National Association of Boards of Pharmacy

DEA 2012 National Conference

Current Status of Prescription Monitoring Programs

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Government Affairs Manager
November 14, 2012

Overview

- Prescription Monitoring Programs

- PMP InterConnect

- Leveraging technology to increase PMP usage

- NARxCheck

National Association of Boards of Pharmacy (NABP)

- 501(c)(3) Charitable and Educational Organization
  - since 1904
- Members are the state boards of pharmacy for 50 states, District of Columbia, and US territories
  - Boards regulate the practice of pharmacy-laws/regulations
  - Boards license pharmacists, pharmacy technicians, pharmacies, other facilities that handle prescription drugs (varies state to state)
  - Disciplinary actions for violations of law/regulation
- Mission to assist our members in public protection
  - License transfer program, examinations, and accreditations

NABP®

Examination Programs:

Accreditation Programs:
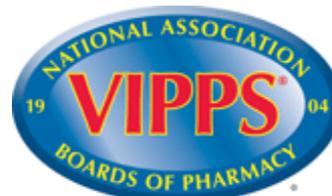
Other Programs:

What are Prescription Monitoring Programs

- Collect dispensing data for Schedule II-V controlled substances into a central statewide database for use in preventing diversion and abuse by "doctor and pharmacy shopping"

- Effective tool in curtailing drug abuse and diversion while ensuring access to controlled substance to patients with a legitimate medical need.

- Mostly used by physicians and pharmacists, also by regulators and law enforcement in some states

- States may differ in the drugs that must be reported, frequency that pharmacies/dispensers must report, and who can access the database

National Strategy to Reduce Rx Drug Abuse 4 major areas:

- Education

- **Monitoring. Implement prescription drug monitoring programs (PDMPs) in every state to reduce "doctor shopping" and diversion, and enhance PDMPs to make sure they can share data across states and are used by healthcare providers.**

- Proper Medication Disposal

- Enforcement. Provide law enforcement with the tools necessary to eliminate improper prescribing practices and stop pill mills.

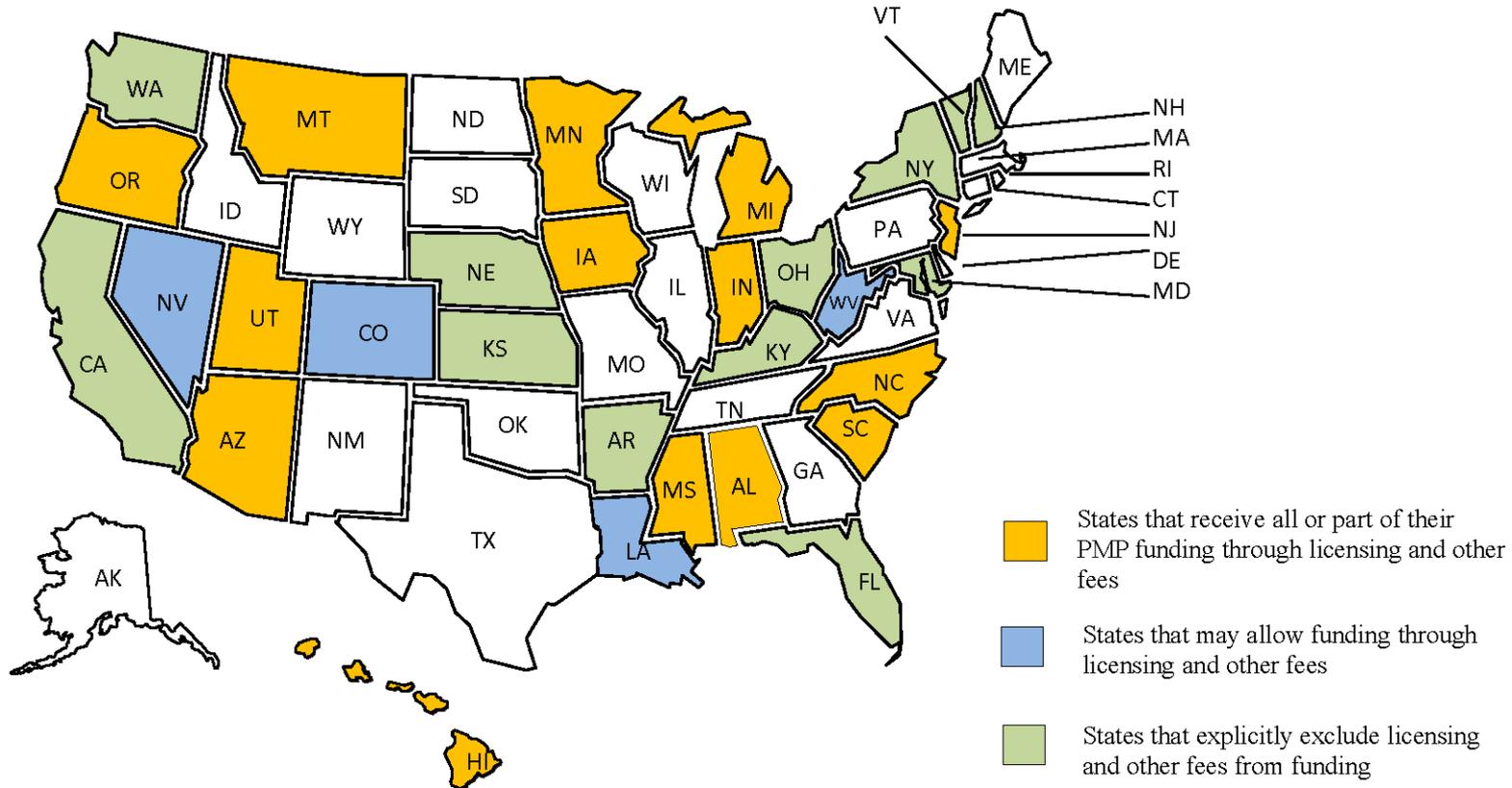# Prescription Monitoring Programs: National Landscape

- 43 states/jurisdictions have functional PMPs or are at least collecting data

- 8: AR, DC, GA, GU, MD, MT, WI, NH – gearing up to implement

- 2: DC and MO – no authorizing legislation but both are close

- Where the PMPs are housed:

    - 18 Health/Substance Abuse/Consumer Protection

    - 26 Board of Pharmacy/Professional Licensing

    - 7 Law Enforcement
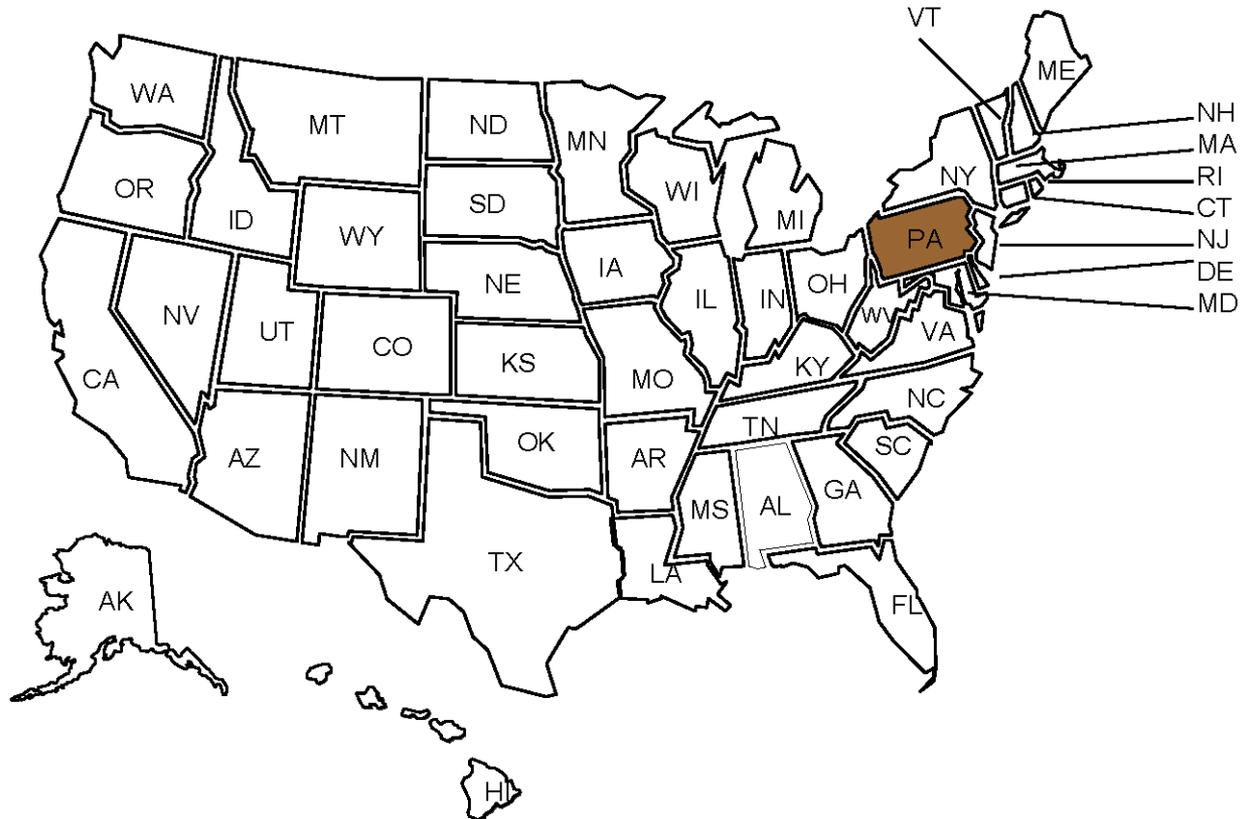
Status of State Prescription Drug Monitoring Programs (PDMPs)

WA

MT

ND

MN

VT

ME

OR

ID

SD

WI

NY

NH
MA
RI
CT
NJ
DE
MD

WY

IA

MI

PA

NE*

NV

UT

CO

KS

IL

IN

OH

WV

VA

CA

MO

KY

NC

AZ

NM

OK

AR

TN

SC

MS

AL

GA

TX

LA

FL

AK

HI

States with operational PDMPs

States with enacted PDMP legislation, but program not yet operational

States with legislation pending

*The operation of Nebraska's Prescription Monitoring Program is currently being facilitated through the state's Health Information Initiative. Participation by patients, physicians, and other health care providers is voluntary.

States That Mandate The Use of an Advisory Committee, Council, Task Force, or Working Group

[1] Kentucky has created an advisory council to recommend guidelines for use of the state PMP program by executive order of the Governor.

[2] New York has created a work group for guidance in implementation of the I-STOP program through the existing pain medication awareness program work group.

[3] Vermont had an advisory committee which ceased to exist on July 1, 2012 by statute.

Breakdown of Housing Entities[1]

Legend:
- Health Departments, Single State Authority or Boards of Pharmacy
- Law Enforcement Agencies
- Board of Pharmacy and Investigation Division of the Department of Public Safety
- Professional Licensing
- Department of Consumer Protection
- Narcotic and Drug Agency at the direction and oversight of the Board of Pharmacy

[1] This information is based on the agency the PMP statute or regulation indicates is required to establish the PMP.

This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives

Funding Provisions of Prescription Monitoring Programs*

Legend:

- States that receive all or part of their PMP funding through licensing and other fees
- States that may allow funding through licensing and other fees
- States that explicitly exclude licensing and other fees from funding

* This information is derived from the state PMP statutes and does not include any information that might be found in the state licensing statutes.

This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives

Prescription Drug Monitoring Programs
States With Authority to Monitor Schedule II Substances

Prescription Drug Monitoring Programs
States With Authority to Monitor Schedule II & III Substances

Prescription Drug Monitoring Programs
## States With Authority to Monitor Schedule II, III and IV Substances

*Iowa's PDMP monitors Schedule III and IV substances that the advisory council and the Board of Pharmacy determine can be addictive or fatal if not taken under the proper care or direction of a prescribing practitioner.

This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives

Prescription Drug Monitoring Programs
# States With Authority to Monitor Schedule V Substances
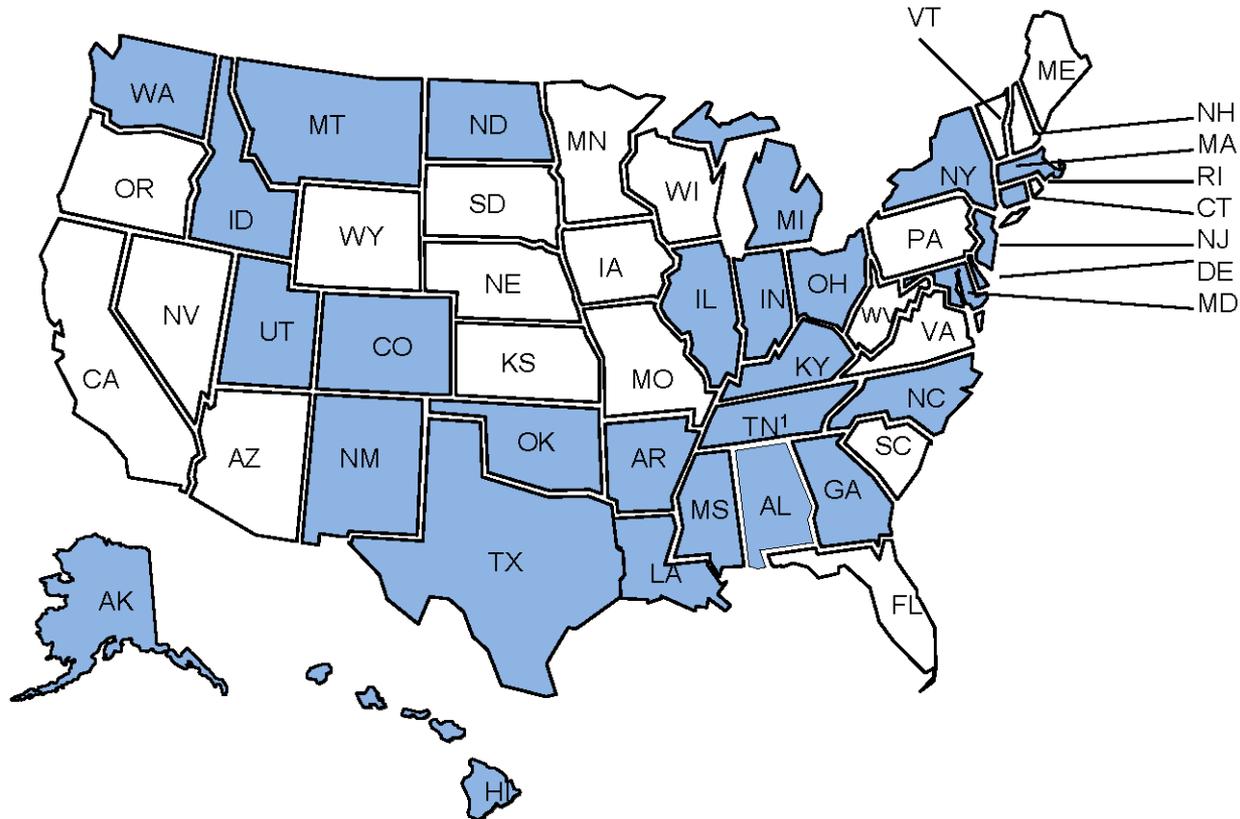
[1]Tennessee's law authorizes the monitoring of Schedule V substances which have been identified by the controlled substances database advisory committee as demonstrating a potential for abuse.

Prescription Drug Monitoring Programs
States With Authority to Monitor Non-controlled/Non-Scheduled Substances
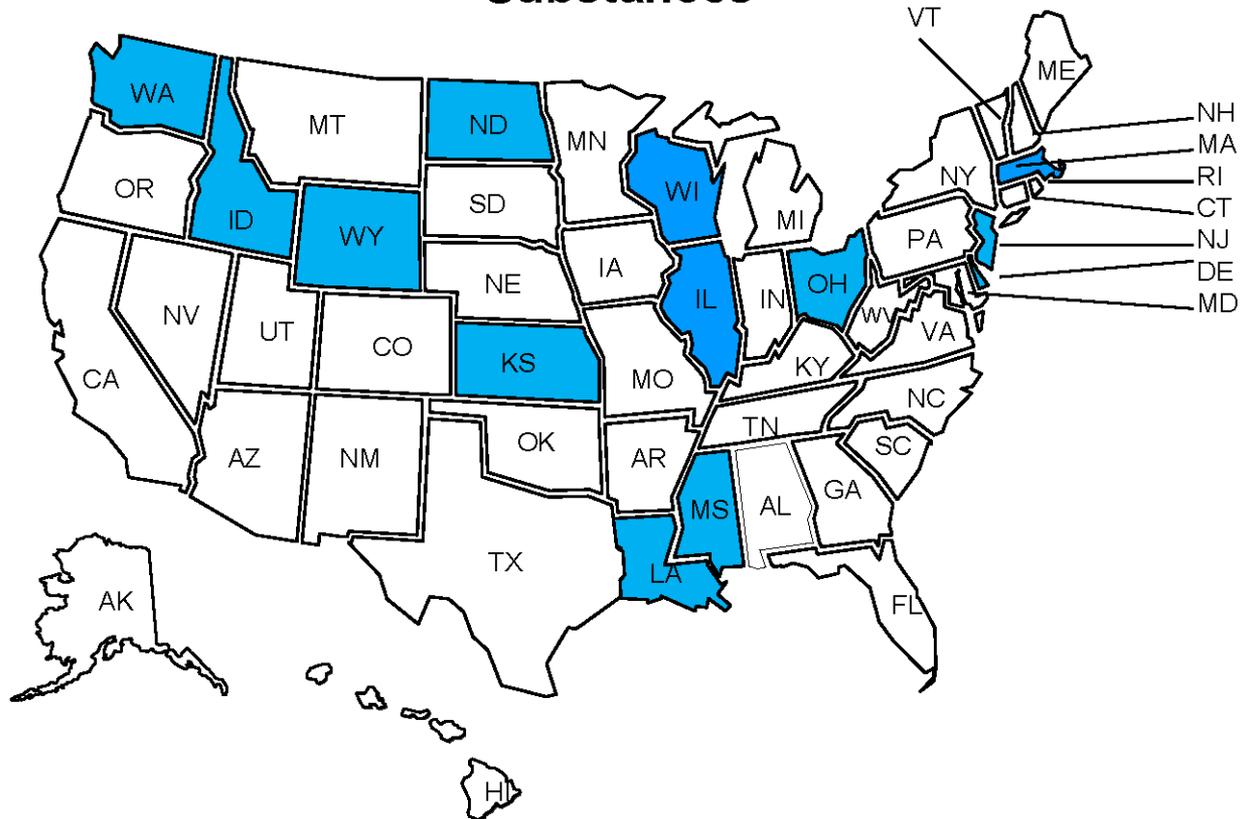

Please note that although a state may have statutory authority to monitor Non-controlled/Non-Scheduled substances, that state may not currently be monitoring prescriptions for such substances and may in fact require implementation of additional regulations before that monitoring can commence.

States that Require Prescribers and Dispensers to Notify Consumers That Their PMP Information May Be Accessed
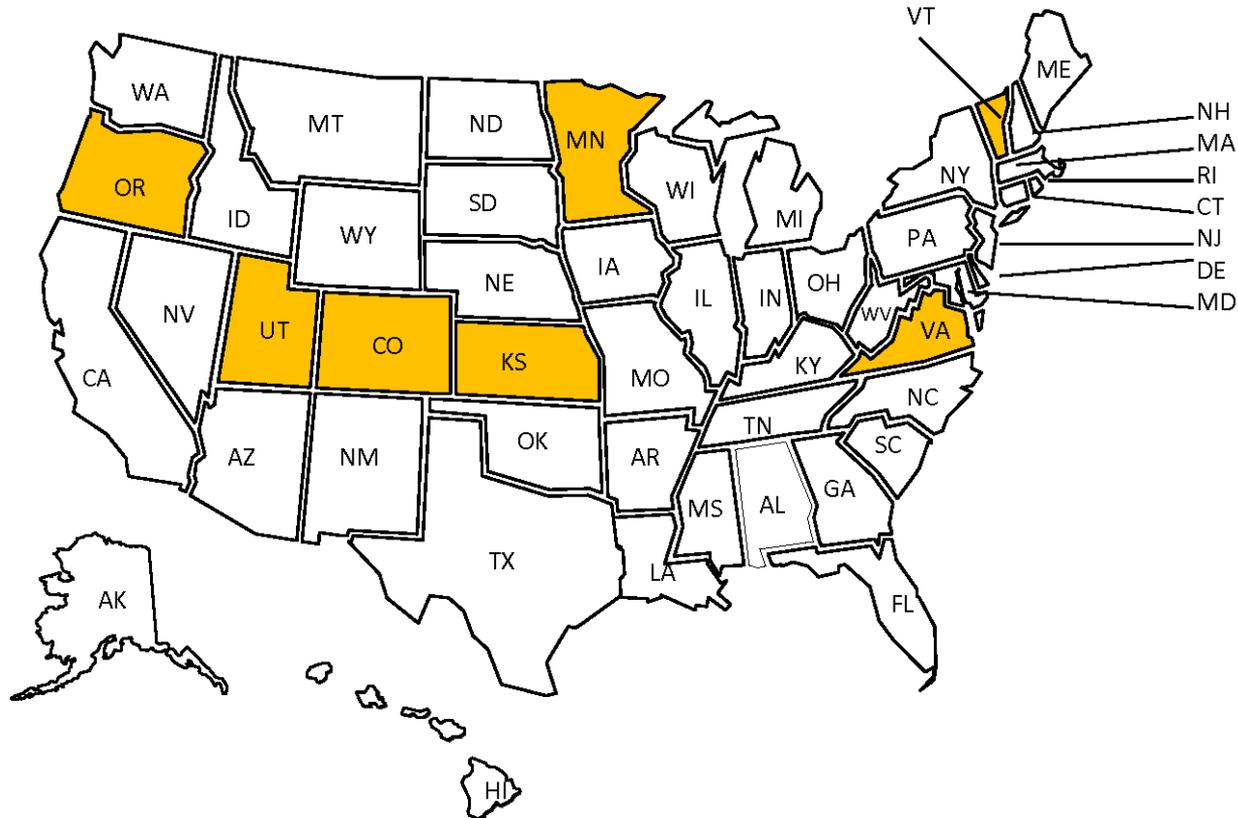
States that Require Authorized Users to Undergo Training for Use of PMP

Legend:

- Authorized users with direct access to the PMP
- Law enforcement officials only
- Employees of the Cabinet for Health and Family Services only
- Duly authorized representatives of law enforcement, the attorney general's office, licensing boards, and select state boards only. Beginning January 1, 2013, pharmacists will also be required to undergo training.

[1] Law enforcement officials in Vermont do not have access to the PMP, but must undergo training before being allowed access to PMP data provided to them by licensing boards.

This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives

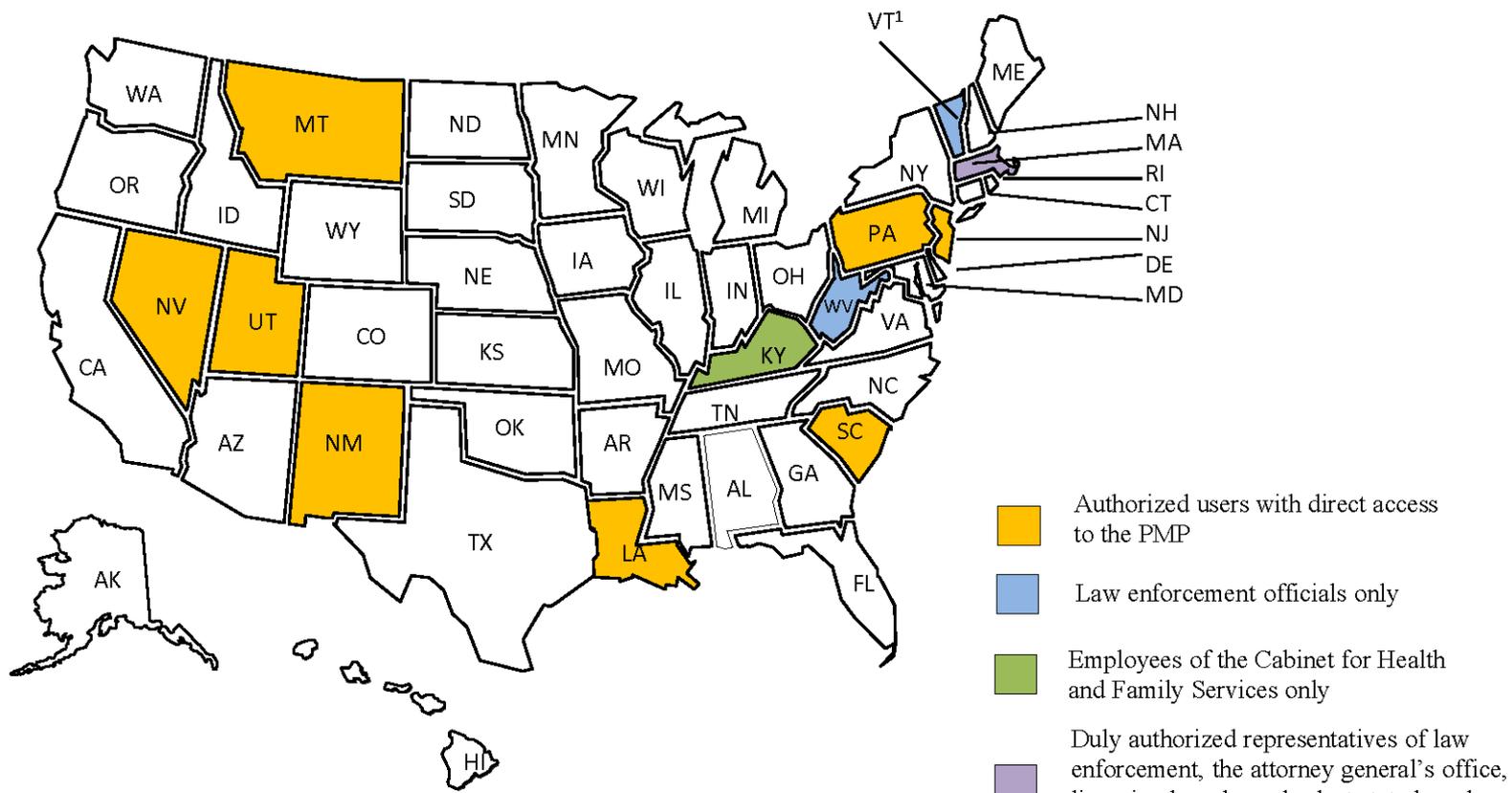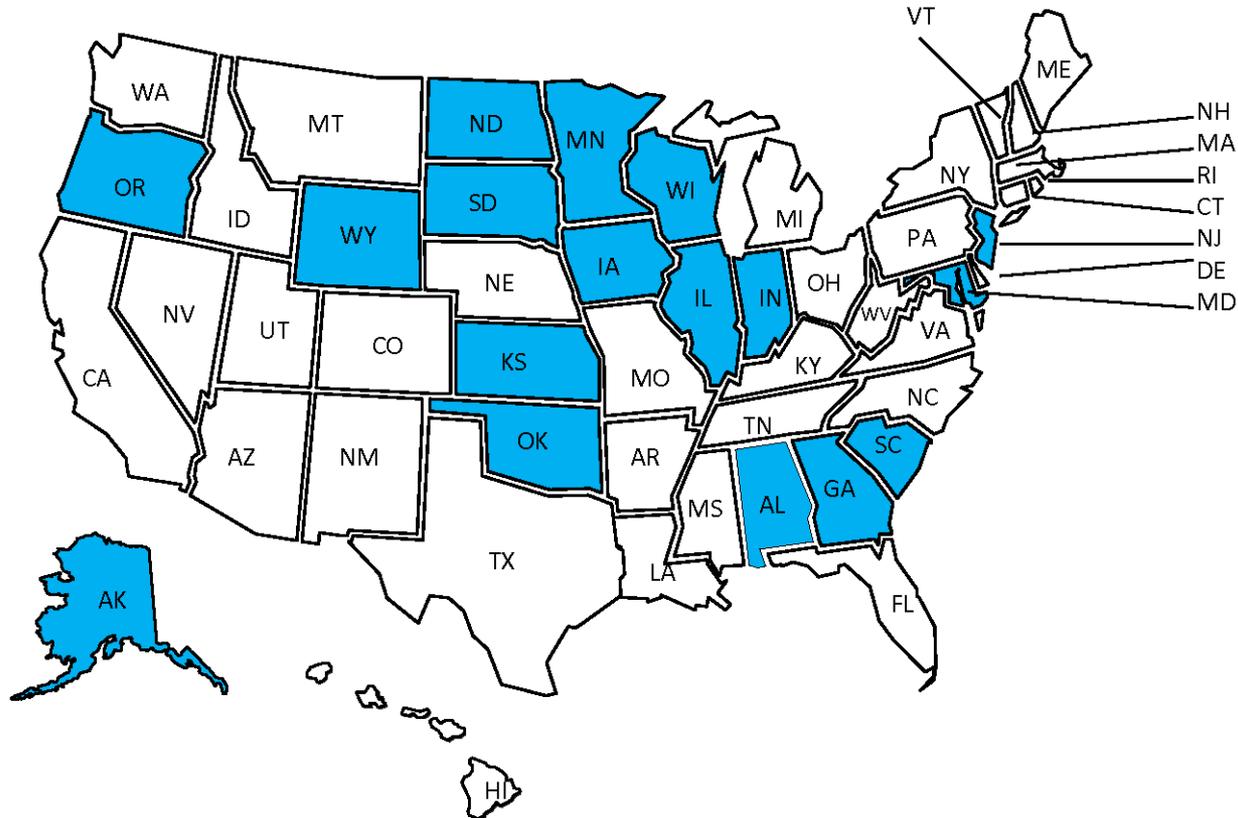# States that Require All Licensed Prescribers and/or Dispensers to Register with PMP Database*

[2] Maine's statute requires all prescribers to register by March 1, 2014 if less than 90% of prescribers in each class have not registered to use the PMP by January 1, 2014.

* Many states require that persons requesting access to the state PMP database first register as an authorized user. This map and the accompanying memorandum is concerned with only those states that require all practitioners licensed in the state to also register to use the PMP database.

[1] The Tennessee provision goes into effect on January 1, 2013. The Massachusetts provision also goes into effect on January 1, 2013, with the exception that those practitioners established as within the top 30% of prescribers of controlled substances in the preceding 12 months must register no later than January 1, 2013.

States that Require Prescribers and/or Dispensers to Access PMP Information in Certain Circumstances*

* Please see the accompanying memorandum for specifics as to the circumstances under which a prescriber and/or dispenser is obligated to access the PMP database in each state.

[1] Parts of the Tennessee law go into effect on January 1, 2013, while other aspects go into effect on April 1, 2013. The New York law goes into effect on August 27, 2013. The Massachusetts provision goes into effect on January 1, 2013.

State PMP Laws that Explicitly Do Not Require Prescribers or Dispensers to Access PMP Information

States that Allow Practitioners to Designate an Authorized Agent to Access the PMP Database
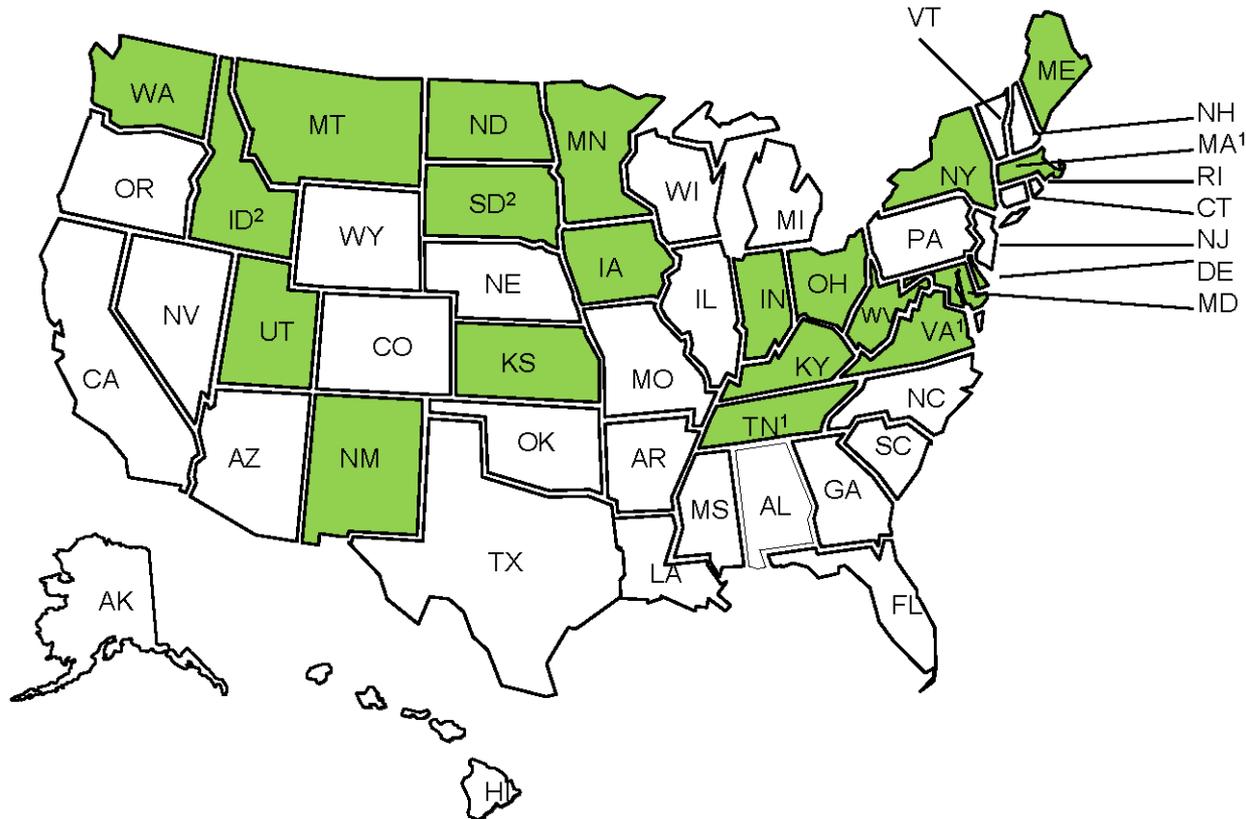
[1] The Tennessee and Massachusetts provisions go into effect on January 1, 2013. The New York provisions go into effect on August 27, 2013.
[2] Idaho and South Dakota only allow prescribers to designate an agent at this time.

States with Statutory Authority to Require Veterinarians to Report to the State PMP[1]
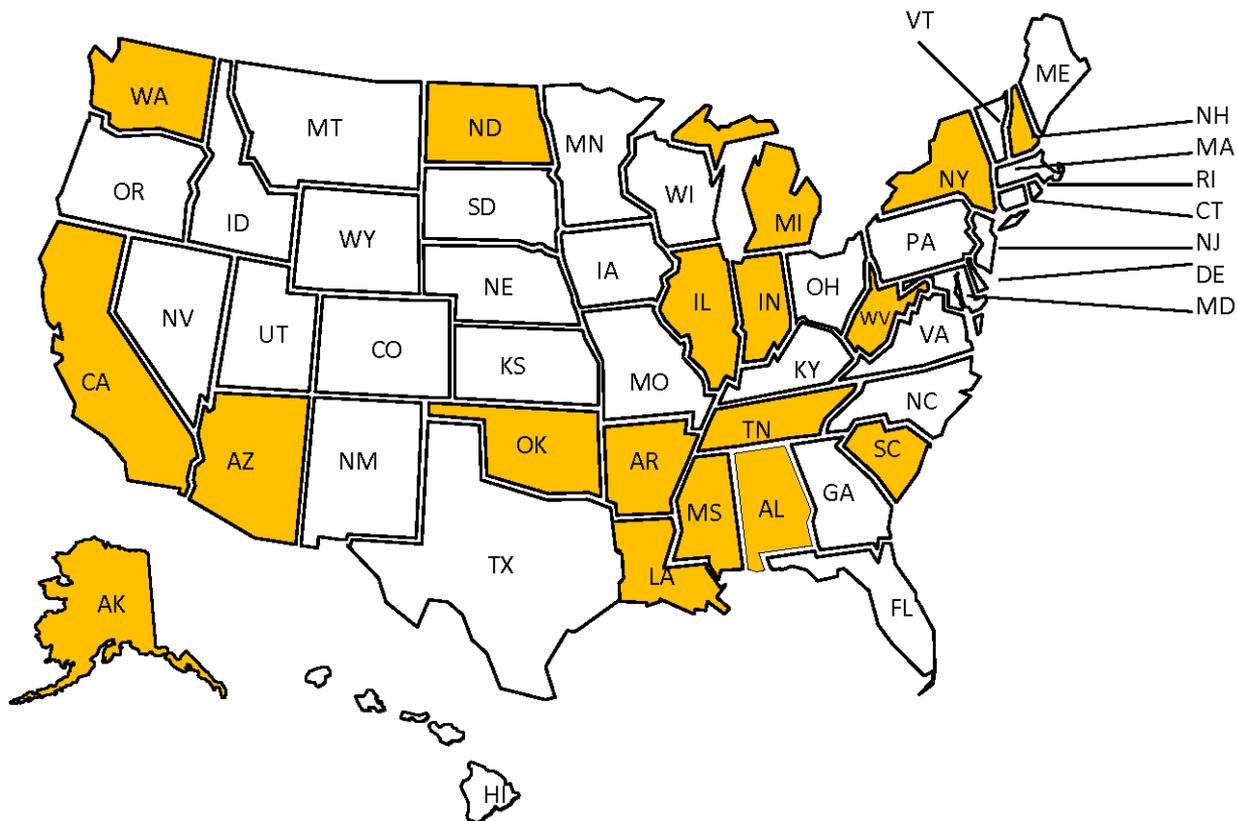
[1] This map reflects those states with statutory authority to require veterinarians to report to the state PMP. It does not reflect those states that are actively collecting such data.

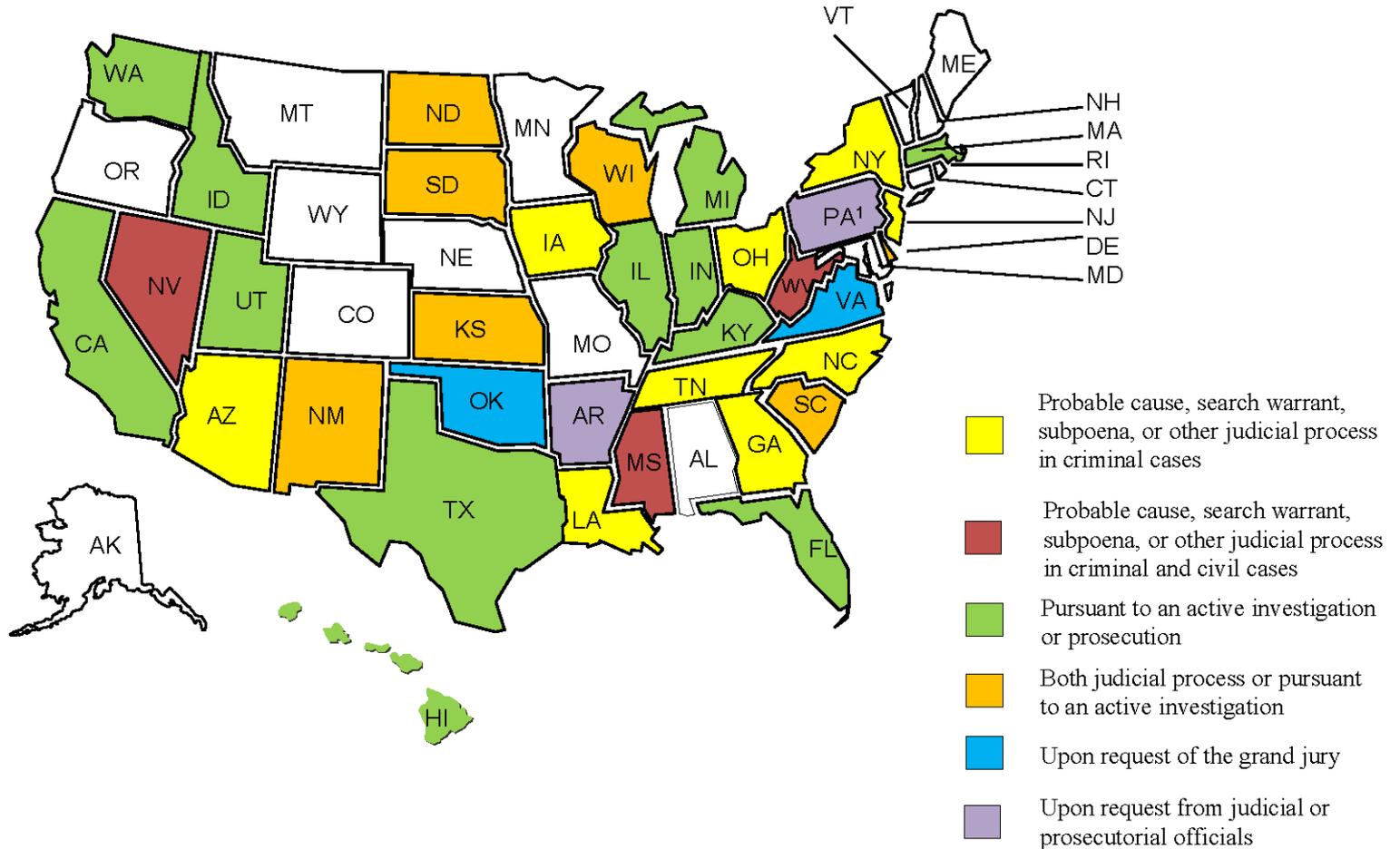# States with Statutory Authority to Require Nonresident Pharmacies to Report to State PMP*
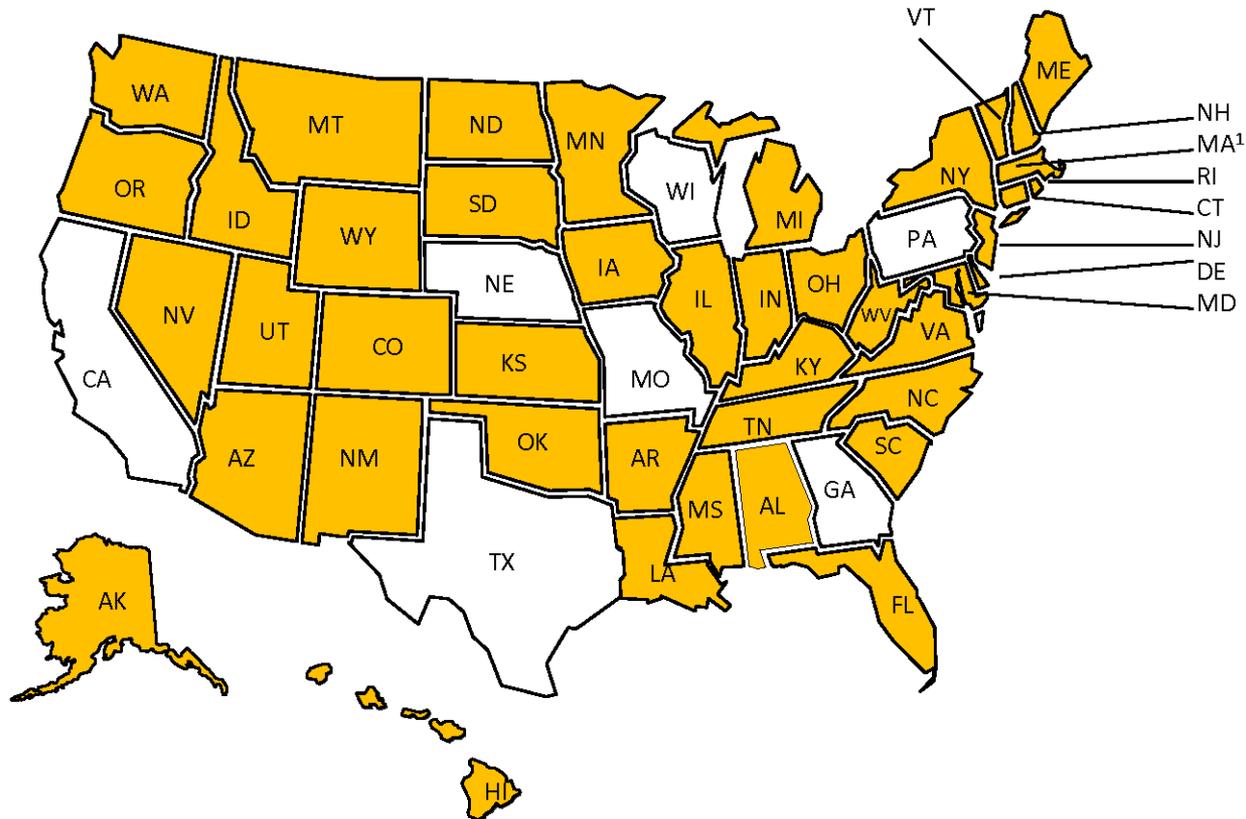
* This map reflects those states with statutory authority to require nonresident pharmacies to report and does not reflect those states with such authority who are not actively collecting such data.

[1] Massachusetts requires nonresident pharmacies to report to the state PMP, but does not require them to register or be licensed by the state.
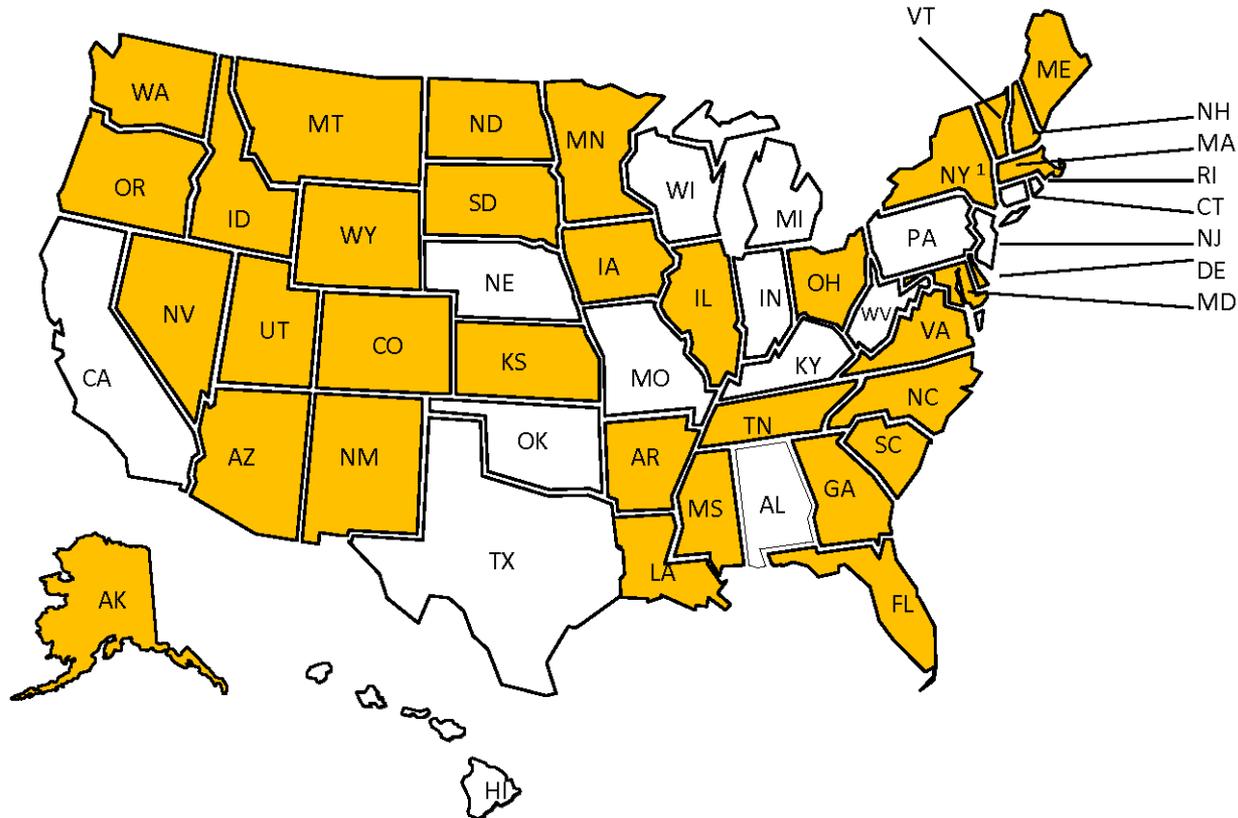
Law Enforcement Access to PMP Information

WA — MT — ND — MN — VT — ME — NH — MA — RI — CT — NJ — DE — MD — OR — ID — WY — SD — WI — MI — NY — PA¹ — NV — UT — CO — NE — IA — IL — IN — OH — WV — VA — CA — AZ — NM — KS — MO — OK — KY — NC — TN — SC — AR — MS — AL — GA — TX — LA — FL — AK — HI

Legend:

- (Yellow) Probable cause, search warrant, subpoena, or other judicial process
- (Green) Pursuant to an active investigation
- (Red) May only receive information from professional licensing boards
- (Blue) Upon request from law enforcement officials

¹ Law enforcement requests must be approved by the Office of the Attorney General. Law enforcement officials do not have direct access.

Judicial and Prosecutorial Access to PMP Information

Legend:

- **Yellow:** Probable cause, search warrant, subpoena, or other judicial process in criminal cases
- **Dark red:** Probable cause, search warrant, subpoena, or other judicial process in criminal and civil cases
- **Green:** Pursuant to an active investigation or prosecution
- **Orange:** Both judicial process or pursuant to an active investigation
- **Blue:** Upon request of the grand jury
- **Purple:** Upon request from judicial or prosecutorial officials

[1] The Pennsylvania provision pertains only to cases involving criminal investigations into violations of state or federal drug laws, health care fraud, or insurance fraud statutes.

States that Provide PMP Database Information to Prescribers and Dispensers

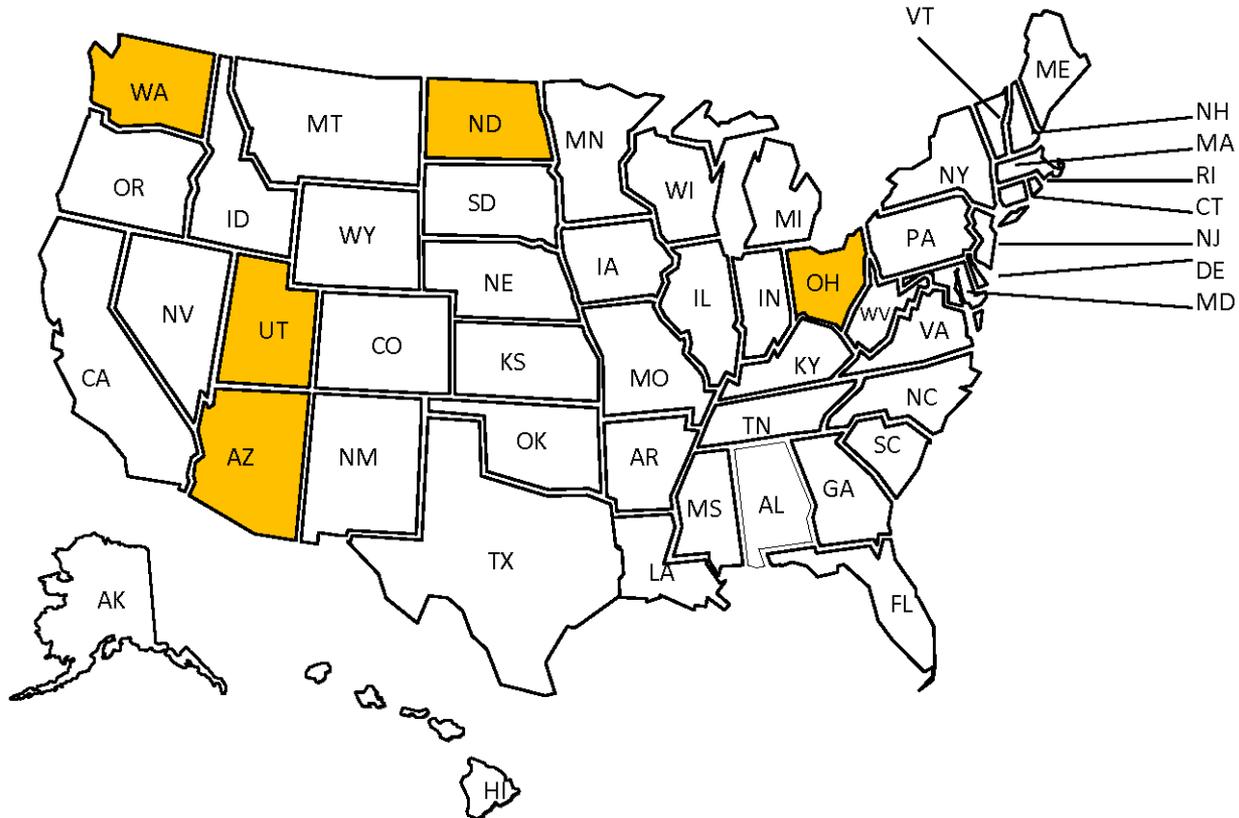* New York has passed legislation that will allow access to dispensers as soon as is practicable, but no later than August 27, 2013.

Please see the companion compilation of statutes and regulations on the NAMSDL website for more specific information.

States that Provide PMP Database Information to Patient and/or Parent or Guardian of Minor Child

¹ The New York provision goes into effect August 27, 2013.

Please see the companion compilation of statutes and regulations on the NAMSDL website for more specific information.

States that Provide PMP Database Information to Licensing/Regulatory Boards

Please see the companion compilation of statutes and regulations on the NAMSDL website for more specific information.

States that Provide PMP Database Information to Medicare, Medicaid and/or State Health Insurance Programs

WA
MT
ND
MN
OR
ID
SD
WI
WY
NV
UT
NE
IA
IL
IN
OH
CA
CO
KS
MO
AZ
NM
OK
AR
TN
TX
MS
AL
GA
AK
LA
FL
HI

VT
ME
NH
MA
RI
CT
NY
PA
NJ
DE
MD
MI
WV
VA
KY
NC
SC

Please see the companion compilation of statutes and regulations on the NAMSDL website for more specific information.

States that Provide PMP Database Information to Worker's Compensation Specialists

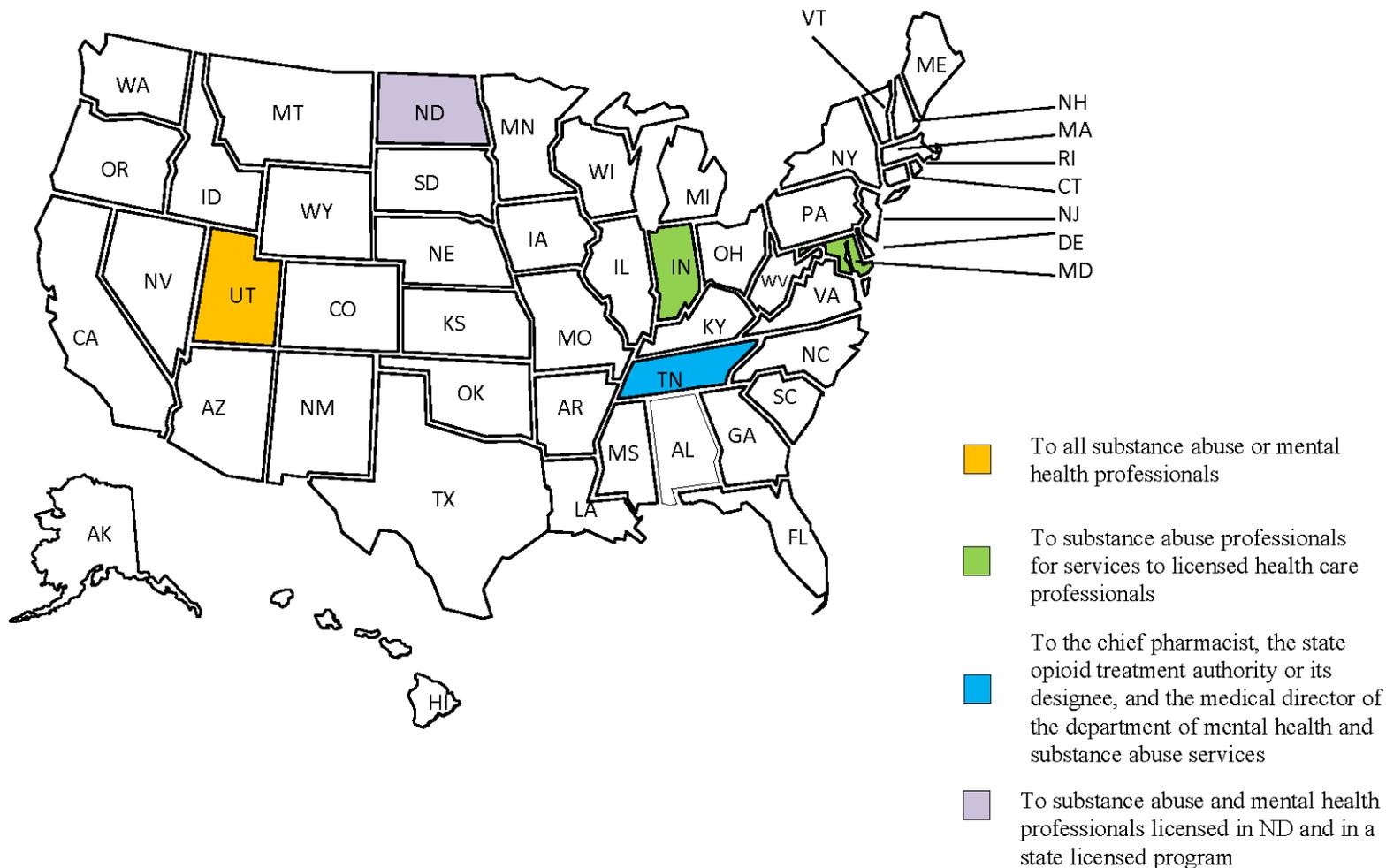# States that Provide PMP Database Information to County Coroners and/or Medical Examiners

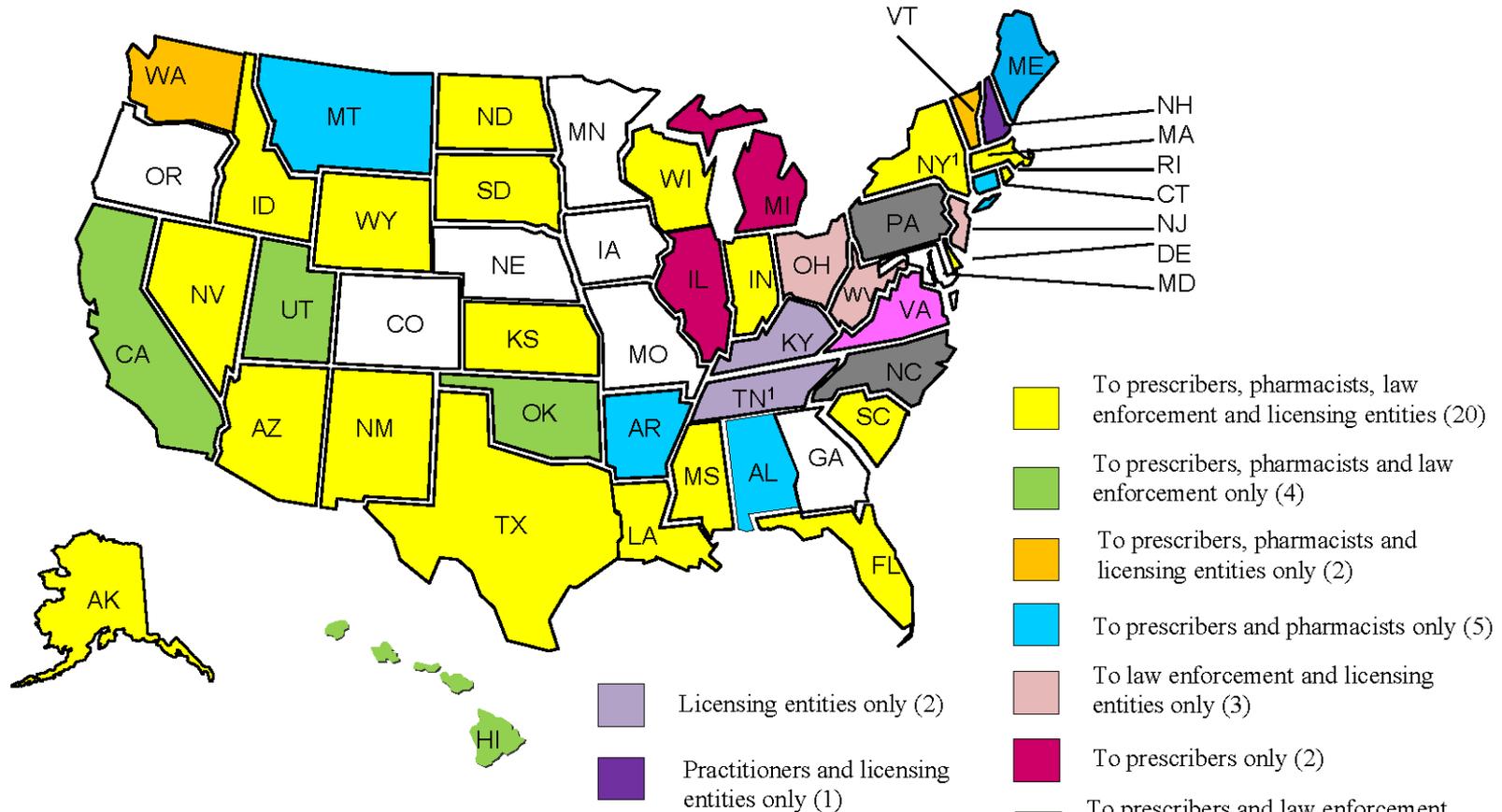[1] Minnesota has started a pilot program to allow access by county coroners and medical examiners. The New York provision goes into effect August 27, 2013.

Please see the companion compilation of statutes and regulations on the NAMSDL website for more specific information.

States that Provide PMP Database Information to Mental Health/Substance Abuse Professionals

Legend:

- (Orange) To all substance abuse or mental health professionals
- (Green) To substance abuse professionals for services to licensed health care professionals
- (Blue) To the chief pharmacist, the state opioid treatment authority or its designee, and the medical director of the department of mental health and substance abuse services
- (Purple) To substance abuse and mental health professionals licensed in ND and in a state licensed program

Please see the companion compilation of statutes and regulations on the NAMSDL website for more specific information.

Unsolicited PMP Reports to Prescribers, Pharmacists, Law Enforcement and Licensing Entities

Legend:

- To prescribers, pharmacists, law enforcement and licensing entities (20) — yellow
- To prescribers, pharmacists and law enforcement only (4) — green
- To prescribers, pharmacists and licensing entities only (2) — orange
- To prescribers and pharmacists only (5) — light blue
- To law enforcement and licensing entities only (3) — pink
- To prescribers only (2) — dark pink/magenta
- To prescribers and law enforcement only, effective July 1, 2012; until July 1, 2012, prescribers only (1) — bright pink
- Law enforcement only (2) — gray
- Licensing entities only (2) — light purple
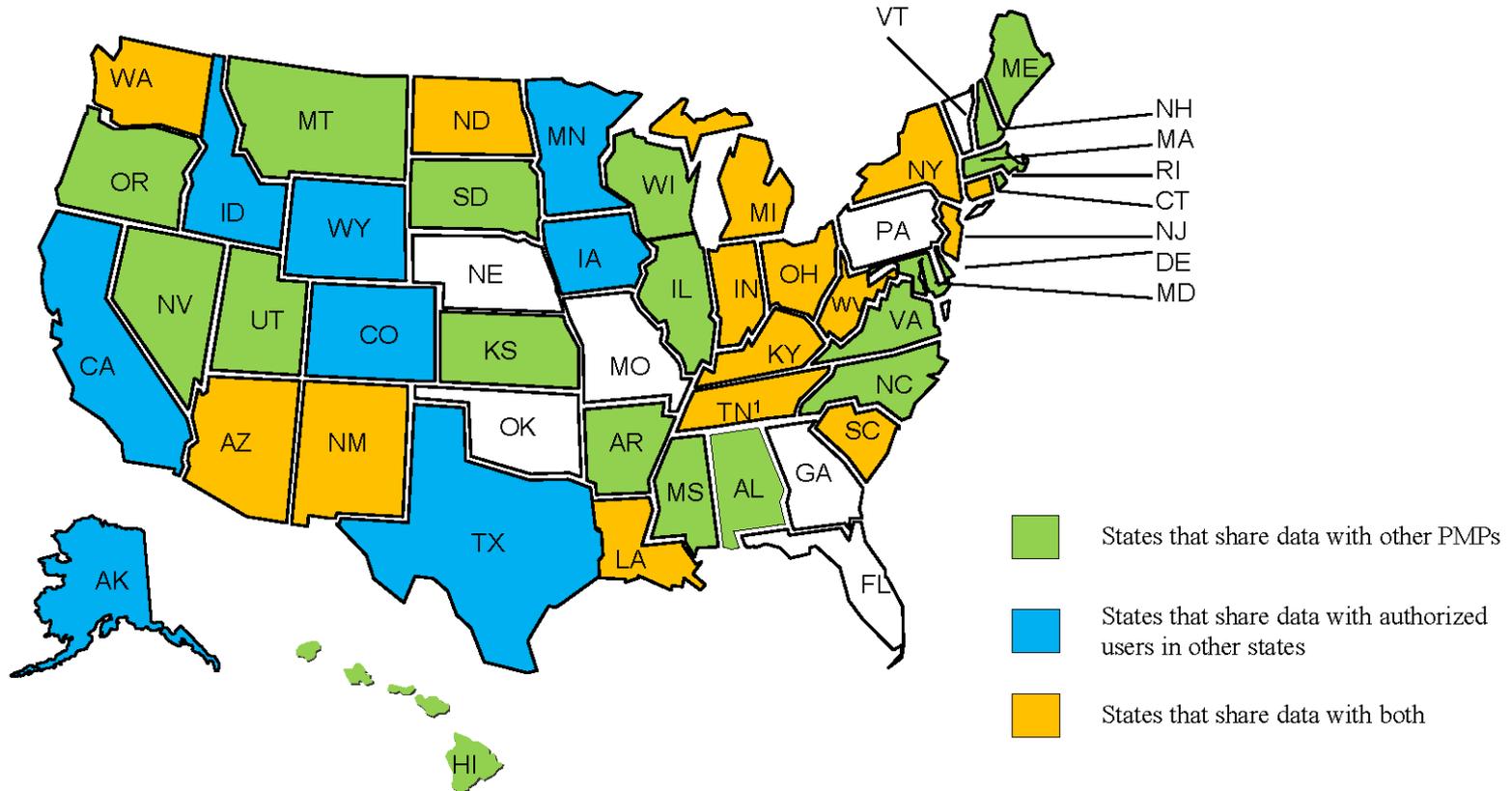- Practitioners and licensing entities only (1) — dark purple

[1] The New York provision goes into effect August 27, 2013. Until then, New York will provide unsolicited reports to prescribers only. The Tennessee provision goes into effect on January 1, 2013.

[2] North Carolina provides unsolicited reports to the Attorney General who has the discretion to forward the information to law enforcement.

[3] Michigan send alerts to physicians when a patient surpasses the threshold but does not send the actual report.

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This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives

Interstate Sharing of Prescription Monitoring Program Data Pursuant to Statute, Regulation, and/or Statutory Interpretation

Legend:
- States that share data with other PMPs
- States that share data with authorized users in other states
- States that share data with both

[1] The Tennessee provisions become effective on January 1, 2013.

Problem:

- Persons engaging in doctor shopping do not stay in one state, particularly areas that border other states

- Querying the state PMP may not give a complete picture to a physician or pharmacist of the controlled substances a person is obtaining

Solution:

Why NABP?

- Member states requested assistance in bringing interoperability into operation-had been working on a solution since mid-2000s

- Problems with efforts to date
  - Not operational
  - MOU with each state

- Fits our mission

- For any state regardless of where PMP is housed

Timeline

- January 2011 – First meeting and Appriss Begins Development

- March 2011 – Steering Committee Formed

- August 2011 – PMP InterConnect Launches with three states sharing data

Function of PMP InterConnect

- Single Memorandum of Understanding (MOU) that covers each participating PMP

- Administrative console that gives each PMP complete control over how they share with other states

Governance

- Governed exclusively by a Steering Committee of all states that have executed MOUs

- Steering Committee provides administrative guidance and governance for PMP InterConnect operations

PMPINTERCONNECT℠

- Creates interoperability for individual state PMPs via a hub system

- Physicians and pharmacists log into their own state PMP and check boxes for other participating states from which they want data

- The hub routes the requests to the various states and the information back to the physician or pharmacist in one collated report

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- All protected health information is encrypted and not visible to the hub, secure, and HIPAA compliant

  – No protected health information stored by the hub, just a pass through from one state to the authorized requestor in another state

Ohio Automated Rx Reporting System
OhioPMP.gov

OARRS WebCenter

Home
-Requests
View
Submit
+Alerts
+Upload Center
+Notification
Messages
My Account
BOP Staff Portal
System Maintenance
Announcements
FAQ
Related Links
+Reports
Log Out

Patient ▼

Name (Last, First, Middle):

D.O.B.: _____ Gender: _____ ▼
mm/dd/yyyy

Patient Contact Information

Street:

City: _____ State: OH ▼ Zip: _____

Phone Number: _____

Patient Aliases

Last Name	First Name	Middle Name	D.O.B.

Add Alias +

Date Range of Prescriptions Requested

☑ Last 12 months   Begin Date: 8/1/2010 mm/dd/yyyy   End Date: 8/16/2011 mm/dd/yyyy

Request to State - *beta*

☐ Indiana ⬅

The interstate request may take longer for response

Authorization

☐ I certify that the information I have entered above is accurate.

Submit +   Clear ×

Prescription Monitoring Program
State Pharmacy Board
123 High St
Anytown USA

Phone (123) 123-4567
E-mail Info @ PMP

Fax (123)123-5678

John Doe (This is a fictitious patient name)

DATE: 1/11/10
Page 1 of 2

Fill Date	Drug Product, Strength, Form	Qty	Days	Patient	Prescriber	Written	RX#	N/R	Pharmacy	Pay
12/25/2010	PERCOCET 325 MG-5 MG TAB	90	30	4055	J Smith	12/25/2009	204075	N	K-Mart	Cash	OH
11/20/2010	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	11/20/2009	4432344	N	Sams Club	Cash	IN
10/15/2010	HYDROCODONE/ APAP 10-500 TAB	90	30	7137	C Gardner	10/15/2009	6010985	N	Walgreens	Cash	OH
9/5/2010	HYDROCODONE/ APAP 5-325 TAB	20	5	7817	Saint P	9/5/2009	254464	N	Target	WC	OH
8/1/2010	OXYCODONE/APAP 7.5-325 TAB	240	30	0938	M Black	8/1/2009	0166311	N	Wal-Mart	Ins	OH
7/10/2010	HYDROCODONE/ APAP 5-325 TAB	50	6	3323	D White	7/10/2009	254513	N	CVS1234	Cash	OH
6/20/2010	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	11/20/2009	6012076	N	Walgreens	Cash	OH
5/29/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	J Smith	11/20/2009	4427156	N	Sams Club	Cash	IN
5/12/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	M Black	11/20/2009	253109	N	Target	Cash	OH
4/30/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	11/20/2009	201678	N	K-Mart	Cash	OH
4/20/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	Saint P	11/20/2009	6010535	N	Walgreens	Cash	OH

N/R N=New R=Refill
Pay Ins=Insurance WC=Workers Comp

Prescribers for prescriptions listed (These are fictitious practitioners)

C Gardner	Charles Gardener, 2139 Auburn Ave., Anothertown USA
D White	David White, DO; Family Medicine Group, 8787 Medicine Ave, Sometown
G Green	George Green, MD, 672 Main St., Anytown USA
J Smith	Joseph Smith, MD; Health Care Office, 3123 Brown Drive, Anytown USA
M Black	Michael Black, MD; 672 Main St., Anytown USA
Saint P	St Paul Hospital, 987 Market St, Sometown

Pharmacies that dispensed prescriptions listed (These are fictitious pharmacies)

CVS1234	CVS/PHARMACY #1234, 11611 Medicine Ave, Sometown, OH; Pharmacy phone number
K-Mart	K MART PHARMACY #153; 1217 Brown Dr., Anytown, OH; Pharmacy phone number
Sams Club	Sams Club Pharmacy #123; Anytown, IN
Target	Target Pharmacy, 4321 Fifth St, Sometown, OH; Pharmacy phone number
Walgreens	Walgreen Co #22; 9775 Auburn Ave, Anothertown, OH; Pharmacy phone number
Wal-Mart	Wal-Mart Pharmacy #432, 128 Main St, Anytown, OH; Pharmacy phone number

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NABP PMP InterConnect by the Numbers

- **10 states are currently connected to NABP InterConnect:** Arizona, Connecticut, Indiana, Kansas, Michigan, New Mexico, North Dakota, Ohio, South Carolina, and Virginia.

- **8 more have signed MOUs and plan to be connected by end of 2012 or early 2013:** Idaho, Illinois, Kentucky, Louisiana, Mississippi, South Dakota, Utah, and West Virginia. Another 6 state PMPs have MOUs under review: Delaware, Montana, Nevada, North Carolina, Rhode Island, Wyoming.

- **24 states (in total) will either be connected to or working toward a connection to NABP InterConnect in 2012 or early 2013.**

- **Since launching,** the NABP InterConnect has **processed over 700,000 requests,** with an **average total wait time of 5.5 seconds** for a consolidated multi-state PMP report.

PMP INTERCONNECT℠

WA | OR | MT | ND | MN | ME | VT | NH | NY | ID | SD | WI | MI | MA | RI | CA | NV | UT | WY | NE | IA | IN | OH | PA | NJ | DE | MD | DC | AZ | NM | CO | KS | MO | IL | KY | WV | VA | NC | SC | OK | AR | TN | GA | TX | MS | LA | AL | FL | AK | HI

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY
1904
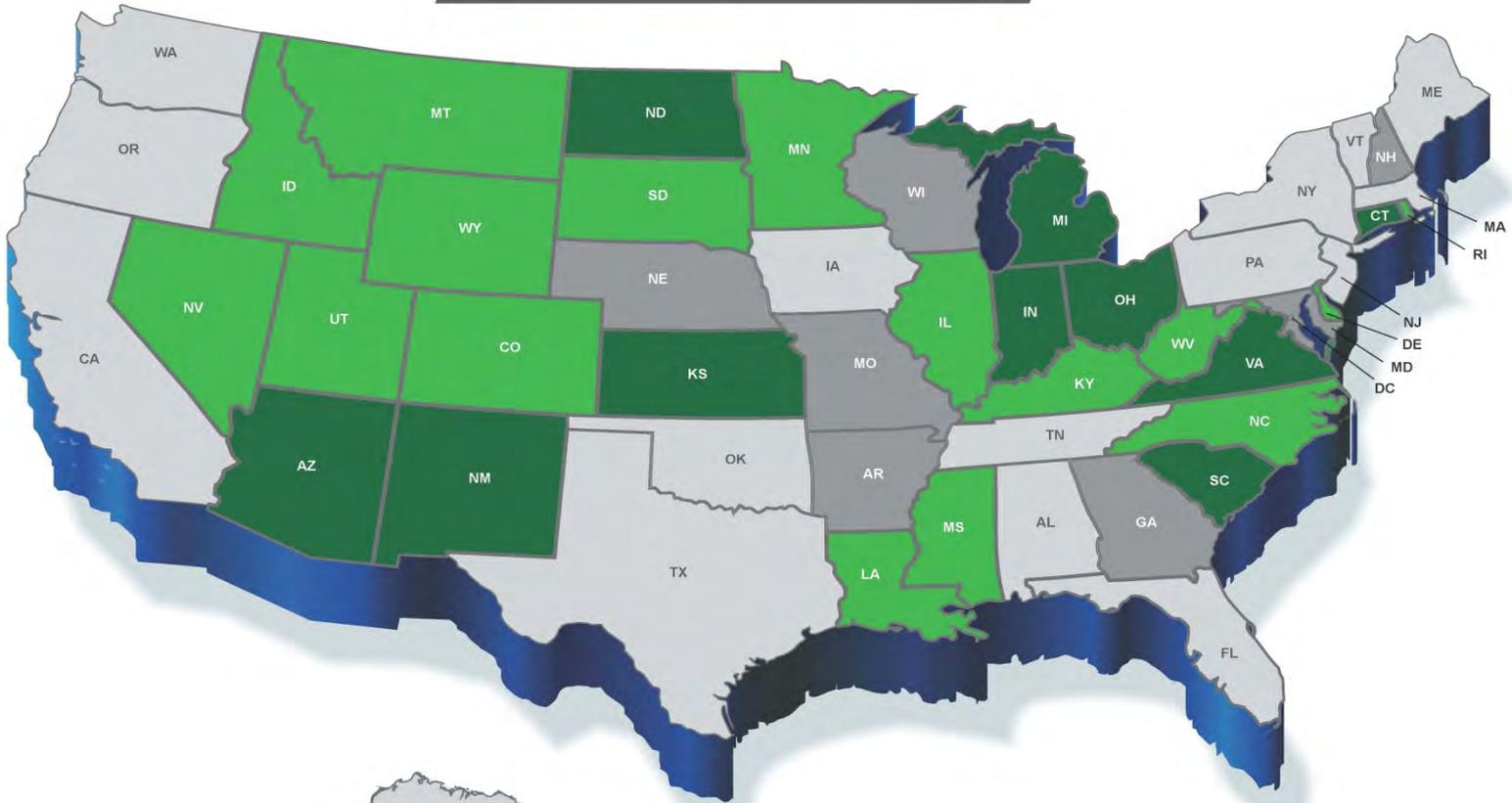
Legend

■ NABP PMP InterConnect Participant (System Live)

■ Pending NABP PMP InterConnect Participant

■ Prospective NABP PMP InterConnect Participant

■ No PMP in Place

Current as of September 21, 2012

Cost for States to Participate

- $0 participation costs, although may incur some costs by their own PMP software companies

- NABP paying from its own revenues (exams/accreditations):

  - All development and implementation costs for the program

  - Annual maintenance fee to the contractor to house the hub

  - Annual participation fees for states that cannot accept funding from pharmaceutical manufacturers, e.g. FL

- NABP using unrestricted grants from third parties

  - To date, Purdue Pharma L.P. has provided a grant, as has Pfizer

  - Assist states with developing needed software to connect to the hub and other costs for participation for states that can accept these funds

Enhancing Access to Prescription Drug Monitoring Programs

- National public-private partnership effort to leverage technology and policy to reduce prescription drug abuse

    - ONC
    - SAMHSA
    - CDC
    - ONDCP
    - MITRE

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Some Identified Barriers to Usage

- Lack of access for a number of reasons
- Data access not a normal part of workflow-too time consuming to check
- Incomplete data (no interstate sharing)
- Fear of increased liability
- Lack of education/awareness of the program
- Concerns about the currency of data
- No authority to delegate the requesting to staff
- Low technical maturity to support interoperability

Some Workgroup Recommendations:

- Streamline registration processes
- Facilitate Interstate sharing
- Authorize more healthcare professions to access
- Integrate directly into workflow for hospitals, MD practices, pharmacies at point of care
- Improve reporting frequency
- Provide analytical tools for efficiency, better use
- Education efforts about value of PMP

NABP Efforts to Address Underutilization

- Continue to onboard states
- Leverage our growing network and InterConnect
- Assist states with legislation to allow interstate sharing
- Integration of PMP InterConnect into Health Information Exchanges-several pilots
- Streamlined Integration of PMP into workflow processes such as pharmacy software systems and hospital system EDs
- NarxCheck

Narxcheck – What is it?

- Tool for analyzing and distilling PMP data
- Provides a score for prescription drug use (narcotics, sedatives, and stimulants)
- <u>Automatic</u> report distribution from state PMP program
- More information at www.narxcheck.com
- Evolving program to meet different user needs

Narxcheck – How does it work?
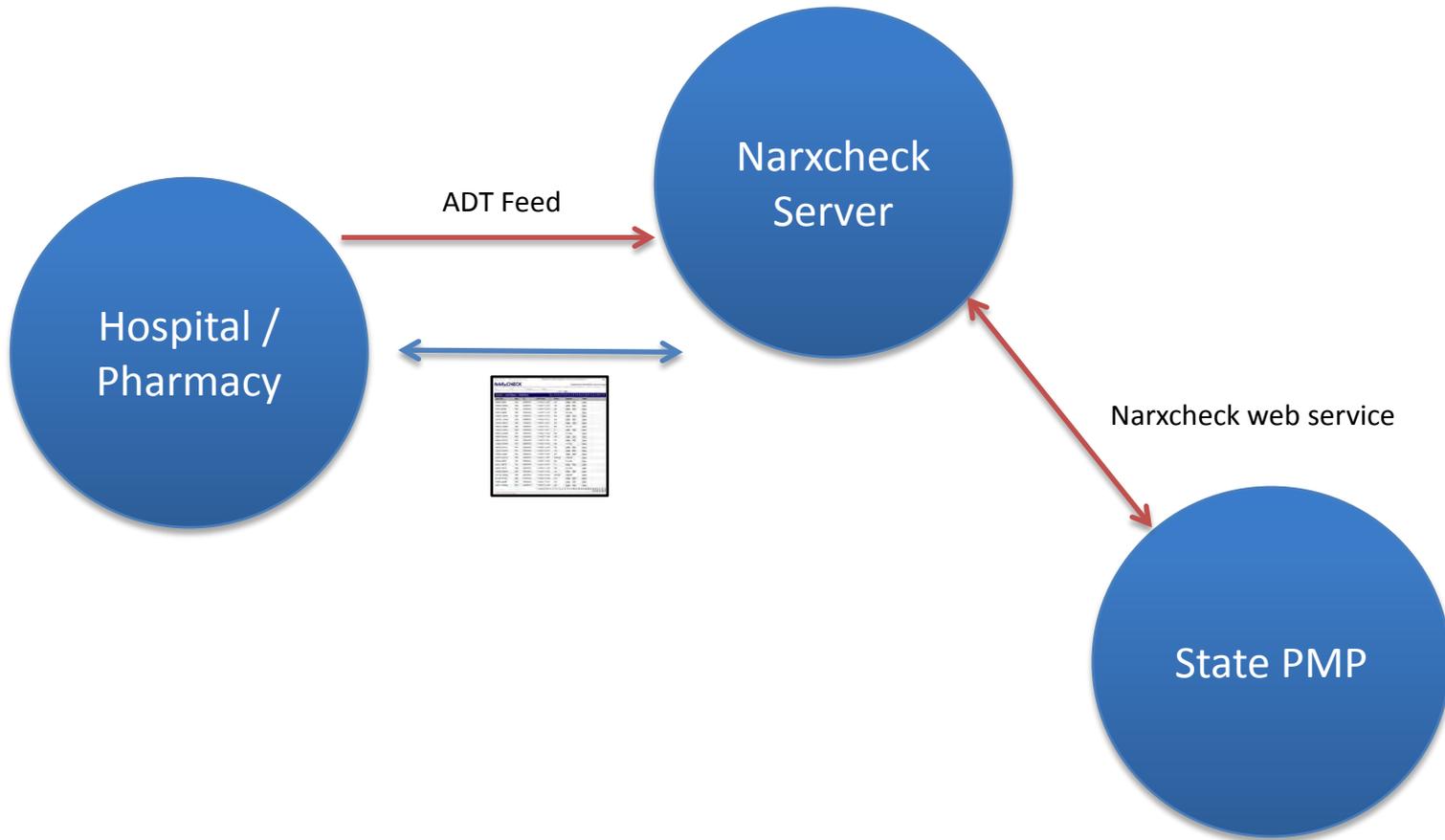
How does NAR$_X$CHECK work ?

- Obtains and aggregates information about:
  - Number of providers
  - Number of dispensing pharmacies
  - Amount of drug equivalent units/days supply
  - Amount of narcotics overlap in history
  - Current number of active narcotics Rx

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How does NAR$_x$CHECK work ?

- Calculates the factors on the previous screen for 2 months, six months, 1 year and 2 year time periods.

- Scales the factors based upon an analysis of Ohio OARRS data for 2009/2010

- Calculates weighted scores based upon the above.

How does **NAR$_x$CHECK** work ?

- 3-digit score composed of two components:

  - First 2 digits-0-99 based upon relative ranking within the reference population.

  - Last digit is current narcotic prescription overlaps 0-9

  - Total score can range from 000-999.

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NAR$_x$CHECK Validation Process

- NABP conducting validation process.

  – Support for factors in the algorithm supported in the professional literature by individuals involved in drug abuse identification, interdiction and treatment.

  – Support for the weighting factors used to produce the score by a group of learned individuals involved in the drug abuse problem faced by society.

How does **NAR$_x$CHECK** add value

to the PMP Report?

NABP®

NarxCheck Dashboard

Prescription Monitoring Program
State Pharmacy Board
123 High St
Anytown USA

Phone (123) 123-4567
E-mail Info @ PMP

Fax (123)123-5678

John Doe (This is a fictitious patient name)

Fill Date	Drug Product, Strength, Form	Qty	Days	Patient	Prescriber	Written	RX#	N/R	Pharmacy	Pay
12/25/2010	PERCOCET 325 MG-5 MG TAB	90	30	4055	J Smith	12/25/2009	204075	N	K-Mart	Cash	OH
11/20/2010	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	11/20/2009	4432344	N	Sams Club	Cash	IN
10/15/2010	HYDROCODONE/ APAP 10-500 TAB	90	30	7137	C Gardner	10/15/2009	6010985	N	Walgreens	Cash	OH
9/5/2010	HYDROCODONE/ APAP 5-325 TAB	20	5	7817	Saint P	9/5/2009	254464	N	Target	WC	OH
8/1/2010	OXYCODONE/APAP 7.5-325 TAB	240	30	0938	M Black	8/1/2009	0166311	N	Wal-Mart	Ins	OH
7/10/2010	HYDROCODONE/ APAP 5-325 TAB	50	6	3323	D White	7/10/2009	254513	N	CVS1234	Cash	OH
6/20/2010	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	11/20/2009	6012076	N	Walgreens	Cash	OH
5/29/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	J Smith	11/20/2009	4427156	N	Sams Club	Cash	IN
5/12/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	M Black	11/20/2009	253109	N	Target	Cash	OH
4/30/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	G Green	11/20/2009	201678	N	K-Mart	Cash	OH
4/20/2009	HYDROCODONE/ APAP 10-500 TAB	24	3	1170	Saint P	11/20/2009	6010535	N	Walgreens	Cash	OH

N/R N=New R=Refill
Pay Ins=Insurance WC=Workers Comp

Prescribers for prescriptions listed (These are fictitious practitioners)

C Gardner — Charles Gardener, 2139 Auburn Ave., Anothertown USA
D White — David White, DO; Family Medicine Group, 8787 Medicine Ave, Sometown
G Green — George Green, MD, 672 Main St., Anytown USA
J Smith — Joseph Smith, MD; Health Care Office, 3123 Brown Drive, Anytown USA
M Black — Michael Black, MD; 672 Main St., Anytown USA
Saint P — St Paul Hospital, 987 Market St, Sometown

Pharmacies that dispensed prescriptions listed (These are fictitious pharmacies)

CVS1234 — CVS/PHARMACY #1234, 11611 Medicine Ave, Sometown, OH; Pharmacy phone number
K-Mart — K MART PHARMACY #153; 1217 Brown Dr., Anytown, OH; Pharmacy phone number
Sams Club — Sams Club Pharmacy #123; Anytown, IN
Target — Target Pharmacy, 4321 Fifth St, Sometown, OH; Pharmacy phone number
Walgreens — Walgreen Co #22; 9775 Auburn Ave, Anothertown, OH; Pharmacy phone number
Wal-Mart — Wal-Mart Pharmacy #432, 128 Main St, Anytown, OH; Pharmacy phone number

NABP®

Narxcheck – Report

74bf36e12845

PMP Search Criteria: Current user permissions do not permit displaying this information

752

Sedative	511

Narcotic
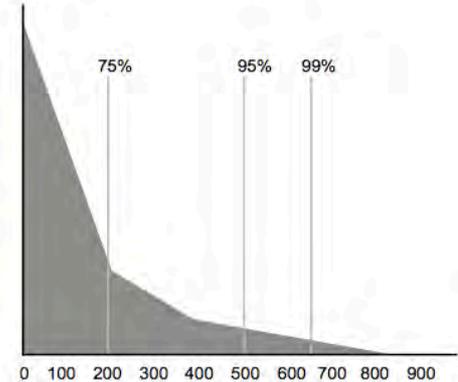
Stimulant	000

The Narx scores for narcotics, sedatives and stimulants are calculated from data provided by the State Prescription Monitoring Program (PMP) and can range from 000 to 999. The first two digits represent the composite percentile risk based on an overall analysis of prescription drug use. The third digit represents the number of active prescriptions as reported by the PMP. The distribution of scores in the PMP database is such that approximately 75% fall below 200, 95% fall below 500 and 99% fall below 650.

Narcotics 752	2 months	6 months	1 year	2 years
Prescribers (narcotic, sedative)	2 | 33	4 | 38	4 | 28	4 | 20
Pharmacies (narcotic, sedative)	1 | 20	2 | 27	2 | 21	2 | 16
Morphine mg	12,780 | 94	28,980 | 96	55,980 | 97	107,730 | 98
Morphine overlap (1)	19 | 83	36 | 89	36 | 87	42 | 87

Sedatives 511	2 months	6 months	1 year	2 years
Prescribers (narcotic, sedative)	2 | 33	4 | 38	4 | 28	4 | 20
Pharmacies (narcotic, sedative)	1 | 20	2 | 27	2 | 21	2 | 16
Sedative mg	180 | 84	500 | 88	740 | 88	740 | 84
Sedative overlap (1)	0 | 0	0 | 0	0 | 0	0 | 0

(1) Number of days for which a simliar type of medication was prescribed from different prescribers for use on the same day.

NABP®

Narxcheck – Scoring Recommendations

- < 200
  - Be <u>Confident</u> – low risk for misuse

- 200 – 500
  - Be <u>Curious</u> – moderate risk for misuse

- >500
  - Be <u>Cautious</u> – higher risk for misuse

Questions?

Scotti Russell

Government Affairs Manager

srussell@napb.net

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