New Mexico Board of Pharmacy Prescription Monitoring Program (PMP)

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• New Mexico Related Prescription Drug Information and Statistics
• NM PMP Regulatory Facts
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  • Prescription Drug Overdose in New Mexico (Quarterly Report)
**Prescription Drug Information and Statistics**

**Drug Overdose Death Rates for Selected Drugs, NM, 2012-2016**

Drug categories are not mutually exclusive; fentanyl includes fentanyl analogues.

Rates are age adjusted to the US 2000 standard population estimates.

Source: Bureau of Vital Records and Health Statistics death data; UNM/GPS population.
Prescription Drug Information and Statistics

Top Prescription Drugs in Overdose Death, NM, 2016

- oxycodone
- alprazolam
- fentanyl
- hydrocodone
- methadone
- diazepam
- clonazepam
- morphine
- lorazepam
- tramadol
- zolpidem

Roughly half of the drug overdose deaths in NM involve a prescription drug. Some of the medications listed are not opioids.

Deaths may involve more than one drug
Source: NM Office of the Medical Investigator
Prescription Drug Information and Statistics

Percentage of Overdose Deaths Involving Prescription Opioids, NM, 2012-2016

Source: Bureau of Vital Records and Health Statistics
Prescription Drug Information and Statistics

Percentage of Overdose Deaths Involving Benzodiazepines, NM, 2012-2016

Source: NMDOH Bureau of Vital Records and Health Statistics
Prescription Drug Information and Statistics

Percentage of Overdose Deaths Involving Methamphetamine, NM, 2012-2016

Source: NMDOH Bureau of Vital Records and Health Statistics
Prescription Drug Information and Statistics

Drug Overdose Death Rates, by Selected Age, Sex and Drug Type, NM, 2012-2016

Drug Categories are mutually exclusive
Source: NM DOH Bureau of Vital Records and Health Statistics death date; UNM/GPS population estimates
Prescription Drug Information and Statistics

Benzodiazepine-Involved Overdose Deaths, by Selected Age and Sex, NM, 2012-2016

Source: NM DOH Bureau of Vital Records and Health Statistics death data
Prescription Drug Information and Statistics

Methamphetamine-Involved Overdose Deaths, by Selected Age and Sex, NM, 2012-2016

Source: NM DOH Bureau of Vital Records and Health Statistics death data
Other substances often involved with prescription opioid overdose deaths include benzodiazepines, alcohol, heroin and methamphetamine.

Source: NM DOH Bureau of Vital Records and Health Statistics death data
Other substances often involved with benzodiazepine overdose deaths include prescription opioids, alcohol, heroin and methamphetamine.

Source: NM DOH Bureau of Vital Records and Health Statistics death data
Other substances often involved with methamphetamine overdose deaths include heroin, prescription opioids, alcohol, and benzodiazepines.
Prescription Drug Information and Statistics

Information Gained from PMP Reports

- Multiple providers and/or pharmacies
- Prescriptions obtained from nonlocal providers and/or pharmacies
- High doses of opioids
- Opioids in combination with other sedating substances (e.g. benzodiazepines)
- Early refill requests
- Cash payments when insurance is available
The risk for a patient to die from an opioid overdose increases when a patient receives prescriptions from multiple practitioners. Examples include:

- Multiple opioids are prescribed
- Care is not coordinated or communicated with other providers
- Dangerous combinations of medications are prescribed

Source: NM Department of Health
The risk for a patient to die from an opioid overdose increases significantly as their dose increases.

- 3x greater risk at 80-120 MME/d*
- 6x greater risk at 120-200 MME/d*
- 17x greater risk at 200+ MME/d*

*Rmorphine milligram equivalent per day

Source: NM Department of Health
The risk for a patient to die from an overdose from an opioid in combination with a sedative increases significantly with more overlap.
NM BOP PMP Regulatory Facts

DENTISTRY (DENTISTS, DENTAL HYGIENISTS, ETC.)
16.5.57 NMAC - MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

MEDICINE AND SURGERY PRACTITIONERS
16.10.14 - NMAC MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

MIDWIVES
16.11.2 NMAC - CERTIFIED NURSE MIDWIVES

NURSING AND HEALTH CARE RELATED PROVIDERS
16.12.9 NMAC - MANAGEMENT OF CHRONIC PAIN WITH CONTROLLED SUBSTANCES
NM BOP PMP Regulatory Facts

OPTOMETRIC PRACTITIONERS
16.16.15 NMAC - MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES

OSTEOPATHIC MEDICINE AND SURGERY PRACTITIONERS
16.17.5 NMAC - PRESCRIBING AND DISTRIBUTION OF CONTROLLED SUBSTANCES

PHARMACISTS
16.19.4 NMAC - PHARMACIST
16.19.20 NMAC - CONTROLLED SUBSTANCES
16.19.29 NMAC - CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM

PODIATRISTS
16.21.9 NMAC - MANAGEMENT OF PAIN WITH CONTROLLED SUBSTANCES
Data elements included on the Quarterly Report

- Total number of patients
- Total number of opioid patients
- Total opioid Morphine Milligram Equivalents (MME) filled
- Total number of benzodiazepine (BZD) patients
- Total BZD Diazepam Milligram Equivalents (DME) filled
- Percent of opioid patients with ≥90 MME/day
- Percent of opioid patients with ≥90 days of opioids in 6 months
Quarterly Reports to Licensing Boards

Data elements included on the Quarterly Report

- Percent of BZD patients with prescriptions ≥30 DME/day
- Percent of BZD patients with ≥90 days of BZDs in 6 months
- Percent of opioid patients with concurrent BZDs ≥30 days
- Controlled substance prescriptions per prescribing day, 3 months
Data elements included on the Quarterly Report

- Percent of estimated required reports requested
- PMP reports required under Board rules (estimated)
- PMP reports requested on patients
- Percent of patients with a total of 5 or more practitioners or pharmacies in 6 months
Prescriber Feedback Report (PFR)

- Reports reflect top 1% of prescribers with 20 or more patients receiving controlled substances within 6 month period
- Individual practitioners receive their own PFR
  - MDs (63%)
  - Nurse practitioners or other advanced practice nurses (23%)
  - Osteopathic physicians or physician assistants (5%)
  - Dentists (5%)
  - Podiatrists, psychologists, pharmacist clinicians, or nurse midwives (all <2%)
- 2,924 NM prescribers with active accounts with the NM PMP received a PFR
Prescriber Feedback Report (PFR)

Data elements included on PFR

- High opioid doses
- Long term opioid patients
- High benzodiazepine (BZD) doses
- Long term BZD patients
- High volume of opioids and BZDs
- High volume prescribing
- Concurrent opioid and BZD therapy
- Multiple provider episodes
- No PMP use
# Prescription Monitoring Program

## New Mexico Board of Pharmacy

### New Mexico Prescription Monitoring Program

**Prescriber Feedback Report**

**Prescriber:** [Dr. Sample]  
**DEA Number:** 4011111  
**Specialty:** 121  
**Time period:** 06/04/2017 - 09/09/2017  
**Reference specialty:** 0

**Prescription-Controlled Substance**

- Substance: opioids
- Number of patients: 100
- Number of opioid prescriptions filled: 200
- Specialty: 121
- Specialty Average: 10%

<table>
<thead>
<tr>
<th>Quantiles (n) of your top 5% compounds prescribed</th>
<th>You</th>
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</tr>
<tr>
<td>99%</td>
<td>29.50%</td>
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**Opioid Treatment Duration (% of opioid patients)**

- Average duration: 90 days
- Standard deviation: 30 days
- Specialty Average: 90 days
- Specialty Average: 90 days

**Concurrent Prescriptions of Opioids and Benzodiazepines**

- Number of concurrent prescriptions: 20
- Percentage: 7%
- Specialty Average: 7%

**Conclusion**

- Opioid treatment duration is within the normal range.
- Concurrent prescriptions of opioids and benzodiazepines are within the acceptable range.

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**PMP Prescriber Feedback Report**

This report is intended to provide information on your controlled substance prescribing as reflected in the Prescription Monitoring Program (PMP). It is created using PMP data for the last 6 months, based on your patients who have filled a controlled substance prescription in the past 3 months. We hope you find it to be useful.

If sections of this report are highlighted in yellow, this indicates that you are in the top 10% of your specialty for the area highlighted. That is all it means. It does not necessarily mean that there is anything wrong with your practice. A lot of yellow on a report means that your practice does not look very much like other prescribers in your specialty, and you may want to request PMP report on yourself to ensure that the information in the PMP is accurate.

**Notes:** PMP Usage data is not available for October and November 2016, which results in under-counting of PMP requests.

**Definitions:**

- **Specialty** — your specialty as reflected in the National Provider Index file, in broad groupings. Your specialty assignment is based on the information entered in the PMP and supplemented by information provided by the Centers for Medicaid & Medicare Services.
- **Reference specialty** — specialties with fewer than 10 practitioners with at least 10 controlled substance patients in NM who were combined into 10, similar specialties. The reference specialty is used to define specialty averages.
- **Counts of prescriptions and patients are derived from the PMP. Prescriptions are required to report all controlled substance prescriptions filled within one business day. Prescriptions written but not filled are not tracked.**
- **MME** — morphine milligram equivalent (also known as morphine equivalent dose or MED). Quantities of compounds of different strength are converted to MME with standard factors and then combined.
- **MME/day** — total MME divided by the number of days covered by opioid prescriptions.
- **DME** — (disposable) equianalgesic, analgesic to MME for benzodiazepines.
- **DME/day** — total DME divided by the number of days covered by benzodiazepine prescriptions.
- **Specialty Average** — the average of all prescribers in the reference specialty with at least 10 patients filling controlled substance prescriptions in the last 3 months of the period.
- **NM average** — the average of all prescribers with at least 20 patients filling controlled substance prescriptions in the last 3 months of the period.
- **Treatment duration** — the total number of days covered by the prescription.
- **Duration** — the number of days that the patient received the prescription.

For more information about the PMP and this report, please see: [http://nmpp.org](http://nmpp.org)

If you have questions about this report or are concerned that it does not reflect your activity in the PMP, please contact the PMP Director at [Peter.Jubel@state.nm.us](mailto:Peter.Jubel@state.nm.us) or 505.223.9018.

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**The Prescription Monitoring Program is an important tool for patient care. Your licensing board rules require that you use it.**
New Mexico Department of Health

Prescriber Feedback Report (PFR)

PFR Survey
- Five questions about their impressions of the PFR they received
- Three additional questions regarding their demographic and specialty information
- Survey responses are anonymous
- 337 NM prescribers responded to the survey
New Mexico Department of Health

Prescriber Feedback Report (PFR)

PFR Survey Questions

• Having read your report, overall is the report useful to you?
• Does the report appear to accurately reflect your prescribing practices over the past six months?
• Please provide any comments you may have about the usefulness and accuracy of the report overall.
• Please indicate below which sections of the report you find useful or not. We will use this information to improve these reports.
• Is there anything else you would like to tell us about the report?
### Prescriber Feedback Report (PFR)

#### PFR Survey Results

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<tr>
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<th>Useful</th>
<th>Somewhat Useful</th>
<th>Not Very Useful</th>
<th>Totals</th>
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</table>
PFR Survey Results

- 72.7% of survey respondents added free text responses
- Over half were “positive”
  - Suggested changes to PFR
  - Questions for the Board of Pharmacy
- Less than a third were “critical”
  - Issues with the specialty category, which did not include oncologists as a separate category
  - Practicing more than one specialty or had changed specialties
Prescription Drug Overdose in New Mexico (Quarterly Report)

- Available online at https://nmhealth.org/data/substance/
- Incorporates data from:
  - NM PMP
  - NM Human Services Department, State Opioid Treatment Authority
  - NM Medicaid
  - US DEA Diversion Control Division
  - Other NM DOH Programs
Questions?