NH | PRESCRIPTION DRUG MONITORING PROGRAM

New Hampshire Controlled Drug Prescription Health and Safety Program RSA 318-B 31-38

ANNUAL REPORT
July 1, 2016 – June 30, 2017

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Executive Summary

The purpose of the database is to provide a complete picture of a patient's controlled medication use, so that the prescriber and pharmacist can properly manage the patient's treatment, including the referral of a patient to treatment services, if indicated.

The goal of the program is to reduce the incidence of abuse of, and addiction to, controlled medications in the population of New Hampshire, while ensuring that patients receive adequate and timely care for pain and other conditions that can benefit from a regimen of controlled medications or other appropriate services.

In June 2012, the New Hampshire Legislature established the NH PDMP. After the initial award of funding from the NH Department of Justice, the NH PDMP began implementation on September 2, 2014 with weekly collection of controlled substance data (Schedule II, III and IV) that was dispensed in NH. The PDMP database went "live" October 16, 2014. Registered health care providers and dispensers were able to request information relating to a current patient directly from the NH PDMP database.

The New Hampshire Controlled Drug Prescription Health and Safety Program (NH PDMP) is a web-based, clinical tool that New Hampshire licensed practitioners can use when prescribing or dispensing Schedule II-IV controlled medications to their patients.

With a consecutive enhancement grant to be awarded, the NH PDMP continued implementation and expanded efforts to include interstate data sharing, enhanced daily reporting, improved query capabilities that includes batching queries, and mandated use of the PDMP by prescribers when managing or treating patients for pain.

Not long after these enhancements were implemented the NH contract was purchased by another vendor, which required a full system migration to a new platform. As of July 26, 2017, the NH PDMP was being serviced by APPRISS. All licensed dispenser had to register with the "Clearinghouse" and be individually validated by State Administrators. In addition, requester accounts (prescriber and dispensers) migrated over as long as they did not have duplicated email addresses. Given this caveat, there were practitioners who may have once been registered who would no longer be registered and would have to register again upon license renewal. Staff attempted to reach out to as many of these practitioners to have them change their addresses prior to migration.

With any new change, comes new challenges. State program staff have had to handle more calls with this vendors Help Desk model than the previous services we received with previous vendor. A new data reporting system was presented to program staff and with the technical assistance of the Institute of Health Policy and Practice, who has provided data analysis and support to staff by setting up data template reports with the vendor Tableau system, accessing and creating set data reports will be a bit easier.

Data analysis and evaluation is an area that needs some of our greatest attention in the next year. The program applied for federal funding to support a staff analyst and software; however NH was not fortunate to receive that grant award. This has been identified as a need in the PDMP audit response plan to be presented to the Fiscal Committee on Feb. 16, 2018 and we expect this will be a focal area of the NH PDMP Strategic Plan.

Benefits of the NH Controlled Drug Prescription Health and Safety Program (NH PDMP) :

1. Facilitates coordination of care among health care providers.
3. Provides useful feedback to prescribers on their own prescribing trends, information on a patient's prescription history, and information for a prescriber and/or dispenser who suspects a patient may not be complying with orders regarding prescription use.
4. Alerts providers to their patients whose total prescription use for a given time period exceeds pre-determined threshold levels.
5. Identifies patients who can benefit from early assessment, treatment and rehabilitation for drug abuse and addiction

NH PDMP Timeline - Key Accomplishments

From May 2014 to December 2017

1. Oversight of the launch of the initial PDMP database that included the registration of thousands of NH dispensers and prescribers in 4.5 months.

2. Worked with state legislators on key legislation passed to retain data for longer than 6 months; authorization to share de-identified data and to engage in interstate data sharing. As well, as allowing the PDMP to accept state/general funds to support the program.

3. Obtained continued funding through awards from 2015 & 2017 Bureau of Justice Administration funding.

4. Reports: quarterly federal reports; annual legislative reports; registration reports; medical examiner and regulatory boards data reports as requested; patient and law enforcement reports as requested; and requests for data as available.

5. Contract management and oversight; budget development and management and rule development

6. Meetings: monthly Advisory Council meetings and monthly Board of Pharmacy meetings → provide programmatic updates and attend other regulatory board meetings as scheduled for educational purposes or seek out guidance.

7. Training development: Two full day trainings with Health Information Designs for prescribers and dispensers; 32 community based trainings – one being a coordinated conference with the US Attorney General's Office.

8. Contract amendment with vendor to complete enhancements (daily uploading, interstate data sharing and increased capacity due to mandated use).

9. Migration of the entire PDMP database from Health Information Designs to Appriss – July 26, 2017.

10. Legislative audit (6 months) followed by the development of an extensive response plan and funding sustainability plan.

Office of Professional Licensure and Certification/NH Board of Pharmacy

STAFF	
OPLC Executive Director	Peter Danles
OPLC Medical Services Director	Joseph Shoemaker
BOP Executive Director	Michael Bullek, R.Ph
PDMP Manager	Michelle Ricco Jonas, B.S, CPM
PDMP Administrative Assistant	Joanie Foss
BOARD OF PHARMACY MEMBERS	
President	Gary J. Merchant, R.Ph, M.B.A
Vice President	Helen C. Pervanas, Pharm D, R.Ph
Treasurer	John R. Genovese, R.Ph
Secretary	David A. Rochefort, R.Ph
Member	Charles J. Fanaras, R.Ph
Member	Lindsey Laliberte, R.Ph.
Public Member	Candace C. W. Bouchard

PDMP Advisory Council

Affiliation	First
Medical Society	David Strang , MD (Chair)
Board of Dental Examiners	Charles Albee, DMD
Board of Nursing	Denise Nies Kitty Kidder, APRN as of Jan 2018
Board of Veterinary Medicine	David Stowe, DVM (Vacant as of Jan. 2018)
Dental Society	Eric Hirschfeld, DDS
Board of Pharmacy	Candace White Bouchard
Attorney General	Sean Gill
Department of Health and Human Services	Joseph Harding
New Hampshire Hospital Association	David DePiero
Board of Medicine	John Wheeler, MD
Pharmacy Society	Michael Viggiano
Police Chiefs	Chief Bradley Osgood
Governor's Commission on Alcohol and Drug (public)	Jonathan Stewart
Governor's Commission on Alcohol and Drug (public)	Kate Frey

What is the New Hampshire Drug Monitoring Program?

- **New Hampshire Controlled Drug Prescription Health and Safety Program – RSA 318-B 31-38** (Prescription Drug Monitoring Program – PDMP).
  - It is a web-based data system that contains information on controlled prescription medications (Schedules II-IV) dispensed by New Hampshire licensed retail pharmacies and other dispensers..
  - It supports legitimate medical use of controlled substances while limiting drug abuse and diversion.
  - It is intended to help prescribers avoid drug interactions, identify possible substance abuse disorders and drug seeking behaviors.

- Controlled substance data collected from New Hampshire-licensed dispensers includes information on the:
  - Prescribed drug
  - Recipient of the prescribed drug
  - Health care provider who wrote the prescription
  - Pharmacy that dispensed the prescription

- **DATA LIMITATION: Opioid addiction treatment programs (OTPs) that dispense methadone and buprenorphine do not get uploaded into the NH PDMP - (CFR 42 part 2 – confidentiality).**

How is NH PDMP used?

NH PDMP is a clinical tool that exists to promote the appropriate use of controlled medications for legitimate medical purposes, while deterring the misuse, abuse, and diversion of controlled medications.

NH PDMP also serves as a surveillance tool that is used to monitor statewide trends in the prescribing, dispensing, and use of controlled medications.

This report reflects current practitioner registration, utilization and interstate data sharing and summarizes and compares NH PDMP surveillance data for all Schedule II – IV prescriptions that were dispensed from New Hampshire-licensed pharmacies/dispensers:

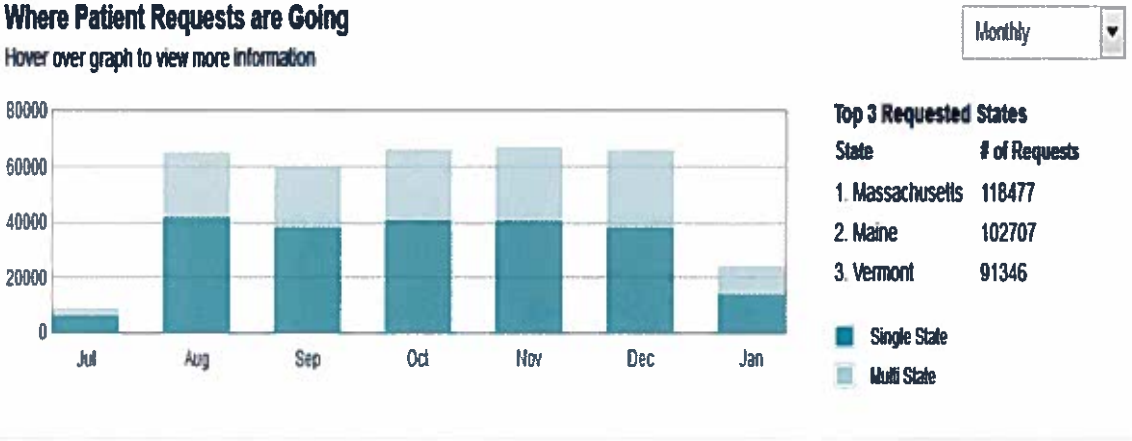
SFY 2016 07/01/2015 to 06/30/2016
SFY 2017 07/01/2016 to 06/01/2017

PRACTITIONER REGISTRATION & UTILIZATION

(Jul 26, 2017 – Jan 22, 2018)

User Role	User Count	% Distribution	2017 Request Activity
Physician (MD, DO)	7,311	40.31%	34,394
Pharmacist	2,991	16.49%	84,160
Nurse Practitioner / Clinical Nurse Specialist	1,995	11.00%	25,596
Prescriber Delegate - Unlicensed	1,594	8.79%	86,533
Prescriber Delegate - Licensed	1,182	6.52%	48,709
Dentist	1,091	6.01%	3,796
Physician Assistant	893	4.92%	11,251
Medical Resident with Prescriptive Authority	354	1.95%	998
Veterinarian	330	1.82%	85
Optometrist	228	1.26%	19
Podiatrist (DPM)	93	0.51%	319
Naturopathic Physician	31	0.17%	9
Pharmacist's Delegate - Licensed	29	0.16%	1,270
Pharmacist's Delegate - Unlicensed	8	0.04%	22
Admin	3	0.02%	
Out of State Pharmacist	3	0.02%	
VA Prescriber	2	0.01%	2
VA Dispenser	1	0.01%	13
Total Users	18,139	100.00%	297,176

PMPi Transactions (Interstate Data Sharing): Jul–Dec 2017

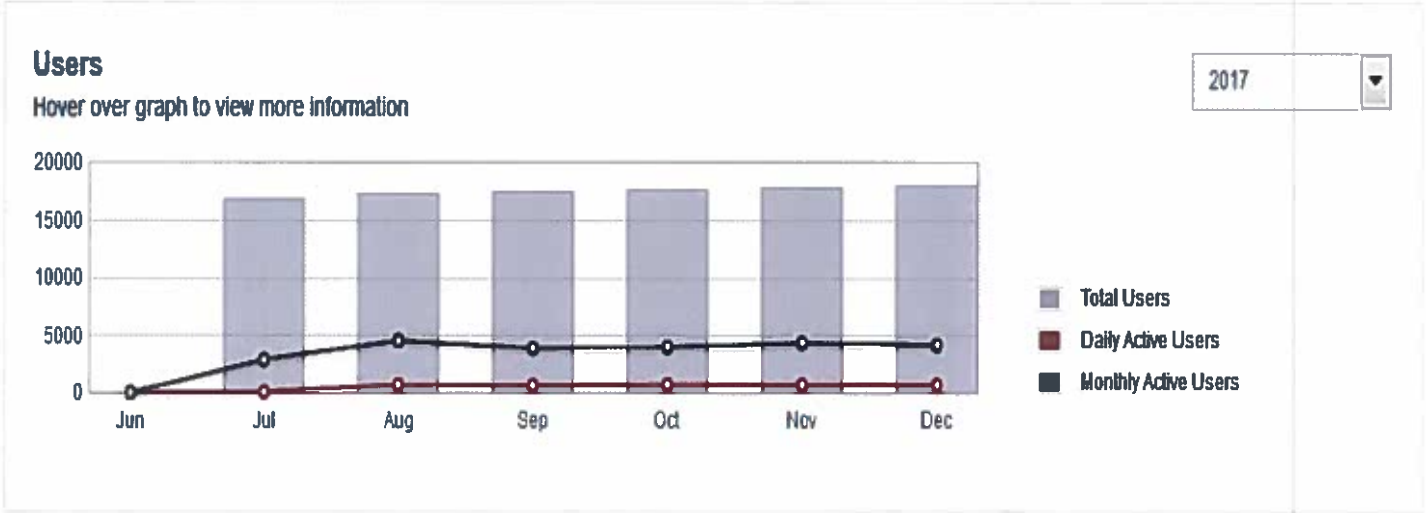


Month	Total	%
7/26/2017	8,750	67/32
Aug	65,115	64/35
Sept	60,279	63/36
Oct	66,257	61/38
Nov	67,097	60/39
Dec	65,969	57/41
1/11/2018	24,061	56/43



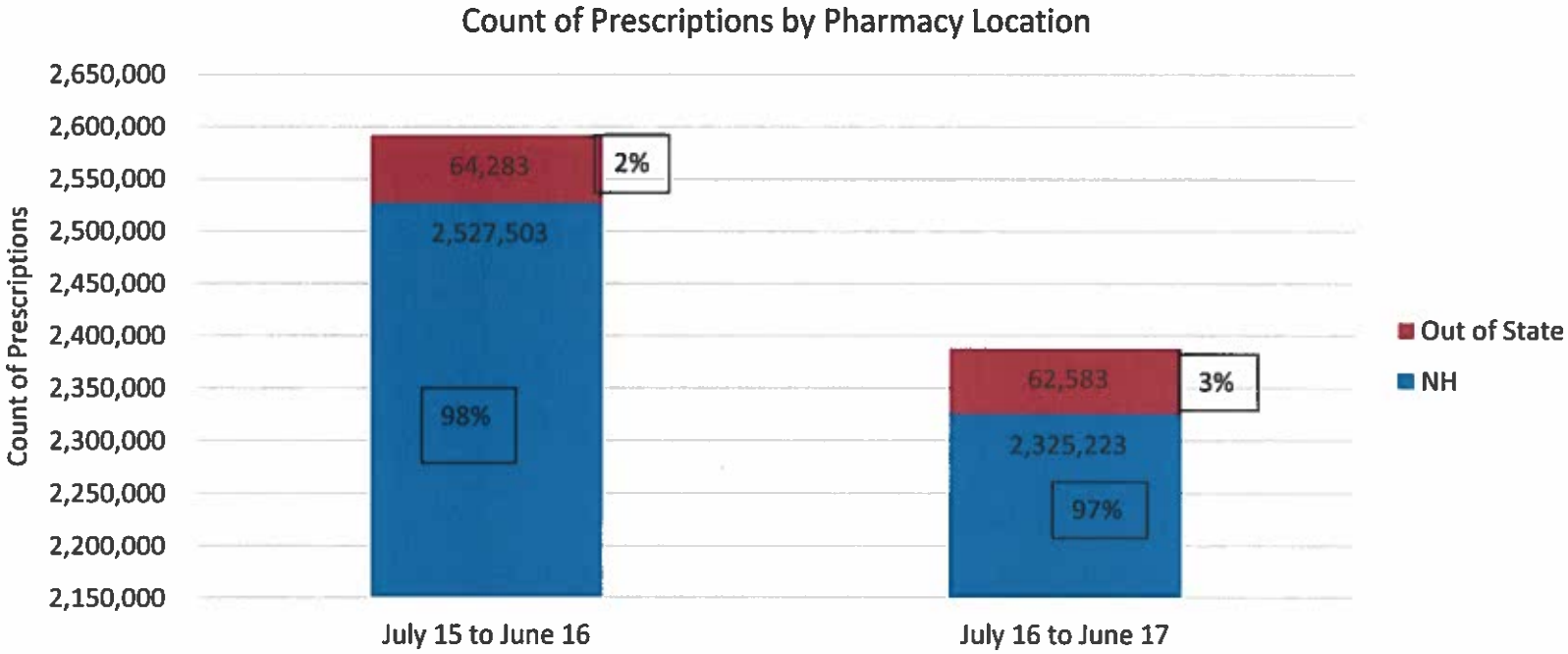
Month	Total	%
7/26/2017	33,892	25/74
Aug	209,203	31/68
Sept	191,969	31/68
Oct	212,429	31/68
Nov	217,910	30/69
Dec	202,460	32/67
1/11/2018	73,172	32/67

PMPi Transactions (Interstate Data Sharing)
Total Users: Jul–Dec 2017



Month	TU	DAU	MAU
7/26/2017	16,889	60	2860
Aug	17,294	695	4551
Sept	17,494	634	3868
Oct	17,679	701	3984
Nov	17,864	686	4384
Dec	18,063	666	4158
1/11/2018	18,105	180	2752

Count of Prescriptions by Pharmacy Location
SFY 2016 – SFY 2017



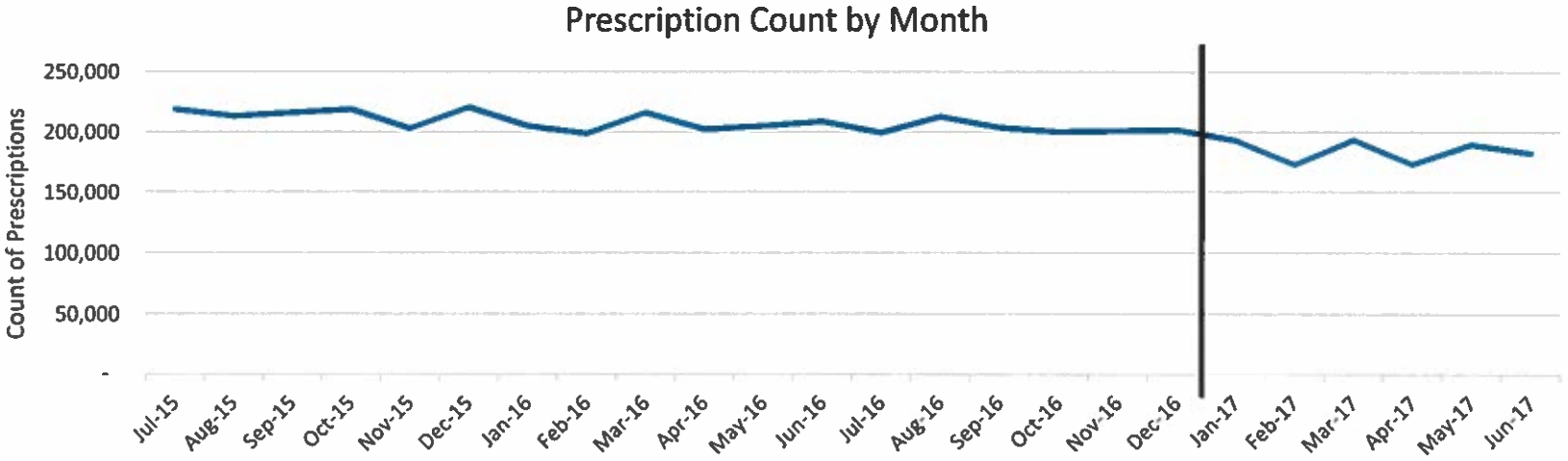
Count of Rx	NH	Out of State	Grand Total
July 15 to June 16	2,527,503	64,283	2,591,786
July 16 to June 17	2,325,223	62,583	2,387,806

Top Prescriptions by AHFS Class and Generic Name – SFY 2017

AHFS Class	Drug Generic Name	Sum of Prescription Count
AMPHETAMINES		285,632
	DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE	218,161
	LISDEXAMFETAMINE DIMESYLATE	67,383
	AMPHETAMINE	51
	AMPHETAMINE SULFATE	37
ANXIOLYTICS, SEDATIVES & HYPNOTICS,MISC.		148,089
	ZOLPIDEM TARTRATE	148,089
BENZODIAZEPINES (ANTICONVULSANTS)		177,669
	CLONAZEPAM	175,109
	CLOBAZAM	2,560
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)		494,219
	LORAZEPAM	248,562
	ALPRAZOLAM	142,027
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT		11,095
	CARISOPRODOL	11,091
	CARISOPRODOL/ASPIRIN/CODEINE PHOSPHATE	3
	CARISOPRODOL/ASPIRIN	1
OPIATE AGONISTS		888,147
	OXYCODONE HCL	237,939
	TRAMADOL HCL	172,474
	HYDROCODONE BITARTRATE/ACETAMINOPHEN	167,644
	OXYCODONE HCL/ACETAMINOPHEN	122,043
OPIATE PARTIAL AGONISTS		166,349
	BUPRENORPHINE HCL/NALOXONE HCL	122,666
	BUPRENORPHINE HCL	38,597
	BUPRENORPHINE	4,043
RESPIRATORY AND CNS STIMULANTS		154,023
	METHYLPHENIDATE HCL	131,291
	DEXMETHYLPHENIDATE HCL	21,996
	METHYLPHENIDATE	736

Rx Count by Month

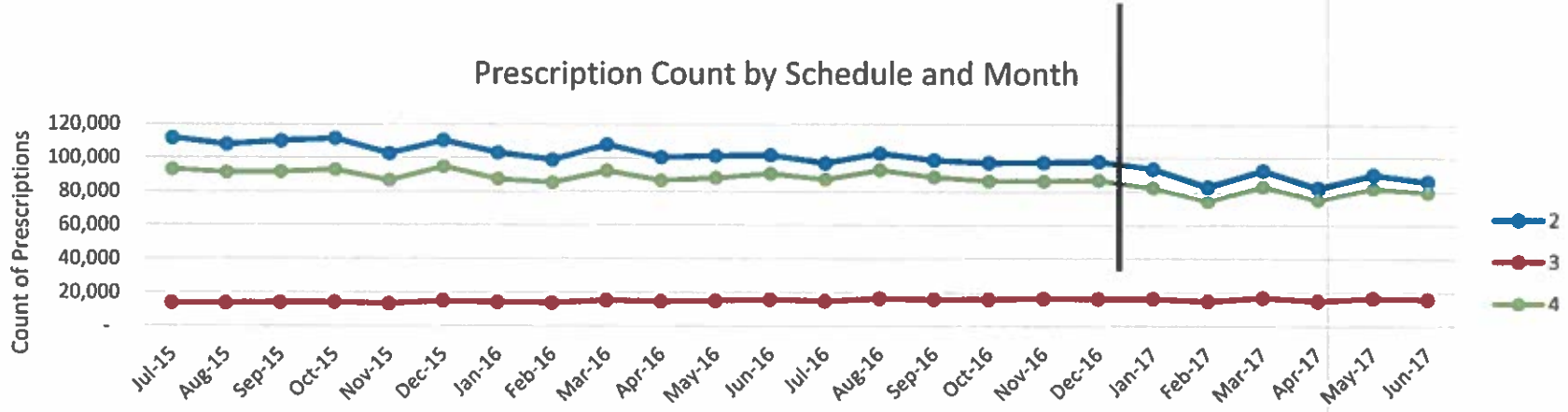
SFY 2016 – SFY 2017



Month	Prescription Count
Jul-15	219,053
Aug-15	213,382
Sep-15	216,128
Oct-15	218,953
Nov-15	202,946
Dec-15	220,712
Jan-16	205,203
Feb-16	198,614
Mar-16	216,303
Apr-16	202,190
May-16	205,171
Jun-16	208,848

Month	Prescription Count
Jul-16	199,615
Aug-16	212,882
Sep-16	203,902
Oct-16	200,153
Nov-16	201,032
Dec-16	201,830
Jan-17	193,188
Feb-17	173,194
Mar-17	193,594
Apr-17	173,278
May-17	189,903
Jun-17	182,652

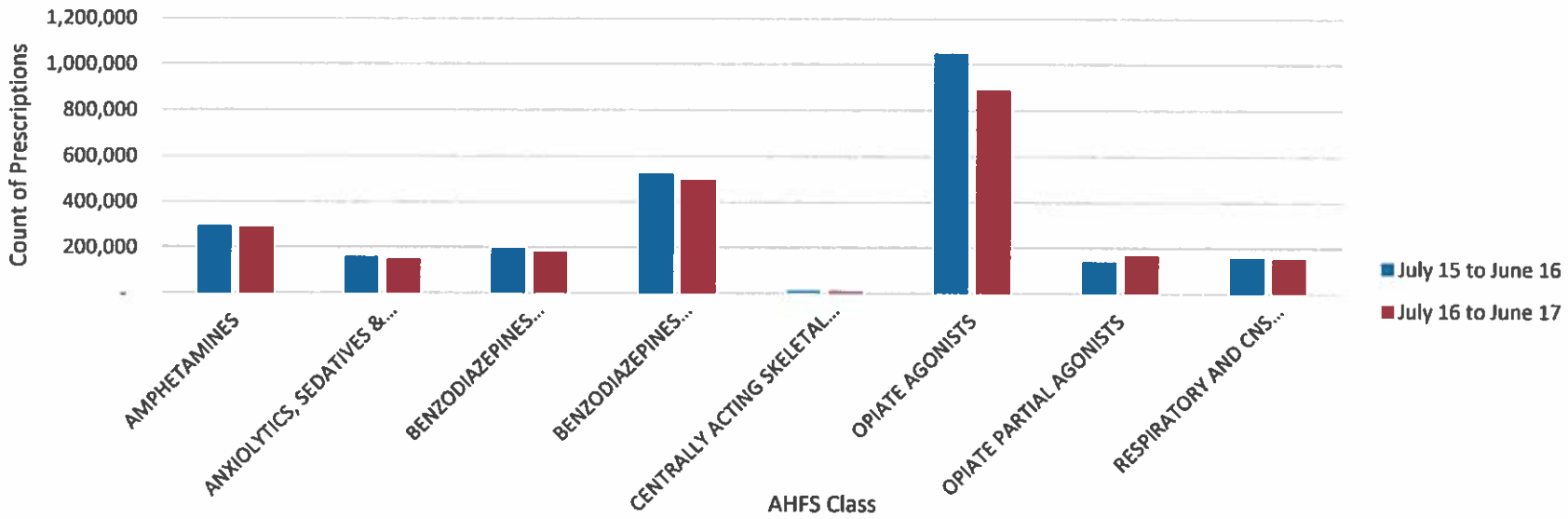
Rx Count by Schedule
SFY 2016 – SFY 2017



Month	2	3	4
Jul-15	111,792	14,199	93,062
Aug-15	108,022	14,103	91,257
Sep-15	110,067	14,464	91,597
Oct-15	111,564	14,576	92,813
Nov-15	102,587	13,758	86,601
Dec-15	110,464	15,440	94,808
Jan-16	103,126	14,631	87,446
Feb-16	98,899	14,303	85,412
Mar-16	108,122	15,721	92,460
Apr-16	100,448	15,052	86,690
May-16	101,407	15,543	88,221
Jun-16	101,841	16,250	90,757

Month	2	3	4
Jul-16	96,944	15,363	87,308
Aug-16	103,003	16,867	93,012
Sep-16	98,858	16,307	88,737
Oct-16	97,225	16,406	86,522
Nov-16	97,530	16,953	86,549
Dec-16	98,144	16,737	86,949
Jan-17	93,781	16,864	82,543
Feb-17	83,252	15,474	74,468
Mar-17	92,860	17,433	83,301
Apr-17	82,507	15,502	75,269
May-17	90,394	17,249	82,260
Jun-17	86,238	16,585	79,829

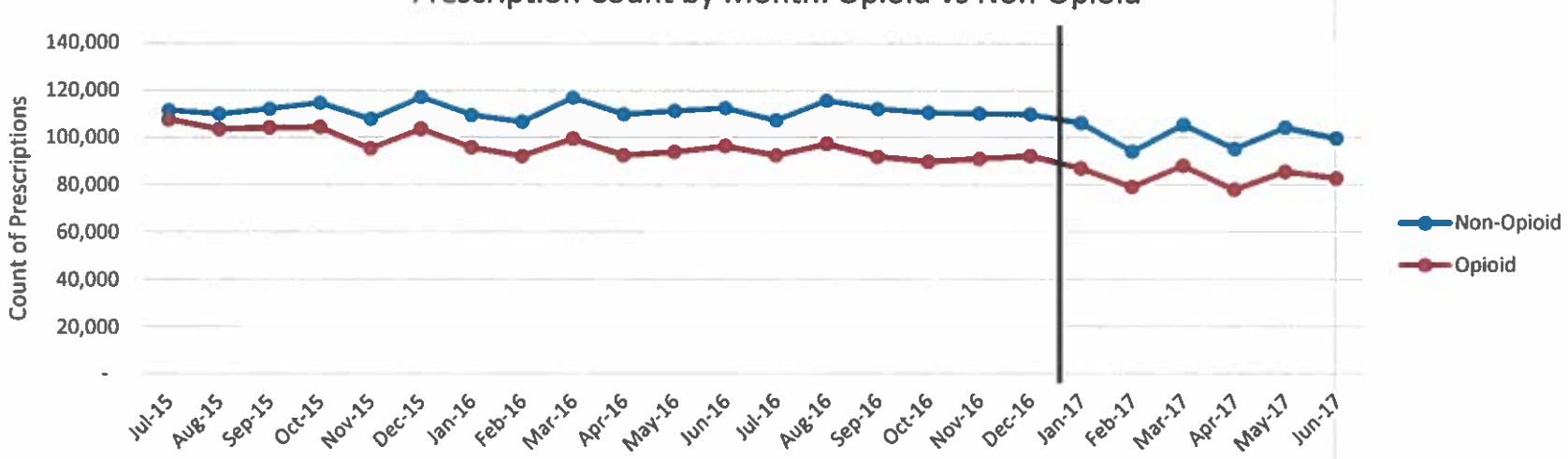
Rx Count by Class: SFY 2016 – SFY 2017



AHFS Class	July 15 to June 16	July 16 to June 17
AMPHETAMINES	293,253	285,632
ANXIOLYTICS, SEDATIVES & HYPNOTICS,MISC.	158,443	148,089
BENZODIAZEPINES (ANTICONVULSANTS)	192,157	177,669
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	525,669	494,219
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT	12,940	11,095
OPIATE AGONISTS	1,048,148	888,147
OPIATE PARTIAL AGONISTS	140,056	166,349
RESPIRATORY AND CNS STIMULANTS	156,837	154,023

Rx Count by Opioid vs. Non-Opioid

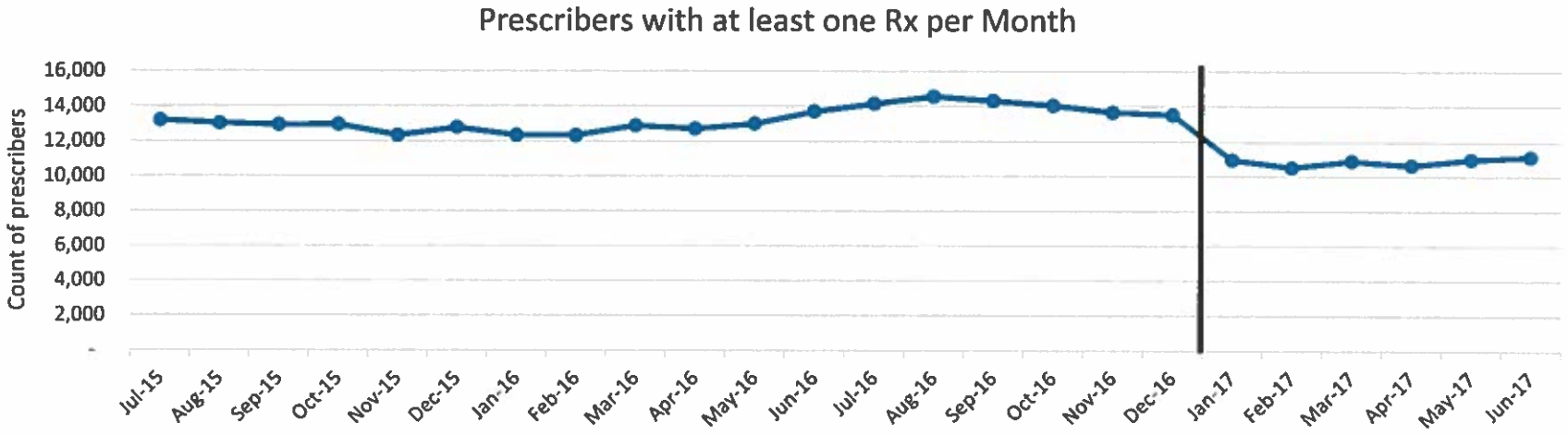
SFY 2016 – SFY 2017

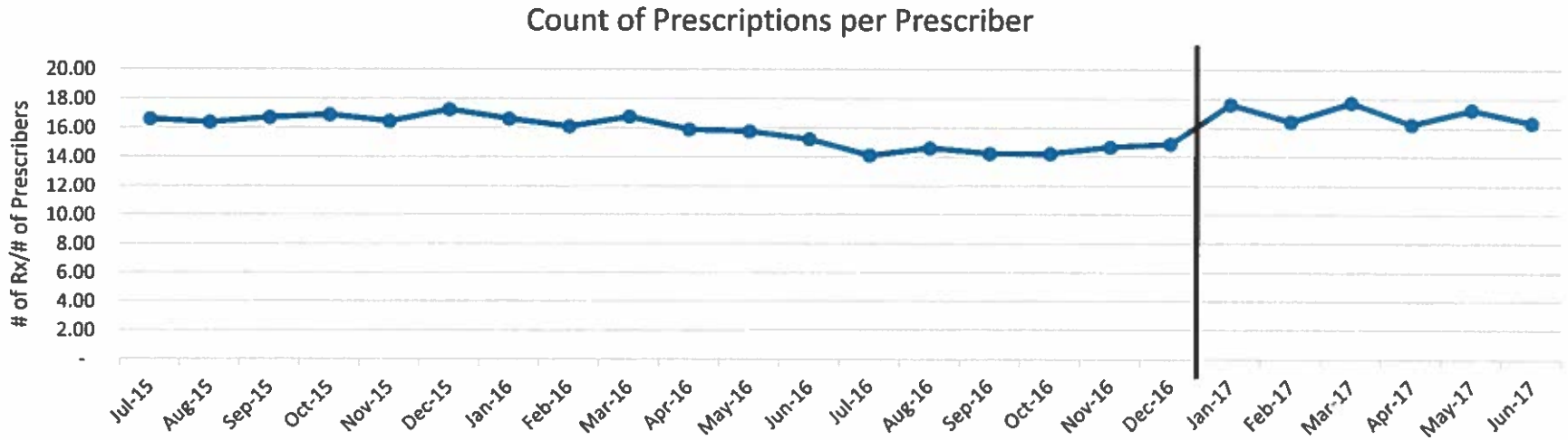


Month	Non-Opioid	Opioid
Jul-15	111,495	107,558
Aug-15	109,896	103,486
Sep-15	112,068	104,060
Oct-15	114,615	104,338
Nov-15	107,715	95,231
Dec-15	117,103	103,609
Jan-16	109,447	95,756
Feb-16	106,590	92,024
Mar-16	116,879	99,424
Apr-16	109,767	92,423
May-16	111,293	93,878
Jun-16	112,431	96,417

Month	Non-Opioid	Opioid
Jul-16	107,264	92,351
Aug-16	115,605	97,277
Sep-16	112,111	91,791
Oct-16	110,511	89,642
Nov-16	110,139	90,893
Dec-16	109,749	92,081
Jan-17	106,242	86,946
Feb-17	94,105	79,089
Mar-17	105,531	88,063
Apr-17	95,330	77,948
May-17	104,325	85,578
Jun-17	99,815	82,837

Rate of Rx Count per Provider by Month
SFY 2016 – SFY 2017

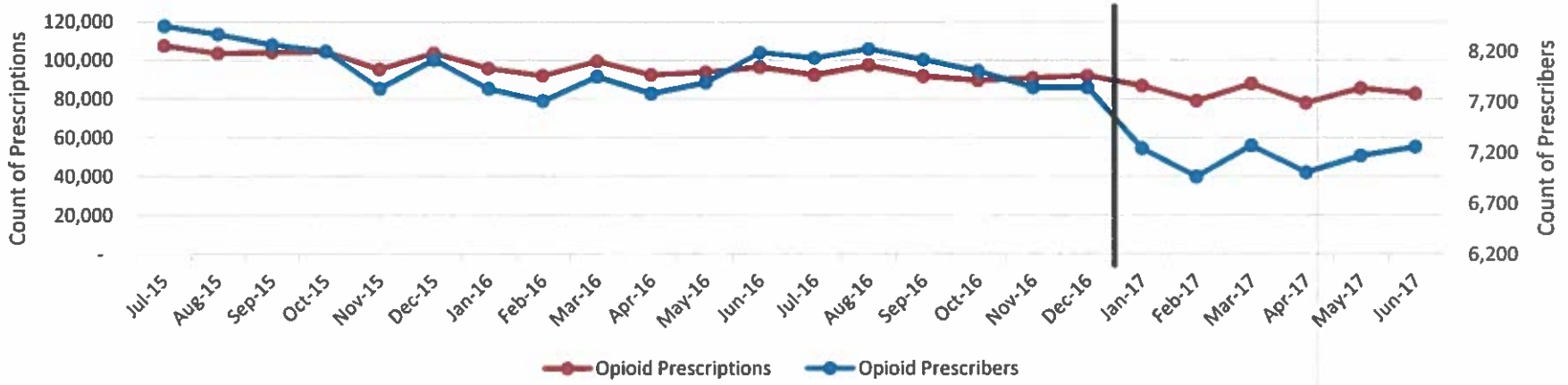




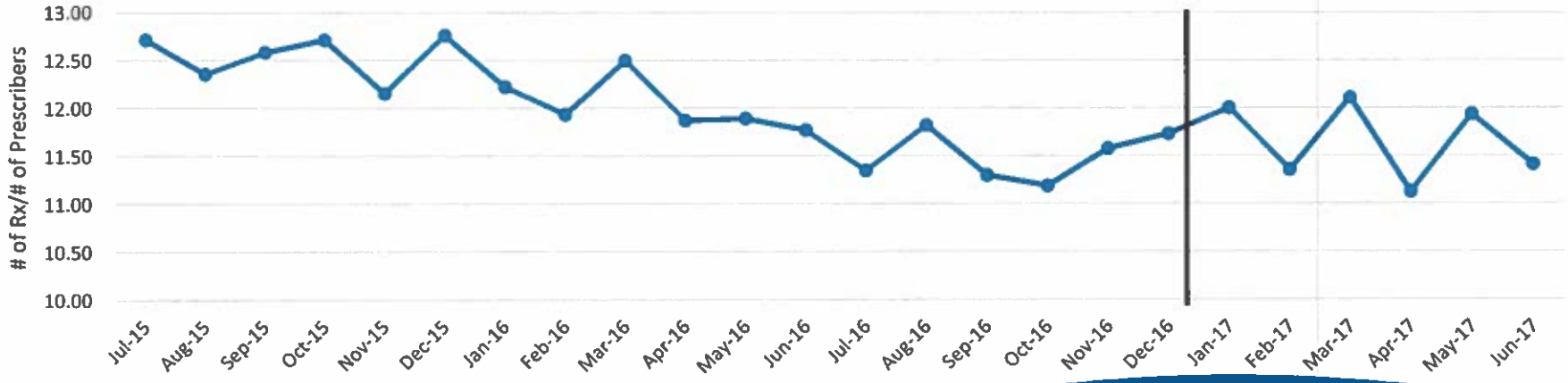
NH | PRESCRIPTION DRUG MONITORING PROGRAM

Rate of Rx Count per Provider Opioid vs. Non-Opioid
SFY 2016 – SFY 2017

Count of Opioid Prescriptions (Left Axis)
Count of Prescribers with at least one Opioid Rx (Right Axis)

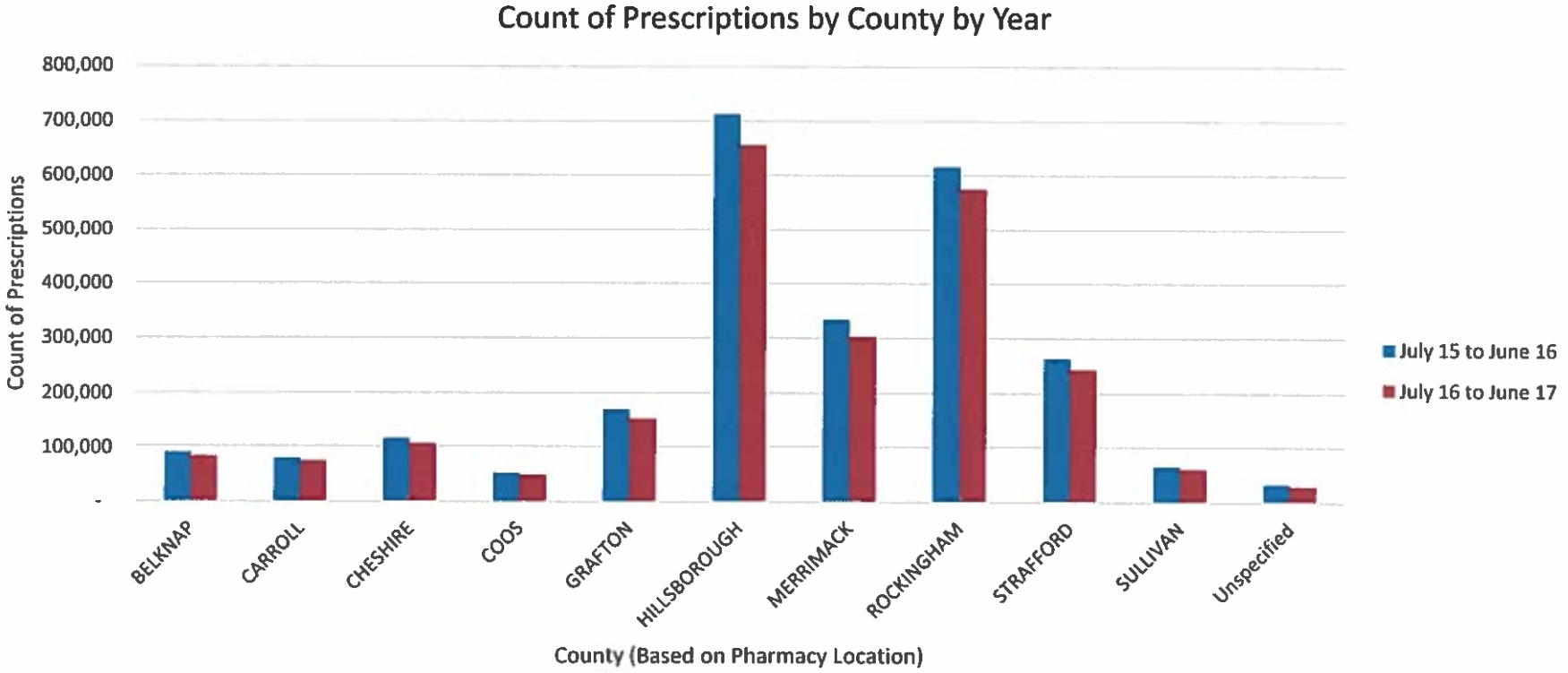


Count of Opioid Prescriptions per Opioid Prescriber

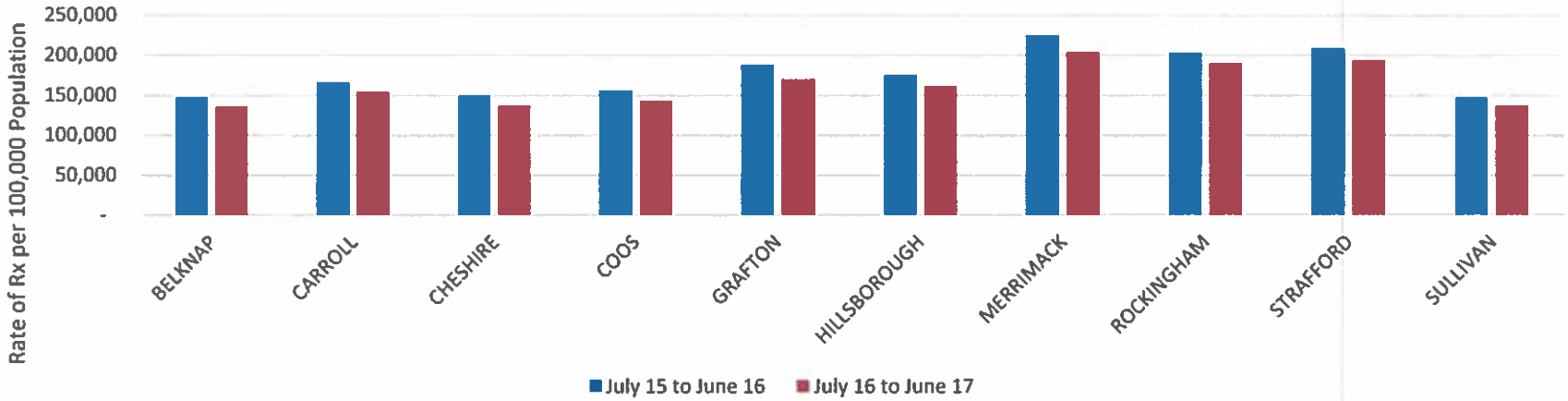


NH | PRESCRIPTION DRUG MONITORING PROGRAM

Rx Count by County by Month
SFY 2016 – SFY 2017



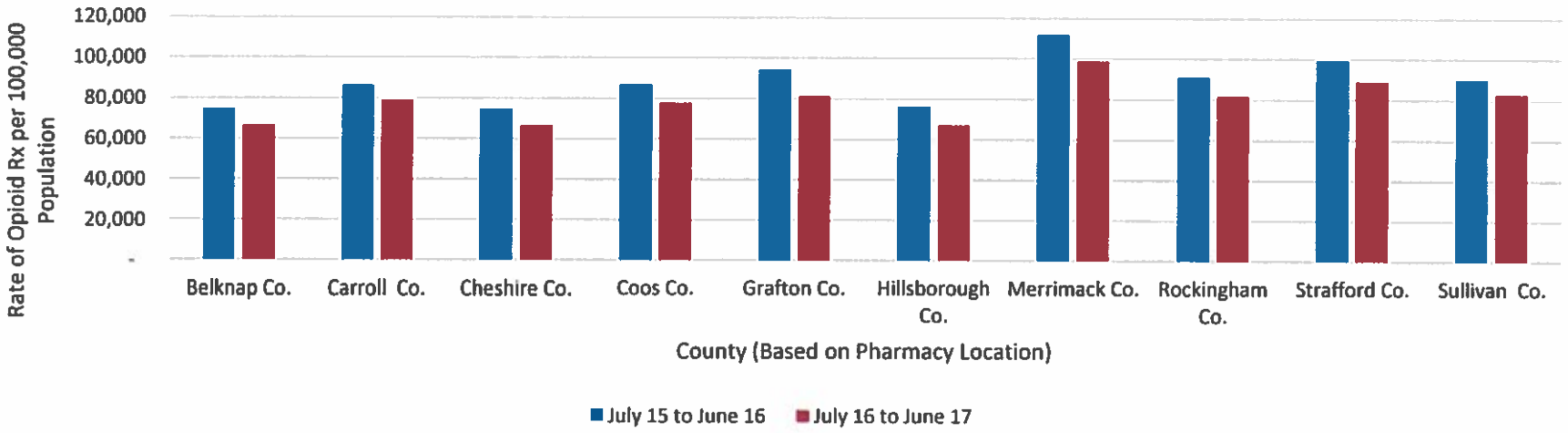
Rate of Rx Count by Population by County
SFY 2016 – SFY 2017



Rate of Rx per 100,000 Population	July 15 to June 16	July 16 to June 17
BELKNAP	147,672	135,420
CARROLL	165,419	154,643
CHESHIRE	149,554	136,874
COOS	156,110	142,720
GRAFTON	188,087	169,727
HILLSBOROUGH	175,746	161,543
MERRIMACK	225,434	204,215
ROCKINGHAM	203,967	189,851
STRAFFORD	209,078	193,372
SULLIVAN	147,816	137,108

Rate of Rx Count by Population by County
Opioid Prescriptions: SFY 2016 – SFY 2017

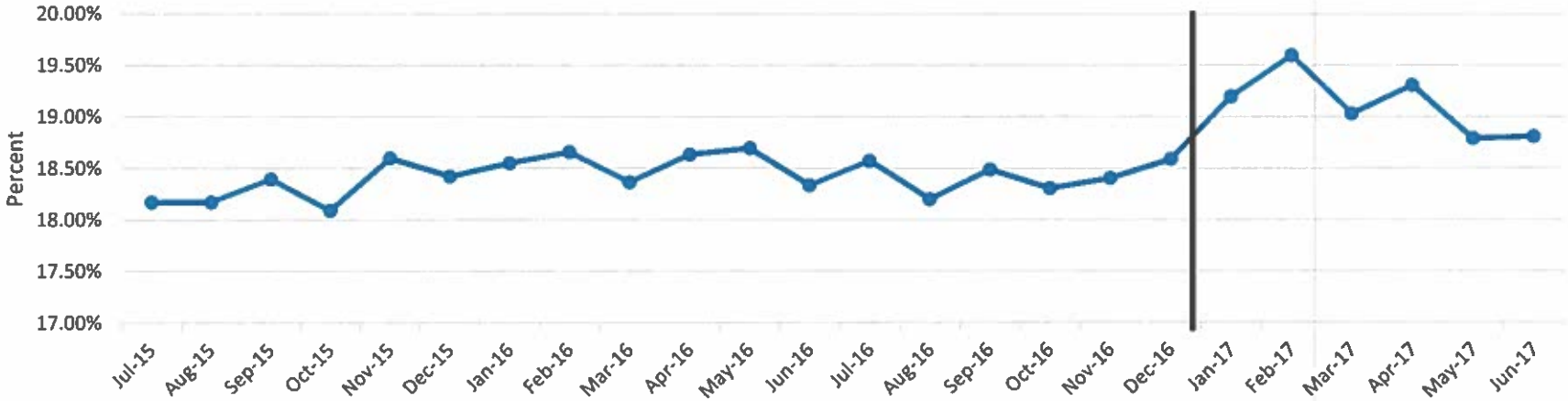
Rate of Opioid Prescriptions per 100,000 population by year by County



Rate of Opioid RX per 100,000 population	July 15 to June 16	July 16 to June 17
Belknap Co.	74,546	66,252
Carroll Co.	86,079	78,894
Cheshire Co.	74,269	66,286
Coos Co.	86,640	77,315
Grafton Co.	94,321	81,133
Hillsborough Co.	75,767	66,589
Merrimack Co.	111,667	98,457
Rockingham Co.	91,069	81,529
Strafford Co.	99,111	88,633
Sullivan Co.	89,480	82,561

Opioid Number of Rx Greater than 90 MME
SFY 2016 – SFY 2017

Percent of Total Rx with a Daily MME Greater Than 90



Month	Opioid Rx with Daily MME GT 90	Total Opioid Rx	Percent
Jul-15	19,542	107,558	18.17%
Aug-15	18,804	103,486	18.17%
Sep-15	19,141	104,060	18.39%
Oct-15	18,872	104,338	18.09%
Nov-15	17,713	95,231	18.60%
Dec-15	19,086	103,609	18.42%
Jan-16	17,766	95,756	18.55%
Feb-16	17,171	92,024	18.66%
Mar-16	18,257	99,424	18.36%
Apr-16	17,223	92,423	18.63%
May-16	17,551	93,878	18.70%
Jun-16	17,675	96,417	18.33%

Month	Opioid Rx with Daily MME GT 90	Total Opioid Rx	Percent
Jul-16	17,152	92,351	18.57%
Aug-16	17,701	97,277	18.20%
Sep-16	16,969	91,791	18.49%
Oct-16	16,406	89,642	18.30%
Nov-16	16,726	90,893	18.40%
Dec-16	17,116	92,081	18.59%
Jan-17	16,692	86,946	19.20%
Feb-17	15,499	79,089	19.60%
Mar-17	16,759	88,063	19.03%
Apr-17	15,050	77,948	19.31%
May-17	16,079	85,578	18.79%
Jun-17	15,581	82,837	18.81%

Total Number of Patients Meeting or Exceeding Prescriber/Dispenser Threshold for Schedule II, III and IV Prescriptions by Quarter

Schedule II	Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sept 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sept 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sept 17	Oct-Dec 17
5 + Prescribers and 5+ Pharmacies	27	26	25	35	11	6	12	12	8	0	4	7	8
10+ Prescribers and 10+ Pharmacies	0	0	0	0	0	0	0	0	0	0	0	0	0

Schedule III	Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sept 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sept 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sept 17	Oct-Dec 17
5 + Prescribers and 5+ Pharmacies	4	5	4	4	1	3	0	2	1	2	0	4	3
10+ Prescribers and 10+ Pharmacies	0	0	0	0	0	0	0	0	0	0	0	0	0

Schedule IV	Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sept 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sept 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sept 17	Oct-Dec 17
5 + Prescribers and 5+ Pharmacies	25	27	21	22	17	11	8	11	5	13	3	10	7
10+ Prescribers and 10+ Pharmacies	0	0	0	0	0	0	0	0	0	0	0	0	0

TOTAL Schedule II,III,IV	Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sept 15	Oct-Dec 15	Jan-Mar 16	Apr-Jun 16	Jul-Sept 16	Oct-Dec 16	Jan-Mar 17	Apr-Jun 17	Jul-Sept 17	Oct-Dec 17
5 + Prescribers and 5+ Pharmacies	56	58	50	61	29	20	20	25	14	15	7	21	18
10+ Prescribers and 10+ Pharmacies	0	0	0	0	0	0	0	0	0	0	0	0	0

Requested Reports

	SFY 2016	SFY 2017	SFY 2018 (1/2)
Regulatory Boards	11	34	13
Medical Examiner Office	74*	35	15
Law Enforcement with subpoenas	1	2	1
Patient Requests	3	1	2
Referrals/Letters of Concerns to Boards	0	7	2
TOTAL	**89**	**79**	**33**

Note *: ME office had one large request for data (70 decedents) once legislation was passed

- Staff also assist practitioners on querying the system. These reports are reviewed along with calls that come in from practitioners or concerned individuals where staff queried reports and if there are concerns that should be reviewed further by a specific regulatory board, then a referral or letter of concern with supporting data is sent to appropriate regulatory boards for review as needed.

Key Next Steps

- Strategic Planning
- Financial sustainability
- Enhancing internal capacities
- PDMP Enhancements
- Data Compliance
- Outreach and Education

Contact Information

If you have questions that can't be answered using this report, please contact the NH PDMP staff.

Programmatic questions can be directed to the Program Manager, Michelle Ricco Jonas at:

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Or Administor/Chief of Compliance, Michael Bullek at the NH Board of Pharmacy:

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