United States Department of Justice
Office of Justice Programs
Bureau of Justice Assistance

Prescription Drug Monitoring Programs:
Frequently Asked Questions on Performance Measures

February 27, 2008

Q: Why do we have to report on program performance?

A: The Government Performance Results Act (GPRA) requires all Federal agencies to develop a mission statement and a set of related goals and objectives. Progress toward these goals and objectives must be monitored and should be linked to measurements taken at the program level. A related process mandated by the Office of Management and Budget (OMB) involves a review of the clarity with which program objectives have been stated, the thoroughness with which program implementation has been monitored, and the success with which program objectives have been achieved. The Program Assessment Rating Tool (PART) is used for this purpose.

Q: Where do the measures come from?

A: Over the past two years a group of state representatives and Bureau of Justice Assistance (BJA) consultants have worked together to develop performance measures for Prescription Drug Monitoring Programs (PDMPs). The scheme that has been adopted is consistent with federal reporting requirements mandated by GPRA and associated with completion of the PART. Measures were developed in each of four areas:

- **Inputs** are the ingredients of the system that allow it to do its work. Training is a very important input, and measures in this area therefore relate to training of prescribers, dispensers and individuals authorized to conduct investigations.

- **Outputs** are the actual work performed by the system. The solicited and unsolicited reports generated by the PDMP are essential to its success. In this area measures therefore relate to solicited and unsolicited reports provided to prescribers, dispensers, and individuals authorized to conduct investigations.

- **Outcomes** are the immediate effects attributable to the system. There are many possible outcomes, but for now the focus is on consumers who fill prescriptions in a manner that may indicate inappropriate use of prescription drugs. Measures therefore relate to the number of individuals who exceed each of several thresholds, and to the number of doses of drugs associated with these individuals.

- **Impacts** are the ultimate results that the system seeks to achieve. The principal impact measure that has been proposed is the rate at which members of the general population use prescription drugs inappropriately. This will be provided by the National Survey on Drug Use and Health (NSDUH) and will place no additional burden on the state.

Q: How do you define "prescribers", "dispensers" and "individuals authorized to conduct investigations"?

A: Prescribers and dispensers are individuals licensed by the Drug Enforcement Administration to prescribe or dispense controlled substances. Individuals authorized to conduct investigations are typically sworn law enforcement officers but may include members of a state regulatory board as well.

Q: What do you mean by solicited and unsolicited reporting?

A: PDMP operations differ across states. In some cases the program is reactive in nature generating *solicited* reports only in response to a specific inquiry made by a prescriber, dispenser, or other party with appropriate authority. In other states the program is proactive in nature, identifying and investigating cases, and generating *unsolicited* reports when it deems that this is warranted.

Q: Why do we have to report on prescription data within the four drug categories that you define?

A: Categorizing drugs as "pain relievers", "tranquilizers", "stimulants" and "sedatives" will allow relationships to be examined between your responses and population prevalence rates for non-medical use of prescription drugs as estimated by the NSDUH.

Q: What drugs belong in each of these four categories?

A: Generally narcotic analgesics are pain relievers, benzodiazepines are tranquilizers, amphetamines are stimulants and barbiturates are sedatives. More specifically:

- **Pain relievers** includes all narcotic analgesics: buprenorphine (Buprenex®); codeine (Tylenol with Codeine®); dextropropoxyphene (Darvocet®, Darvon®); hydrocodone (Hycomine®, Lorcet®, Lortab®, Lortab ASA®, Vicodin®, Vicoprofen®); hydromorphone (Dilaudid®, Palladone®); meperidine (Demerol®, Mepergan®); morphine (MS-Contin®, Oramorph SR®, MSIR®, Roxanol®, Kadian®, RMS®); methadone (Dolophine®); oxycodone (OxyContin®, OxyIR®, Percocet®, Percodan®, Tylex®); and pentazocine (Talacen®, Talwin®, Talwin Nx®).

- **Tranquilizers** includes longer-acting benzodiazepines, chlordiazepoxide and meprobromate: alprazolam (Xanax®), chlordiazepoxide (Librium®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), halazepam (Paxipam®), lorzepam (Ativan®), oxazepam (Serax®), prazepam (Centrax®), quazepam (Doral®); chlordiazepoxide (Librium®, Limbitrol®); and meprobromate (Miltown®, Equanil®).

- **Stimulants** includes all amphetamines, methylphenidate and anorectics: amphetamine (Adderall®, Biphetamine®, Dexedrine®, Dextrostat®), methamphetamine (Desoxyn®); methylphenidate (Concerta®, Methylin®, Provigil®, Ritalin®); benzphetamine (Didrex®), diethylproprion (Tenuate®, Tepanil®), mazindol (Sanorex®, Mazanor®), phendimetrazine (Bontril®, Plegine®, Prelu-27®), and phentermine (Ionamin®, Lonamin®, Fastin®, Adipex®).

- **Sedatives** includes all barbiturates, chloral hydrate, and shorter-acting benzodiazepines: amobarbital (Amytal(®), aprobarbital (Alurate®), butabarbital (Butisol®,Tuinal®), butalbital (Fiorina®), mephobarbital (Mebaral®), methohexital (Brevital®), pentobarbital (Nembutal®), phenobarbital (Luminal®), secobarbital (Seconal®), talbutal (Lotusate®), thiamyl (Surital®), thiopental (Pentothal®); chloral hydrate, (Aquachloral®, Noctec®); estazolam (ProSom®), flurazepam (Dalmane®), temazepam (Restoril®), triazolam (Halcion®); zolpidem (Ambien®) and zaleplon (Sonata®).

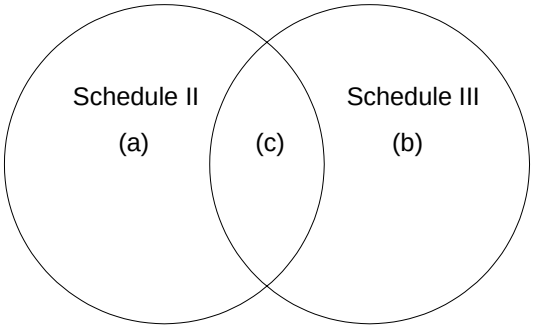
Q: Why do we have to report on the prescription measures three times: once for Schedule II, once for Schedule II or III, and once for Schedule II, III or IV?

A: Not all states regulate all controlled substances. We structure reporting in this way so that we can make comparisons among states that have similar coverage.

When we ask about the number of individuals who filled prescriptions for Schedule II drugs then only the number of individuals who filled prescriptions for Schedule II drugs should be reported. Selection code should be written as "Schedule =II."

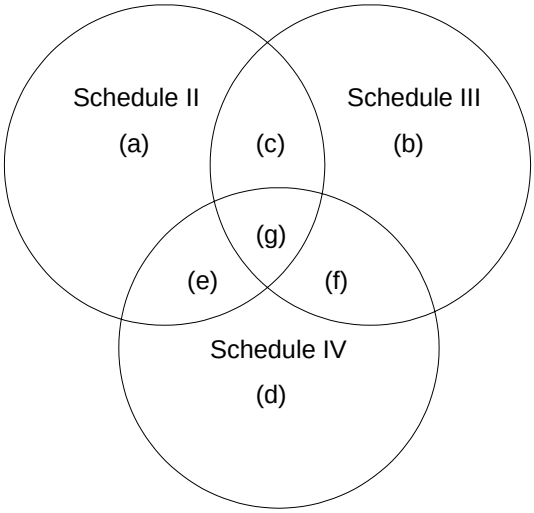
When we ask about the number of individuals who filled prescriptions for Schedule II or III drugs then a sum should be reported as depicted in Figure 1: (a) the number of individuals who filled prescriptions for Schedule II drugs only + (b) the number of individuals who filled prescriptions for Schedule III drugs only + (c) the number of individuals who filled prescriptions for both Schedule II and III drugs. Selection code should be written as "Schedule = II OR Schedule = III."

Figure I
Number of individuals who filled prescriptions for Schedule II or III drugs



When we ask about the number of individuals who filled prescriptions for Schedule II, III or IV drugs then a sum should be reported as depicted in Figure 2: (a) the number of individuals who filled prescriptions for Schedule II drugs only + (b) the number of individuals who filled prescriptions for Schedule III drugs only + (c) the number of individuals who filled prescriptions for Schedule II and III (but not IV) drugs + (d) the number of individuals who filled prescriptions for Schedule IV drugs only + (e) the number of individuals who filled prescriptions for Schedule II and IV (but not III) drugs + (f) the number of individuals who filled prescriptions for Schedule III and IV (but not II) drugs + (g) the number of individuals who filled prescriptions for Schedule II, III and IV drugs. Selection code should be written as "Schedule = II OR Schedule = III OR Schedule = IV."

Figure 2
Number of individuals who filled prescriptions for Schedule II, III or IV drugs



Q: And then the information on prescriptions has to be broken down by drug?

A. Yes. For convenience prescription drugs are classified by type (pain relievers, tranquilizers, stimulants and sedatives) and schedule in Tables I – IV below.

Table I: Pain Relievers

Drug	Schedule II	Schedule III	Schedule IV	Schedule V
buprenorphine				x
Buprenex®				x
codeine	x			
Tylenol with Codeine®		x		
dextropropoxyphene	x			
Darvocet®			x	
Darvon®			x	
fentanyl	x			
Actiq®	x			
Duragesic®	x			
Oralet®	x			
Sublimaze®	x			
hydrocodone	x			
Hycomine®		x		
Lorcet®		x		
Lortab®		x		
Lortab ASA®		x		
Vicodin®		x		
Vicoprofen®		x		
hydromorphone	x			
Dilaudid®	x			
Palladone®	x			
meperidine	x			
Demerol®	x			
Mepergan®	x			
methadone	x			
Dolophine®	x			
morphine	x			
Kadian®	x			
MS-Contin®	x			
MSIR®	x			
Oramorph SR®	x			
RMS®	x			
Roxanol®	x			
oxycodone	x			
OxyContin®	x			
OxyIR®	x			
Percocet®	x			
Percodan®	x			
Tylox®	x			
pentazocine			x	
Talacen®			x	
Talwin®			x	
Talwin Nx®			x	

Table II: Tranquilizers

Drug	Schedule II	Schedule III	Schedule IV	Schedule V
alprazolam			x	
Xanax®			x	
chlordiazepoxide			x	
Librium®			x	
Limbitrol®			x	
clonazepam			x	
Klonopin®			x	
clorazepate			x	
Tranxene®			x	
diazepam			x	
Valium®			x	
halazepam			x	
Paxipam®			x	
lorazepam			x	
Ativan®			x	
oxazepam			x	
Serax®			x	
prazepam			x	
Centrax®			x	
quazepam			x	
Doral®			x	
meprobamate			x	
Equanil®			x	
Miltown®			x	

Table III: Stimulants

Drug	Schedule II	Schedule III	Schedule IV	Schedule V
amphetamine	x			
Adderall®	x			
Biphetamine®	x			
Dexedrine®	x			
Dextrostat®	x			
benzphetamine		x		
Didrex®		x		
diethylpropion			x	
Tenuate®			x	
Tepanil®			x	
mazindol		x		
Mazanor®			x	
Sanorex®			x	
methamphetamine	x			
Desoxyn®	x			
methylphenidate	x			
Concerta®	x			
Methylin®	x			
Ritalin®	x			
phendimetrazine		x		
Bontril®		x		
Plegine®		x		
Prelu-27®		x		
phentermine			x	
Adipex®			x	
Fastin®			x	
Ionamin®			x	
Lonamin®			x	

Table IV: Sedatives

Drug	Schedule II	Schedule III	Schedule IV	Schedule V
amobarbital	x			
Amytal®	x			
Tuinal®	x			
aprobarbital		x		
Alurate®		x		
butabarbital		x		
Butisol®		x		
butalbital		x		
Fiorina®		x		
chloral hydrate			x	
Aquachloral®			x	
Noctec®			x	
estazolam			x	
ProSom®			x	
flurazepam			x	
Dalmane®			x	
mephobarbital			x	
Mebaral®			x	
methohexital			x	
Brevital®			x	
pentobarbital	x			
Nembutal®	x			
phenobarbital			x	
Luminal®			x	
secobarbital	x			
Seconal®	x			
talbutal		x		
Lotusate®		x		
temazepam			x	
Restoril®			x	
thiamylal		x		
Surital®		x		
thiopental		x		
Pentothal®		x		
triazolam			x	
Halcion®			x	
zaleplon			x	
Sonata®			x	
zolpidem			x	
Ambien®			x	

Q: Where do the thresholds identified for doctor shopping come from?

A: They were defined arbitrarily by stakeholders. The same threshold values are used for states with Schedule II only, Schedule II-III only and Schedule II-IV systems. Under this scenario the number of individuals scoring above threshold will increase as the system becomes more inclusive. But it will allow all states to be compared relative to Schedule II behavior, a smaller number to be compared relative to Schedule II-III behavior and a smaller number still to be compared relative to Schedule II-IV behavior.

Q. Is there a crosswalk between the drug types and National Drug Codes (NDCs)?

A. We have not constructed the crosswalk or developed software for extracting our performance measures from prescription records that make use of NDCs. But we will complete these tasks under our technical assistance program upon request.

Q: So BJA plans on providing training and technical assistance on performance measures to its grantees?

A. Yes. BJA maintains a comprehensive technical assistance program on performance measures that includes basic (remote and on-site consultation) and advanced (statistical programming, data analysis, and report generation) support. These services may be accessed by contacting Rebecca.Rose@usdoj.gov (phone 202-514-0726).