



So, You Checked the PDMP. Now What?

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Disclosure

- Consulting Fee (e.g., Advisory Board): BioDelivery Bioscience, RedHill Pharma, Galaxo-Smith-Kline
- Speakers' Bureau: Bio Delivery Bioscience, RedHill Pharma

Learning Objectives

- Describe the history of prescription drug monitoring programs (PDMPs)
- Summarize clinical practice guideline recommendations for PDMPs
- Review knowledge of PDMP to clinical practice

Question 1

Most of the diverted prescription opioids do not arise from “doctor shoppers,” so when using PDMPs, other risk reduction measures are necessary.

TRUE or FALSE

Question 2

During what decade did at least some states begin to first start monitoring prescription controlled substances?

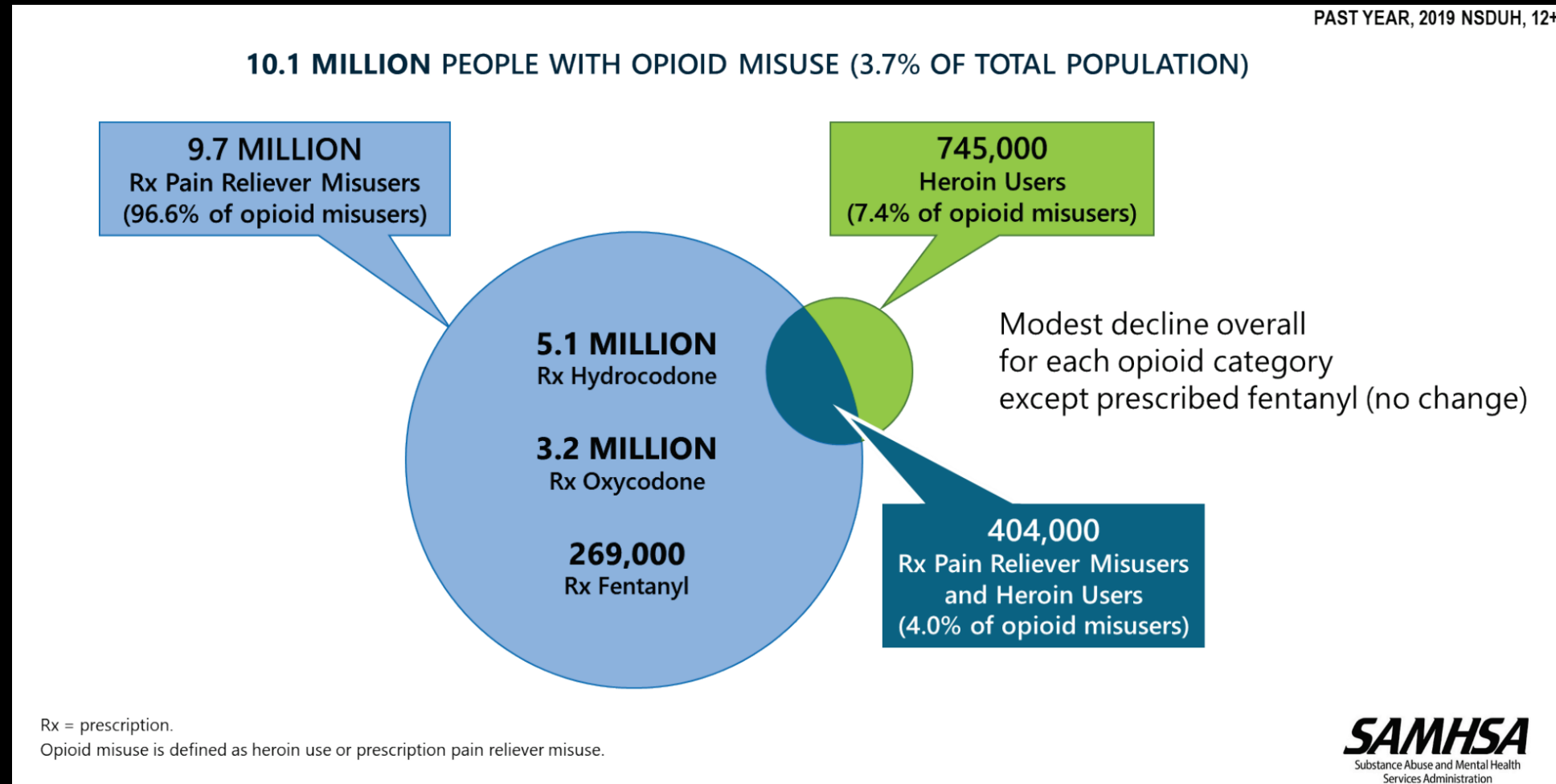
- 1930-1939
- 1950-1959
- 1970-1979
- 1990-1999

Question 3

- A patient is seen for an evaluation after moving to your area and reports taking an opioid. None of their prior health care professionals are personally known to you, but the patient's management appears consistent with appropriate use. A review of the PDMP identifies 4 prescribers of opioids during the last year. Further review identifies that the prescriptions are spaced every 30 days and all are dispensed from the same pharmacy. What is the most likely explanation for the multiple prescribers?
 - Criminal drug diverter
 - All 4 prescribers are in the same group practice
 - Patient has substance use disorder
 - Pharmacy entered incorrect prescriber information when reporting data to the PDMP

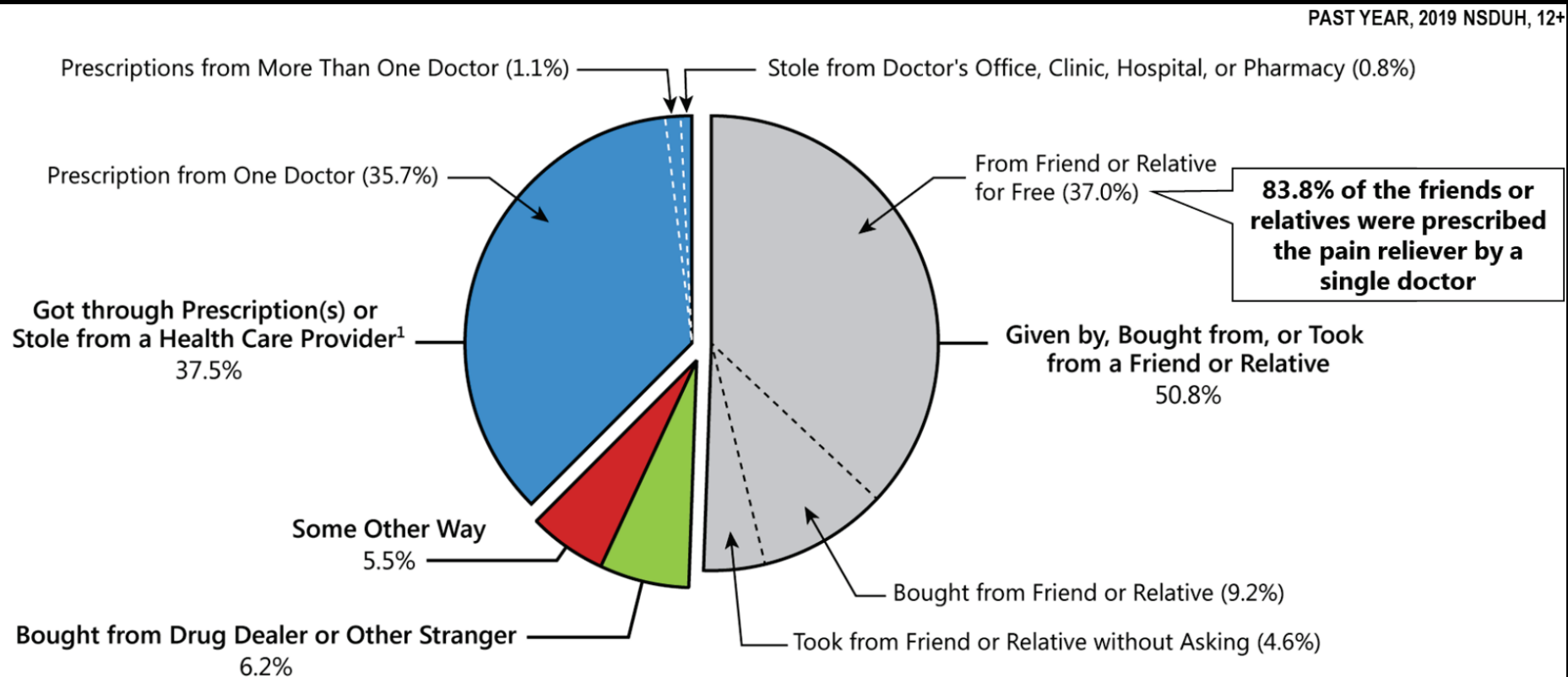
Opioid Misuse Age 12+

National Survey of Drug Use and Health - 2019



Opioid Source for Most Recent Misuse

National Survey of Drug Use and Health - 2019



9.7 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

SAMHSA
Substance Abuse and Mental Health
Services Administration

Iatrogenic Addiction

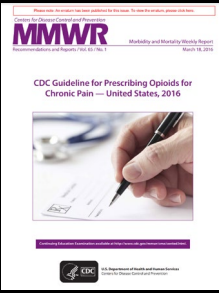
- Not well defined
- Multiple Risk Factors (known and unknown)
- May occur even with proper prescribing
- May represent small percent, but absolute numbers are high
- Patient harm may be significant

Prescription Drug Monitoring Programs

- State managed databases of dispensed controlled substances
- Generally schedule II-IV controlled substances
- Data obtained primarily from community-based pharmacies
- Generally accessible by:
 - Prescribers
 - Pharmacist
 - Possibly law enforcement, insurers, researchers, and medical licensing boards
- Make obtaining prescriptions inappropriately from multiple providers “doctor shopping” harder
- Identify “pill mills”
- Identify potential drug interactions – safety enhancement

Clinical Practice Guidelines

Centers for Disease Control (2016) Guideline for Prescribing Opioids for Chronic Pain — United States



Recommendation 9:

Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

Clinical Practice Guidelines

Pain Management Best Practices Inter-Agency Task Force Report (2019)



GAP:

PDMP use varies greatly across the United States, with variability in PDMP design; the state's health information technology infrastructure; and current regulations on prescriber registration, access, and use.

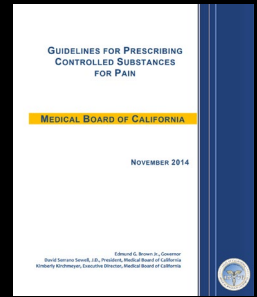
Clinical Practice Guidelines

■ HHS Interagency Task Force

– Recommendations:

- 1A: Consider checking PDMPs, in conjunction with other risk stratification tools, upon initiation of opioid therapy, with periodic reevaluation.
- 1B: Provide clinician training on accessing and interpreting PDMP data.
- 1C: Clinicians should engage patients to discuss their PDMP data rather than making a judgment that may result in the patient not receiving appropriate care. PDMP data alone are not error proof and should not be used to dismiss patients from clinical practices.
- 1D: If already performed upon admission in the inpatient hospital setting, the health care team should not be mandated to repeatedly check the PDMP if already performed upon admission and pending discharge.
- 1E: Conduct studies to better identify where PDMP data are best used (e.g., inpatient versus outpatient settings). Adjust PDMP data use based on the findings of the recommended studies to minimize undue burdens and overuse of resources (i.e., streamline PDMP data use).
- 1F: States are encouraged to have interoperability between PDMP and EHR platforms (Code of Federal Regulations 170.315). EHR vendors should work to integrate PDMPs into their system design at minimal to no additional cost or burden to providers (to eliminate barriers to accessing PDMP data), especially when these data points are mandated.
- 1G: Enhance the interoperability of PDMPs across state lines to allow for more effective use, along with consistent reporting to PDMP by the VA and military health system.
- 1H: Clinicians within and outside federal health care entities should have access to each other's data to ensure safe continuity of care.
- 1I: Allow access to PDMPs by all opioid prescribers.
- 1J: Encourage funding programs to link interstate PDMP programs to each other.

Clinical Practice Guidelines (State Example) Medical Board of California (2014)



- Clinicians should use the Prescription Drug Monitoring Program (PDMP) to identify patients who obtain drugs from multiple sources.
- In patients with above-average risk of substance use: Regularly check with a PDMP for compliance with prescribed amounts of opioids (using cross-state PDMP systems whenever they are available)
- Medical Records: An “adequate medical record” includes results of PDMP data searches

California Law (State Example)

Health and Safety Code §11165.4(a)(1)(B)

- Mandatory PDMP/CURES use:
 - The first time a patient is prescribed, ordered, administered, or furnished a controlled substance, unless one of the exemptions apply.
 - Within the twenty-four hour period, or the previous business day, before prescribing, ordering, administering, or furnishing a controlled substance, unless one of the exemptions apply.
 - Before subsequently prescribing a controlled substance, if previously exempt.
 - At least once every six months if the controlled substance remains a part of the patient's treatment plan.
- Who: Physician and Surgeon, Certified Nurse Midwife (Furnishing), Dentist, Naturopathic Doctor, Nurse Practitioner (Furnishing), Optometrist, Physician Assistant, Podiatrist
- Action for Failing: A health care practitioner who fails to consult the CURES database must be referred to their state professional licensing board for administrative sanctions, as deemed appropriate by that board.

California Law

Health and Safety Code §11165.4(a)(1)(B)

- Exemptions:
 - While the patient is admitted to, or during an emergency transfer between a
 - Licensed Clinic, or
 - Outpatient Setting, or
 - Health Facility, or
 - County Medical Facility
 - In the emergency department of a general acute care hospital, and the controlled substance does not exceed a non-refillable seven-day supply.
 - As part of a patient's treatment for a surgical procedure, and the controlled substance does not exceed a non-refillable five-day supply when a surgical procedure is performed at a
 - Licensed Clinic, or
 - Outpatient Setting, or
 - Health Facility, or
 - County Medical Facility, or
 - Place of Practice
 - The patient is receiving hospice care.

California Statute

Health and Safety Code §11165.4(a)(1)(B)

Additional Exemptions

- What if it is not reasonably possible for a prescriber to access the information in CURES in a timely manner?
 - If another individual with access to CURES is not reasonably available, a five-day supply of the controlled substance can be prescribed, ordered, administered, or furnished as long as there is no refill allowed. In addition, the prescriber must document in the patient's medical records the reason for not consulting CURES.
- What if I determine that consulting CURES would result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition?
 - A prescriber may provide a non-refillable five-day supply if they make this determination. The prescriber must document in the patient's medical records the reason for not consulting CURES.
- What if I experience technical difficulties with CURES?
 - There are exemptions to consulting CURES if there are technical difficulties accessing CURES, such as CURES is temporarily unavailable for system maintenance, or you experience temporary technological or electrical failure and CURES cannot be accessed (e.g., power outage due to inclement weather).

NOTE: A prescriber must, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within their control.

There is no private cause of action for a prescriber's failure to consult CURES.

Roots of Opioid Regulation

1914 Harrison Narcotic Tax Act

- “an act to provide for the registration of, with collectors of internal revenue, and to impose a special tax upon all persons who produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away any opium or coca leaves, their salts, derivatives, or preparations, and for other purposes”
- “Nothing contained in this section shall apply . . . to the dispensing or distribution of any of the aforesaid drugs to a patient by a physician, dentist, or veterinary surgeon registered under this Act in the course of his professional practice only.”
- Addiction not a disease, an addict not a patient, therefore not “in the course of his professional practice”

History of PDMPs

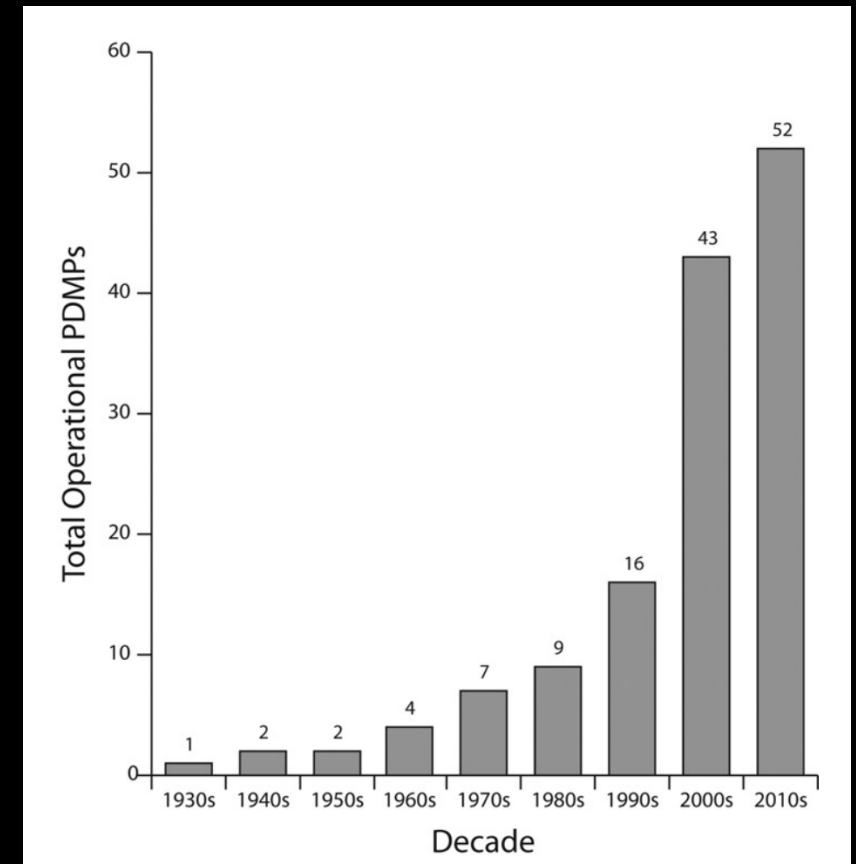
- 1914-1917 – New York State required physicians to submit duplicate prescription forms to centralized state database
 - State issued, numbered and required verification prior to dispensing
- 1939 – California Triplicate Prescription Program (Model Program)
 - Bureau of Narcotics Enforcement (Department of Justice)
 - State-issued prescription forms
 - One copy sent to state, one copy maintained by both prescriber and pharmacist
- 1943 – Hawaii
- 1961 – Illinois
- 1967 – Idaho
- 1973 – New York
- 1978 – Rhode Island
- 1981 – Texas
- 1988 – Michigan

History of PDMPs (Continued)

- Supreme Court: *Whalen v. Roe* (1977)
 - New York PDMP required names and address listed in a centralized database of those prescribed CII drugs
 - Challenge: “Violated the patient’s right to privacy [protected by 14th Amendment] and interfered with the doctor’s right to prescribe treatment for his patient solely on the basis of medical considerations
 - SCOTUS determined there was no violation of the 14th Amendment
 - PDMP data was a state administrative reporting requirement, not determining medical care
 - PDMP was a “state law enforcement tool for preventing unlawful diversion of controlled substances, not an instrument of medicine and public health”

History of PDMPs (Continued)

- 1990's – Oklahoma, Nevada, Massachusetts, Utah, Indiana, Kentucky, Guam
 - Oklahoma 1st in completely electronic PDMP
- 2000-2009 – 27 PDMPs added
- 2010-2019 – 8 PDMPs added
- District of Columbia, Puerto Rico
- Missouri pending (Bill signed 6/8/21 and effective August 28, 2021 for state-wide PDMP) – although St. Louis County (covering 85% of state) is operational



Holmgren, A. J., Botelho, A., & Brandt, A. M. (2020)

Federal Health

- Veteran's Affairs and Indian Health Service
 - VA physicians support PDMPs
 - 2016 HHS requires prescribers to use PDMP before prescribing opioids and pharmacists must report dispensing
 - IHS established a memorandum of understanding the states

Transition of PDMP

- Foundation
 - Generally developed primarily for law enforcement
 - Generally managed by Bureau of Narcotics Enforcement or Attorney General
- Modern
 - Some transition in management to Medical or Public Health Departments
 - Pennsylvania – Established in AG's office in 1972 moved to state health department in 2016
- Policy efforts to transition the utility of the PDMP from being punitive to enhancement of public health, though their law enforcement role remains in tact

Evidence-Based Practice

- ED Prescribing
 - FL prescribers reported PDMP data altered their prescribing and improved comfort in prescribing, though no change in the number of controlled substances prescribed (McAllister, M et al. 2015)
 - OH prescribers seeing patients with painful conditions (dental, neck, back, head, joint, or abdominal pain), excluding acute injuries, changed clinical management in 41%, 61% fewer or no opioid, and 39% more opioid (Baehren et al. 2010)
- PDMP on Opioid Utilization in Medicare (Buchmueller & Carey 2018)
 - Only if PDMP use mandated did measures drop in Medicare Part D beneficiaries
- KY, NM, TN, NY – Insurance claims data between 2010-14 with states implementing PDMP mandates between 2012-13. Results were a 6-77 MED per person reduction per quarter and in KY the percent of people filling opioids declined 1.6% (Haffajee 2018)

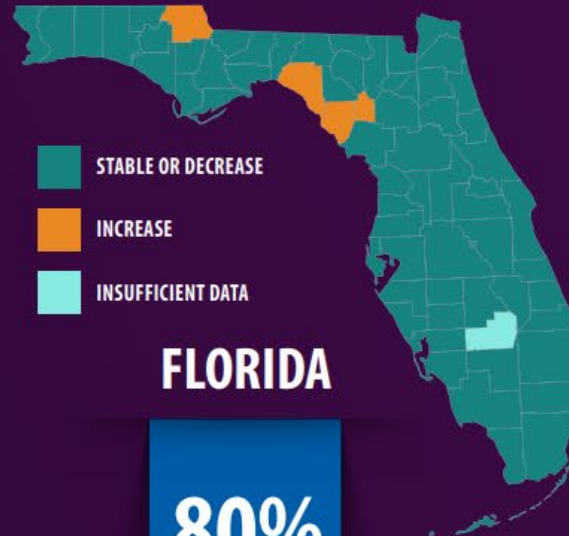
STATE SUCCESSES: Decreases in Opioid Prescribing

Average Morphine Milligram Equivalents (MME)* per person decreased in most counties in Florida, Ohio, and Kentucky from 2010 to 2015.



These states have
**regulated
pain clinics**
and set requirements for
their state's PDMP.

PDMP, Prescription Drug Monitoring Program, is a state-run electronic database used to track the prescribing and dispensing of controlled prescription drugs to patients.



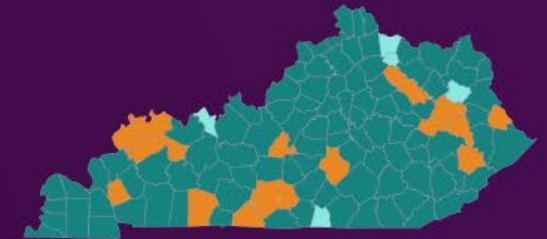
FLORIDA

80%
of counties
DECREASED



OHIO

85%
of counties
DECREASED



KENTUCKY

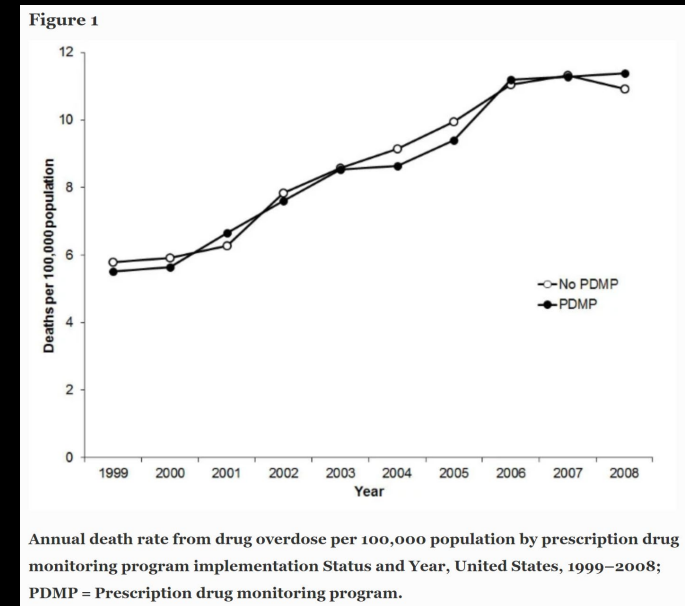
62%
of counties
DECREASED

* MME is a way to calculate the amount of opioids, accounting for differences in opioid drug type and strength.

www.cdc.gov/vitalsigns/opioids

PDMP and Opioid Related Overdose Death

- Between 1999-2005 “PDMPs not significantly associated with lower rates of drug overdose or opioid overdose mortality or lower rate of consumption of opioid drugs” (Paulozzi et al. 2011)
- Between 1999-2008 drug Overdose Deaths increase 96%. PDMP did not reduce drug overdose mortality in most states (Li et al. 2014)
- FL 2012 – Oxycodone-caused deaths declined 25% the month after implementation of FL’s PDMP (Delcher 2015)
- Systematic Review – Evidence that PDMP implementation either increases or decreases nonfatal or fatal overdose is largely insufficient (Fink et al 2018)



PDMP and Opioid Related Overdose Death

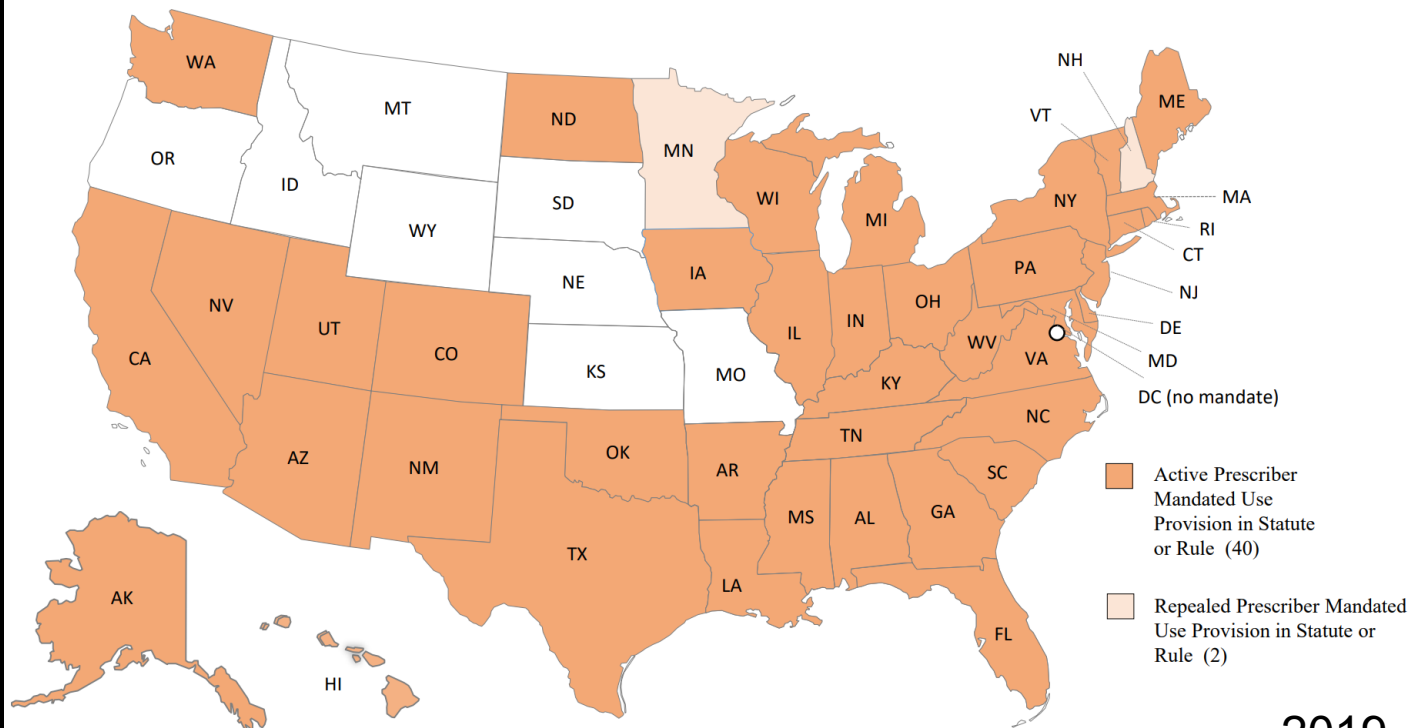
- All 50 states and DC between 1999-2014 opioid overdoses. PDMP strength was determined and for every 1 point increase in strength there was a 1% reduction in overdose deaths (Pardo 2017)

Table 1 Point allocation to rules to create score variable; number of states with operational Prescription Drug Monitoring Programs (PMPs) denoted by *n*.

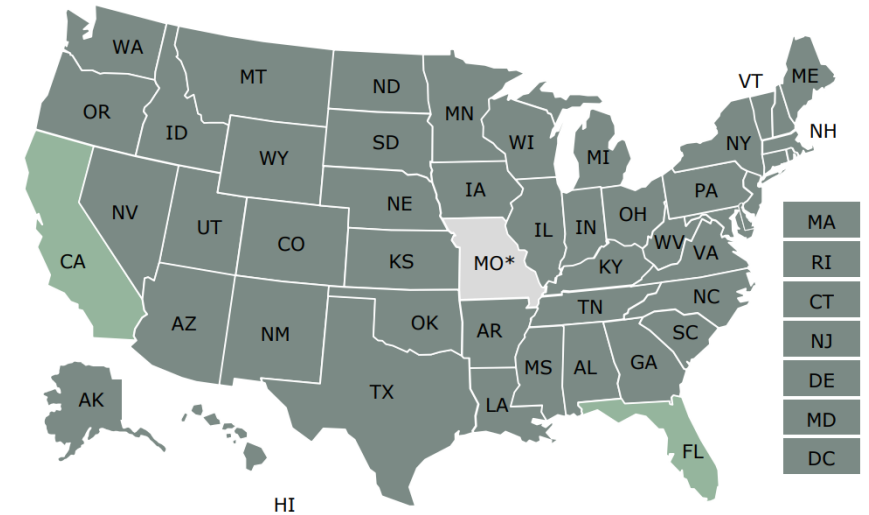
	<i>Statutory regulation or best practice</i>	<i>Outcomes listed from literature</i>	<i>Type (number of studies)</i>	<i>Weight</i>
1	Monitor more than Schedule II drugs (Schedules III, IV or V)	Reduced doctor-shopping, decreased inappropriate opioid pain relievers (OPR) use	Time series and descriptive/before–after [13]	3
2	PMP permitted or required (i.e. proactive) to identify suspicious prescribing, dispensing or purchasing activity	Decreased prescription sales	Observational with controls [4]	4
3	Access for law enforcement and prosecutors	None	None	1
4	Access for physicians, pharmacists, nurse practitioners/physicians; assistants, dentists, chiropractors	None	None	1
5	Reporting frequency	Decreased doctor-shopping, increase use of program by prescribers	Observational with controls [2]	Baseline < month, > week–2 if not required –1 for monthly 0 for less than a month, greater than a week 1 for weekly 2 for daily 3 for live system
6	Prescribers required to check PMP before prescribing to a patient	None	None, but Haegerich <i>et al.</i> [14] and Davis <i>et al.</i> [23] mention it	4
7	PMP permitted to share data with other states	None	None, but Brandeis best practices report mentions	1
8	Law requires program evaluation	None	None	1
9	PMP has oversight board	None	None	1
10	Data retention	None	None	1
11	Funding mechanism	None	None, but Brandeis best practices report mentions	0 no funding, 1 grants or gifts, 2 charging fees, 3 appropriated

National Alliance for Model State Drug Laws (NAMSDL)

Prescriber Mandated Use of PDMP/PMPs*



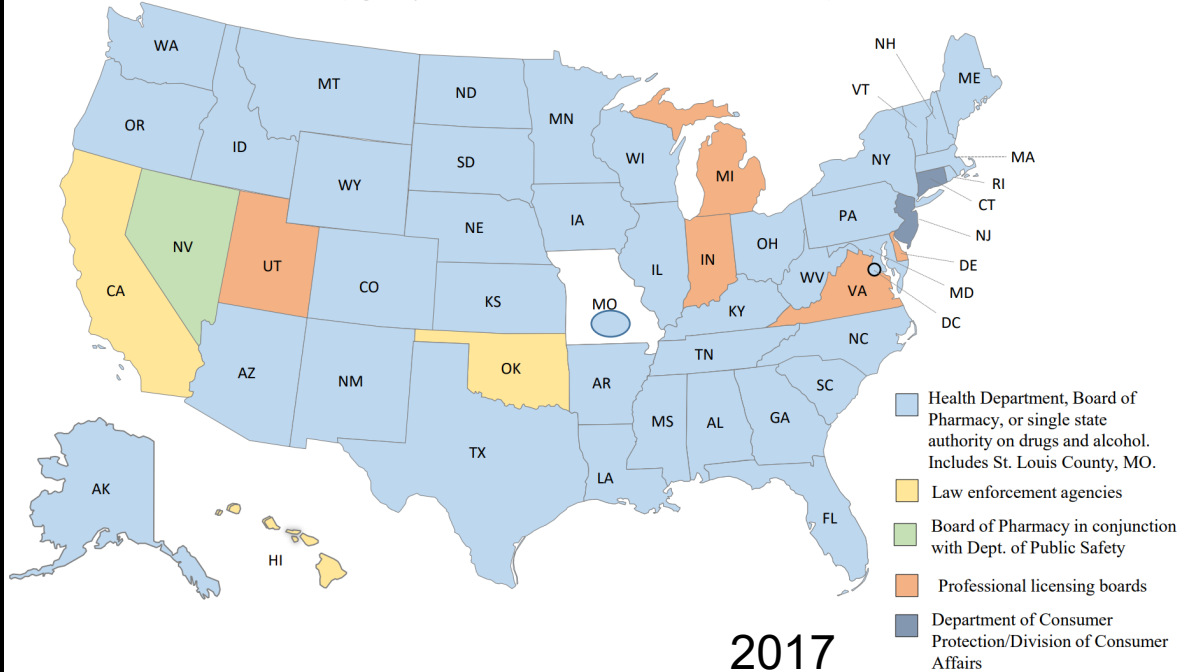
Status of PDMPs



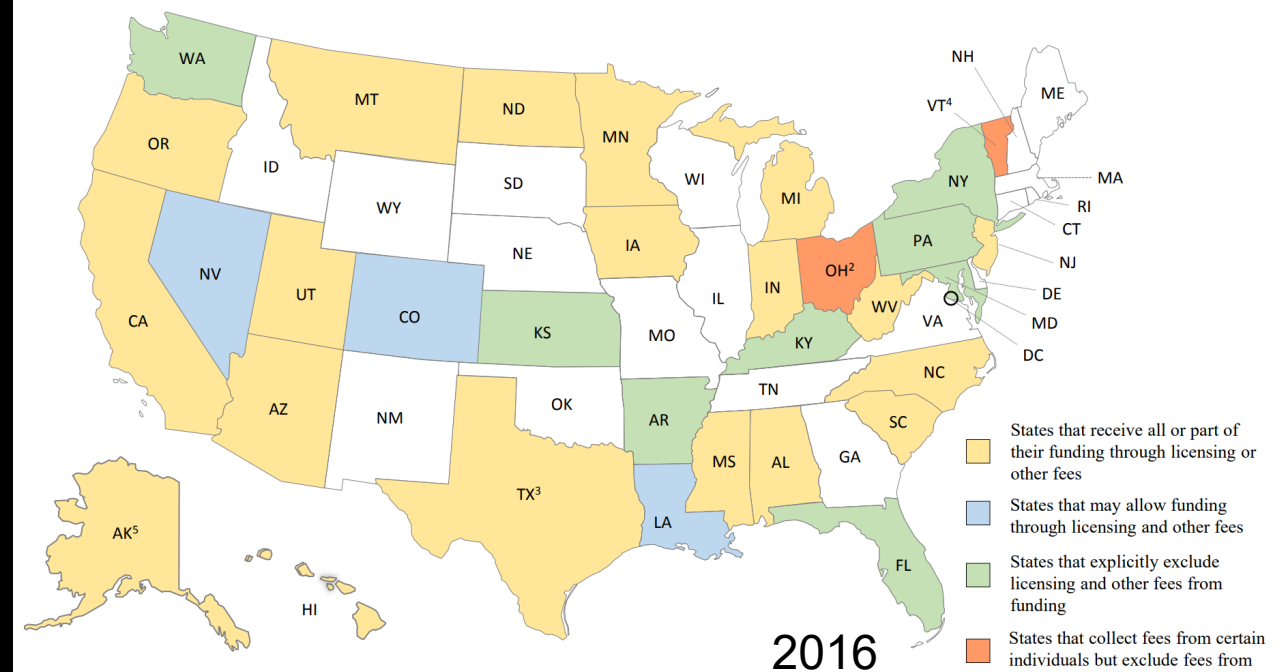
**Missouri does not have a statewide PDMP. However, St. Louis County operates a PDMP in which other counties in Missouri can participate. Current participating counties contain over 79% of Missourians.*

National Alliance for Model State Drug Laws (NAMSDL)

PMP Administering Agency
(agency authorized in statute or ordinance)



Funding Provisions of PMPs¹



¹This information is derived from the state PMP statutes and does not include any information that might be found in the state licensing or other

Limitations & Concerns

- Team Practice
- Administrative Burden (Enrollment, Access, ability to Delegate)
- Concern of Loss of License
- Fear of imprisonment
- Inappropriate modification of treatment for patients
- Less appropriate medical access may lead to greater misuse
- Provider burnout
- Lack of real-time access
- Lack of interstate data
- Lack of Full Integration into workflow (EHR)

Federal Policy

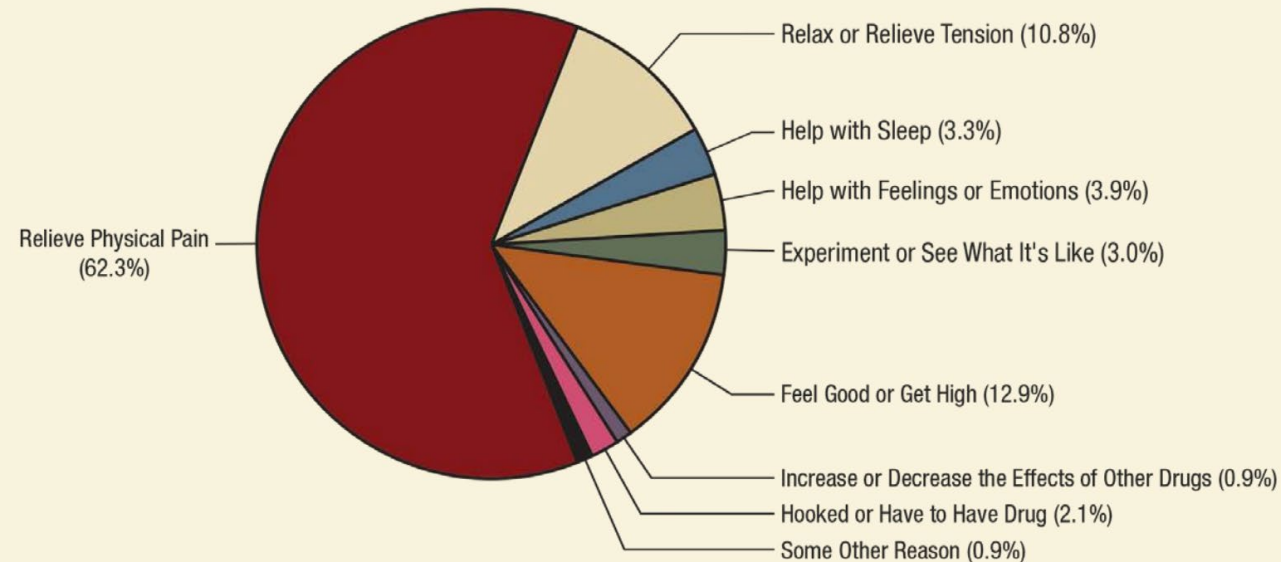
- SUPPORT (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment 2018) (<https://www.congress.gov/bill/115th-congress/house-bill/6>)
 - Requires providers to check PDMP for a Medicaid enrollee's prescription history before prescribing a controlled substance
 - Bill authorizes improvements for PDMPs regarding use, data reporting, and intrastate and interstate interoperability
- National Drug Control Strategy (January 2019) (<https://namsdl.org/wp-content/uploads/NDCS.pdf>)
 - Improve interoperability and address legal challenges
 - Improve PDMP integration and data sharing
 - Incentivize states to make PDMP checking mandatory for all providers

PDMP Operation Costs

- Startup costs \$450K - \$1.5M
- Annual Operation ranges from \$125-1M
- Federal Grants:
 - Harold Rogers PDMP grant (Department of Justice)
 - FY2012 - \$7M
 - National All Schedules Prescription Electronic Reporting Act of 2005 (NASPER) (Department of Health and Human Services)
 - FY2010 – 2M

Reason For Misuse

Main Reason for the Most Recent Prescription Pain Reliever Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages, 2016 NSDUH



11.5 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Clinical Actions

- Per CDC:
 - Do not dismiss patients from care
 - Calculate the total daily dose of opioids for safer dosages
 - If patients are receiving high total opioid dosages
 - Consider collaborating with the patient to taper opioids for chronic pain to a safer dosage
 - Consider offering naloxone
 - If patients are taking benzodiazepines with opioids
 - Communicate with others managing the patient
 - Weigh patient goals, needs, and risks
 - If considering opioid use disorder, discuss safety concerns and treatment options



Department of Justice - Bureau of Narcotic Enforcement
Controlled Substance Utilization Review & Evaluation System

01/26/2010 9:00

**CONFIDENTIAL
DOCUMENT**

PATIENT/CLIENT ACTIVITY : CONSOLIDATED REPORT

Prescription Drug Transaction Details :

Number of Hits: 50				Start Date: 01/26/2010				End Date: 01/26/2010						
Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refills
01/30/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	NORCO	TAB	325 MG-10 MG	120	SA PH [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	3
02/12/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	APAP/OXYCODONE	TAB	325 MG-10 MG	300	C 8 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0
02/12/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	60	C 8 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0
02/18/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RIT [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	3
03/09/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	APAP/HYDROCODONE	TAB	325 MG-10 MG	60	RIT [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0
03/12/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	APAP/OXYCODONE				TAB	325 MG-10 MG	300	C 8 [REDACTED]	[REDACTED]
03/13/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	NORCO				TAB	325 MG-10 MG	180	SA PH [REDACTED]	[REDACTED]
03/17/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] BITARTRATE	TAB	MG-10 MG	60	RIT [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	1
03/28/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	60	RIT [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2
04/03/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	NORCO	TAB	325 MG-10 MG	180	SA PH [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	2
04/07/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	APAP/OXYCODONE	TAB	325 MG-10 MG	300	C 8 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0
04/27/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	24	RIT [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0
05/05/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	APAP/OXYCODONE	TAB	325 MG-10 MG	300	C 8 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0
05/07/2010	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	180	C 8 [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	0

Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
06/02/20					APAP/OXYCODONE	TAB	325 MG-10 MG	180	C &					0
06/04/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	360	COO PHA					0
06/30/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	180	COO PHA					0
06/30/20					APAP/OXYCODONE	TAB	325 MG-10 MG	120	C &					0
07/28/20					APAP/OXYCODONE	TAB	325 MG-10 MG	80	C &					
07/28/20					NORCO	TAB	325 MG-10 MG	240	SAV PHA					
08/01/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	180	COO PHA					
08/01/20					APAP/HYDROCODONE BITARTRATE	TAB	MG-10 MG	180	COO PHA					3
08/06/20					NORCO	TAB	325 MG-10 MG	240	SAV PHA					2
08/25/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	720	COO PHA					0
08/28/20					NORCO	TAB	325 MG-10 MG	240	SAV PHA					3
08/25/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	720	COO PHA					
08/28/20					NORCO	TAB	325 MG-10 MG	240	SAV PHA					
09/29/20					NUVIGIL	TAB	MG	30	PHA					0
10/02/20					KLONOPIN	TAB	0.5 MG	50	SAV PHA					0
10/06/20					PERCOCET	TAB	325 MG-5 MG	60	SAV PHA					0
10/12/20					XANAX	TAB	1 MG	20	SAV PHA					0
10/13/20					APAP/OXYCODONE	TAB	325 MG-10 MG	100	WAL PHA 170					0
10/15/20					NORCO	TAB	325 MG-10 MG	200	SAV PHA					0
10/19/20					XANAX	TAB	1 MG	20	SAV PHA					0

Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
10/20/20					NORCO	TAB	325 MG-10	200	SA PH					1
11/06/20									APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	600	WAL PHA 1700	
11/17/20									SUBOXONE	TAB	2 MG-0.5 MG	60	CVS #91	
11/17/20					ALPRAZOLAM	TAB	1 MG	60	#91					0
11/19/20					APAP/OXYCODONE	TAB	325 MG-10 MG	100	RIT					0
11/19/20					OPANA ER	TER	20 MG	30	RIT					0
11/24/20					APAP/OXYCODONE	TAB	325 MG-5 MG	90	RIT					0
12/03/20					SUBOXONE	TAB	2 MG-0.5 MG	30	RIT					0
12/18/20					APAP/OXYCODONE	TAB	325 MG-10 MG	240	WA PH 170					0
12/29/20					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-5 MG	30	CVS #91					0
12/30/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	600	WA PH 170					1
01/06/20					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-5 MG	30	CVS #91					1
01/09/20					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-5 MG	30	CVS #91					0
01/11/20					APAP/OXYCODONE	TAB	325 MG-10 MG	100	CVS #91					0
01/12/20					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-5 MG	30	CVS #91					1

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PDMP

- 7 Prescribers for Controlled Substances
- 7 Pharmacies
- Between 7/1 – 12/31
 - 5220 doses of analgesics
 - Equals 28.4 doses/day
- “This is a waste of my time”



Department of Justice - Bureau of Narcotic Enforcement
Controlled Substance Utilization Review & Evaluation System

PATIENT/CLIENT ACTIVITY : CONSOLIDATED REPORT

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Prescription Drug Transaction Details :

Number of Hits: 116

Start Date: 07/09/

End Date: 07/09/2

Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
07/10/2					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	30						1
07/12/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	60						0
07/15/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	50						0
07/18/2					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-5 MG	25						0
07/19/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	25						0
07/19/2					OXYCODONE AND ACETAMINOPHEN	TAB	325 MG-2.5 MG	20						0
07/20/2					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	25						0
07/25/2					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	50						0
07/27/2					ALPRAZOLAM	TAB	1 MG	60						0
08/07/2					CHLORDIAZEPOXIDE HYDROCHLORIDE	CAP	25 MG	10						0
08/10/2					CLONAZEPAM	TAB	0.5 MG	60						0
08/12/2					ROXICET	TAB	325 MG-5 MG	15						0
08/13/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	40						0
08/15/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30						0

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Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#
08/16/					APAP/OXYCODONE	TAB	325 MG-10 MG	30	CVS #91			SCH LEO	0
08/17/					ALPRAZOLAM	TAB	1 MG	48	RIT			MOR RAP	1
08/22/					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	30	VO 232			MYE SEY	0
08/29/					ALPRAZOLAM	TAB	1 MG	60	VO 232			MOR RAP	0
08/29/					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	16	VO 232			HAR THO	1
08/29/					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	34	VO 232			HAR THO	0
08/31/					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	30	CVS #91			MYE SEY	0
09/09/					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	50	VO 232			HAR THO	0
09/23/					ALPRAZOLAM	TAB	1 MG	60	VO 232			MOR RAP	1
09/29/					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	50	VO 232			HAR THO	0
10/06/					ALPRAZOLAM	TAB	1 MG	12	RIT			MOR RAP	2
10/14/					ALPRAZOLAM	TAB	1 MG	60	RIT			MOR RAP	0
10/17/					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	50	VO 232			HAR THO	0
10/17/					ALPRAZOLAM	TAB	1 MG	60	VO 232			MOR RAP	2
10/24/					LUNESTA	TAB	3 MG	30	RIT			MOR RAP	0
10/24/					ALPRAZOLAM	TAB	2 MG	60	RIT			MOR RAP	0
11/03/					ALPRAZOLAM	TAB	1 MG	180	ME PH			MOR RAP	0
11/04/					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	20	WA #1			SOC	0
11/07/					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	20	ME PH			SOC	0
11/09/2011	CHRISTINE	THOMAS	07/26/1975	109 NORTH GRANADOS, SOLANA BEACH, CA, 92075	HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	50	VO 232			HAR THO	0

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Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
01/09/20					APAP/OXYCODONE	TAB	325 MG-5 MG	20	SA					0
01/10/20					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	30	CV	#9				0
01/11/20					APAP/OXYCODONE	TAB	325 MG-5 MG	10	WA	#1				0
01/17/20					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	20	RI					0
01/19/20					APAP/OXYCODONE	TAB	325 MG-5 MG	30	RA	NO				0
01/21/20					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	20	RI					0
01/23/20					ROXICET	TAB	325 MG-5 MG	30	CV	#9				0
01/24/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	60	NO	ME PH				0
01/26/20					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	20	CV	#3				0
01/26/20					APAP/OXYCODONE	TAB	325 MG-5 MG	60	CV	#9				0
01/27/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	40	RI					0
01/29/20					APAP/OXYCODONE	TAB	325 MG-5 MG	35	WA	06				0
01/30/20					APAP/OXYCODONE	TAB	325 MG-5 MG	20	MS	PH				0
01/31/20					APAP/OXYCODONE	TAB	325 MG-5 MG	12	SH	ST PH				0
02/01/20					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	24	RI					0
02/02/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	40	MS	PH				0
02/05/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	15	SA					0
02/06/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	CV	#9				0
02/10/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	40	MS	PH				0
02/10/20					HYDROCODONE	TAB	325		VA					

Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
02/10/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	40	RITB					0
02/12/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	CVS	#918				1
02/14/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	WAL	#116				0
02/16/20					ALPRAZOLAM	TAB	2 MG	60	RITB					0
02/16/20					LUNESTA	TAB	3 MG	30	RITB					1
02/17/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	40	RITB					0
02/17/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	RITB					0
02/19/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	WAL	#116				1
02/20/20					APAP/OXYCODONE	TAB	325 MG-5 MG	40	NOR MED PHA					0
02/21/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	SUP PHA					0
02/21/20					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	20	RITB					0
02/23/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	SUP PHA					1
02/23/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	40	RITB					0
02/25/20					APAP/OXYCODONE	TAB	325 MG-5 MG	40	WAL	060				0
02/26/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	RITB					0
02/27/20					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	12	WAL	#116				0
02/27/20					APAP/OXYCODONE	TAB	325 MG-5 MG	5	RITB					0
02/27/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	21	RAI NO					0
02/28/20					APAP/OXYCODONE	TAB	325 MG-5 MG	35	SAL					0
02/28/20					HYDROCODONE BITARTRATE AND	TAB	325 MG-5	30	TAR NO					0

Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
03/02/20					APAP/OXYCODONE	TAB	325 MG-7.5 MG	35	WA 060					0
03/05/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	10	RAI NO					0
03/12/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	20	SAV					0
03/12/20					LUNESTA	TAB	3 MG	30	RIT					2
03/12/20					ALPRAZOLAM	TAB	2 MG	60	RIT					4
03/14/20					APAP/OXYCODONE	TAB	325 MG-5 MG	50	SU PH					0
03/19/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	CV #91					0
03/20/20					ALPRAZOLAM	TAB	2 MG	60	RIT					0
03/21/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	10						0
03/21/20					ALPRAZOLAM	TAB	2 MG	90	CV #39					0
03/22/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	CV #39					0
03/23/20					CHLORDIAZEPOXIDE HYDROCHLORIDE	CAP	25 MG	8	CV #91					0
03/23/20					SUBOXONE	FIL	2 MG-0.5 MG	60	RIT					0
03/24/20					SUBOXONE	FIL	8 MG-2 MG	60	RIT					0
04/04/20					ALPRAZOLAM	TAB	2 MG	60	RIT					1
04/16/20					SUBOXONE	FIL	8 MG-2 MG	60	RIT					1
04/30/20					ALPRAZOLAM	TAB	2 MG	90	CV #39					1
05/01/20					ALPRAZOLAM	TAB	2 MG	60	RIT					0
05/05/20					ROXICET	TAB	325 MG-5 MG	20	CV #39					0
05/07/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	VC 23					0

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Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
05/09/20					APAP/OXYCODONE	TAB	325 MG-5 MG	30	SA					0
05/10/20					APAP/OXYCODONE	TAB	325 MG-5 MG	40	RT					0

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3- Suboxone #180
26- Oxycodone/APAP #721
60- Hydrocodone/APAP #1782
21- Alprazolam #1388
3- Lunesta #90
1- Clonazepam #60

Prescribers #46
Pharmacies #28
Profiles #34

Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
11/27/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	SEA PHA			LAUREN MD		
11/27/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	60	CVS #94			SEAN, J		
11/30/2					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-10 MG	20	THE WIL PER CAR			JAMILA		
12/01/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	20	MIS MED PHA			THOMAS R MD		
12/01/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	60	CVS #09			BRIAN R PA		
12/07/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	30	RIT			DALE MD		
12/07/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	50	WAL 0612			STEPHEN J MD		
12/09/2					NORCO	TAB	325 MG-10 MG	240	SAV PHA			MD		
12/18/2					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	30	RIT			HARRIS MD		
12/18/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	30	SEA PHA			DANIEL MD		
12/19/2					NORCO	TAB	325 MG-10 MG	30	SAV			JOSE A		
12/20/2					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-10 MG	20	RIT			KEVIN C MD		
12/20/2					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	20	THE WIL PER CAR			PETER J MD		
12/21/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-5 MG	8	WAL 019			GORDON S MD		
12/21/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-7.5 MG	12	PRO PHA			KEVIN G MD		
12/21/2					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-10 MG	15	RIT			TODD, C, M.D.		
12/22/2					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	15	RIT			, SAUL D. (MD)		
12/22/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	60	SEA PHA			CAROL A MD		
12/23/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	PRO PHA			STEVEN J PA		

Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
12/24/2					NORCO	TAB	325 MG-10 MG	120	SAV			GARY L MD		
12/26/2					NORCO	TAB	325 MG-10 MG	40	SAV			DAVID MD		
12/26/2	Win				APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	40	WA PHA 507			DAVID MD		
12/27/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	VOI 234			ALISON (D.O.)		
12/28/2					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-10 MG	120	RIT			RICHARD A MD		
12/28/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	25	PRO PHA			STEVEN J PA		
12/29/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	60	WA #11			TIMOTHY J MD		
12/30/2					NORCO	TAB	325 MG-10 MG	40	SAV			DAVID MD		
01/01/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	CVS #91			JOHN MD		
01/01/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	10	CVS #88			KEVIN DO		
01/02/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	WA PHA 507			NONA LYN MD		
01/04/2					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-5 MG	15	PRO PHA			SOHEIL		
01/04/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	20	PRO PHA			RICKY A PA		
01/04/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	VOI 236			TIMOTHY J MD		
01/05/2					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	30	RIT			HARRIS MD		
01/07/2					NORCO	TAB	325 MG-10 MG	120	SAV			NORMAN MD		
01/07/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	SEA PHA			VANAJA PAC		
01/10/2					LORAZEPAM	TAB	1 MG	15	VOI 236			CHAD M (MD)		
01/11/2					CHLORDIAZEPOXIDE HCL	CAP	25 MG	20	CVS #91			TIMOTHY J MD		
01/12/2					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	30	VOI 236			KELLY T. (PA-C)		

PDMP Results

- 30 Days
- Total Prescriptions: 29
- Total Providers: 25
- Total Pharmacies: 18
- Vicodin 5/500: 148
- Vicodin ES: 12
- Norco 10/325: 1315



Department of Justice - Bureau of Narcotic Enforcement
Controlled Substance Utilization Review & Evaluation System

PATIENT/CLIENT ACTIVITY : CONSOLIDATED REPORT

**CONFIDENTIAL
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Prescription Drug Transaction Details :

Number of Hits: 34				Start Date: 05/17/20				End Date: 05/17/20						
Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
06/07/20					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-10 MG	120	RITE			AD JE		
06/07/20					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-10 MG	120	TAO PHA			RU RI		
06/30/20					HYDROCODONE BITARTRATE AND ACETAMIN	TAB	325 MG-10 MG	120	RITE			AD JE		
07/06/20					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-10 MG	120	TAO PHA			RU RI		
07/26/20					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-10 MG	120	TAO PHA			RU RI		
07/28/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RITE			AD JE		
08/04/20					VICODIN	TAB	500 MG-5 MG	20	SAV PHA			W GE		
08/09/20					VICODIN ES	TAB	750 MG-7.5 MG	30	SAV PHA			W GE		
08/16/20					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-10 MG	120	WAL #110			RU RI		
08/24/20					VICODIN	TAB	500 MG-5 MG	10	SAV PHA			W GE		
08/25/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RITE			AD JE		
09/06/20					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-10 MG	120	WAL #110			RU RI		
09/21/20					APAP/HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RITE			AD JE		
09/25/20					APAP/HYDROCODONE BITARTRATE	TAB	500 MG-10 MG	120	WAL #110			RU RI		

Summary

- PDMP use is widely supported by legislators, regulators, policymakers, medical societies and clinical practice guidelines
- Funding is complicated
- Evidence-based research is necessary to determine optimal utilization of data to improve patient outcomes
- No specific guidance exists on interpretation and standard of care actions when reviewing the results
- Requirements to utilize PDMPs is moving from professional standards to legal mandates
- PDMPs have a benefit and harm like any intervention

References

Baehren, D. F., Marco, C. A., Droz, D. E., Sinha, S., Callan, E. M., & Akpunonu, P. (2010). A statewide prescription monitoring program affects emergency department prescribing behaviors. *Annals of emergency medicine*, 56(1), 19-23.

Beauchamp, G. A., Winstanley, E. L., Ryan, S. A., & Lyons, M. S. (2014). Moving beyond misuse and diversion: the urgent need to consider the role of iatrogenic addiction in the current opioid epidemic. *American journal of public health*, 104(11), 2023-2029.

Brown Jr, E. G., Sewell, G. D. S., & JD, P. (2014). Guidelines for prescribing controlled substances for pain. *Sacramento, CA: Medical Board of California*.

Buchmueller, T. C., & Carey, C. (2018). The effect of prescription drug monitoring programs on opioid utilization in Medicare. *American Economic Journal: Economic Policy*, 10(1), 77-112.

Delcher, C., Wagenaar, A. C., Goldberger, B. A., Cook, R. L., & Maldonado-Molina, M. M. (2015). Abrupt decline in oxycodone-caused mortality after implementation of Florida's Prescription Drug Monitoring Program. *Drug and alcohol dependence*, 150, 63-68.

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

Fink, D. S., Schleimer, J. P., Sarvet, A., Grover, K. K., Delcher, C., Castillo-Carniglia, A., ... & Cerdá, M. (2018). Association between prescription drug monitoring programs and nonfatal and fatal drug overdoses: a systematic review. *Annals of internal medicine*, 168(11), 790-799.

References

- Holmgren, A. J., Botelho, A., & Brandt, A. M. (2020). A history of prescription drug monitoring programs in the United States: political appeal and public health efficacy. *American journal of public health*, 110(8), 1191-1197.
- Li, G., Brady, J. E., Lang, B. H., Giglio, J., Wunsch, H., & DiMaggio, C. (2014). Prescription drug monitoring and drug overdose mortality. *Injury epidemiology*, 1(1), 1-8.
- McAllister, M. W., Aaronson, P., Spillane, J., Schreiber, M., Baroso, G., Kraemer, D., ... & Gray-Eurom, K. (2015). Impact of prescription drug-monitoring program on controlled substance prescribing in the ED. *The American journal of emergency medicine*, 33(6), 781-785.
- Pardo, B. (2017). Do more robust prescription drug monitoring programs reduce prescription opioid overdose?. *Addiction*, 112(10), 1773-1783.
- Paulozzi, L. J., Kilbourne, E. M., & Desai, H. A. (2011). Prescription drug monitoring programs and death rates from drug overdose. *Pain medicine*, 12(5), 747-754.
- Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data>
- U.S. Department of Health and Human Services (2019, May). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from U. S. Department of Health and Human Services website: <https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>

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Thank You & Questions
