Prescription Drug Monitoring Program

Veterinary Best Practices

July 2020

This project was supported by Grant No. 2019-PM-BX-K003 awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the U.S. Department of Justice’s Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.
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Introduction

To be a robust and successful tool to deter misuse, abuse, and diversion, as well as an effective clinical aid, Prescription Drug Monitoring Program (PDMP) information on prescribing and dispensing by practitioners should be collected, analyzed, and provided to authorized users in an accurate, timely, and secure manner. In general, PDMPs monitor practitioners’ prescribing and dispensing of controlled substances by requiring pharmacies to report the dispensing of controlled-substance prescriptions or other drugs of concern issued by a practitioner. Some states also require any practitioner dispensing from his or her office to report to the PDMP.

In contrast to the extent of diversion and abuse of opioids and other controlled-substance medications observed among some other types of practitioners, the incidence of such diversion and abuse of medications intended for animals is not well documented and is relatively small in veterinarians’ practices; however, there is a significant potential for abuse. A 2014 survey found that “13 percent of surveyed veterinarians were aware that an animal owner had intentionally made an animal ill, injured an animal, or made an animal seem ill or injured to obtain opioid medications; 44 percent were aware of opioid abuse or misuse by either a client or a veterinary practice staff member; and 12 percent were aware of veterinary staff opioid abuse and diversion” (Mason et al., Prescription Opioid Epidemic: Do Veterinarians Have a Dog in the Fight? AJPH September 2018, Vol. 108, No. 9).

There are differences in PDMP requirements for veterinarians compared with other prescribers and dispensers. These differences in laws and requirements highlight an ongoing discussion as to whether veterinarians should comply with the same PDMP requirements as other practitioners or have separate requirements. Veterinarians are not always included as major stakeholders among PDMPs, even though most are DEA-registered practitioners who prescribe and dispense controlled substances in the practice of veterinary medicine. Requirements for veterinarians and veterinary prescriptions vary considerably from state to state.
PDMPs define a “practitioner” as a health care provider authorized by state and federal law to prescribe, dispense, and administer controlled substances pursuant to his or her state license and federal Drug Enforcement Administration (DEA) registration. All 53 PDMPs include in their definitions of “practitioner” physicians, dentists, osteopaths, and podiatrists. As for veterinarians, there are states that include veterinarians and others that do not. This is also true for defining a dispenser. Most PDMPs include veterinarians in their definitions of “dispenser”; however, in some states, veterinarians are specifically excluded, even though the majority dispense controlled-substance medications directly to animal owners, while the majority of the other practitioners issue prescriptions.

Additional differences between veterinarians and other practitioners can be seen in the laws surrounding issuance of prescriptions for controlled substances. When a practitioner issues a controlled-substance prescription, state and federal laws require that certain information be on the prescription including, but not limited to, patient name, address, and date the prescription was issued. However, a prescription issued by a veterinarian must not only incorporate the information that other practitioners are required to provide, but also information such as the species of the animal and the name of the animal and/or its owner. This additional information must be reported to PDMPs by states that require a veterinarian to report medications dispensed. These and other nuances surrounding veterinary prescribing can be challenging for PDMP programs collecting and accessing PDMP data.

**Current Laws and Practices**

To better understand the differences between veterinarians and other practitioners and how those differences impact PDMPs, the Technical Training and Assistance Center (TTAC) has undertaken a review of current state laws and practices to assist with identifying and recommending best practices for PDMPs.

**Reporting to the PDMP**

The following states define “dispenser” as a practitioner who dispenses, including veterinarians in the definition of “practitioner” or “dispenser”:

- Arkansas, Maine (with a reporting exception for an opioid or a benzodiazepine dispensed for an animal in an emergency or mobile setting or in an amount to be used during a period of 48 hours or less).
- Massachusetts (with a reporting exception for a veterinarian who dispenses at the animal clinic or hospital instead of sending the prescription to a retail pharmacy).
- Michigan, New Hampshire (with a reporting exception for a veterinarian who dispenses less than a 48-hour supply to a patient).
- Nebraska (no reporting exceptions).
- North Carolina (a veterinarian is excluded from the definition of “dispenser” but is specifically included as a dispenser required to report).
- Tennessee includes veterinarians as dispensers, with the caveat that they are not required to report drugs dispensed in a limited quantity to treat nonhuman patients for a maximum of five days or 48 hours.
Virginia includes veterinarians as dispensers, with the caveat that a veterinarian must dispense to animals within the usual course of his or her professional practice for a course of treatment to last seven days or less or if such substance is feline buprenorphine or canine butorphanol.

Exempt from Reporting to the PDMP
Georgia, Illinois, Iowa, Kansas, Louisiana, Maryland, Minnesota, Mississippi, New Mexico, Ohio, Pennsylvania, South Dakota, Vermont, and Wyoming specifically exclude veterinarians from the requirement to report dispensing to the PDMP or specifically exclude veterinarians from the definition of “dispenser.”

Reporting Frequency
The following states have data-reporting intervals that are different for veterinarians from other dispensers:

<table>
<thead>
<tr>
<th>State</th>
<th>Veterinarians</th>
<th>Other Dispensers (nonveterinary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Every 30 days</td>
<td>Next business day</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Weekly</td>
<td>Next business day</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Weekly</td>
<td>Next business day</td>
</tr>
<tr>
<td>Tennessee</td>
<td>14 days</td>
<td>Next business day</td>
</tr>
<tr>
<td>Washington</td>
<td>Quarterly</td>
<td>Next business day</td>
</tr>
</tbody>
</table>

Access to PDMP Data
The following states have specific provisions in their statutes or regulations allowing veterinarians to access PDMP information:

- Colorado—Veterinarians with authority to prescribe controlled substances may access PDMP information to the extent that the query relates to a current patient or client and if the veterinarian has a reasonable basis to suspect the client has committed drug abuse or mistreated an animal.

- Indiana—A practitioner who is a veterinarian treating an animal may obtain PDMP information about the owner of the animal or the individual to whom an opioid or benzodiazepine will be dispensed for the animal from the PDMP before prescribing an opioid or a benzodiazepine for an animal.

- New Hampshire—Veterinarians have electronic program access to information on a specific patient’s owner(s), both past and present, for whom a prescription was written or an appointment was scheduled or conducted.

- Texas—A practitioner who is a veterinarian or an employee or agent of the practitioner, acting at the direction of the practitioner, and who is inquiring about a recent Schedule II – V prescription history for a particular patient of the practitioner, may obtain PDMP information.

Mandatory PDMP Registration
Mandatory registration provisions:

- States where veterinarians are specifically included: Alaska, Maine, New Hampshire
- States where veterinarians are specifically excluded: Hawaii, Idaho, Iowa, Massachusetts, New Mexico, South Dakota, Utah

Mandatory Use of PDMP
Mandatory use provisions:

- States where veterinarians are specifically included: Colorado, Maine
- States where veterinarians are specifically excluded: California, Michigan (if the substance is prescribed by a veterinarian and will be dispensed by a pharmacist), Nevada, New Hampshire, New Jersey, New York, Texas, Wyoming
Delegates
A good example of the dichotomy in state laws pertaining to veterinarians can be found in a comparison of the laws of Hawaii and Nevada pertaining to veterinarian delegates. Under Hawaiian law, practitioners are allowed to have delegates, including an agent or employee of a veterinarian, as opposed to Nevada law, which allows all practitioners to have delegates except veterinarians.

Miscellaneous Provisions
- Washington State has separate reporting requirements for veterinarians.
- Colorado and Nebraska include veterinarians in the education/training requirement, while New Hampshire exempts them from their education/training requirements.
- Kansas and Nebraska have veterinary PDMP task forces. The Kansas task force is to determine whether veterinarians should be required to report to the PDMP, while the Nebraska task force is to determine which controlled substances, the method of reporting, and the information that should be reported to the PDMP.

Recommendations
The remainder of this report will examine the issues facing PDMPs as they relate to veterinarians and provide suggestions on how PDMPs may best address these issues. For this purpose, TTAC convened a workgroup to examine the reporting and processing of veterinarian medication dispensing and prescriptions. The workgroup consisted of PDMP representatives from Maryland, Massachusetts, Nebraska, New Hampshire, and South Carolina. This Technical Assistance Guide (TAG) is the result of the workgroup’s efforts and is intended to (1) identify reporting issues of veterinary dispensing and prescribing, (2) identify issues in displaying such data in PDMP reports and queries, and (3) provide recommended best practices on techniques and policies for PDMPs. While the report provides guidance, it is also understood and appreciated that state PDMPs operate in accordance with individual state laws and policies, and some of the best practices included in this report cannot be implemented because of state laws.

A. Veterinary Reporting Issues
Requirement to Report
The majority of PDMPs do not require veterinarians who dispense controlled substances to report the information to the PDMP. Of the 49 PDMPs that responded to a TTAC survey of PDMPs where the questions were specific to veterinarians, all required dispensing practitioners to report, but only 18 states required dispensing veterinarians to report.

Recommended Best Practice
Enact or modify state legislation that extends the dispensing practitioner reporting requirements to include veterinarians who dispense controlled substances. In addition, develop modules to educate veterinarians on the requirements for reporting prescriptions.

Prescription Reporting Software
All PDMPs use the reporting format established by the American Society for Automation in Pharmacy (ASAP) to collect data from pharmacies. The ASAP reporting format allows for a secure and efficient method to transmit prescription data from pharmacies to PDMPs. All 53 PDMPs require electronic transmission of prescription data from a pharmacy to the PDMP. A small number of PDMPs also allow certain exceptions for data transmission that includes manual entry through a Web portal, faxing, mailing, and transmission via other media.
The 18 PDMPs that require veterinarians to report their dispensing of controlled substances also allow for differences in the mode of transmission:

- 12 PDMPs allow electronic transmission.
- 12 PDMPs have developed their own Web portals, to which the dispensing data can be securely uploaded.
- 3 allow mailing.
- 5 allow prescription information to be faxed to the PDMP.

Nationally, there are approximately a dozen veterinarian clinic software vendors, with approximately five of these vendors controlling the majority of the market. Veterinarians have generally expressed a desire for software that automatically generates and submits reports using the ASAP reporting format; however, many vendors apparently have not committed resources to generate ASAP reports in the proper format.

**Recommended Best Practice**

Work with veterinary software vendors to update their software to incorporate the appropriate ASAP reporting format. Explore opportunities to incentivize the updates with federal grant funds.

**Frequency of Reporting**

Forty-seven of the 53 PDMPs require dispensers to report within 24 hours from the time they dispense medication, while only 9 of the 18 PDMPs, which require veterinary reporting, have the 24-hour reporting requirement.

**Recommended Best Practice**

Enact or modify state legislation requiring the same frequency of reporting for both dispensing practitioners and veterinarians. PDMPs have been modifying their laws and policies to shorten the length of time during which dispensers are required to report prescription data to a PDMP.

The primary reason is to ensure that providers have the most current data to improve clinical decision making. This reasoning can also apply to veterinarians.

**Compliance**

In states that require veterinarians who dispense controlled substances to report that information to the PDMPs, it can be problematic to ensure that these providers are complying with the reporting requirements. The most common method to verify compliance is through a routine audit of the veterinary records or an investigation into a complaint to the licensing board or law enforcement. For other health-care providers who dispense controlled substances (e.g., MDs, DOs, DDSs), PDMPs can obtain copies of the controlled-substance sales reports from manufacturers and distributors listing a provider’s information and controlled substances sold to that provider; PDMPs should ensure that veterinary medications are included in those reports.

**Recommended Best Practice**

With the majority of veterinarians dispensing directly to their patients, it becomes important to ensure compliance for veterinarians to follow the same processes as for other health-care providers. PDMPs should work with controlled-substance manufacturers and distributors to ensure that their reports include veterinarians and veterinary...
medications for PDMPs to review as part of their compliance process. Inspection of veterinary offices, either routine or random, should be considered as part of the appropriate oversight agency’s compliance process.

Data Quality
Veterinary prescriptions are identifiable when the information is transmitted to a PDMP by a specific code in the ASAP format (PAT20 – Species Code ‘01’ Human and ‘02’ Veterinary Patient). Although it is not uncommon for the wrong species code to be submitted, there have been documented instances in which veterinarians issued prescriptions to human patients and nonveterinary practitioners issued prescriptions to animal patients.

Recommended Best Practice
PDMPs should audit their prescription records, cross-relating the species code to the board license. More in-depth review could be initiated to determine whether an incorrect submission reflects a simple data entry error or inappropriate prescribing.

B. Prescribing Issues
Data Elements
Both state and federal statutes detail the data elements for veterinary prescriptions. In most states, veterinarians are required to include additional information not found on other practitioners’ prescriptions. Along with the name and date of birth (DOB) of an owner, veterinarians are also required to include species, age, and, in some states, the name and gender of the animal. Without this additional information, a pharmacy may not dispense the prescription.

In federal law, Title 21 CFR §1306.05(a) indicates that “All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner.” The difference is subtle, but it appears that federal law requires that the name of an animal patient (not the owner) be listed on the prescription. However, the Drug Enforcement Administration’s Practitioner’s Manual, Section V, Valid Prescription Requirements, indicates that “[a] prescription is an order for medication which is dispensed to or for an ultimate user.” The definition of “ultimate user” is found in Title 21 United States Code (USC) Controlled Substances Act §802 (27): “The term ‘ultimate user’ means a person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or by a member of his household.”

Understandably, there is confusion and misunderstanding among some veterinarians and pharmacists as to what information is required on a prescription. In addition to the confusing statutory language regarding whose name and information should be listed on a prescription, veterinarians in some states enter the age of the owner when they may be required to enter the age of the animal instead. Another issue is that some owners do not know the ages of their animals; they may have adopted a pet
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from an animal shelter or from another person, and veterinarians generally do not collect the owner’s DOB or gender. Since the majority of PDMPs require that the name of the owner be reported to them, a challenge faced by veterinarians is that, at times, an owner can change from prescription to prescription for the same animal patient.

Recommended Best Practice
Ensure, through educational outreach, the accurate capture of an animal owner’s name, DOB, and gender and the ASAP format’s species code. PDMPs may need to work with their PDMP vendors to ensure that veterinary medications are identified appropriately in the controlled-substance drug table and on PDMP reports. In addition, develop modules to educate veterinarians on the requirements for controlled-substance prescriptions.

C. PDMP Data Access Issues

Results from the 2019 TTAC veterinarian survey showed that twenty (20) PDMPs, because of law, regulation, or policy, do not permit veterinarians to query their PDMPs. Eight (8) PDMPs require veterinarians to query the PDMP, and twenty-two (22) allow veterinarians to query the PDMP. Furthermore, these states do not explicitly indicate the types of PDMP information a veterinarian can view. This diverse set of practices produces challenges to interstate data sharing, since it results in some states allowing access while others do not.

Recommended Best Practice
Allow veterinarians the authority to query their PDMPs and review veterinary prescriptions that were issued for their animal patients.

Practices employed by a few states, which also may be appropriate for other PDMPs to consider, are listed below.

• Three (3) states (Colorado, Indiana, and New Hampshire) have statutes permitting practitioners (including veterinarians) to access the PDMP records for a human patient as both a patient and an animal owner (see pages 3-4, “Access to PDMP Data”).

• Most PDMPs allow practitioners (excluding veterinarians) to access PDMP records for a human patient as both a patient and an animal owner. The patient report from most PDMPs includes an icon (pawprint) to identify prescriptions issued by veterinarians. It is important to note that some states have enacted laws offering HIPAA-like protection to animal medical records where disclosure is not permitted without the owner’s consent. The American Veterinary Medical Association (AVMA) has a compilation of statutory and regulatory provisions regarding the confidentiality of veterinary patient records.

Conclusion

The scope of prescription drug misuse and abuse problem in this country has an impact across the spectrum of the health-care community. The variance in policies, statutes, and regulations related to veterinary medicine poses challenges to PDMPs as well as to practitioners relying on PDMP information as a tool for the treatment of their patients. The recommended best practices described in this document will help ensure standardization across the health-care community and PDMPs.

Acknowledgements

TTAC wishes to thank Kevin Borcher (NE), Christi Frick (SC), Katherine Johnson (MD), Michelle Ricco-Jonas (NH), and Leonard Young (MA) for their expertise and generous assistance in preparing this report.