

The Opioid Prescriber/Dispenser Subcommittee met April 11, 2017.

OpioidSub4.11.17

The Subcommittee discussed several issues including the following:

**PDMP:**

- The PDMP must be enhanced and improved to real time. It could prove to be our strongest tool once it becomes convenient and quick.
- Maximum value of the PDMP will be realized once both prescribers and dispensers access the database **prior** to prescribing and dispensing **any controlled substance** prescription. Current lag times in process of accessing discourage use prior to prescribing/dispensing.
- Change PDMP law to allow the PDMP to be a part of the patient's medical records.
- There will be resistance to mandatory usage for prescribers/dispensers even if the software is dramatically improved.
- The PDMP currently can be used to extract prescribing data, and use that to inform prescribers of their rank in opioid prescription compared to all physicians and compared to their peer group.
- These reports can be extracted periodically to see if usage rates go up or down and the BME can act accordingly.

**PAIN CLINIC OWNERSHIP**

Out of state and/or non-physician owners place these clinics beyond the reach of the BME. Consider legislation to require pain clinic ownership to be limited to AL resident, hospital affiliated, or physician.

AL Board of Pharmacy advised that this is a problem with pharmacy ownership as well. Out of state corporations red tape make it more difficult to obtain information.

**ABUSIVE PRESCRIBERS**

Pharmacists are aware of the prescribers, and their practices. Currently there is no clear-cut reporting path if the pharmacist wishes to report.

Drug Courts could be a reliable source of information, and the availability of Drug Courts should be more widespread.

**INSURANCE**

Insurance will not pay for prescriptions filled more frequently than approved, therefore patients intending to divert drugs may rely on **cash transaction**, both for the prescriber and the dispenser. This should be a red flag.

Enhanced use by insurance of **designated prescribers** and **designated dispensers** will help curb abuses.

**THE BUCK STARTS HERE:**

The first step in legally prescribed drugs becoming illegally diverted drugs is the prescriber.