashboard", "PMP Announcements", and "Quick Links". The second box is titled "RxSearch" and contains "Patient Request", "Bulk Patient Search", "Requests History", "Requests Processing", "Requests Approval", "MyRx", "Prescriber Report", and "Patient Alerts". The third box is titled "User Profile" and contains "My Profile", "Default PMPi States", "Delegate Management", "Password Reset", and "Log Out". The fourth box is titled "PDMP Links" and contains "[Support Request](#)", "E-FORCSE", "NarxCare Navigati...", and "NarxCare Interpre...".



Rebecca Poston
Program Manager
(850) 558-9950

Rebecca.Poston@flhealth.gov

www.e-forcse.com

Acknowledgements

Grant No. 2015-PM-BX-0009 awarded by the Bureau of Justice Assistance (BJA), Office of Justice Programs, U.S. Department of Justice supports the 2015-2016 Prescription Drug Monitoring Program Annual Report. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Justice.

Bruce A. Goldberger, PhD, Chief, Director and Professor, Department of Pathology, Immunology and Laboratory Medicine, University of Florida College of Medicine

bruce-goldberger@ufl.edu

Chris Delcher, PhD, Assistant Professor, Department of Health Outcomes and Policy, University of Florida College of Medicine

cdelcher@ufl.edu

Yanning Wang, MS, Statistical Research Coordinator, Department of Health Outcomes and Policy, University of Florida College of Medicine

ynwang@ufl.edu

Peter W. Kreiner, PhD, Senior Scientist, Institute for Behavioral Health and Principal Investigator, Prescription Behavior Surveillance System

pkreiner@brandeis.edu

Brandeis University, Prescription Drug Monitoring Program Training and Technical Assistance Center

<http://www.pdmpassist.org/content/pdmp-maps-and-tables>