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Pennsylvania Prescription Drug Monitoring Program Trends, 2014-2015

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Executive Summary

The abuse and diversion of pharmaceutical drugs, particularly prescription opioids, in Pennsylvania is of grave concern. The analysis herein shows nearly 80,000 prescribers throughout the United States wrote more than 6.5 million prescriptions for nearly 500 million dosage units of oxycodone and hydrocodone products in 2015, which is enough to supply every Pennsylvanian with 37 pills. Successful and continuing legislative efforts to revamp and strengthen Pennsylvania's Prescription Drug Monitoring Program (PDMP) are critical steps to reduce the alarmingly high numbers of prescription opioids flowing within and beyond Pennsylvania, and may help reduce the number of related fatal and non-fatal overdoses occurring in Pennsylvania. In 2015, more than 53 percent of more than 3,400 drug-related overdose deaths in Pennsylvania indicated the presence of a prescription opioid.¹

The link between diversion and abuse of prescription opioids, including increases in drug abuse and overdose from drugs such as heroin, fentanyl, and fentanyl derivatives, has been well documented over the last two to three years, even as Pennsylvania's original PDMP was considered weaker compared to other states. While a stronger PDMP is a positive step, law enforcement and public health officials must remain vigilant for potential unintended consequences of the PDMP changes, like abusers being driven to seek more dangerous heroin and fentanyl, including in pill form, to satisfy their addiction.

Background

Opioid pain relievers, such as oxycodone, hydrocodone, fentanyl, and hydromorphone, are responsible for three-fourths of all prescription drug overdose deaths and caused more than 16,200 deaths in the United States since 2013. Nationally, deaths involving opioids have quadrupled since 1999.²

In 2013, the Centers for Disease Control (CDC) issued a Prevention Status Report on prescription drug overdoses in Pennsylvania. This report focused on policies and practices supported by emerging evidence, expert consensus, and/or extensive review of the primary drivers of the prescription drug overdose epidemic, including implementing state pain clinic laws, and implementing prescription drug monitoring programs that follow best practices. This report rated Pennsylvania as "red" in the aforementioned categories, citing "as of July 2013, Pennsylvania had no pain clinic law," and "as of July 2013, Pennsylvania had a PDMP that did not follow any selected PDMP best practices."³

In an effort to curb the state's prescription opioid abuse crisis and to combat the increase in drug-related overdoses and overdose deaths, Pennsylvania passed a legislative measure in late 2014. Act 191, also known as the "Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP)," was passed in October 2014 and was fully implemented in August 2016. Whereas the original Pennsylvania PDMP, established in the 1970s, captured only Schedule II substances and was not searchable by prescribers or pharmacies, Act 191 established a revamped PDMP that captures Schedule II-V substances, is searchable by prescribers and pharmacies, and required prescribers to check the PDMP the first time they prescribe an opioid or other controlled substances or if they suspect a patient suffering from opioid addiction. Additional legislation was implemented in late 2016 requiring prescribers to check the PDMP every time they prescribe an opioid or other controlled substance and also requires dispensers to input prescription data to the PDMP within 24 hours.⁴

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Details

The abuse of prescription opioids persists as a primary drug threat in Pennsylvania.⁵ As a result of the inadequacies of the original PDMP, Pennsylvania emerged as a regional supply area for prescription opioids diverted for non-medical use.⁶ Neighboring states, including Ohio, West Virginia, New Jersey, New York, and Delaware enforce stricter PDMP laws with mandatory reporting and querying requirements by practitioners and pharmacies. In contrast, Pennsylvania's original PDMP unintentionally enabled "doctor-shopping" patients and rogue doctors and pharmacies to saturate the user market with diverted opioids for sale and abuse.

PDMPs are multi-functional systems that can be used to address prescription drug diversion and abuse. For example, PDMPs are used to manage patient care, serve as a drug epidemic early warning system, and support law enforcement investigations into illegal drug diversion and insurance fraud. In addition, they help prescribers avoid drug interactions and identify drug seeking behaviors or "doctor shopping." PDMPs also can also be used by professional licensing boards to identify clinicians with patterns of inappropriate prescribing and dispensing and support censure action as appropriate.⁷

Studies show PDMPs are effective when fully utilized. For example, a 2010 study reviewed by the Office of National Drug Control Policy found that when PDMP data were used in an emergency room, 41 percent of cases had altered prescribing after the clinician reviewed PDMP data – with 61 percent of their patients receiving fewer or no opioid pain medication than had been originally planned by the physician prior to reviewing the PDMP data, and 39 percent receiving more opioid medication than previously planned because the physician was able to confirm the patient did not have a recent history of controlled substance use.⁸

From a public health, policy, and law enforcement perspective, it is imperative to evaluate the effectiveness of the new Pennsylvania PDMP. In an effort to establish a baseline for future comparative analysis, the DEA Philadelphia Field Division reviewed data from Pennsylvania's original PDMP specific to oxycodone and hydrocodone products dispensed by pharmacies during calendar years 2014 and 2015 since these products are the most frequently diverted and abused.⁹ The dispensing locations include physical buildings and mail order pharmacies. Analysis regarding suspected "doctor shopping" was not possible due to the lack of unique identifiers for patients in the data set.

Analysis

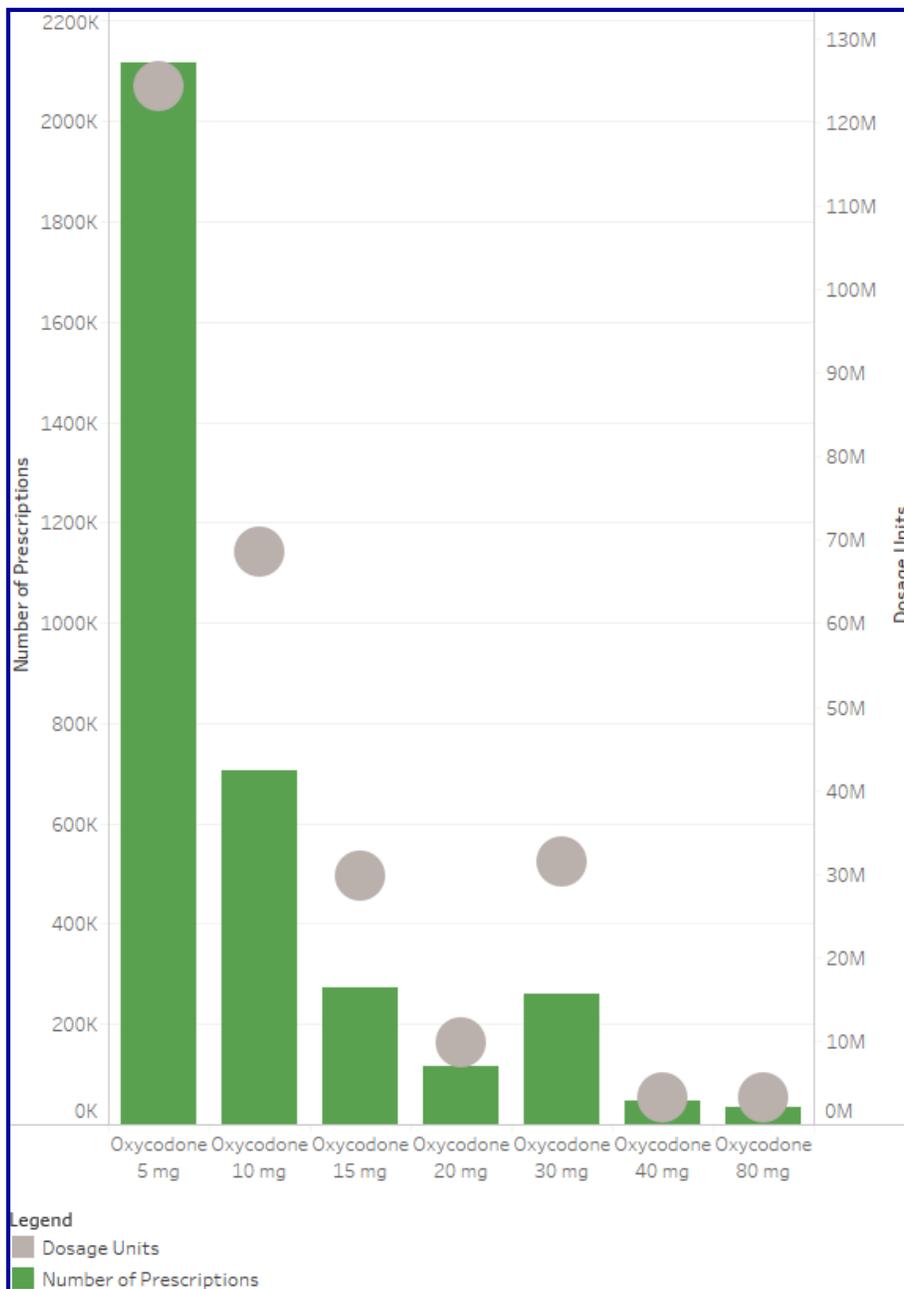
In 2015, 79,706 prescribers issued 6,608,691 prescriptions for oxycodone and hydrocodone products totaling 475,192,963 dosage units, which were dispensed by 3,309 pharmacies in Pennsylvania. The total dosage units dispensed in 2015 equates to ~37 pills for every Pennsylvanian.¹⁰ The dearth of available comparative state analyses for oxycodone and hydrocodone prescribing trends precludes drawing conclusions regarding the rate of prescribing in Pennsylvania versus other states.

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Oxycodone

Analysis of the PDMP data revealed that more than 3.7 million prescriptions were filled by Pennsylvania pharmacies for 283 million dosage units of oxycodone products in 2015, an increase of 3.8 percent (prescriptions and dosage units) from 2014. Within the oxycodone category, 5 milligram (mg) sized quantities were the most frequently dispensed; the number of dosage units of 5 mg products dispensed was almost double that of the second most frequently dispensed oxycodone product (10 mg) (See Figure 1).

Figure 1: Most Commonly Dispensed Dosage Types of Oxycodone Products by Pennsylvania Pharmacies, 2015.



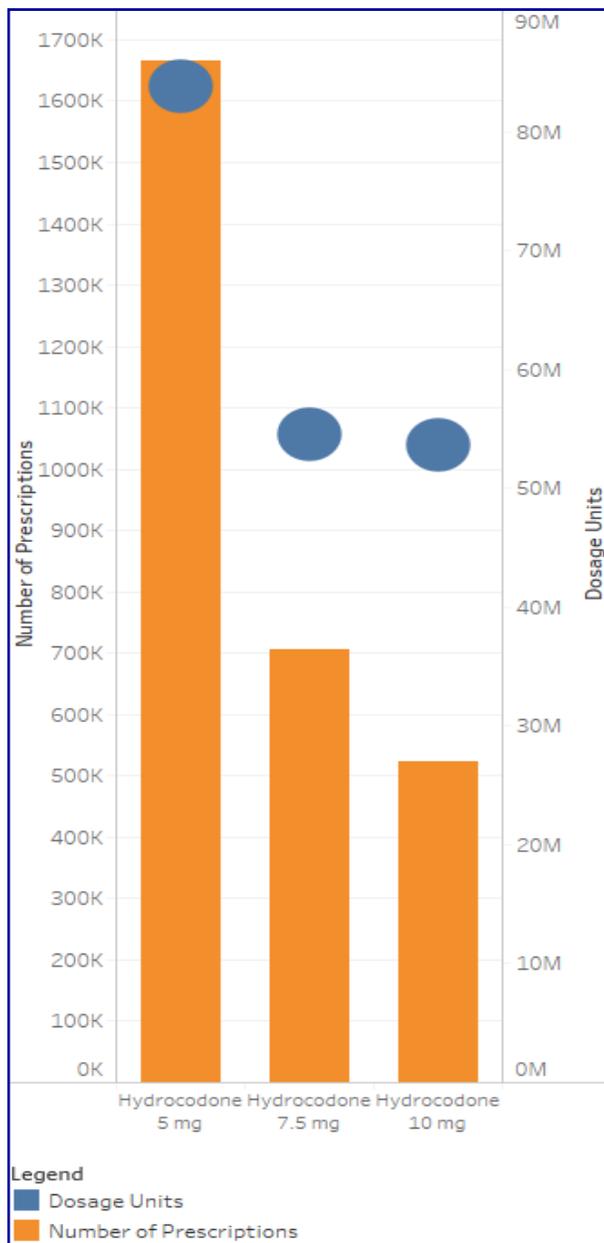
Source: Pennsylvania Prescription Drug Monitoring Program

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Hydrocodone

More than 192 million dosage units of hydrocodone were dispensed by Pennsylvania pharmacies in 2015 (See Figure 2). Comparative analysis from 2014 to 2015 for hydrocodone was not possible due to the rescheduling of hydrocodone from Schedule III to Schedule II in October 2014, which negated inclusion in the original PDMP prior to that date.

Figure 2: Most Commonly Dispensed Dosage Types of Hydrocodone Products by Pennsylvania Pharmacies, 2015.



Source: Pennsylvania Prescription Drug Monitoring Program

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Pennsylvania Prescribers

Pennsylvania-based prescribers represented 55 percent of the 79,706 prescribers of oxycodone and hydrocodone products, yet their prescriptions accounted for approximately 96 percent of the oxycodone and hydrocodone dosage units dispensed by Pennsylvania pharmacies in 2015. Approximately 98 percent of the oxycodone and hydrocodone dosage units prescribed by Pennsylvania-based practitioners were dispensed to patients reporting Pennsylvania addresses.

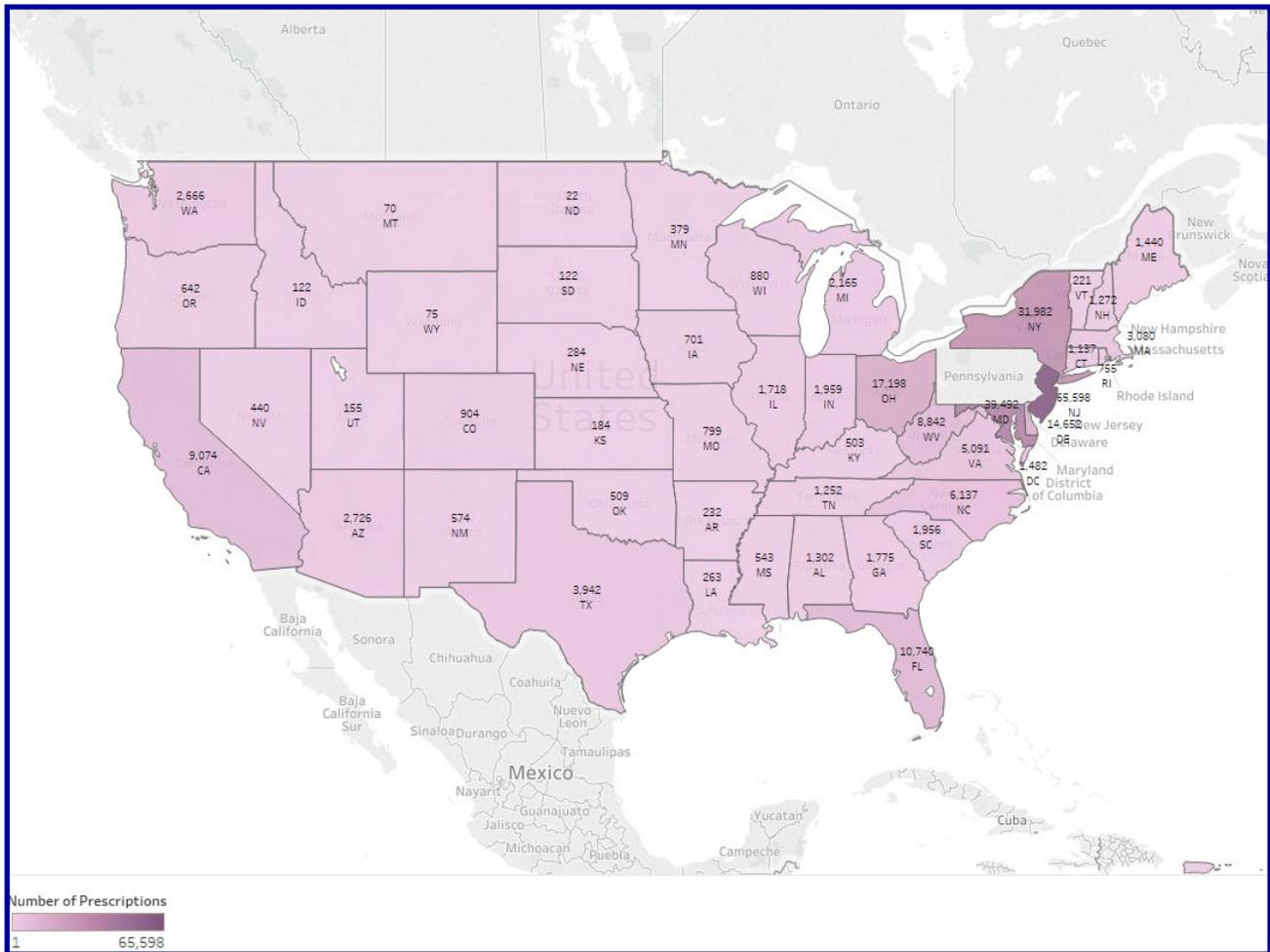
After Pennsylvanians, individuals reporting addresses of bordering states (New Jersey, New York, Ohio, West Virginia, Delaware, and Maryland) had the highest numbers of oxycodone and hydrocodone prescriptions issued by a Pennsylvania prescriber and filled in Pennsylvania. After the bordering states, individuals reporting addresses from Florida, Virginia, and North Carolina were the next highest number of patients receiving oxycodone and hydrocodone prescriptions issued by a Pennsylvania prescriber and filled at a pharmacy in Pennsylvania.

Out-of-State Prescribers

Analysis of the dataset revealed more than 35,000 out-of-state prescribers accounted for 270,000 prescriptions for approximately 20.2 million dosage units of oxycodone or hydrocodone filled by Pennsylvania pharmacies in 2015 (inclusive of all patient locations). Prescribers in New Jersey, Maryland, New York, Ohio, and Delaware accounted for approximately 66 percent of all out-of-state prescriptions filled in Pennsylvania, with New Jersey representing the highest percentage among them (24 percent). Florida, California, North Carolina, Virginia, and Texas (listed in descending order) were the most frequently reported non-bordering states from where out-of-state prescriptions were filled in Pennsylvania. Figure 3 shows the number of oxycodone and hydrocodone prescriptions issued by non-Pennsylvania prescribers to patients (inclusive of all reported states of residence) who subsequently filled the prescription in Pennsylvania in 2015.

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Figure 3: Oxycodone and Hydrocodone Prescriptions Written by non-Pennsylvania Prescribers and Dispensed by Pennsylvania Pharmacies, 2015.



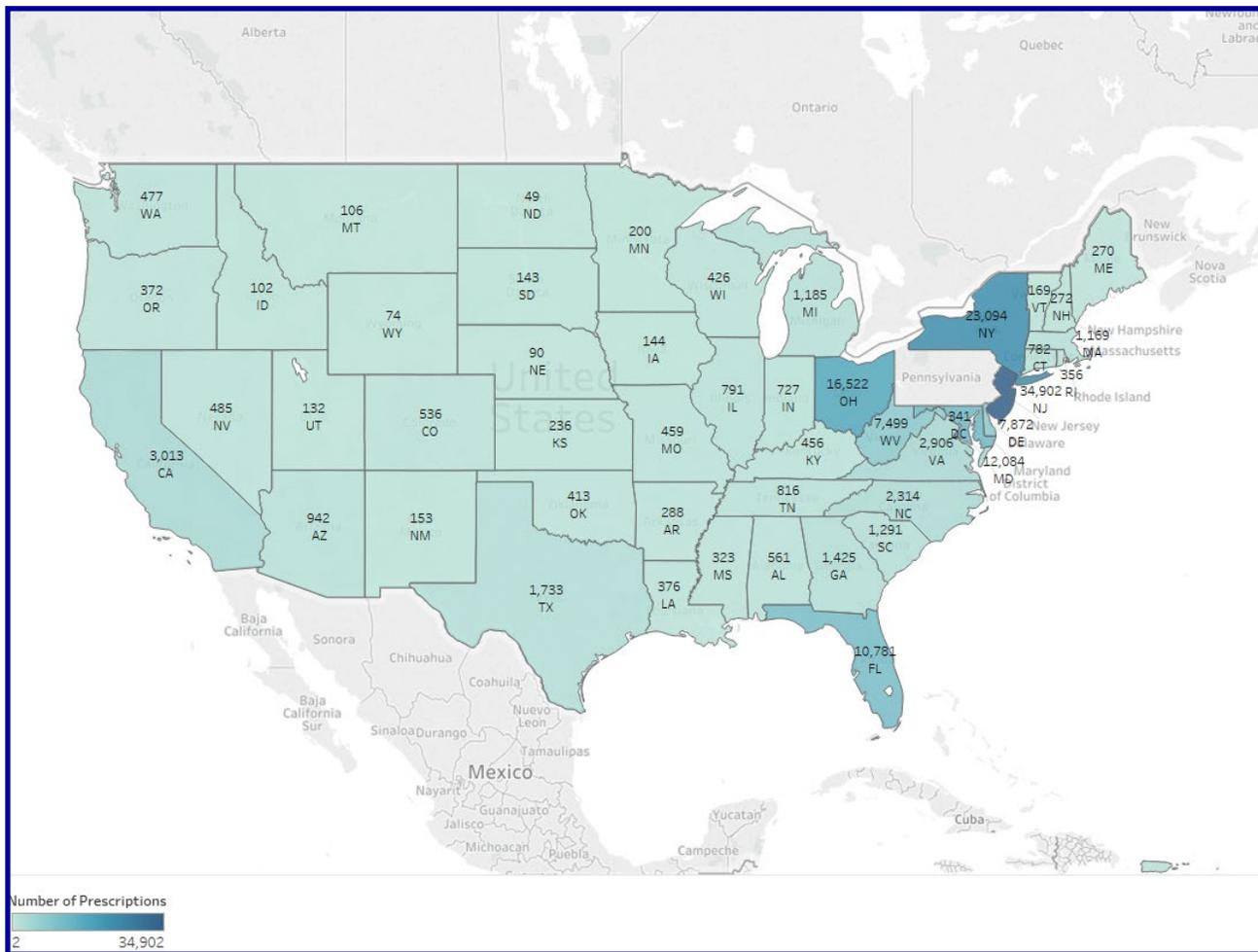
Source: Pennsylvania Prescription Drug Monitoring Program

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Out-of-State Patients

In 2015, oxycodone and hydrocodone prescriptions presented by individuals reporting addresses in New Jersey, New York, Ohio, Maryland, or Florida (highest, in descending order) accounted for approximately 70 percent of the prescriptions filled in Pennsylvania by patients reporting an address outside of Pennsylvania. Figure 4 shows the number of prescriptions for oxycodone and hydrocodone products dispensed by a Pennsylvania pharmacy to patients reporting a non-Pennsylvania address in 2015.

Figure 4: Oxycodone and Hydrocodone Prescriptions Written for Patients Reporting non-Pennsylvania Addresses and Dispensed by Pennsylvania Pharmacies, 2015.



Source: Pennsylvania Prescription Drug Monitoring Program

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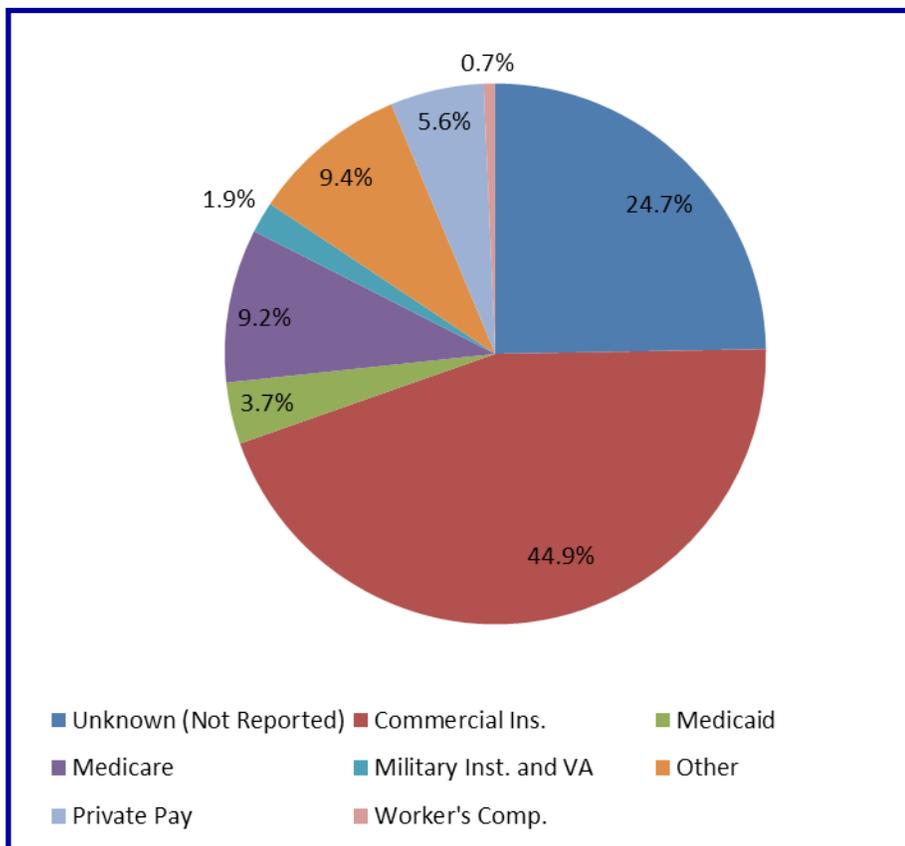
Out-of-State Prescribers/Out-of-State Patients

A review of oxycodone and hydrocodone prescriptions issued by out-of-state prescribers and dispensed by Pennsylvania pharmacies in 2015 to patients reporting out-of-state addresses indicated that such prescriptions originated from prescribers in all remaining 49 states, as well as Washington, D.C. and Puerto Rico. In general, these referenced out-of-state prescriptions were filled in Pennsylvania by individuals reporting the same state as the prescriber. New Jersey, New York, Maryland, Florida, and Ohio were also the top five states reported under these circumstances.

Method of Payment

Nearly 60 percent of prescriptions with a payment method documented were funded at least in part by commercial or government insurance, while 15 percent were paid for privately or via another method not specifically reported or otherwise categorized. Approximately 25 percent of oxycodone and hydrocodone prescriptions filled in Pennsylvania during 2015 were recorded in the PDMP without a payment method documented (See Figure 5).

Figure 5: Payment Types for Oxycodone and Hydrocodone Products Dispensed by Pennsylvania Pharmacies, 2015.



Source: Pennsylvania Prescription Drug Monitoring Program

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Outlook

The requirements in Pennsylvania's new PDMP are a significant improvement from the original program and should, in time, result in a decrease in abusers obtaining diverted prescription opioids, while also ensuring practitioners have knowledge regarding patient histories in order to make informed medical decisions.

Out-of-state patients obtain opioids in Pennsylvania because of the previous PDMP's inadequacies. The new program has a chance to positively change Pennsylvania's status as a regional distribution location. Analysis of PDMP data reported after full implementation of Act 191 in August 2016 will be critical in assessing the success of the new program in reducing the alarmingly high numbers of prescription opioids flowing within and beyond Pennsylvania, and reducing the number of related fatal and non-fatal overdoses occurring in Pennsylvania. Such an assessment, combined with determining whether increased restrictions on prescription opioids through the new PDMP hastened opioid users' transition to heroin, fentanyl, or other illicit or psychoactive substances, will also be critical to identifying the true impact of the new PDMP and other harm reduction initiatives on reducing fatal and non-fatal overdoses in Pennsylvania.

¹ (U) DEA Philadelphia Field Division Report: Analysis of Drug-Related Overdose Deaths in Pennsylvania, 2015

² (U) www.cdc.gov

³ (U) Source: CDC, Prevention Status Report, 2013, Pennsylvania. Available from www.cdc.gov/psr/prescriptiondrug/2013/PA-pdo.pdf.

⁴ (U) "The Bills We Need to Get to Gov. Wolf's Desk to Curb the Opioid Epidemic", September 29, 2016, from <https://www.governor.pa.gov/bills-we-need-get-gov-wolfs-desk-curb-opioid-epidemic/>.

⁵ (U) DEA Philadelphia Field Division Investigative Reporting, 2010-2016

⁶ (U) Ibid.

⁷ (U) Prescription Drug Monitoring Programs Fact Sheet, ONDCP, April 2011

⁸ (U) Ibid.

⁹ (U) DEA Philadelphia Field Division Investigative Reporting, 2010-2016

¹⁰ (U) PA population estimate dated July 1, 2015 was 12,802,503 per United States Census Bureau website: www.census.gov/quickfacts/table/PST045215/42, accessed on September 8, 2016.



(U) This product was prepared by the DEA Philadelphia Field Division. Comments and questions may be addressed to the Chief, Analysis and Production Section at dea.onsi@usdoj.gov.