

THE ALLIANCE MONITOR_x

6th Annual Harold Rogers PDMP National Meeting

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The Alliance of States with Prescription Monitoring Programs, in partnership with Brandeis University and the Bureau of Justice Assistance, is pleased to announce that the 6th National Harold Rogers Prescription Drug Monitoring Meeting is scheduled for June 28- 30, 2010.

The meeting will be held in Washington D.C., at the Four Seasons Hotel(www.fourseasons.com/washington/) located at 2800 Pennsylvania Avenue NW.

This year's meeting promises to be as informative, diversified and well balanced as our 2009 meeting. It will address many

issues surrounding prescription monitoring programs (PMPs) to most effectively and efficiently address the issues of prescription drug abuse and diversion.

The Drug Czar, Gil Kerlikowske, Dr. A. Thomas McLellan, Deputy Director of ONDCP, and James Burch, acting Director of BJA, will all be speaking at the meeting.

In addition, the Alliance will be conducting its Annual Meeting as part of the national meeting.

To arrange for your hotel

stay, contact the Four Seasons (202-342-0444) and reference the Harold Rogers PDMP National Meeting. You must reserve your room by May 28 in order to receive the federal government rate.

Attendance at the meeting is free; however, we do ask that you register with us. The registration form can be found on our website (www.pmpalliance.org) so we can keep track of how many are coming. A preliminary agenda is also available for the meeting online.

If you have questions please feel free to contact us at assist@pmpalliance.org or (360) 556-7152.



National PDMP Law Enforcement Meeting

The Alliance in partnership with Brandeis University, and with support from the Bureau of Justice Assistance (BJA), will be hosting the first Harold Rogers Prescription Drug Monitoring Program topical meeting on the **"Use of Prescription Drug Monitoring Program (PDMP) data by Law Enforcement."**

The purpose of the meeting is to provide education and information about how Prescription Drug Monitoring Programs can efficiently and effectively work with Law Enforcement to address prescription drug misuse, fraud, and diversion.

Through this meeting, we hope to examine the role law enforcement agencies play in curtailing fraud and diversion of prescription drugs, share information about how states are collaborating with law enforcement, and develop recommendations that may be employed by all PDMPs.

Invited guests include state PDMP Administrators, state and local law enforcement who both use the PDMP and who have an interest in learning how to better utilize the PDMP, federal law enforcement partners, and other federal and national partners.

The meeting will be held on May 25-26 at the Hyatt Regency in San Antonio Texas. You may contact the hotel at (210-224-1234).

Although attendance at the meeting is free you must register with the Alliance. If you have any questions please contact Chris Baumgartner at (360) 556-7152 or go to the Alliance website www.pmpalliance.org for information and registration form.

The Alliance and Brandeis University extend an invitation to all states and federal partners as well as other stakeholders.

Sponsored By:



A Prescription for Excellence

The Department of Justice (DOJ) has selected the Heller School for Social Policy and Management at Brandeis University to host a new initiative to reduce diversion and abuse of prescription drugs: the PMP Center of Excellence.

Funded through a training and technical assistance grant from DOJ's Bureau of Justice Assistance (BJA), the Center will assist PMPs by providing useful and timely data on prescriptions to doctors, pharmacies, and regulatory agencies. The Center will develop an informational clearinghouse and help to identify best practices in prescription monitoring, while serving as a forum to exchange ideas and foster

partnerships that increase PMP effectiveness.

"We are very pleased that BJA and the Heller School are collaborating to establish the Center of Excellence," said John Eadie, Center Director and long-time advocate of PMPs. "It will help prescription monitoring programs achieve their full potential in addressing what I believe is a very serious epidemic of drug abuse, one that's already taken thousands of lives."

"The Center of Excellence will go well beyond a simple pass through of existing information," said Peter Kreiner, a scientist at the Heller School and principal investigator for the Center. "It will fill major information and knowledge gaps regarding the operations and effectiveness of PMPs."

For further information, please contact: Peter Kreiner, PMP Center of Excellence Principal Investigator at Brandeis University, at pkreiner@brandeis.edu; or John Eadie, PMP Center of Excellence Director, at JohnLEadie@aol.com



Brandeis University will help improve PMPs—prescription monitoring programs — through a federally-supported PMP Center of Excellence.

DEA Rules for Electronic Prescribing of Controlled Substances

On March 31st the Drug Enforcement Administration published an interim rule with a request for comments regarding the electronic prescribing of controlled substances.

The rule can be viewed online at: <http://www.deadiversion.usdoj.gov/> and will become effective on June 1, 2010. Written comments must be postmarked and electronic comments must be submitted on or before June 1, 2010.

The rule provides a way for prescribers to write and send prescriptions for controlled substances electronically to pharmacies. It

also allows the pharmacies to receive, dispense, and record these prescriptions. These rules do not replace the current paper based methods currently being used to write and dispense prescriptions. They simply provide an alternate method to prescribers and pharmacies.

The potential benefits of such a method include: a reduction in paperwork, the potential to reduce forgeries, the potential to reduce the number of prescription errors, and it will help pharmacies and hospitals to place prescription records into other medical records system more efficiently.

A prescriber or pharmacy that wishes to use this new method must use software that meets the requirements of this new rule.

Some of the requirements of the new rule include: Only DEA registrants can legally sign these electronic prescriptions; the method must protect against the theft of registrants' identities; the method used to authenticate a practitioner to the system must make sure that the practitioner cannot disown the making of the prescription; authentication methods must ensure no compromises can occur without the practitioners finding out; the prescription records must be reliable enough to be used in court proceedings; and the security systems used by any electronic prescription application must prevent insider creation or alteration of the prescriptions.

Connecticut Prescription Monitoring Program

In July 2008, Connecticut encouraged pharmacists to apply for access to the CT PMP – Connecticut Prescription Monitoring Program. I use this program daily as the manager of the Pharmacy Pain Control Service at Hartford Hospital. Patients frequently cannot remember their medications or have partial lists of medications. Within five minutes I have access to all their controlled drug prescriptions and can ask questions about allergies, side effects or efficacy.

In two instances in the past year patients have been admitted to our Intensive Care Unit comatose. Using the PMP, we were able to determine what controlled drugs the patient had available and could then administer the reversing agents.

Knowing the potential amount of medication a patient is taking before they have surgery enables me to design the most appropriate post-operative pain control regimen.

We have used the program to determine that patients have been getting controlled drugs from multiple sources with each prescriber not knowing about the other controlled drugs.

Enhancements to the program would include access to controlled drug prescriptions from neighboring states, prescriptions filled at VA Pharmacies or Mail Order, and methadone maintenance doses received at their Clinic.

**By: Richard Gannon, Pharm.D.
Manager, Pharmacy Pain Control Service
Hartford Hospital, Hartford, CT**

Did You Know ...

Through the support of the Bureau of Justice Assistance, the Alliance and Brandeis University have an opportunity this year to hold topic-specific meetings which are in addition to the regional and national meetings.

These topical meetings will address very specific issues which PMPs consider important. Our first such topical meeting will examine the role law enforcement play in curtailing drug diversion (see page 1).

The second topical meeting of the year will focus on states that plan to introduce PMP legislation and new states looking to implement their programs (see below).

Four States have pending PMP legislation. The four states that have legislation pending this year to date

include **Wisconsin, Delaware, Maryland, and Georgia.** The New Hampshire bill was not passed in committee.

South Dakota becomes the 41st state to authorize a PMP through legislation. On March 24, 2010, Governor Mike Rounds signed into law HB 1231 authorizing the South Dakota Board of Pharmacy to implement a PMP.

The Alliance and Brandeis will be hosting a second topical meeting entitled "PMP Legislation and Implementation Meeting." The meeting will bring together managers from established prescription monitoring programs (PMPs) states to discuss and share their PMP experiences with states which have pending PMP legislation and states looking to implement their new PMP programs.

California proposes a new bill to fund their PMP program (SB 1071).

The bill would require the CA Department of Justice, beginning January 1, 2011, to determine and impose an annual fee on manufacturers and importers of controlled substances in Schedules II, III, and IV. The bill would require the State Board of Equalization to administer and collect the fee, and to deposit the fee in the Controlled Substance Utilization Review and Evaluation System (CURES) Fund established by the bill.

The moneys in the CURES Fund would be available only for reimbursement of the department for specified costs related to the CURES program. CURES is the name of California's PMP program.

NASPER Update from SAMHSA

NASPER UPDATE – The Substance Abuse and Mental Health Services Administration (SAMHSA) will be awarding \$2 million to States under the National All Schedules Prescription Electronic Reporting Act (NASPER). As a preliminary step, SAMHSA published a Federal Register notice on April 14, soliciting comments on minimum requirements for grants. The closing date for comments will be May 14, 2010. Those interested in reviewing the notice and submitting comments may access www.regulations.gov then search on "NASPER."

According to the notice, SAMHSA seeks comments in a few specific areas. First, SAMHSA has proposed that to be eligible for NASPER grants States must conform to level 2 authentication verification requirements set forth by the National Institute on Standards Technology. This would be in contrast with the Drug Enforcement Administration's (DEA) recent interim final rule on e-prescribing controlled

substances which requires level 3 authentications, a higher level. SAMHSA is also proposing that States may permit a prescriber to establish one "sub account." The intent is to permit a physician's office personnel to solicit information from prescription drug monitoring programs (PMPs).

SAMHSA is also proposing that existing PMPs must adopt the 2007 version of the ASAP standard for electronic prescription formatting by September 30, 2011. The agency believes the adoption of the standard will help ensure that gross formatting errors in identification numbers, NDC codes, etc., are minimized. In addition, using the most recent version of the ASAP standard may enhance the potential for increased State-to-State interoperability, the potential to collect information on cash purchases, and the potential for "real time" reporting. SAMHSA is re-proposing a modified "unsolicited" reporting requirement. According to the notice, SAMHSA is concerned that PMPs may be underutilized.

To address this, SAMHSA has proposed that PMPs must notify prescribers when the program identifies an individual who fills prescriptions for the same controlled substance from 6 different prescribers or 6 different pharmacies, in a 6 month period. To address State resource burdens that may be tied to unsolicited reports, SAMHSA has proposed that a minimum of at least 10% of the registered prescribers in that State be sent unsolicited reports. Once the State has sent unsolicited reports to 10% of the prescribers, it would not need to send additional reports for that calendar year.

SAMHSA will consider comments, and then finalize minimum requirements into a Request for Application (RFA) that will be disseminated to States. It is expected that the RFA will be published in early June, and States will be permitted approximately 6 weeks to submit grant applications. The agency will review the applications and issue grants to States that meet the requirements. Last year, SAMHSA awarded \$2 million in grants to 13 States. The awards were based upon a formula tied to the number of pharmacies in each State, and ranged from \$40,000 to \$450,000.

TRAINING AND TECHNICAL ASSISTANCE

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Alliance/Brandeis Providing Assistance

The Alliance/Brandeis Training and Technical Assistance Center (TTAC) continues to provide assistance to members and affiliated organizations.

If you are looking for information, training, or assistance, feel free to contact us. The TTAC will provide you with the information you need

and even contact other states to gather nationwide information.

The TTAC can help with: evaluation, costs, laws, regulations, vendors, advisory groups, education, and more.



More information can be found online at:
www.pmpalliance.org



ABOUT OUR NEWSLETTER...

We hope you are enjoying the bi-monthly newsletter. Our intent is to provide our members and federal partners with news and information important to PMPs.

We want to hear from you and welcome suggestions you may have about information or reports you would like to see in future newsletters.

The next newsletter will spotlight another existing or newly implemented PMP.

Again, if your PMP is doing something new or different, please let us know and we will include it in future issues.

The newsletter is a great place to share information and news about PMPs and the people involved in their operations.



Alliance of States with
Prescription Monitoring Programs

Promoting Public Health and Safety

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