

New Mexico Prescription Monitoring Program

NMPhA June 24, 2017
Shelley.Bagwell@state.nm.us

LEARNING OBJECTIVES

- IDENTIFY AND DESCRIBE CHANGES TO EXISTING DRUG REGULATION AND LAWS (PMP)
- IDENTIFY AND DESCRIBE NEW DRUG LAWS AND REGULATIONS (PMP)
- DEFINE THE PHARMACIST ROLE IN COMPLIANCE WITH THE DRUG LAWS AND REGULATIONS DISCUSSED (PMP)

THE PRESCRIPTION DRUG OVERDOSE EPIDEMIC IN THE UNITED STATES

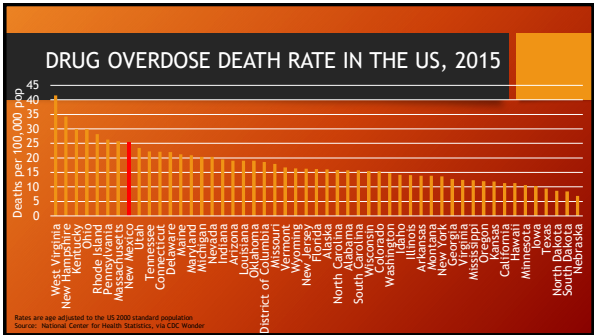
- Overdose Deaths from prescription painkillers have quadrupled since 1999 in the United States
- Prescription opioids are the leading cause of death
- Heroin use has increased among men and women, most age groups, and all income levels
- The strongest risk factor for heroin use is prescription opioid dependence
- In 2014, New Mexico had the 2nd highest drug overdose death rate

From 1999 to 2013, the amount of prescription painkillers prescribed & sold in the U.S. nearly **QUADRUPLED**.

1999 2013

Yet there has not been an overall change in the amount of pain that Americans report.

www.cdc.gov/drugoverdose



HOW DO PATIENTS TAKE THEIR MEDS?

Laboratory testing results suggest that the majority of patients do not take their Prescription Drugs as prescribed

Category	Percentage
Do Not Take as Prescribed	71%
Take as Prescribed	29%

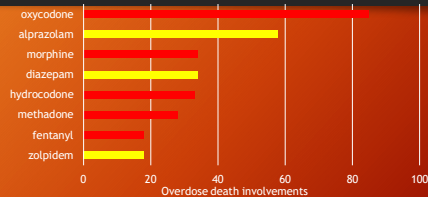
Percentage of Patients Referred to Quest Diagnostics Laboratories for Drug Testing by Their Physicians Testing Positive and Negative for Opioid Prescription for Theft, 2012

Controlled Substance Involvement in Overdose Deaths, NM 2012-2014

Category	Percentage
No Rx CS Identified in Cause	46%
Rx CS Identified in Cause	54%
Recent Rx for None	48%
Recent Rx for All	36%
Recent Rx for Some	16%

Source: Linked Medical Investigator and PMP Files

TOP RX DRUGS IN OVERDOSE DEATH, NM 2015



WHAT IS THE NM PMP?

The New Mexico Prescription Monitoring Program is a web-based system that aids in the collection, analysis, and reporting of prescribing, dispensing, and use of controlled substance prescriptions.

WHAT IS THE MISSION OF THE NM PMP?

To provide Practitioners and Pharmacists the ability to review patient's controlled substance prescription history for duplicate prescribing and drug interactions

as well as assist in the prevention of diversion, abuse, and misuse of controlled substance prescriptions.

BOARD OF PHARMACY PMP REGULATION FACTS

- NMAC 16.19.29 adopted in July 2004 to create the Prescription Monitoring Program
- All Dispensers must report - including "Dispensing" Practitioners (>12 doses or 72hrs worth)
- Information available to Practitioners and other health care professionals, Law Enforcement, Regulatory Boards and Persons themselves, but not subject to public or open records laws
- Mandatory Registration for Practitioners maintaining a NM Controlled Substance Registration 2012

NM BOARD OF PHARMACY RULES FOR PMP

- <http://www.rid.state.nm.us/boards/Pharmacy.aspx>
- http://164.64.110.239/nmac/parts/title16/16_019_0004.htm
- http://164.64.110.239/nmac/parts/title16/16_019_0029.htm

- **TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING**
- **CHAPTER 19 PHARMACISTS**
- **PART 4 PHARMACIST**
- **PART 29 CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM**

DISPENSERS

- **16.19.29.8 MANDATORY REPORTING OF PRESCRIPTION INFORMATION TO THE PMP:**
- **C.** Each dispenser shall submit the information in accordance with transmission methods and frequency established by the board; but shall report at least within one (1) business day of the prescription being filled. The PMP director shall have the authority to approve submission schedules that exceed one (1) business day.
- **D.** Corrections to information submitted to the PMP must be addressed including:
 - (1) file upload or "outstanding uncorrected errors" as defined in the PMP data reporting manual;
 - (2) prescriptions that were not dispensed to the patient must be voided from the PMP;
 - (3) incorrect information in prescriptions records submitted to the PMP must be corrected as soon as possible after the dispenser has been notified.

RX MANAGEMENT

PMP CLEARINGHOUSE - ASSISTANCE/SUPPORT

- **Technical Assistance**
- If you need additional help with any of the procedures outlined in this guide, you can:
 - Contact Appriss at
 - 844.366.4767
- Create a support request using the following URL: <https://opnrispmpclearinghouse.zendesk.com/hc/en-us/requests/new>
- Technical assistance is available 24 hours a day, 365 days a year.
- **Administrative Assistance**
 - 844.366.4767

PHARMACIST RULES

16.19.4.16 RESPONSIBILITIES OF PHARMACIST AND PHARMACIST INTERN:

E. Prescription monitoring program (PMP) report for opioid prescriptions.

(1) A pharmacist shall request and review a PMP report covering at least a one year time period and another states' report, where applicable and available if;

PHARMACIST RULES

(a) a pharmacist becomes aware of a person currently exhibiting potential abuse or misuse of opioids (i.e. over-utilization, early refills, multiple prescribers, appears overly sedated or intoxicated upon presenting a prescription for an opioid or an unfamiliar patient requesting an opioid by specific name, street name, color, or identifying marks, or paying cash when the patient has prescription insurance);

PHARMACIST RULES

(b) a pharmacist receives an opioid prescription issued by a prescriber with whom the pharmacist is unfamiliar (i.e. prescriber is located out-of-state or prescriber is outside the usual pharmacy geographic prescriber care area);

(c) a pharmacist receives an opioid prescription for an unfamiliar patient who resides outside the usual pharmacy geographic patient population area;

(d) a pharmacist receives an initial prescription for any long-acting opioid formulations, including oral and transdermal dosage forms (e.g. fentanyl or methadone);

PHARMACIST RULES

(e) a pharmacist becomes aware of a patient receiving an opioid concurrently with a benzodiazepine or carisoprodol;

• All three? HOLY TRINITY!

PHARMACIST RULES

- (2) The pharmacist shall document the review of these PMP reports.
- (3) Upon recognizing any of the above conditions described in Paragraph (1) of Subsection E of 16.19.4.16 NMAC, a pharmacist, using professional judgement, shall take appropriate steps to avoid or resolve the potential problem. These steps may include consulting with the prescriber and counseling the patient. The pharmacist shall document steps taken to resolve the potential problem.

PHARMACIST RULES

- (4) After obtaining an initial PMP report on a patient, a pharmacist shall use professional judgment base on prevailing standards of practice, in deciding the frequency of requesting and reviewing further prescription monitoring reports and other states' reports for that patient. Except that PMP reports shall be reviewed a minimum of once every three months during the continuous use of opioids for each established patient. The pharmacist shall document the review of these reports.

PHARMACIST RULES

- (5) In the event a report is not immediately available, the pharmacist shall use professional judgment in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving a report.

PHARMACIST RULES

- (6) A prescription for an opioid written for a patient in a long term care facility (LTCF) or for a patient with a medical diagnosis documenting a terminal illness is exempt from Subsection E of 16.19.4.16 NMAC. If there is any question whether a patient may be classified as having a terminal illness, the pharmacist shall contact the practitioner. The pharmacist shall document whether the patient is "terminally ill" or an "LTCF patient".

PHARMACIST CLINICIAN - NEW

F. Prescription monitoring program:

(c) before a pharmacist clinician prescribes for the first time, a controlled substance in Schedule II, III or IV to a patient for a period greater than four days, or if there is a gap in prescribing the controlled substance for 30 days or more, the pharmacist clinician shall review a PMP report for the patient for the preceeding 12 months; when available, the pharmacist clinician shall review similar reports from adjacent states; the pharmacist clinician shall document the receipt and review of such reports in the patient's medical record;

DO NOT!!!

- SHARE LOGIN/PASSWORD
- LOOK UP YOU DAUGHTER'S BOYFRIEND
- LOOK UP MOTHER IN LAW
- LOOK UP EMPLOYEES - CURRENT OR POTENTIAL
- INVESTIGATE DRUG LOSS
- GIVE OUT PATIENT REPORTS

WHO CAN ACCESS THE PMP?

- Practitioners licensed in New Mexico
- Pharmacists registered in New Mexico
- Delegates - up to four
 - (1) a pharmacist's delegate must be a certified pharmacy technician or a registered intern;
- Law Enforcement
- Regulatory Board agents
- Medicaid compliance officers

HOW TO REGISTER FOR NM PMP

1. www.newmexicopmpaware.net
 - Create new account
2. Complete and upload Registration Confirmation ID form
 - Copy of your government issued ID
3. Complete online training <http://nmpmp.org/Training.aspx>



LOGIN

PMP AWARE - Demo BNM KY 8888

Log In

Email:

Password: [Reset Password](#)

Remember Me

MY DASHBOARD

Home | Dashboard | User Profile | Help | Log Out

My Dashboard

Patient Alerts

Patient Full Name	DOB	Alert Date	Alert Letter
JOHN DOE	01/01/1900	09/10/2015	PDF
JANE DOE	01/01/1900	09/10/2015	PDF
BOB TESTPATIENT	01/01/1900	08/10/2015	PDF
BOB TESTPATIENT	01/01/1900	08/10/2015	PDF
JOHN DOE	01/01/1900	08/10/2015	PDF

Recent Requests

Patient Name	DOB	Request Date	Delegate
JOHN DOE	01/01/1900	11/09/2015 4:43 PM	Paul Delegate
JANE DOE	01/01/1900	11/09/2015 4:43 PM	
JOHN DOE	01/01/1900	11/09/2015 4:39 PM	
JOHN DOE	01/01/1900	11/09/2015 1:12 PM	
JANE DOE	01/01/1900	10/09/2015 2:24 PM	Paul Delegate

Delegates

Delegate Name	Status	Request Date

Announcements

Message for Physician
Test Message for JMS Physicians

Quick Links

[Change](#)

PATIENT RX REQUEST

Patient Report [Print](#) [Search](#) Date Range: 01/06/2016 - 12/31/2016

Report Prepared: 08/13/2016

John Doe

Summary	Prescribers 4	Pharmacies 4	Pharmacist 3	Private Pcp 3	Active Daily AMEDS 0																																																																														
<p>Prescriptions</p> <p>Print AD Notes</p> <table border="1"> <thead> <tr> <th>Print</th> <th>AD</th> <th>Notes</th> <th>Drug</th> <th>QTY</th> <th>Units</th> <th>Prescriber</th> <th>Pcp #</th> <th>Pharmacy</th> <th>Phy</th> <th>MMED</th> <th>Print Type</th> <th>Print</th> </tr> </thead> <tbody> <tr> <td>08/09/2016</td> <td>1</td> <td>11/09/2016</td> <td>DIAMAZOL HCL 50 MG TABLET</td> <td>30.0</td> <td>30</td> <td>D-718</td> <td>3058748</td> <td>B.PHA (1116)</td> <td>0</td> <td>2.0</td> <td>Private Phy</td> <td>000</td> </tr> <tr> <td>08/09/2016</td> <td>1</td> <td>08/09/2016</td> <td>HYDROCODONE ACETAMINOPHEN 10-325</td> <td>30.0</td> <td>30</td> <td>E-718</td> <td>2009712</td> <td>0000</td> <td>0</td> <td>16.0</td> <td>Private Phy</td> <td>000</td> </tr> <tr> <td>02/19/2016</td> <td>1</td> <td>02/19/2016</td> <td>HYDROCODONE ACETAMINOPHEN 10-325</td> <td>30.0</td> <td>30</td> <td>D-718</td> <td>2009712</td> <td>0000</td> <td>0</td> <td>16.0</td> <td>Private Phy</td> <td>000</td> </tr> <tr> <td>02/19/2016</td> <td>1</td> <td>02/19/2016</td> <td>HYDROCODONE ACETAMINOPHEN 10-325</td> <td>30.0</td> <td>30</td> <td>C-718</td> <td>2009712</td> <td>0000</td> <td>0</td> <td>16.0</td> <td>Private Phy</td> <td>000</td> </tr> <tr> <td>02/19/2016</td> <td>1</td> <td>02/19/2016</td> <td>HYDROCODONE ACETAMINOPHEN 10-325</td> <td>30.0</td> <td>30</td> <td>C-718</td> <td>2009712</td> <td>0000</td> <td>0</td> <td>16.0</td> <td>Private Phy</td> <td>000</td> </tr> </tbody> </table> <p><small>*Pharmacy ID omitted owing to a combination of pharmacy name and last four digits of the pharmacy license number.</small></p>	Print	AD	Notes	Drug	QTY	Units	Prescriber	Pcp #	Pharmacy	Phy	MMED	Print Type	Print	08/09/2016	1	11/09/2016	DIAMAZOL HCL 50 MG TABLET	30.0	30	D-718	3058748	B.PHA (1116)	0	2.0	Private Phy	000	08/09/2016	1	08/09/2016	HYDROCODONE ACETAMINOPHEN 10-325	30.0	30	E-718	2009712	0000	0	16.0	Private Phy	000	02/19/2016	1	02/19/2016	HYDROCODONE ACETAMINOPHEN 10-325	30.0	30	D-718	2009712	0000	0	16.0	Private Phy	000	02/19/2016	1	02/19/2016	HYDROCODONE ACETAMINOPHEN 10-325	30.0	30	C-718	2009712	0000	0	16.0	Private Phy	000	02/19/2016	1	02/19/2016	HYDROCODONE ACETAMINOPHEN 10-325	30.0	30	C-718	2009712	0000	0	16.0	Private Phy	000					
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MY RX (Prescriber Self-lookup)

Home | Dashboard | User Profile | Help | Log Out

My Rx

Prescriptions Written:

DEA Numbers:

BOB* 42111119

BOB***** 85111111

BOB* 441234567

Generic Drug Name (Optional):

WHATS COMING NEXT?

- Integration - PMP as part of the EHR
 - EDIE - Emergency Department Information Exchange
READY TO GO LIVE
 - NMHC
 - DOH grant for integration support in NM
- Enhancements
 - NanyCare - upgrade from NanyCheck
 - More reports available at community level
 - Alerts and provider communication- hopefully

QUESTIONS?

• www.nmpmp.org

• nm.pmp@state.nm.us

Reach US

- Shelley Bagwell - Shelley.Bagwell@state.nm.us 222.9818
- Maria Gonzales - Maria.Gonzales@state.nm.us 222.9847
- Cristy Wade - Cristy.Wade@state.nm.us 222.9814