

## **State Prescription and Monitoring Programs (PMPs) Help to Prevent Drug Diversion**

Drug diversion costs the health care industry up to \$72.5 billion a year from opioid abuse alone, according to a recent report developed by the Coalition Against Insurance Fraud. Other significant costs are related to the diversion and/or abuse of stimulants, sedatives and anabolic steroids. For most insurers, doctor shopping is typically the most common drug diversion scheme identified. Approximately forty percent of identified prescription diversion cases involve drug over-use by the member, 20 percent involve prescription forgery and about 10 percent involve excessive prescribing by the provider. A typical “doctor shopper” sees five to ten prescribers and generates \$10,000 to \$15,000 a year in drug and medical costs with some generating costs of \$100,000 or more.

State prescription and monitoring programs (PMPs) are among the most effective ways to detect and prevent drug diversion. State based PMPs are data repositories fed by mandated reports from prescribers and dispensers. These databases are generally accessible to prescribers, pharmacies, licensing authorities and law enforcement agencies. The level of access, and by whom, varies from state to state. The first PMP was created by California in 1939 and, since then, has developed into sophisticated electronic data systems. Some PMPs respond to Web-based queries in just seconds. Twenty-four states have mandated such databases as of April 2007. Ten states have authorized PMPs that are in the process of development and bills are pending in another eight states.

PMPs can vary widely from state to state in several key aspects. Some cover only DEA’s Schedule II substances, while others cover Schedule II through V medications. Some require weekly reporting of prescriptions while others require monthly reporting.

In most states, a physician who is suspicious of a patient’s prescription-related behavior can quickly access the PMP for the patient’s controlled substance prescription history. The physician can then prescribe or not prescribe based on the data.

Inaction is breeding serious and damaging consequences, both in incremental costs to the health care system and in health care risks to patients. What can one physician do? Know how to access your state’s PMP. If you suspect one of your patients is doctor shopping, access the PMP for your patient’s controlled substance drug history. Having the right information can help you and your patient address drug dependency and diversion.

Take a minute to investigate your state’s PMP website to see how it can help you to prevent drug diversion in your practice setting.

<https://www.ilpmp.org/>

<http://www.namsdl.org/resources/Texas1.pdf>

<http://www.rld.state.nm.us/pharmacy/monitoring.html>

[http://www.ok.gov/obnnd/Prescription\\_Monitoring\\_Program/index.html](http://www.ok.gov/obnnd/Prescription_Monitoring_Program/index.html)

For further information or questions pertaining to this newsletter, e-mail Richard Reynolds at [Richard\\_g\\_reynolds@bcbsnm.com](mailto:Richard_g_reynolds@bcbsnm.com).

### **References:**

Anon. *Prescription for Peril: How Insurance Fraud Finances Theft and Abuse of Addictive Prescription Drugs*. Coalition against Insurance Fraud. December 2007. [www.insurancefraud.org/downloads/drugDiversion.pdf](http://www.insurancefraud.org/downloads/drugDiversion.pdf).