

Intent:

This report contains high-level information on the Prescription Drug Monitoring Program (PDMP) and is intended to provide a summary of registration and reporting data specific to your profession.



Overview:

The PDMP began in 2008 and mandatory registration, reviewing, and reporting requirements went into effect in July 2017. All actively licensed practitioners with a valid DEA registration are required to register with the database; however, there are both practice-specific and supply-duration exemptions in AS 17.30.200(k) and (u) in which practitioners are not required to consult the PDMP. Generally, practitioners are required to review patient prescription history before prescribing, administering, and/or directly dispensing a federally scheduled II – IV controlled substance. If directly dispensing, practitioners must report this information to the PDMP.

Delegate access is allowed so long as the delegate holds an active license, certification, or registration under AS 08. Delegate access can help relieve time-constraints as reviewing and reporting tasks can be distributed to qualified staff.

Requirements:

- PDMP fees for initial and continued access went into effect on April 22, 2018. Requires a \$25.00 fee to be submitted before access is granted per 12 AAC 02.107
- The Board of Veterinary Examiners may *“discipline a licensee who prescribes or dispenses an opioid in excess of the maximum dosage authorized...”* (HB159; AS 08.98.050(a)(10); effective 07/01/2018)
- The Board of Veterinary Examiners must: *“identify resources and develop educational materials to assist licensees to identify an animal owner who may be at risk for abusing or misusing an opioid.”* (HB159; AS 08.98.050(a)(11); effective 07/01/2018)

Updates and Imminent Changes:

- Clinical Alerts is a feature that will send automated alerts to practitioners when a patient has exceeded the threshold of generally recognized safe standards of practice. A task force comprised of licensees from boards with prescribing authority convened to discuss prescriptive guidelines. All boards, except the Board of Veterinary Examiners, agreed with the threshold of 5 prescribers and 5 pharmacies over a three-month period. The Clinical Alert feature is anticipated to be added as an enhancement to the PDMP before the end of 2018.
- NDC Code changes – 10-digit NDC codes must be converted to 11 digits using a 5-4-2 format by adding an additional ‘0’ before the NDC number.
- Unsolicited Reports “Report Cards”
 - First distributed on December 6, 2017 and will be sent quarterly
 - Details prescribing practices in relation to practitioners of the same occupation and specialty
 - Allows practitioners to reflect on prescribing practices that may ultimately help serve as a clinical decision making tool
- Prescription errors can be corrected in the PDMP AWAxR platform via Data → Rx management → New Rx Tab

Data: Presently, there are a total of 6,486 registered users, 248 of which are veterinarians (Figure 1). While veterinarians make up a small percentage of registered users, the proportion of total licensed veterinarians registered with the PDMP is 65%; the majority of licensed veterinarians are registered with the PDMP (Figure 2).

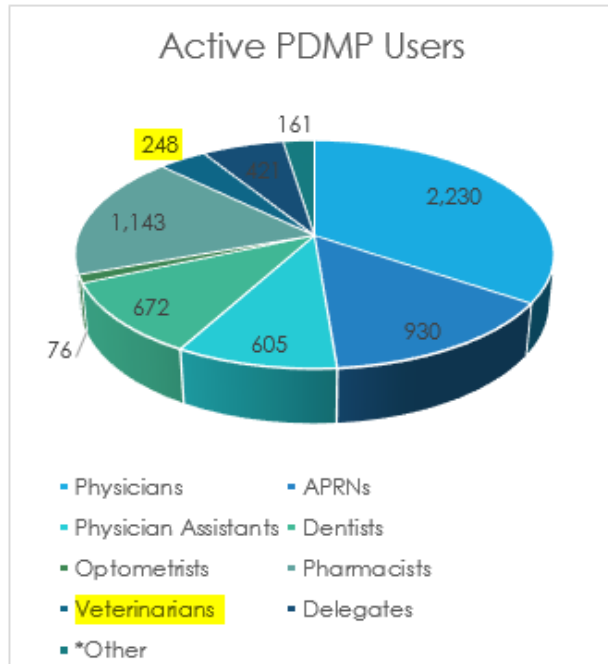


Figure 1. Veterinarians comprise 3.82% of actively registered users. *Other includes IHS and VA prescribers and dispensers, admin, medical residents, and out-of-state pharmacists.

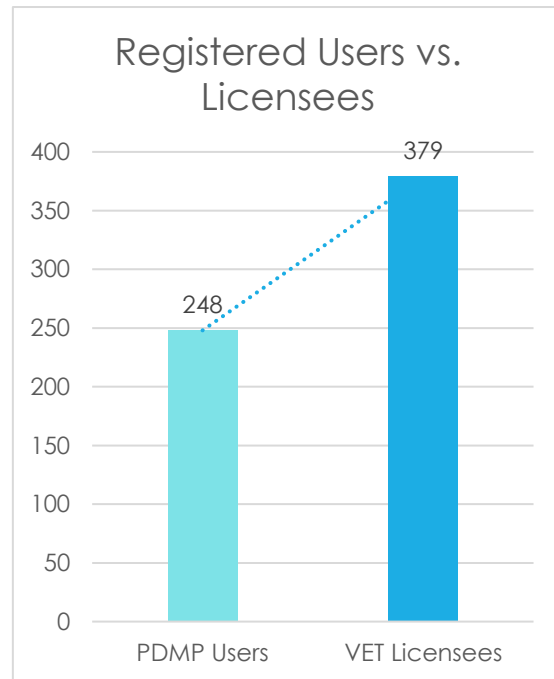


Figure 2. The proportion of veterinarians to users.

Veterinarians have prescribed more than three (3) times the amount of prescriptions by morphine milligram equivalents (MME) than optometrists and half a million less MMEs than dentists (Figure 3).

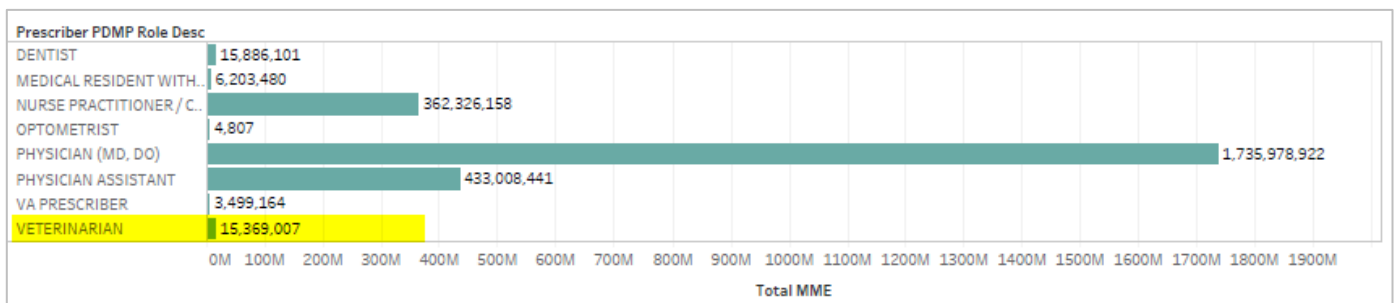


Figure 3. MMEs by profession; veterinarians have provided prescriptions totaling over 15 million MMEs.

PDMP Administrator Question Re: Veterinarian Requirements

Question posed on April 24, 2018: Does your state currently require veterinarians to register with the PDMP? If so, does your state also have mandatory use? What have veterinarians identified as being the biggest challenges in using the PDMP? If your state does not require veterinarians to register and/or use the PDMP, what are the reasons for their exclusion? Lastly, (if your state doesn't currently require this) does your state intend to add veterinarians as mandatory practitioners, if so, when?

Veterinarian Requirements?	State	Response
Yes	Connecticut	<p>1. Initially, there were a lot of questions about pulling patient reports. What criteria should they use to conduct a patient search? Do they search for the pet or the owner?</p> <p>2. There were concerns about pulling the owner's pdmp report because the pet is the patient not the person.</p> <p>3. Connecticut is mandatory registration and utilization. Since veterinarians usually prescribe and dispense at the facility, there was initially a lot of confusion about when to upload into the PMP Clearinghouse and when to look up a patient. Differentiating between the two consisted of a lot of meetings and FAQs development.</p> <p>4. Our state mandates daily reporting. Advocates representing the veterinarian community we're able to push back to remain on the weekly reporting schedule. Some factors: limited resources/staff, small practices, lots of zero reporting, practices without technology (i.e. computers, mobile device, Internet)</p>
Yes	South Carolina	<p>When SC passed the mandatory use law in May 2017, it did not exempt any provider types. Therefore, veterinarians that prescribe more than a 5 day supply of CII medications are required to check PMP. The biggest challenge is animal DOB. Because DOB of animal is often unknown, the veterinarians have a difficult time locating the patient's information in PMP. Animal prescriptions are not associated with owner's profile. Veterinarians are not allowed to look up people profiles since they don't have a practitioner-patient relationship with the owner.</p>
Yes, effective July 1, 2018	Nebraska	<p>Nebraska will begin requiring veterinarians to report CII-IV on July 1.</p> <p>We do not have mandatory use. There have been concerns brought up by lobbyists for the vets whether they have a right under HIPAA to review a patient/client's PDMP report.</p> <p>We have a workgroup of about ten veterinarians from various practice (small animals, large animals, Humane Society, etc.) whom have gone over in some detail the barriers and opportunities. Vets typically don't collect the client DOB. We've seen entries ranging from the patient's estimated DOB, to a default entry of 01/01/1900 and everything in between. Gender can also be a challenge. some enter the patient's gender, while others enter the client. We try to get them to understand that we're interested in the owner's information and not the animal, since it's not Fluffy or Fido who may be misusing or abusing controlled substances. The issue of the owner is also a challenge. I may bring in my pet for tramadol one time, then my wife may be the owner next time if she brings in the animal for a new prescription, then my children may be listed as the owner the next time if they bring in the animal. This is inconsistent and confusing, especially when vets don't collect this information in most cases. We've been working with the vet ambulatory clinic</p>

		<p>software vendors to discover that many can report in ASAP format, but some don't follow the actual ASAP formatting for field length, etc so we're working with them to provide a valid report. Several vets see the potential benefits of reporting and viewing the data, but most don't see that it's worth it, as "I know my clients and they wouldn't do such a thing", or it's a very small population causing the problem, or we can't identify an issue if there's no consistency with collecting a client name and DOB since they'll be paying cash and "forget" their ID when picking up the prescription. Enough of my lengthy tirade. I can go into even more detail if you like. Bottom line - it's a challenge at best.</p>
Yes	Maryland	<p>The bill that created mandatory registration and use created a situation that I don't think is what legislators intended, but it required veterinarians to be registered with PDMP but then didn't provide a valid use case for them to actually access the data.</p> <p>I would strongly urge you to try to insert yourself more actively into the details of definitions / requirements because I wish I had caught that the way they tied PDMP registration to our state-level CDS registration would require us to have veterinarians be registered, which is ridiculous when our definition of a prescriber in our statute (for the purpose of gaining clinical use access to PDMP data) requires that provider to be treating patients (defined as humans).</p> <p>There has been interest in having veterinarians play a role in PDMP here in Maryland by some legislators, but they haven't been able to articulate exactly what their policy goal is.</p> <p>Veterinarian dispensing is not regulated very well here in Maryland and so we have advocated that this part of the equation be beefed up as a first step.</p> <p>Veterinarians in Maryland have voiced discomfort with having access to HIPAA-protected data as that is not part of their general scope of practice. They do not want to be in a position to identify an animal owner with SUD because again, not within their scope of practice to address. Therefore, they would only be looking for individuals who are committing fraud or animal cruelty. They were unclear what appropriate steps could be taken, other than firing the owner or calling police. I think we're at least another legislative session or 2 away from clearing up what veterinarians' role, if any, will be in relation to PDMPs. Very interested to hear how these changes play out in other states!</p>
Yes	West Virginia	<p>WV requires all practitioners who prescribe or dispense controlled substances to have access, including vets. There is mandated use for initial C-II, opioid and benzo prescriptions. New legislation also limits vets to 7-day opioid prescriptions.</p> <p>There have been a couple challenges. One is educating the various practitioners about the PDMP requirements. The other was a PDMP vendor issue that was requiring an NPI #, which vets don't have. We now have that remedied.</p>
No	Georgia	<p>Veterinarians are not pdmp users in GA.</p>

Yes	New Hampshire	<p>In NH – veterinarians are required to register and upload data to the PDMP as dispenser if they are the “owners” of the controlled substances. Veterinarians with DEA numbers associated with their NH licenses are also required to register to utilize the database – however for veterinarians only it is voluntary. The data for a Rx for an animal is uploaded with the human name, DOB, address, and a required species code – 02 for animal that then requires a name field for the animal as well. If they were to query, they would query the owner of the animal. It would show the owners’ controlled prescription history and any animal controlled prescription history attached to them. The “human” provider when querying their patient would also see any animal/pet controlled substance prescriptions filled.</p> <p>For the veterinarian this allows them to view whether the animal/pet has been seen by multiple veterinarians and/or whether there could be a potential issue with the animal receiving their treatment if the opioid prescription was given to the owner if the owners’ controlled substance history showed possible concern of misuse/diversion.</p> <p>For the human provider, they could see if their patient was extending misuse/abuse beyond human practitioners by bring their pets to multiple providers.</p>
No; repealed in 2016	Arizona	<p>The original PMP law in Arizona included veterinarians and veterinary dispenses in CII-IV, but the requirement for them to register and report dispensing was removed effective in 2016.</p> <p>In the 2018 Special Session on the Arizona Opioid Epidemic, it was discussed again about veterinarians and veterinarian dispensing. It was decided that veterinarians would remain exempt from the PMP, but the following was added into statute (sorry about the all caps): 32-2239.01. Duty to report; clients seeking controlled substances; immunity</p> <p>A. A VETERINARIAN WHO REASONABLY SUSPECTS OR BELIEVES THAT A CLIENT OR PERSON IS TRYING TO OBTAIN CONTROLLED SUBSTANCES WITH AN INTENT OTHER THAN TO TREAT THE PATIENT ANIMAL SHALL REPORT THAT SUSPICION, OR CAUSE A REPORT TO BE MADE, TO LOCAL LAW ENFORCEMENT WITHIN FORTY -EIGHT HOURS AFTER THE TREATMENT OR EXAMINATION. THE REPORT SHALL INCLUDE THE NAME AND ADDRESS OF THE CLIENT OR PERSON WHO SOUGHT THE EXAMINATION OR TREATMENT. THE VETERINARY RECORDS PERTAINING TO THE INVESTIGATION INITIATED PURSUANT TO THE REPORT TO LAW ENFORCEMENT UNDER THIS SUBSECTION SHALL BE PROVIDED TO LOCAL LAW ENFORCEMENT ON REQUEST FOR ANY FURTHER CRIMINAL INVESTIGATION.</p> <p>B. A VETERINARIAN WHO FILES A REPORT OR CAUSES A REPORT TO BE FILED PURSUANT TO SUBSECTION A OF THIS SECTION IS IMMUNE FROM CIVIL LIABILITY WITH RESPECT TO ANY REPORT MADE IN GOOD FAITH.</p>