First Script Prescription Benefit News
for Workers' Compensation

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COVENTRY

Ask The Pharmacist

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Several guidelines refer to Prescription Drug Monitoring Programs when managing or prescribing opioid medication. What does this mean and how are they used?

Prescription Drug Monitoring Programs (PDMPs) are electronic databases designed to track and monitor controlled substance dispensing. These databases are run at the state level, and the main intent of such programs is to screen for suspected drug diversion (i.e., using drugs for illegal purposes such as selling prescribed medications for profit) and abuse. Access to each PDMP is determined by the individual state, but it is typically available to health care providers and pharmacists as a means of reviewing a patient's controlled substance history regardless of source of dispensing (i.e., pharmacy, clinic, hospital) or form of payment (i.e., cash, insurance claim, etc.). Several states also allow law enforcement access when needed for investigative purposes, with some state programs housed and operated by a law enforcement agency (California, Hawaii, New Jersey, Oklahoma, Pennsylvania, Texas). Patients may access their own information in most states, with other types of authorized users varying state-to-state. Six states (Arizona, Ohio, Montana, North Dakota, Utah, Washington) include workers' comp specialists as authorized recipients of PDMP data.

Prescription data is uploaded to the databases by dispensers at different intervals depending on state regulations, with timelines ranging from "real-time" (i.e., within five minutes) to daily, to every 72 hours, to weekly, to bi-weekly, to monthly. PDMPs can be accessed or queried by authorized users to check a patient's prescription controlled substance history, but they can also be used by states to analyze overall trends and areas of concern, including inappropriate prescribing patterns. Many states actively manage the PDMP data by sending proactive "unsolicited reports" to providers and other entities when patients meet certain criteria identifying them as at risk for abuse, misuse, or overdose.

Currently, 49 states have active PDMPs in place, with Missouri being the last state left to enact a PDMP (legislation is pending). Furthering the efforts of state PDMPs, the National Association of Boards of Pharmacy (NABP) now provides a means for secure exchange of prescription data across state lines for participating state prescription monitoring programs. NABP InterConnect links state PDMPs and currently facilitates data sharing to authorized users among 33 states, with several more states in the process of going live.

PDMPs can be a useful tool for mitigating risk and for informing prescribing decisions in an effort to drive towards best practices. Prescribers who are considering opioids or other controlled substance medications for their patient should be encouraged to check their state's PDMP prior to initiating opioid therapy and periodically throughout treatment in accordance with clinical guidelines. More information on state PDMPs may be found on individual state websites and within the webpage for the National Alliance for Model State Drug Laws (NAMSDL). The NAMSDL also maintains a list of state PDMP contacts and websites which may be a useful quick reference (www.namsdl.org/library/C9162193-F61F-0E30-20AE2990F62E6A16).

References:
www.namsdl.org
www.nabp.net/

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Drug of the Month

Aripiprazole Drug Products

The FDA recently released a MedWatch alert drug safety communication for aripiprazole drug products, which include Abilify®, Abilify Maintena®, Aristada™, and generics. Aripiprazole is an atypical antipsychotic indicated for the treatment of schizophrenia, bipolar disorder, irritability associated with autism, Tourette's syndrome, and as an adjunctive treatment of major depression. This drug is seen in the workers' comp space most typically for the latter indication in addition to an antidepressant medication to augment previously established antidepressant treatment. The effective dosage range for depression is 2 mg to 15 mg taken by mouth as a once daily dose.

Aripiprazole labeling previously included a potential side effect of pathological gambling; however, the new impulse-control behaviors now identified are considered to go beyond this description and include other impulse-control behaviors such as urges to gamble, binge eat, shop, and have sex. The occurrence of these urges is rare, and when they do occur, they have been reported to cease upon discontinuing the drug or reducing the dose. The FDA's new warnings identifying these compulsive behaviors will be added to the drug labels and patient Medication Guides for all aripiprazole products.

Health care professionals and patients are advised to consider these risks prior to prescribing or taking aripiprazole and to continue to monitor for new or worsening uncontrollable urges while on this drug. The FDA recommends particular consideration for patients who may be at a higher risk for impulse-control problems, including those with a personal or family history of obsessive-compulsive disorder, impulse-control disorder, bipolar disorder, impulsive personality, or addictive behaviors such as substance abuse. Aripiprazole should not be discontinued abruptly, so patients should work with their health care provider to stop the medication if needed.

References:
www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm498823.htm
www.accessdata.fda.gov/scripts/cder/drugsatfda/