

# **New Mexico Board of Pharmacy Prescription Monitoring Program (PMP)**

**PDMP West Regional Meeting**

**PMP Collaboration with the NM Department of Health**

**April 26, 2018**

# New Mexico Board of Pharmacy Prescription Monitoring Program (PMP)

**Peter Ryba, PharmD**

PMP Director

[peter.ryba@state.nm.us](mailto:peter.ryba@state.nm.us)

**Maria Gonzales**

PMP Manager

[maria.gonzales@state.nm.us](mailto:maria.gonzales@state.nm.us)

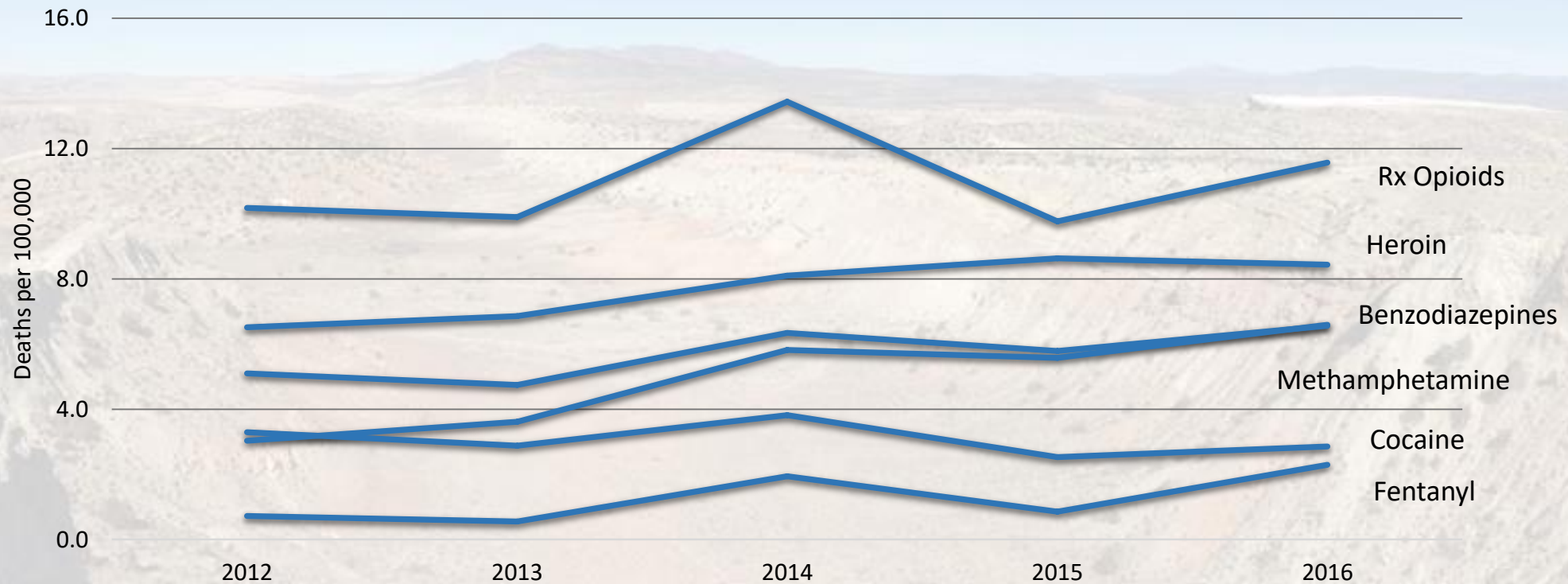
## *Agenda*

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- New Mexico Related Prescription Drug Information and Statistics
- NM PMP Regulatory Facts
- New Mexico Department of Health
  - Quarterly Reports to Licensing Boards
  - Prescriber Feedback Report
  - Prescription Drug Overdose in New Mexico (Quarterly Report)

## Prescription Drug Information and Statistics

Drug Overdose Death Rates for Selected Drugs, NM, 2012-2016



Drug categories are not mutually exclusive; fentanyl includes fentanyl analogues

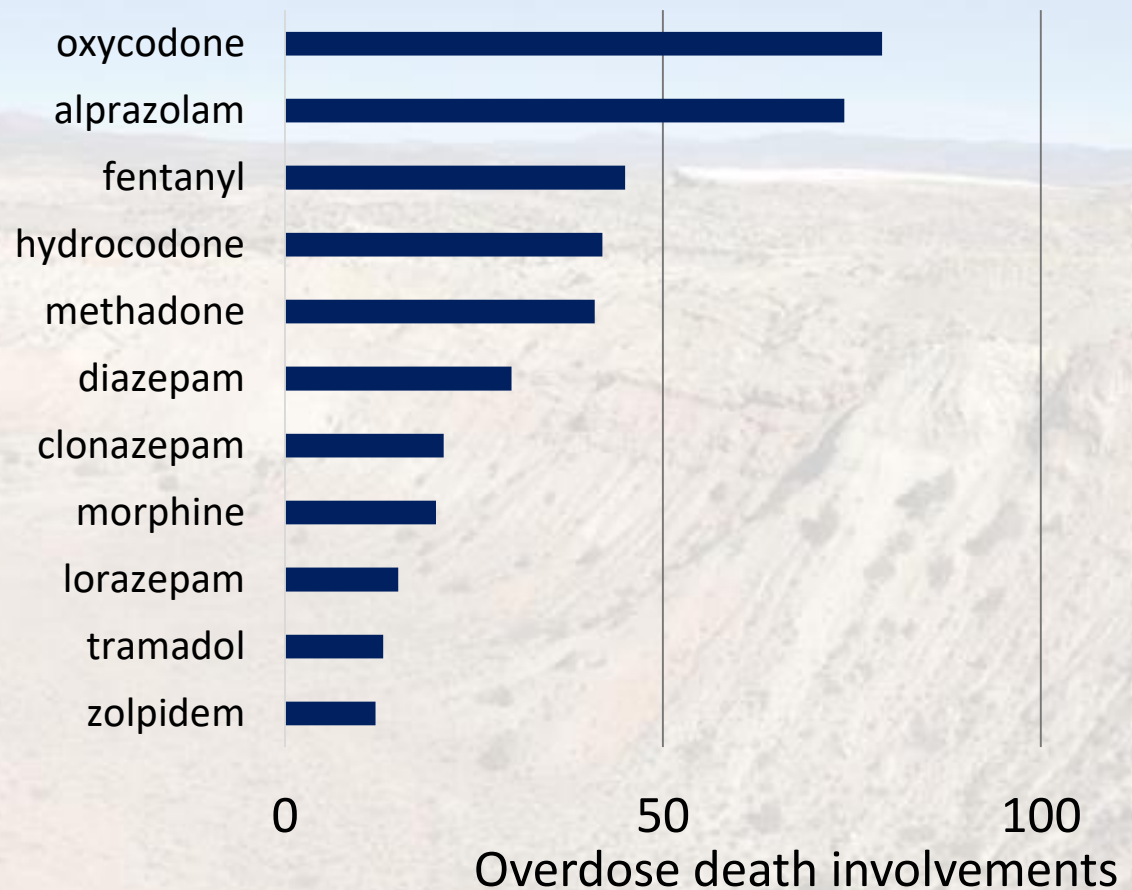
Rates are age adjusted to the US 2000 standard population estimates

Source: Bureau of Vital Records and Health Statistics death data; UNM/GPS population

## Prescription Drug Information and Statistics

Top Prescription Drugs in Overdose Death, NM, 2016

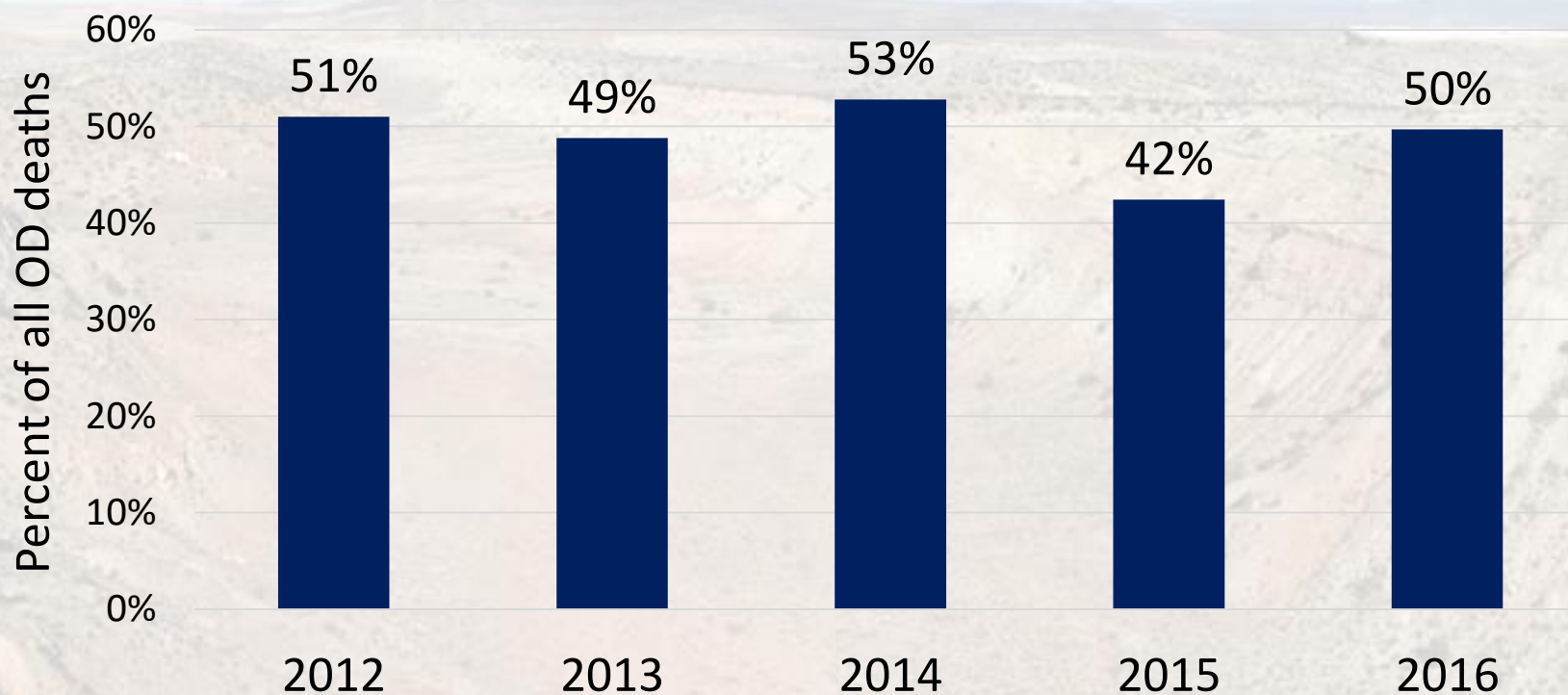
Roughly half of the drug overdose deaths in NM involve a prescription drug. Some of the medications listed are not opioids.



Deaths may involve more than one drug  
 Source: NM Office of the Medical Investigator

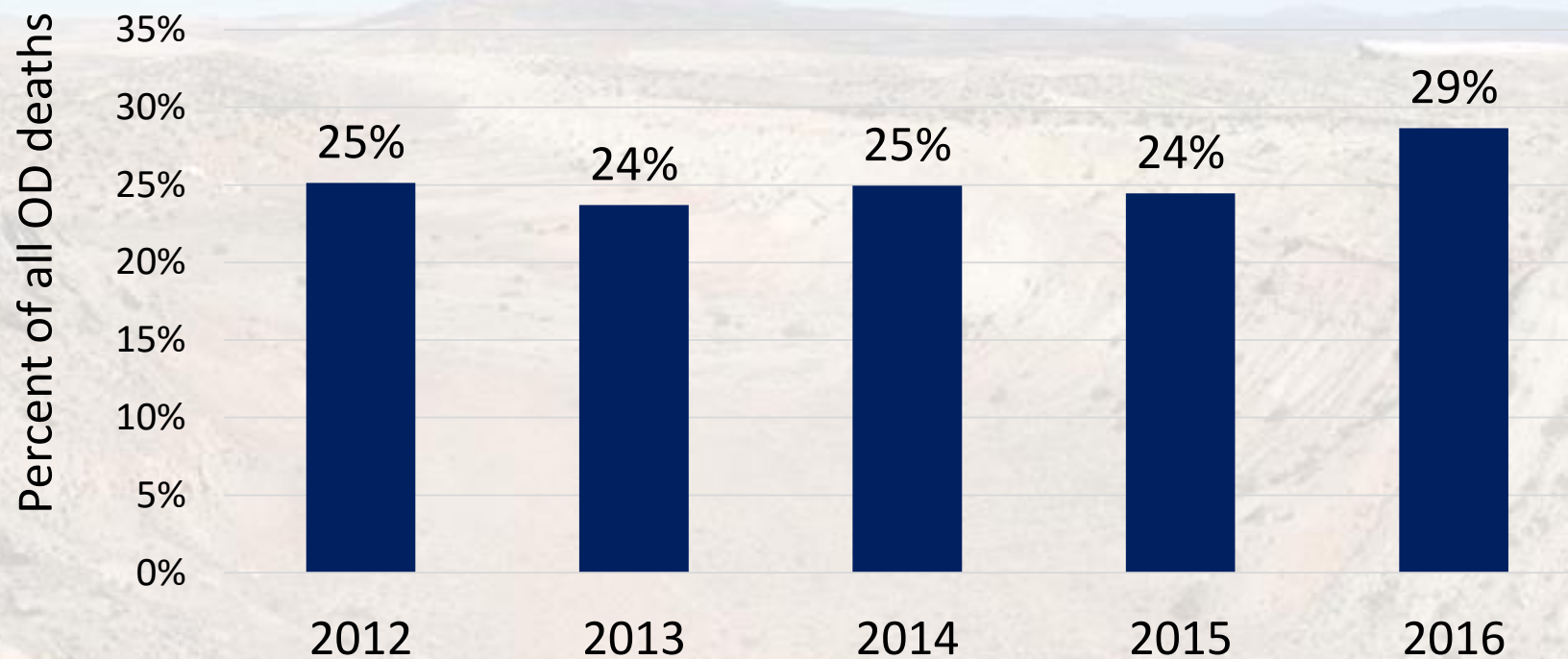
## *Prescription Drug Information and Statistics*

*Percentage of Overdose Deaths Involving Prescription Opioids, NM, 2012-2016*



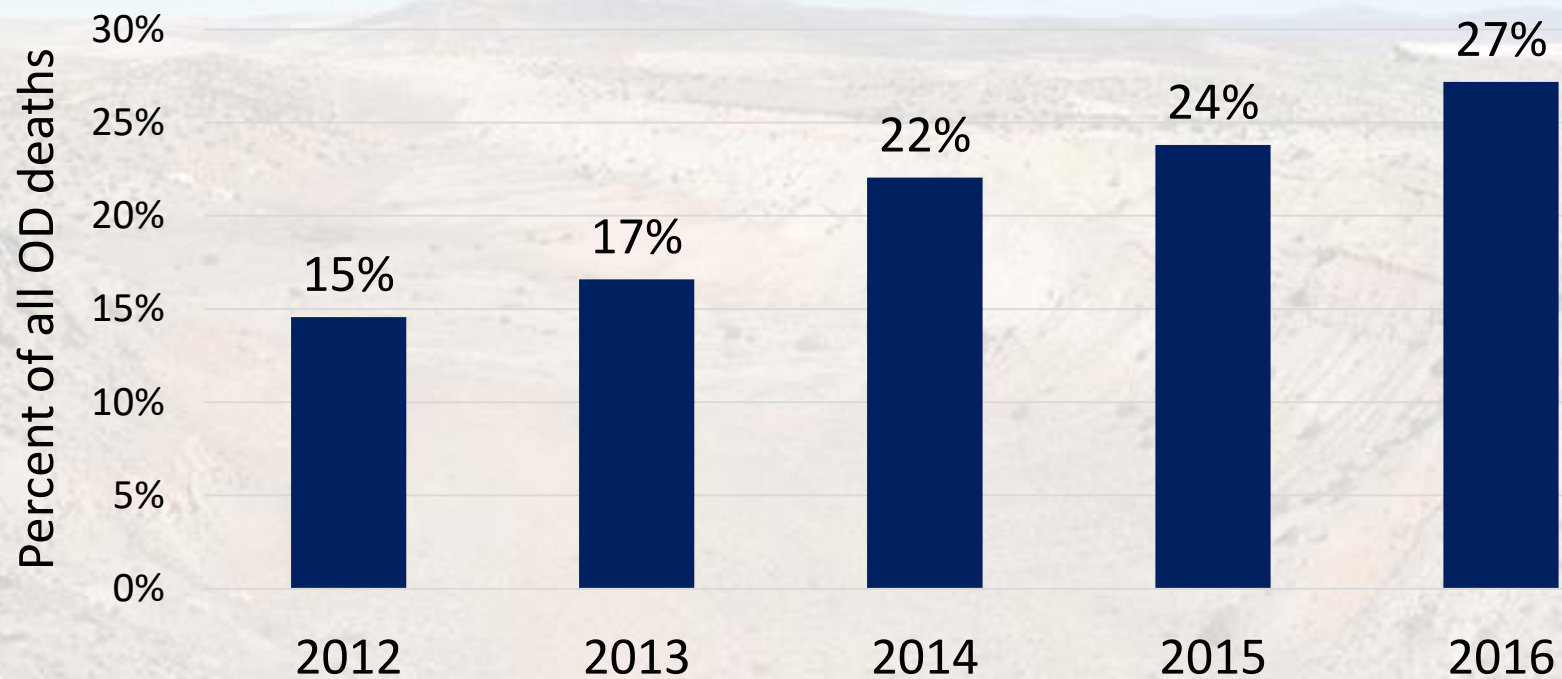
## Prescription Drug Information and Statistics

Percentage of Overdose Deaths Involving Benzodiazepines, NM, 2012-2016



## Prescription Drug Information and Statistics

Percentage of Overdose Deaths Involving Methamphetamine, NM, 2012-2016

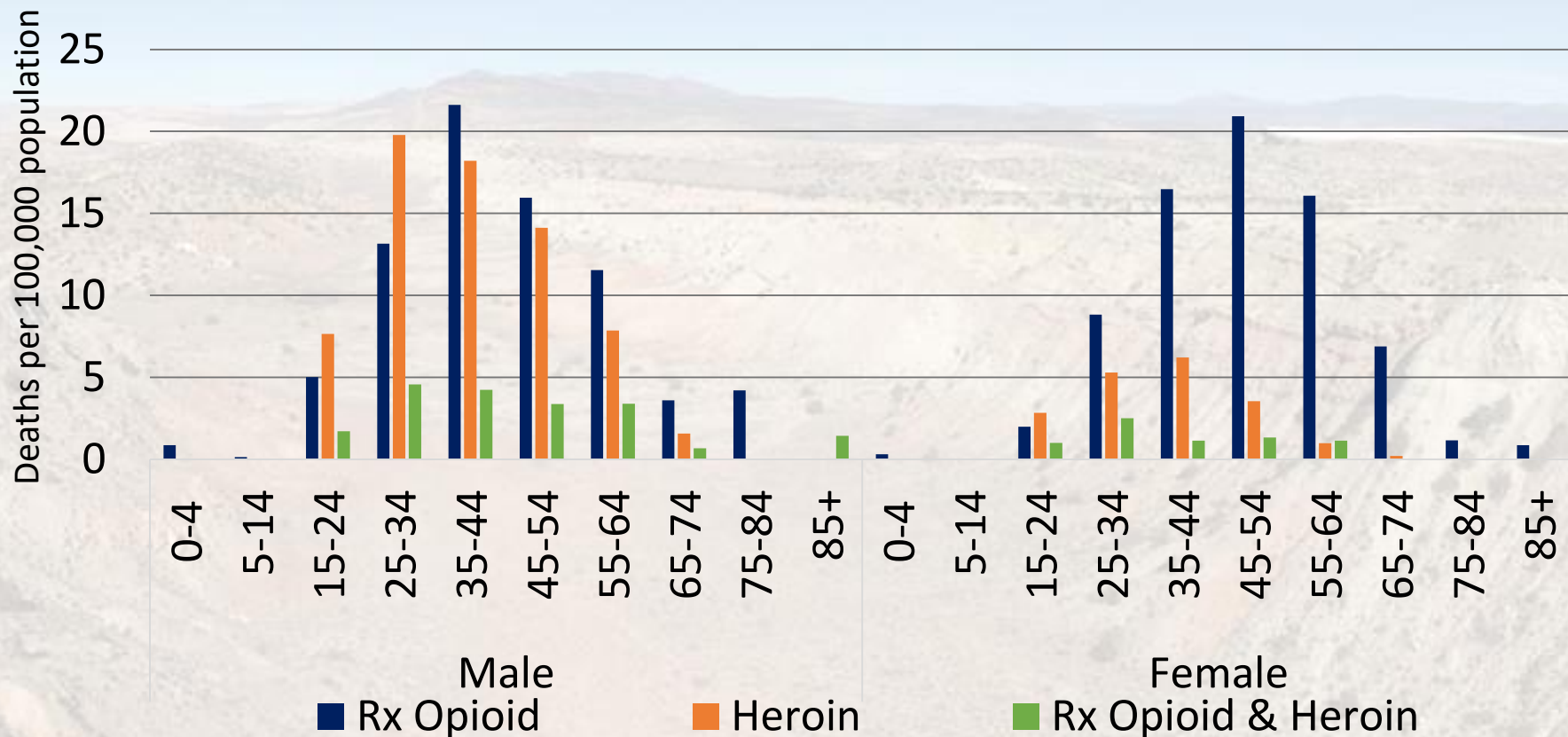


Source: NMDOH Bureau of Vital Records and Health Statistics



## Prescription Drug Information and Statistics

Drug Overdose Death Rates, by Selected Age, Sex and Drug Type, NM, 2012-2016

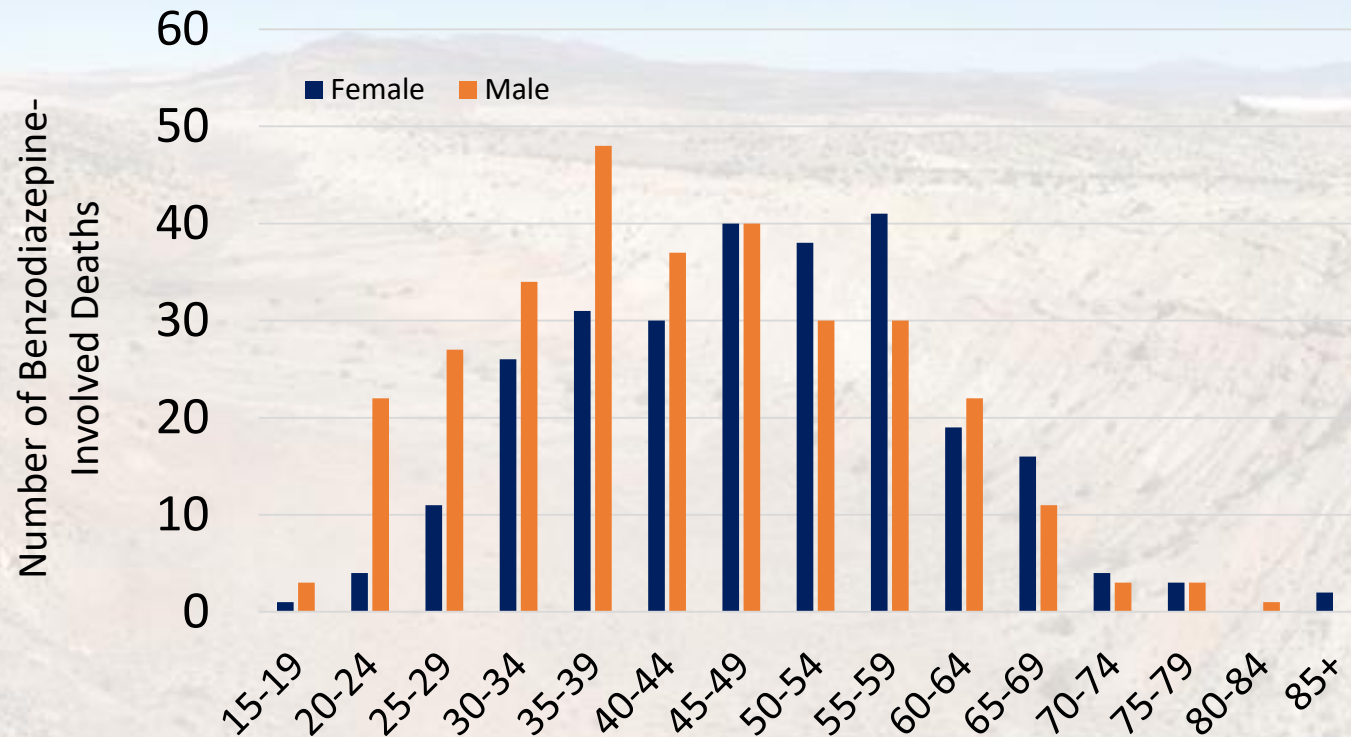


Drug Categories are mutually exclusive

Source: NM DOH Bureau of Vital Records and Health Statistics death date; UNM/GPS population estimates

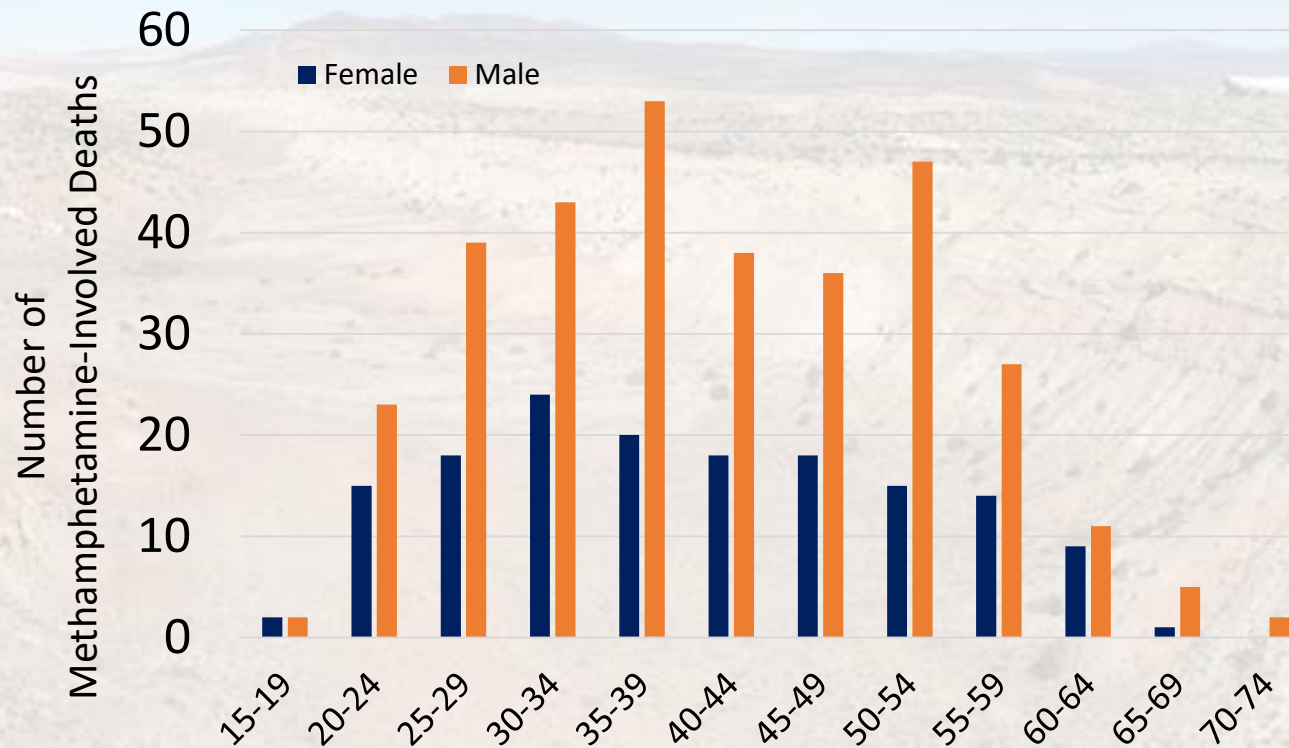
## Prescription Drug Information and Statistics

*Benzodiazepine-Involved Overdose Deaths, by Selected Age and Sex, NM, 2012-2016*



## Prescription Drug Information and Statistics

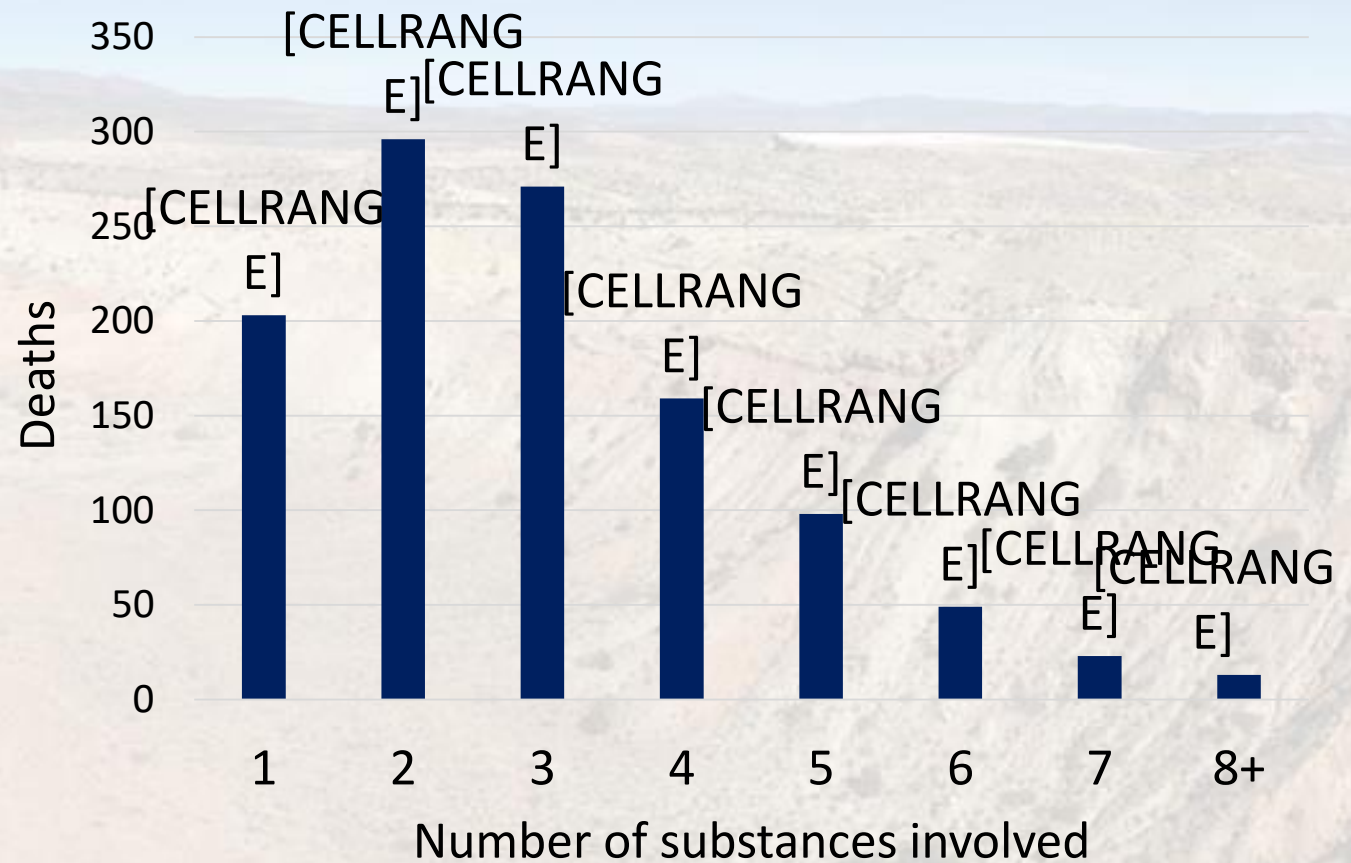
*Methamphetamine-Involved Overdose Deaths, by Selected Age and Sex, NM, 2012-2016*



## Prescription Drug Information and Statistics

Prescription Opioid Overdose Deaths by the Number of Substances Involved, NM, 2012-2016

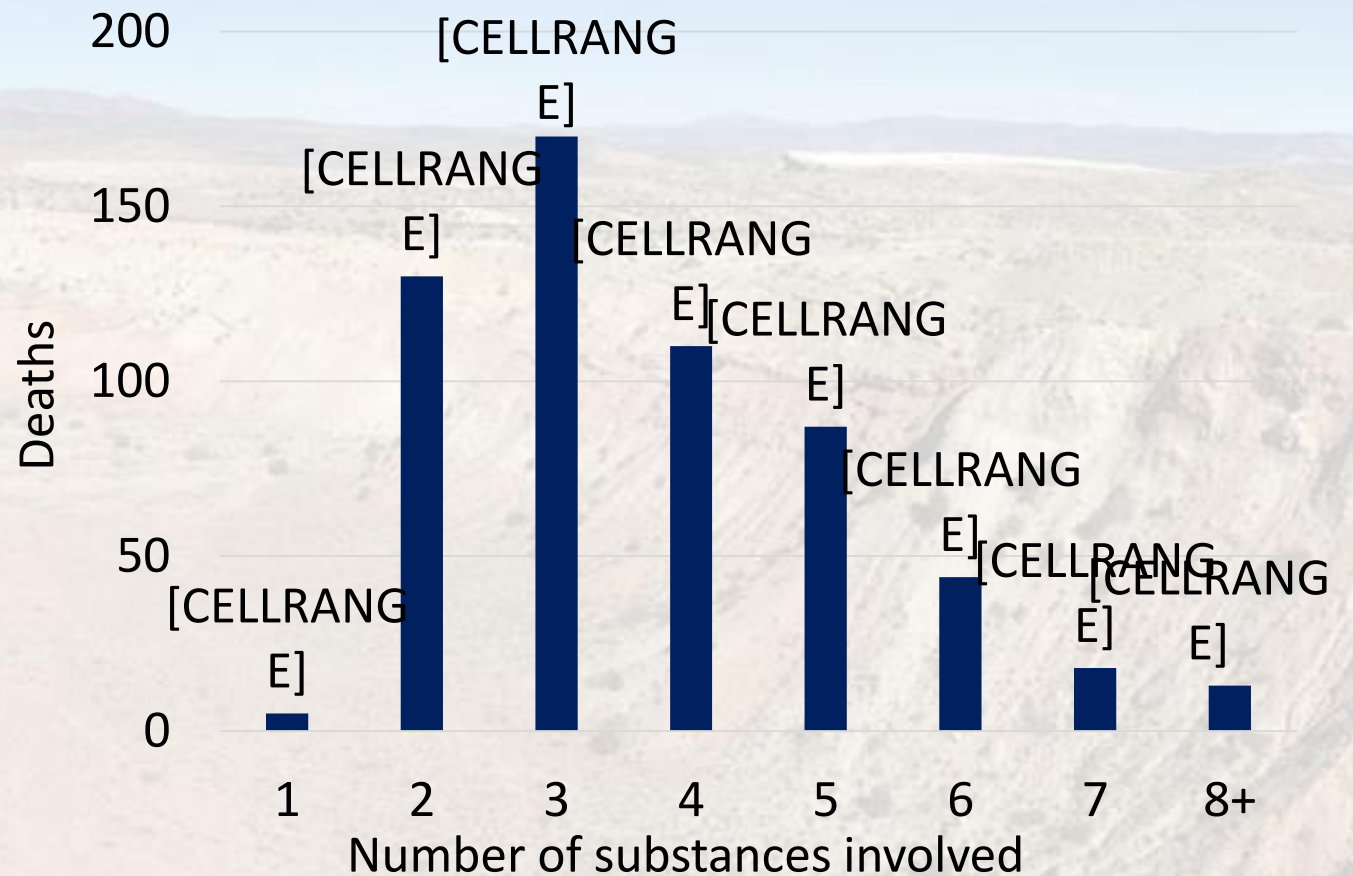
Other substances often involved with prescription opioid overdose deaths include benzodiazepines, alcohol, heroin and methamphetamine.



## Prescription Drug Information and Statistics

*Benzodiazepine Overdose Deaths by the Number of Substances Involved, NM, 2012-2016*

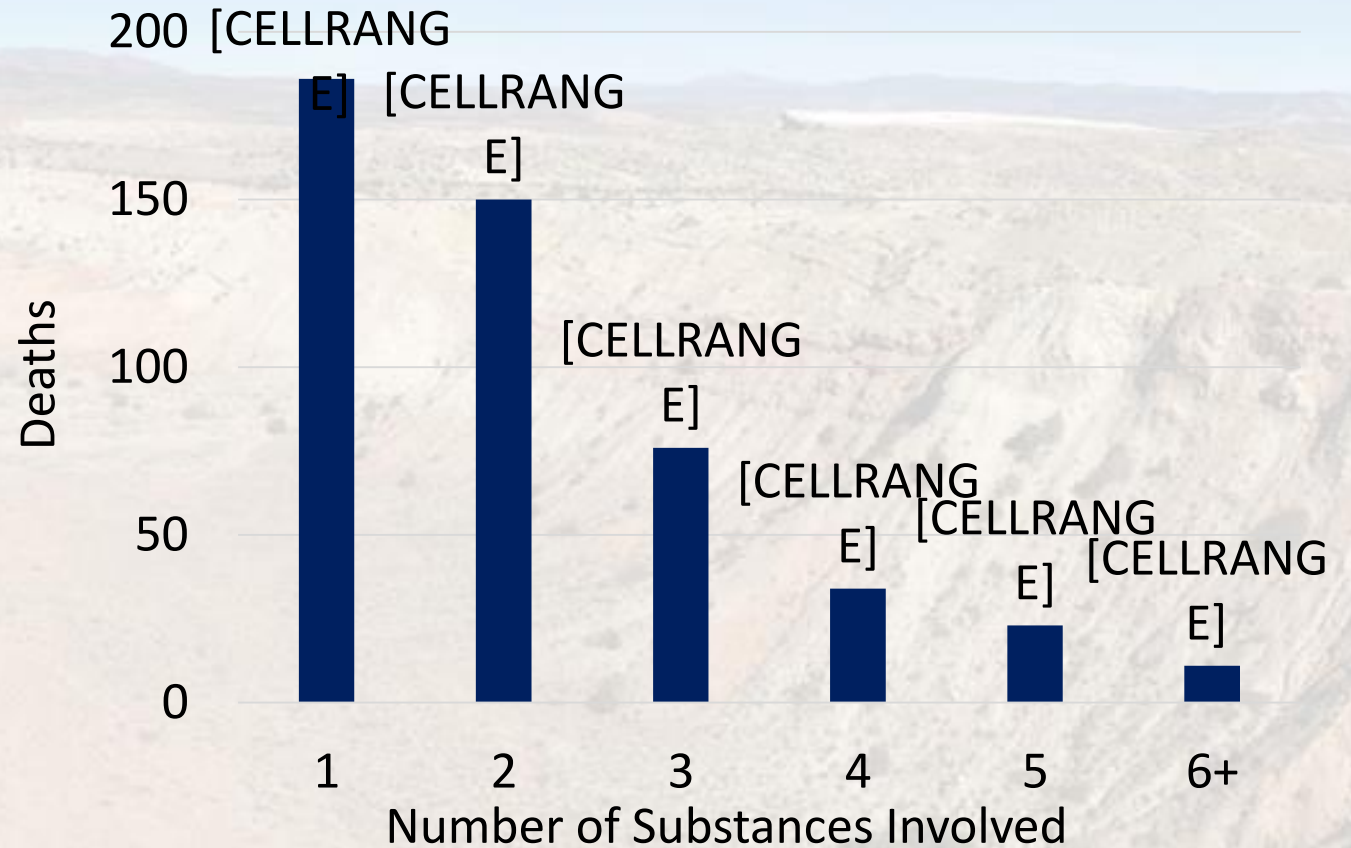
Other substances often involved with benzodiazepine overdose deaths include prescription opioids, alcohol, heroin and methamphetamine.



## Prescription Drug Information and Statistics

Methamphetamine Overdose Deaths by the Number of Substances Involved, NM, 2012-2016

Other substances often involved with methamphetamine overdose deaths include heroin, prescription opioids, alcohol, and benzodiazepines.



## *Prescription Drug Information and Statistics*

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### *Information Gained from PMP Reports*

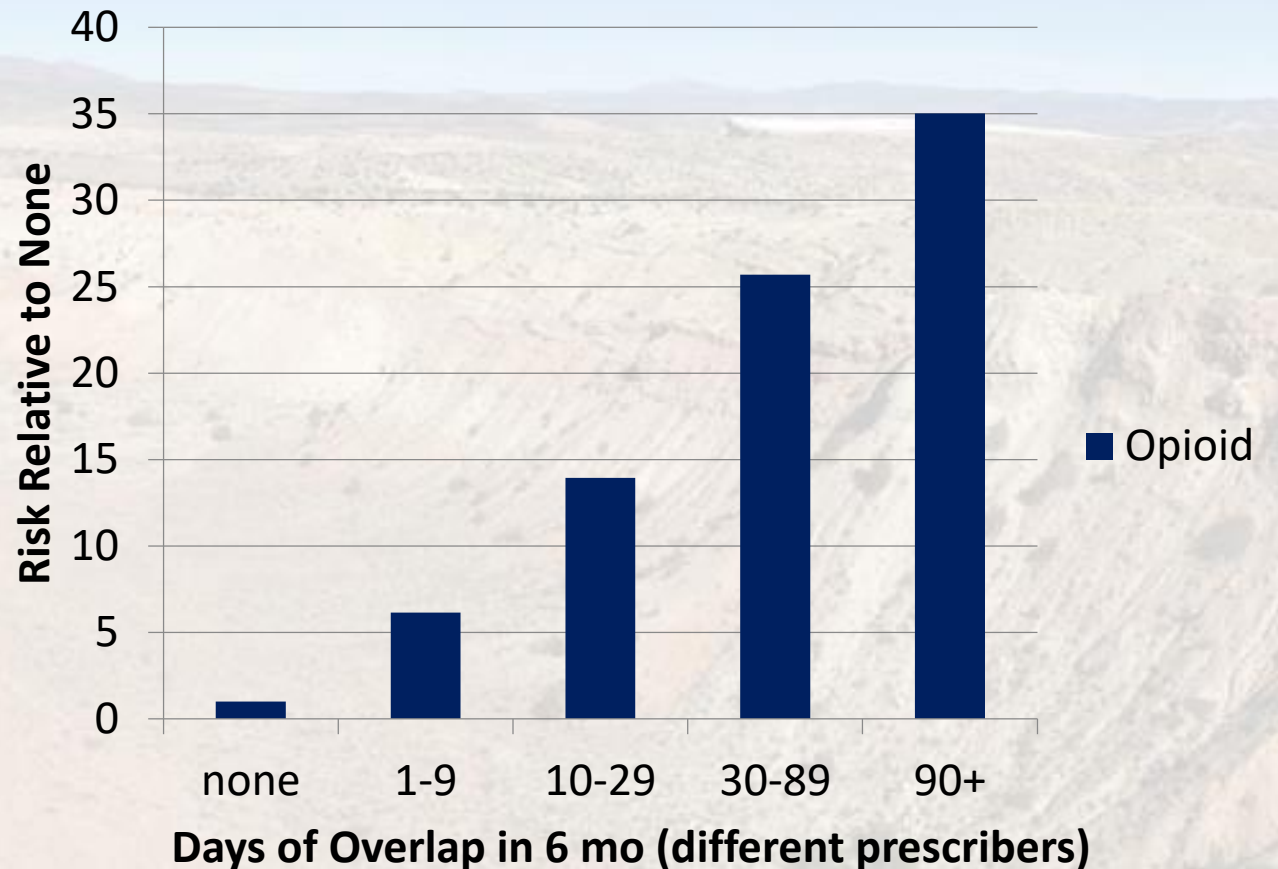
- Multiple providers and/or pharmacies
- Prescriptions obtained from nonlocal providers and/or pharmacies
- High doses of opioids
- Opioids in combination with other sedating substances (e.g. benzodiazepines)
- Early refill requests
- Cash payments when insurance is available

## Information Gained from PMP Reports

### Relative Risk of Prescription Opioid Overdose Death by Days of Overlap from Different Prescribers

The risk for a patient to die from an opioid overdose **increases** when a patient receives prescriptions from **multiple practitioners**. Examples include:

- Multiple opioids are prescribed
- Care is not coordinated or communicated with other providers
- Dangerous combinations of medications are prescribed





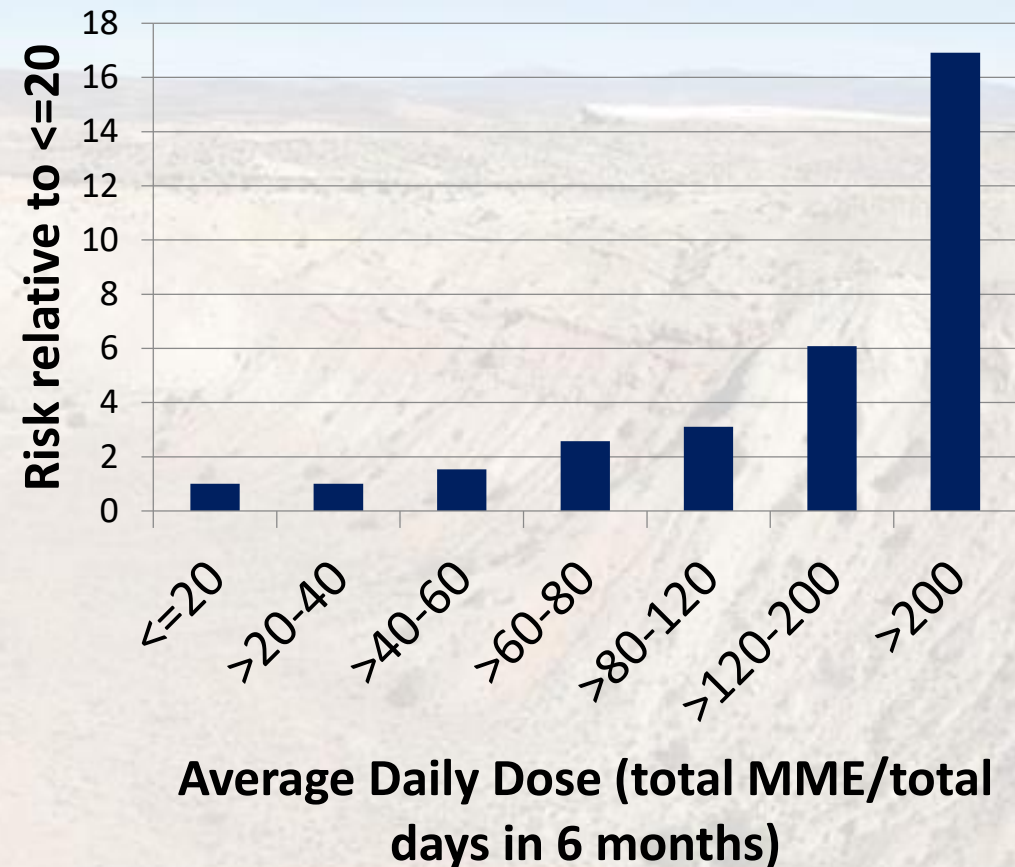
## Information Gained from PMP Reports

*Relative Risk of Prescription Overdose Death by Opioid Dose Level, 2007-2011*

The risk for a patient to die from an opioid overdose **increases** significantly as their **dose increases**.

- 3x greater risk at 80-120 MME/d\*
- 6x greater risk at 120-200 MME/d\*
- 17x greater risk at 200+ MME/d\*

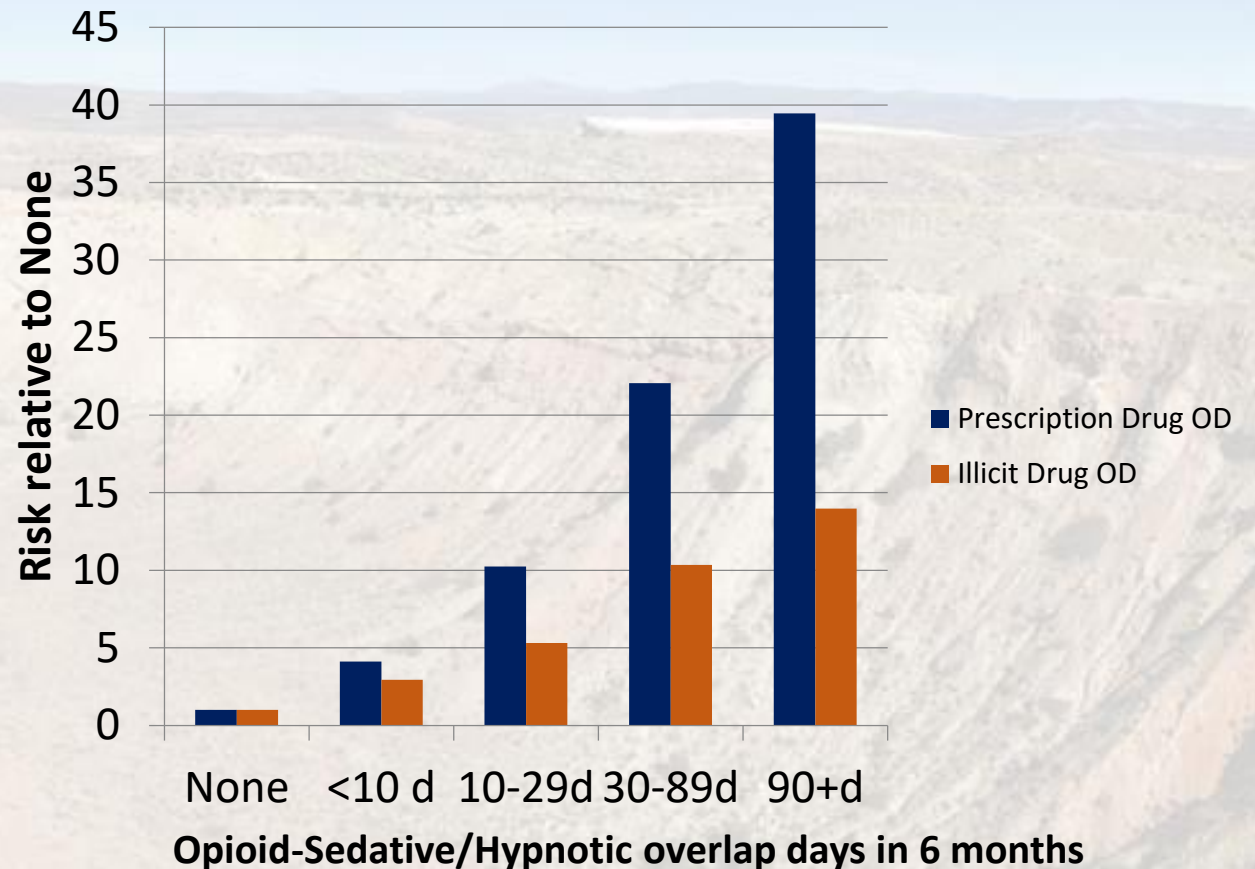
\*morphine milligram equivalent per day



## Information Gained from PMP Reports

*Relative Risk of Overdose Death with Opioid/Sedative-Hypnotic Overlap, NM, 2007-2011*

The risk for a patient to die from an overdose from an **opioid in combination with a sedative increases** significantly with more overlap.



## *NM BOP PMP Regulatory Facts*

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DENTISTRY (DENTISTS, DENTAL HYGIENISTS, ETC.)

[16.5.57 NMAC - MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES](#)

MEDICINE AND SURGERY PRACTITIONERS

[16.10.14 - NMAC MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES](#)

MIDWIVES

[16.11.2 NMAC - CERTIFIED NURSE MIDWIVES](#)

NURSING AND HEALTH CARE RELATED PROVIDERS

[16.12.9 NMAC - MANAGEMENT OF CHRONIC PAIN WITH CONTROLLED SUBSTANCES](#)

## *NM BOP PMP Regulatory Facts*

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### OPTOMETRIC PRACTITIONERS

[16.16.15 NMAC - MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES](#)

### OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS

[16.17.5 NMAC - PRESCRIBING AND DISTRIBUTION OF CONTROLLED SUBSTANCES](#)

### PHARMACISTS

[16.19.4 NMAC - PHARMACIST](#)

[16.19.20 NMAC - CONTROLLED SUBSTANCES](#)

[16.19.29 NMAC - CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM](#)

### PODIATRISTS

[16.21.9 NMAC - MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES](#)

## *New Mexico Department of Health*

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### *Quarterly Reports to Licensing Boards*

Data elements included on the Quarterly Report

- Total number of patients
- Total number of opioid patients
- Total opioid Morphine Milligram Equivalents (MME) filled
- Total number of benzodiazepine (BZD) patients
- Total BZD Diazepam Milligram Equivalents (DME) filled
- Percent of opioid patients with  $\geq 90$  MME/day
- Percent of opioid patients with  $\geq 90$  days of opioids in 6 months

## *New Mexico Department of Health*

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### *Quarterly Reports to Licensing Boards*

Data elements included on the Quarterly Report

- Percent of BZD patients with prescriptions  $\geq 30$  DME/day
- Percent of BZD patients with  $\geq 90$  days of BZDs in 6 months
- Percent of opioid patients with concurrent BZDs  $\geq 30$  days
- Controlled substance prescriptions per prescribing day, 3 months

## *New Mexico Department of Health*

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### *Quarterly Reports to Licensing Boards*

Data elements included on the Quarterly Report

- Percent of estimated required reports requested
- PMP reports required under Board rules (estimated)
- PMP reports requested on patients
- Percent of patients with a total of 5 or more practitioners or pharmacies in 6 months

## *New Mexico Department of Health*

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### *Prescriber Feedback Report (PFR)*

- Reports reflect top 1% of prescribers with 20 or more patients receiving controlled substances within 6 month period
- Individual practitioners receive their own PFR
  - MDs (63%)
  - Nurse practitioners or other advanced practice nurses (23%)
  - Osteopathic physicians or physician assistants (5%)
  - Dentists (5%)
  - Podiatrists, psychologists, pharmacist clinicians, or nurse midwives (all <2%)
- 2,924 NM prescribers with active accounts with the NM PMP received a PFR



## *New Mexico Department of Health*

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### *Prescriber Feedback Report (PFR)*

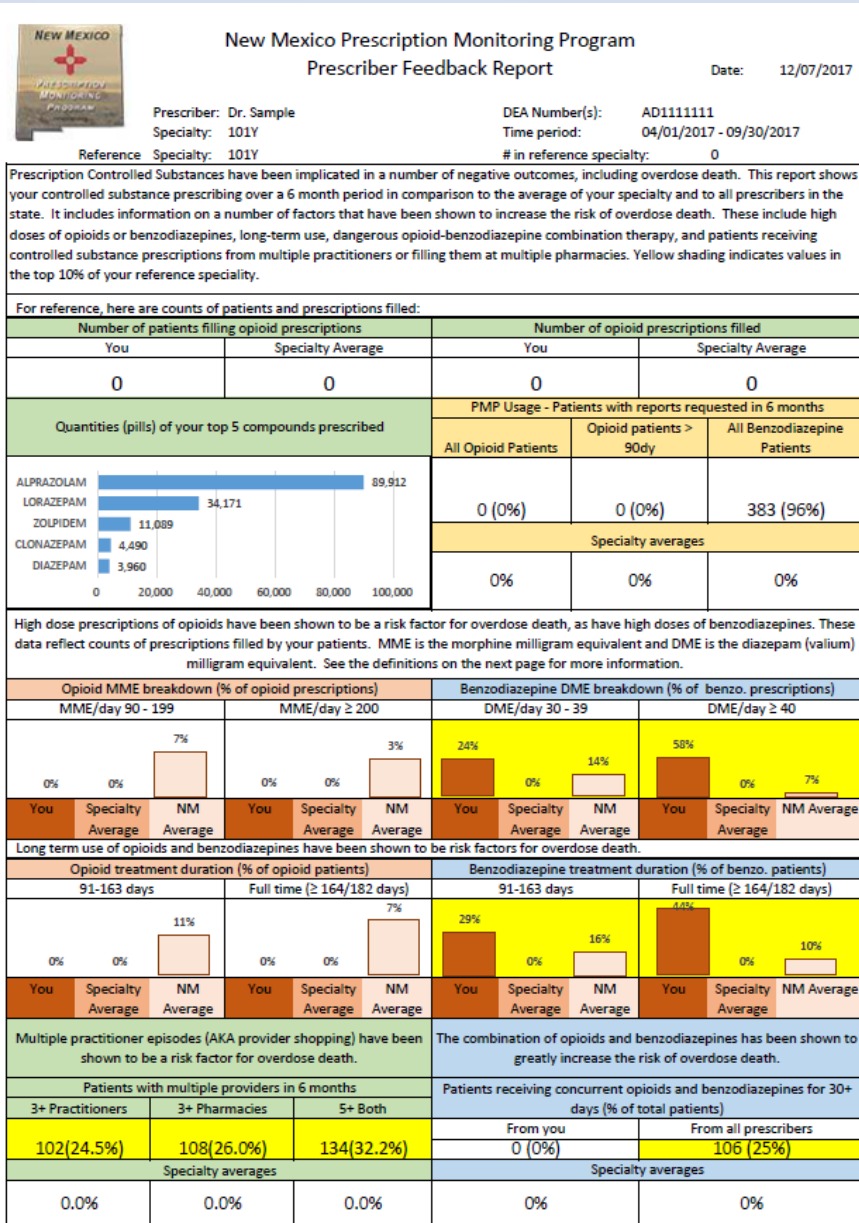
Data elements included on PFR

- High opioid doses
- Long term opioid patients
- High benzodiazepine (BZD) doses
- Long term BZD patients
- High volume of opioids and BZDs
- High volume prescribing
- Concurrent opioid and BZD therapy
- Multiple provider episodes
- No PMP use

# PRESCRIPTION MONITORING PROGRAM

## NEW MEXICO BOARD OF PHARMACY

SAMPLE REPORT



### PMP Prescriber Feedback Report

This report is intended to provide information on your controlled substance prescribing as reflected in the Prescription Monitoring Program (PMP). It is created using PMP data for the last 6 months, based on your patients who have filled a controlled substance prescription in the past 3 months. We hope you find it to be useful.

If sections of this report are highlighted in yellow, this indicates that you are in the top 10% of your specialty for the area highlighted. That is all it means. It does not necessarily mean that there is anything wrong with your practice. A lot of yellow on a report means that your practice does not look very much like other prescribers in your specialty, and you may want to request a PMP report on yourself to ensure that the information in the PMP is accurate.

**Note:** PMP usage data is not available for October and November 2016, which results in under-counting of PMP requests.

#### Definitions:

- Specialty – your specialty as reflected in the National Provider Index file, in broad groupings. Your specialty assignment is based on the information entered in the PMP and supplemented by information provided by the Centers for Medicaid & Medicare Services.
- Reference specialty – specialties with fewer than 20 practitioners with at least 20 controlled substance patients in NM were combined into other, similar specialties. The reference specialty is used to define specialty averages.
- Counts of prescriptions and patients are derived from the PMP. Pharmacies are required to report all controlled substance prescriptions filled within one business day. Prescriptions written but not filled are not tracked.
- MME – morphine milligram equivalent (also known as morphine equivalent dose or MED). Quantities of compounds of different strengths are converted to MME with standard factors and then combined.
- MME/day – total MME divided by the number of days covered by opioid prescriptions
- DME – diazepam (Valium) milligram equivalent, analogous to MME for benzodiazepines
- DME/day – total DME divided by the number of days covered by benzodiazepine prescriptions
- Specialty average – the average of all prescribers in the reference specialty with at least 20 patients filling controlled substance prescriptions in the last 3 months of the period.
- NM average – the average of all prescribers with at least 20 patients filling controlled substance prescriptions in the last 3 months of the period.
- Treatment duration – the total number of days covered by the prescription
- Quantities of the top 5 compounds reflect the sum of the number of units (e.g. pills or mL) dispensed across all prescriptions filled for each compound prescribed. The top 5 are selected based simply on the quantity.
- Concurrent prescriptions of opioids and benzodiazepines are determined by comparing spans of time covered by opioid prescriptions to spans of time covered by benzodiazepine prescriptions. The span of a prescription begins with the date it was filled and ends with the number of days indicated by the days' supply.
- PMP reports are those requested by you or assigned to you by a delegate. Percentages reflect all patients and do not account for licensing board rules on PMP usage. A low percentage of patients with reports requested does not necessarily imply noncompliance with the licensing board rules. Please note that if your delegate is not indicating that they are running a report for you when they run a PMP report, then that report will not be included in the percent.
- Patients with multiple providers are those who filled at least 6 prescriptions in 6 months and filled prescriptions from/at the indicated number of providers. Patients with 5 or more prescribers and pharmacies altogether are counted under "5+ both"

For more information about the PMP and this report, please see: <http://nmpmp.org>

If you have questions about this report or are concerned that it does not reflect your activity in the PMP, please contact the PMP Director at [Peter.Ryba@state.nm.us](mailto:Peter.Ryba@state.nm.us) or 505.222.9818.

The Prescription Monitoring Program is an important tool for patient care. Your licensing board rules require that you use it.

SAMPLE REPORT

## *New Mexico Department of Health*

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### *Prescriber Feedback Report (PFR)*

#### PFR Survey

- Five questions about their impressions of the PFR they received
- Three additional questions regarding their demographic and specialty information
- Survey responses are anonymous
- 337 NM prescribers responded to the survey

## *New Mexico Department of Health*

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### *Prescriber Feedback Report (PFR)*

#### PFR Survey Questions

- Having read your report, overall is the report useful to you?
- Does the report appear to accurately reflect your prescribing practices over the past six months?
- Please provide any comments you may have about the usefulness and accuracy of the report overall.
- Please indicate below which sections of the report you find useful or not. We will use this information to improve these reports.
- Is there anything else you would like to tell us about the report?

*New Mexico Department of Health*

*Prescriber Feedback Report (PFR)*

PFR Survey Results

	<b>Very Useful</b>	<b>Useful</b>	<b>Somewhat Useful</b>	<b>Not Very Useful</b>	<i>Totals</i>
<b>Very Accurate</b>	30.1%	15.2%	4.2%	1.5%	51.0%
<b>Somewhat Accurate</b>	14.6%	10.4%	8.4%	1.2%	34.6%
<b>Not Very Accurate</b>	0.6%	1.5%	1.5%	2.4%	6.0%
<b>Not Sure</b>	2.1%	2.7%	1.8%	1.8%	8.4%
<i>Totals</i>	47.5%	29.9%	15.8%	6.9%	100.0%

## *New Mexico Department of Health*

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### *Prescriber Feedback Report (PFR)*

#### PFR Survey Results

- 72.7% of survey respondents added free text responses
- Over half were “positive”
  - Suggested changes to PFR
  - Questions for the Board of Pharmacy
- Less than a third were “critical”
  - Issues with the specialty category, which did not include oncologists as a separate category
  - Practicing more than one specialty or had changed specialties

## *New Mexico Department of Health*

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### *Prescription Drug Overdose in New Mexico (Quarterly Report)*

- Available online at <https://nmhealth.org/data/substance/>
- Incorporates data from:
  - NM PMP
  - NM Human Services Department, State Opioid Treatment Authority
  - NM Medicaid
  - US DEA Diversion Control Division
  - Other NM DOH Programs

*Questions?*

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