

Arkansas Prescription Monitoring Program

FY 2017

Third Quarter Report

January—March 2017



ARKANSAS
DEPARTMENT OF HEALTH

Arkansas Prescription Monitoring Program



Quarterly Report

January—March, Fiscal year 2017

The Arkansas Prescription Monitoring Program (PMP) was created in 2011 by Act 304 of the Arkansas General Assembly. Since then, the rules and regulations governing the PMP have undergone a number of updates. The following changes were made in 2017 by the Arkansas General Assembly:

- Insurance providers may verify that health care providers in their network have registered with the PMP.
- The Arkansas Medicaid Prescription Drug Program is allowed access to the PMP.
- Prescribing criteria for controlled substances will be developed by the PMP Advisory Committee and the Director of the ADH. Reports will be provided to prescribers, dispensers and licensing boards based upon this criteria.
- Use of the PMP was made mandatory in some circumstances and penalties were established for failure to query the PMP.

Authorized Users of the PMP

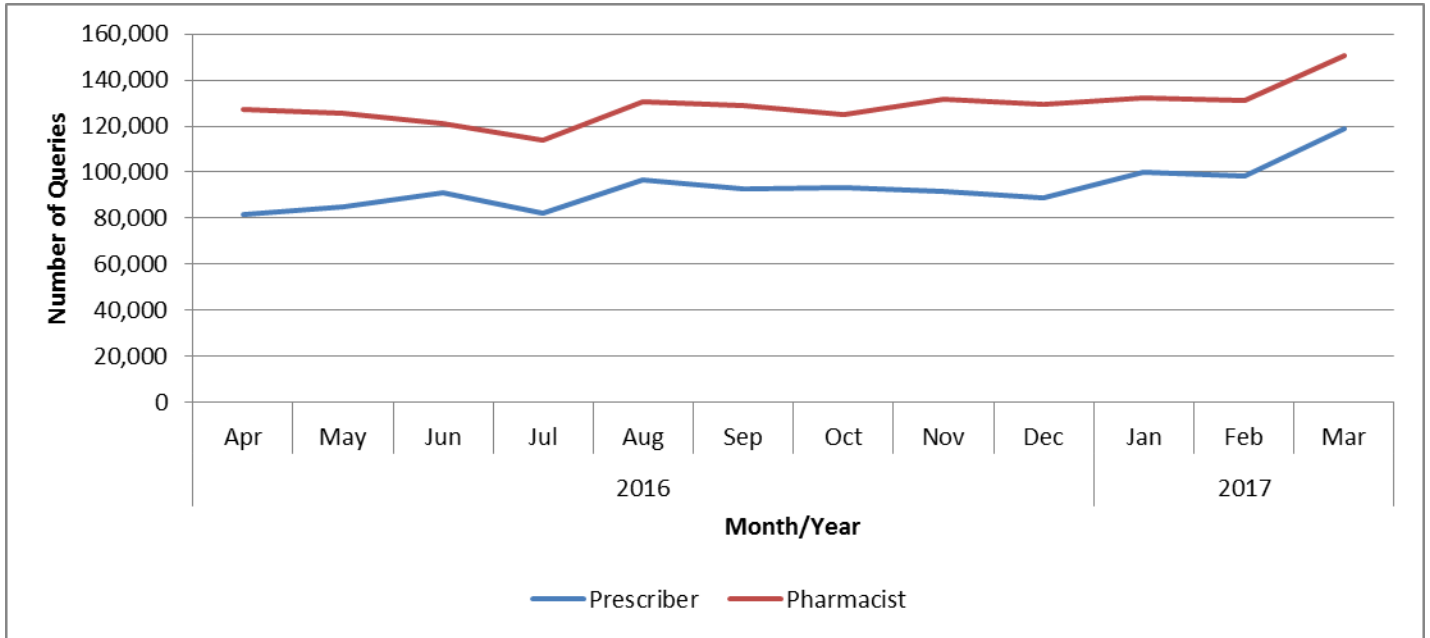
Before mandatory use became law, Arkansas Blue Cross and Blue Shield required all of their healthcare prescribers to register with the PMP by April 1st, 2017. As a result, the number of prescribers registered with the PMP increased 22% between January and March of 2017 (table 1).

Table 1: Number of authorized users by type— Arkansas —January—March 2017

PMP User Type	Jan 2017	Feb 2017	Mar 2017	Percent Change
Physician	2802	3242	3935	40.4%
Osteopathic Physician	202	230	271	34.1%
Podiatrist	23	27	34	47.8%
Physician Assistant	198	211	240	21.2%
Advanced Practice Nurse	1312	1416	1559	18.8%
Optometrist	21	23	30	42.9%
Dentist	589	606	658	11.7%
Veterinarian	18	18	18	0.0%
Pharmacist	2441	2473	2494	2.2%
Delegate	865	974	1124	29.9%
Law Enforcement	171	172	172	0.6%
Licensing Board	4	4	4	0.0%
TOTALS	8646	9396	10539	21.9%

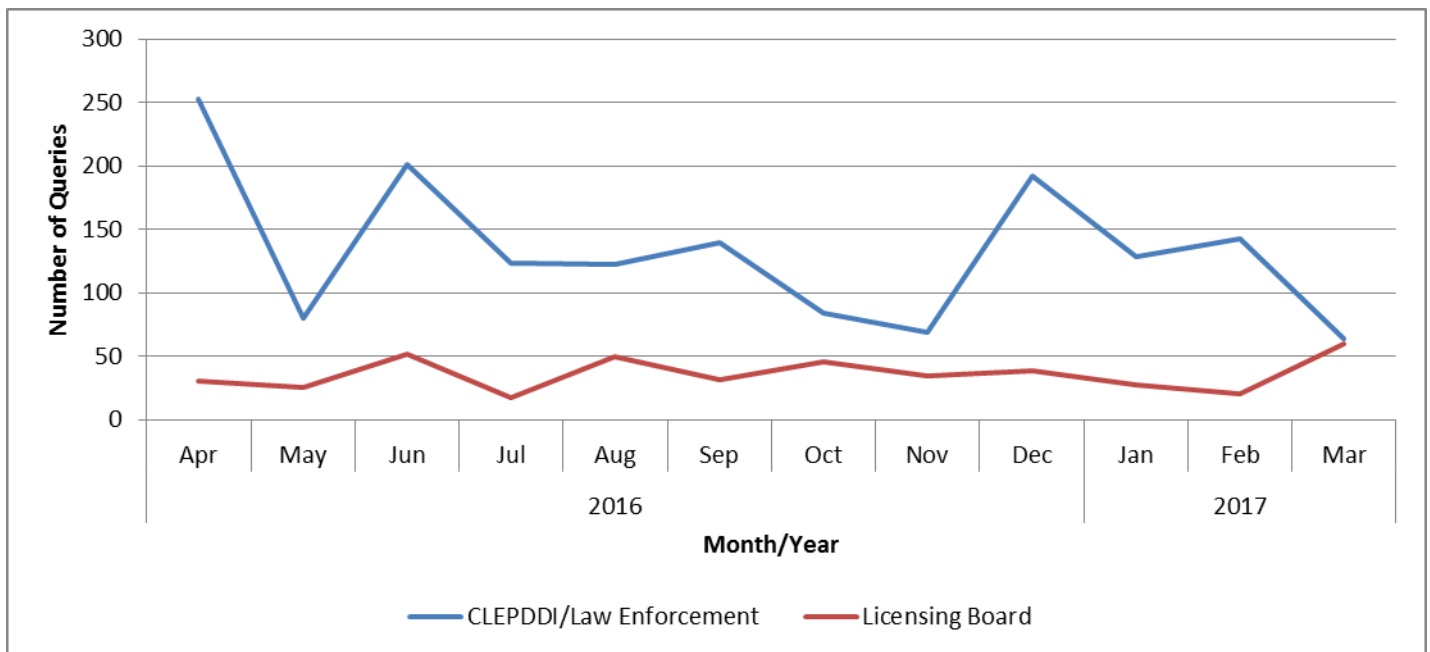
The total number of PMP queries continues to increase. More queries were made in March 2017 than any other month since the inception of the PMP. Between April 2016 and March 2017, pharmacist queries increased by 18% and prescriber queries increased by 46% (figure 1).

Figure 1: Number of queries by prescribers and pharmacists— Arkansas—April 2016—March 2017



Licensing board and law enforcement queries have fluctuated over time and are a small percent of the total queries made to the PMP. There were large spikes in law enforcement queries in April, June, and December 2016 (figure 2). These spikes were driven by changes in PMP access authorized by ACT 901 of 2015.

Figure 2: Number of queries by licensing boards and law enforcement— Arkansas—April 2016—March 2017

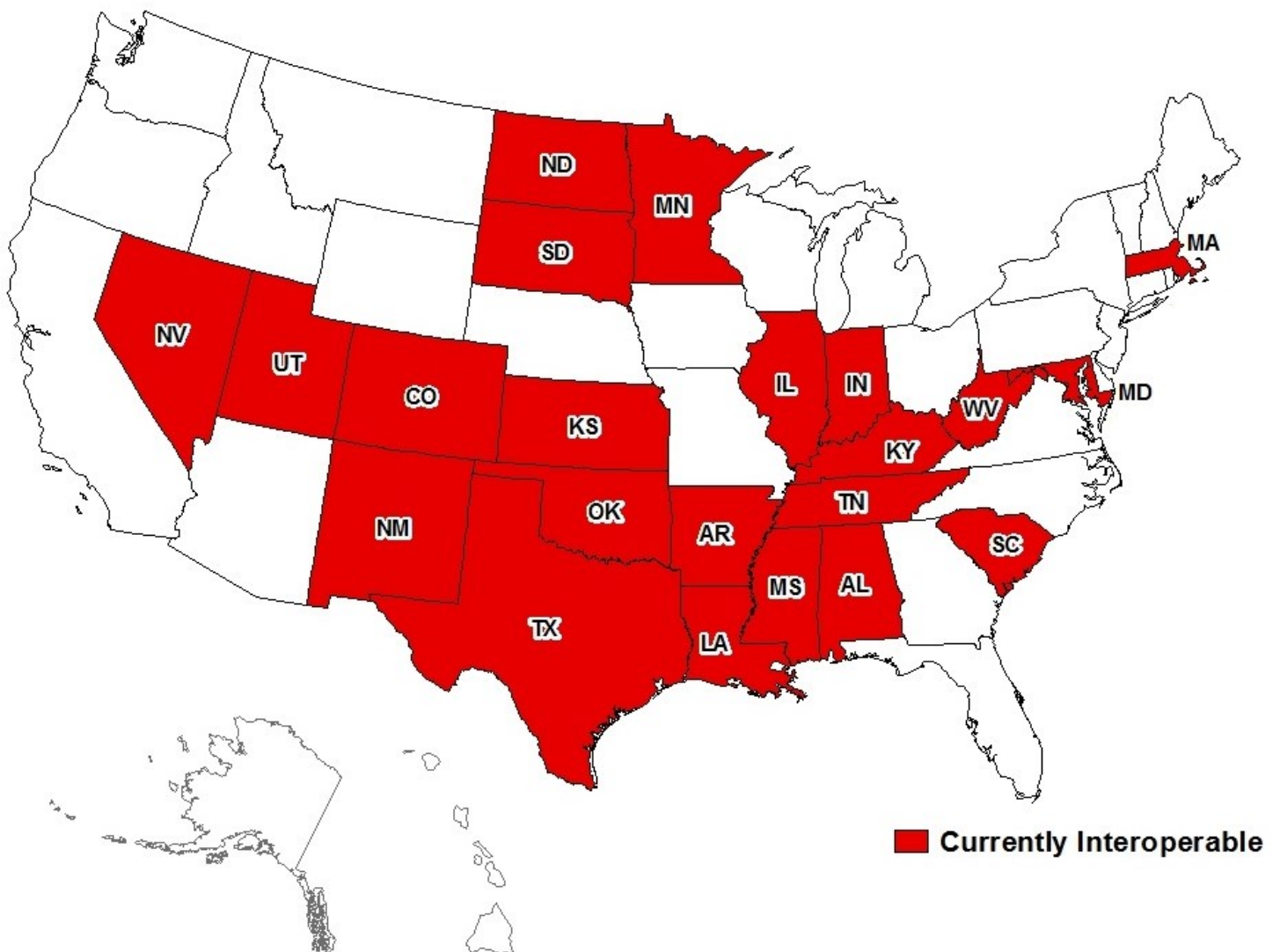


The Arkansas Prescription Monitoring Program shares controlled substance prescription data with twenty-one (21) other states (figure 3). Most states begin the program by sharing data with border states. Arkansas shares data with five of its six border states: Texas, Oklahoma, Louisiana, Tennessee, and Mississippi.

Texas is the most recent to pass legislation to share data with Arkansas. Missouri has yet to pass any PMP legislation.

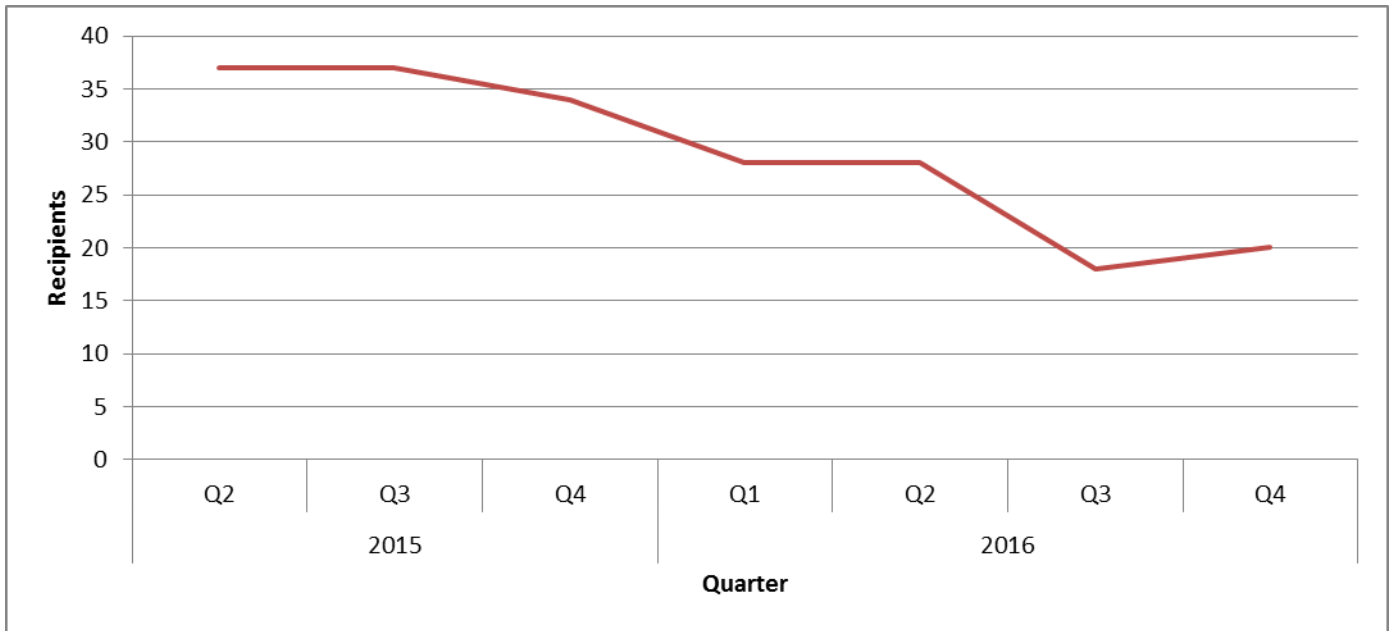
The Red States in figure 3 are the states with which Arkansas currently shares data. The goal is for all states and territories to share data by 2020. State laws that bar or restrict data sharing must change in order to reach the goal.

Figure 3: States that share PMP data with Arkansas — March 2017



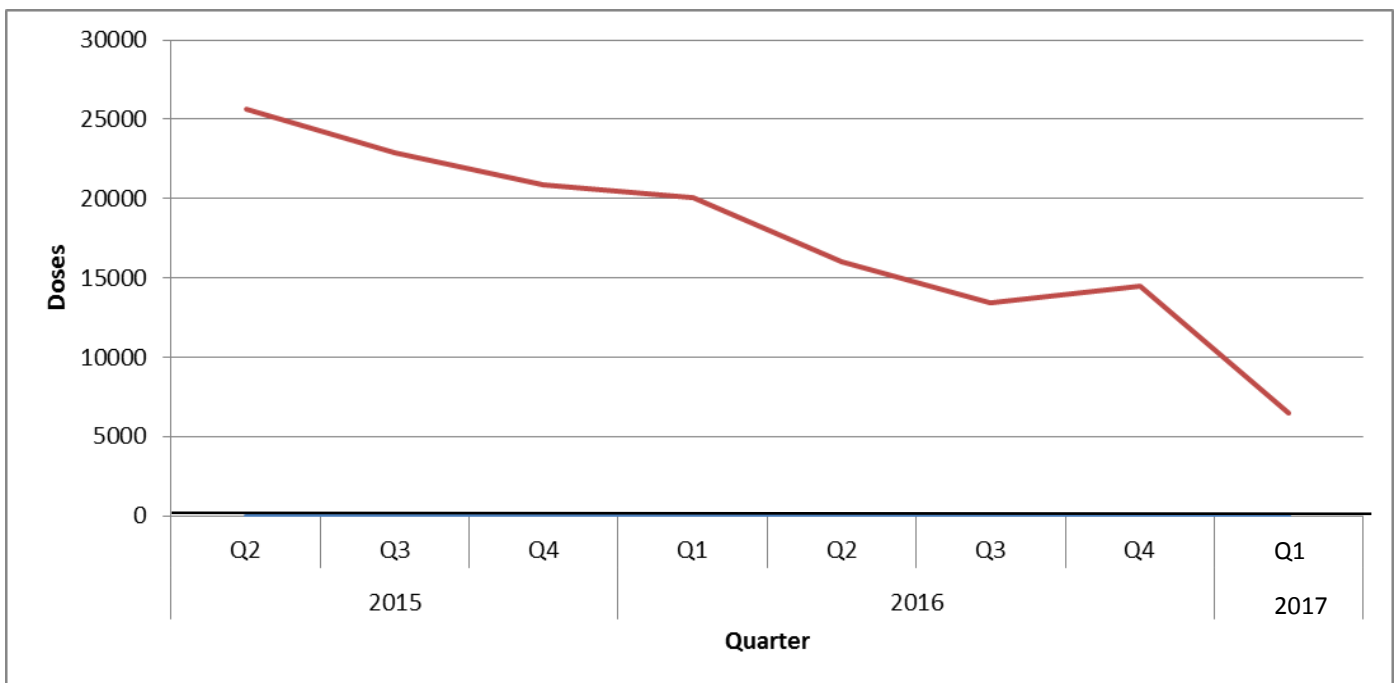
Monitoring “doctor shopping” (visiting multiple prescribers and multiple pharmacies) by recipients is a key way to evaluate the effectiveness of a prescription monitoring program. The Arkansas PMP has made progress in reducing the number of doctor shoppers in Arkansas. The number of recipients seeing seven (7) or more physicians and seven (7) or more pharmacies in a 90-day period has decreased. Between the second quarter of 2015 and the first quarter of 2017, the number of doctor shoppers declined from 37 to 8 (figure 4).

Figure 4: Recipients seeing seven (7) or more physicians and seven (7) or more pharmacies in a 90-day period— Arkansas—Second quarter 2015—First quarter 2017



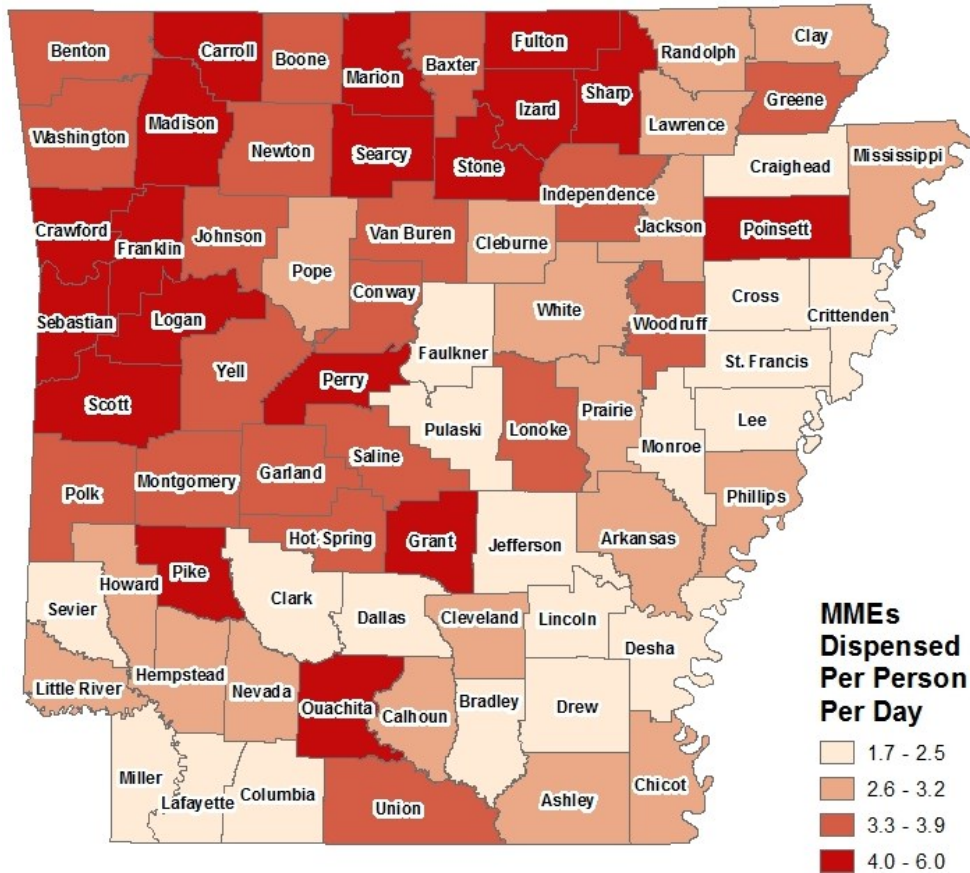
The number of doses of controlled substances dispensed to doctor shoppers decreased by 75% between the first quarter of 2015 and the first quarter of 2017 (figure 5).

Figure 5: Quantity of doses of controlled substances dispensed to 7 X 7 “Doctor Shoppers” — Arkansas— Second quarter 2015—First quarter 2017



Addressing opioid overprescribing is a continued focus in preventing overdoses in Arkansas. According to data from the PMP, the amount of opioids dispensed to Arkansans aged 18 or older ranged from 1.7—6.0 milligram morphine equivalents per capita per day across Arkansas counties. In other words, enough opioids were dispensed for every person over age 18 to take 1.7 to 6 milligrams of morphine per day for a year (figure 6).

Figure 6: Milligram morphine equivalents dispensed per capita per day by county—Arkansas residents aged 18+, 2016



Even as health providers and regulators work to decrease opioid prescribing, patients can reduce the risk of drug-related injury and death in their communities by properly disposing of unused drugs. Arkansas Take Back (artakeback.org) collects and disposes of unused drugs at more than 130 sites throughout the state.

Limiting access to potentially dangerous drugs while ensuring that patients suffering from pain receive adequate treatment is a major challenge for health care providers. Recent increases in drug overdose deaths highlights the value of non-pharmacological treatments for pain. Exercise therapy, weight loss, and cognitive behavioral therapy can treat some types of pain without risk of drug overdose.

The PMP will continue to work with health care providers, legislators, law makers, social service providers, and others to ensure the legitimate use of prescription drugs as well as to minimize drug misuse and diversion in our state.