Hydrocodone Prescribing and the New Texas PMP

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Hydrocodone Combination Products (HCPs)

- Used to treat moderate to severe acute and chronic pain
- Most prescribed drug in the US (2008-2012)
- 135.3 million prescriptions in 2012 (29% greater than #2)
- US consumed 99% of the world’s hydrocodone supply in 2012

Restrictions with Rescheduling

- Restrictions for Patients
  - Prevents automatic refills and requires a visit to the doctor for each fill.
- Restrictions for Physicians
  - In Texas, physicians are required to obtain special serialized prescription pads from the Texas State Board of Pharmacy (TSSBP) (formerly Department of Public Safety [DPS]) which are non-transferable and heavily audited
  - Restrictions for other health care providers
    - Nurse practitioners (NPs) and physician assistants (PAs) do not have full prescriptive authority for schedule II prescriptions, delegation of prescriptive authority from supervising physician is required
Concerns with Rescheduling

- May impact access to HCPs for those who are in acute and chronic pain
- May increase the administrative burden on prescribers
- May lead to out-of-pocket costs as well as rise in healthcare expenditure
- Ability of physicians to accommodate the increase in the number of written prescriptions required by patients with pain
- Substitution of HCPs with less-effective medication (tramadol and codeine combination)

Physicians’ Prescribing of Hydrocodone

Study 1: Physicians’ Pain Management after Rescheduling

- A total of 1176 physicians responded to a survey on pain management in 2015 (response rate 15.4%)

<table>
<thead>
<tr>
<th>Pharmacotherapy treatment plans</th>
<th>Chronic NCPb management (N=1085)</th>
<th>Acute NCPb management (N=1060)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency (%)</td>
<td>Frequency (%)</td>
</tr>
<tr>
<td></td>
<td>Acetaminophen/ codeine</td>
<td>NSAIDc</td>
</tr>
<tr>
<td>Acute NCPb management (N=1060)</td>
<td>399 (37.64)</td>
<td>387 (36.40)</td>
</tr>
<tr>
<td>Chronic NCPb management (N=1085)</td>
<td>315 (29.05)</td>
<td>415 (18.68)</td>
</tr>
</tbody>
</table>

aNCP: Non-cancer pain  
bHydrocodone combination products

cThe category NSAIDs was deleted for acute NCP management due to frequency less than 10%
Study 2: Pain Management Issues of Prescribers in TMC Caring for Geriatric Patients: Findings from Qualitative study

• Two focus groups with prescribers of were carried out in January 2016, each lasting approximately one hour

Physicians attitude towards rescheduling:

• Prescribing of hydrocodone has reduced because of the increased burden and negative perception
• However, those who need medication may suffer and may have to wait longer

ACKNOWLEDGEMENT
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Related Quote

• “I mean yeah you have a lot of push to T3 instead, like Tylenol/codeine® cause it’s just a lot easier to do that than um get the triplicate and the patients that I find need it are the ones that have a hard time getting it too…”

Factors Influencing Decision to Prescribe Hydrocodone Combination

1. Type and amount of pain
   • If pain is localized patches were prescribed

2. Location (type of facility)
   • Hospitalized patients condition improved then Tylenol may be prescribed (consider tapering)

3. Age, situation of patients and family dynamics
   • In elderly narcotics are generally avoided or started low
Coordination of Pain Management Care

- The common issues that were identified related to coordination of pain management include workload due to rescheduling, communication between physicians and pharmacists, discharge medication, medication reconciliation, triplicate pads

- Some prescribers expressed checking the PMP more often since rescheduling

- “We’ve also have some issues with family dynamics where we suspect that our patients are not actually the one taking the medications. And their daughter is insistent, saying “she needs it she needs it she needs it” And you ask her, “I don’t have any pain…”

Related Quote

- “And I think with every medication, I think the discharging physician should at least write, well I know there is discharge somewhere, I don’t know where it gets transferred, but on the day of discharge, they should have what medications listed next to it…”

Physicians’ Issues with the Rescheduling

- Physician awareness of the ability to electronically prescribe schedule II drugs
  - Physicians are unaware of electronic prescribing for these drugs and of the requirements to be able to do so

- Documentation and use of triplicates
  - Physicians feel the documentation required by the state is too burdensome
  - Results in an avoidance to prescribe
The Texas Prescription Monitoring Program

NEW INFORMATION FOR PHARMACISTS

Texas Prescription Monitoring Program (PMP)

- http://www.pharmacy.texas.gov/PMP/

- TSBP managed

- Effective September 1, 2016

  - https://texas.pmpaware.net/login

FAQs


- Prescription pads

- Controlled substance registration
**PMP Access**

- Dentist
- Medical Residents
- Nurse Practitioners/Clinical Nurse Specialist
- Optometrist
- Pharmacist
- Pharmacy Technician
- Physician Assistant
- Physician (MD, DO)
- Podiatrist (DPM)
- Prescriber Delegate – Unlicensed
- Prescriber without DEA
- Veterinarian
- Board of Dentistry Investigator
- Board of Medicine Investigator
- Board of Nursing Investigator
- Board of Pharmacy Investigator
- Board of Podiatry Investigator
- Board of Optometry Investigator
- Board of Veterinarians Investigator
- Medical Examiner/Coroner

**PMP Delegate Access**

- Must register as a delegate (e.g., pharmacist delegate)
- Supervising pharmacists receive an email to authorize or deny delegate (technician)
- TSBP determines that delegate meets requirements & provides PMP access
- Delegates can be removed as needed

**PMP Delegate Access**

- The user logs into the PMP AWAREXE application (https://texas.pmpaware.net/login)
- Navigates to User Profile > Delegate Management
Look up Patients from Other States

NABP PMP InterConnect
- Allows Texas PMP to connect with other states, should encompass bordering states at a minimum, currently in Texas:
  - Connecticut
  - Louisiana
  - South Carolina
  - Mississippi
  - Arkansas
  - Oklahoma
  - New Mexico

Patient Report
Medication Reconciliation in Pain Management

- Clinical evaluation of a new patient with chronic pain can be difficult without a comprehensive pain management record.
- May lead to dangerous misprescribing or “doctor shopping”.
- Primary care providers are faced with guidelines suggesting the use of patient-provider agreements (“pain contracts”) and urine drug screening.
  - Some physicians may feel uncomfortable with the mistrust implied by such confrontational approaches.

PMP for Medication Reconciliation

- Alerts its users to signs of doctor shopping behavior or any other prescription drug abuse behavior.
  - Family member of elderly.
- Identify patients who are at risk for complications from polypharmacy.
  - Receiving multiple legitimate prescriptions for opioids.
  - Benzodiazepines.
  - Consider naloxone dispensing?

Summary

- Serious administrative and ethical concern regarding the rescheduling.
- Physicians have mixed feeling towards the rescheduling.
- PMP could be use effectively to monitor any aberrant behavior (e.g. doctor shopping) for patients within state and out of state.
- Pharmacists can use the PMP in medication reconciliation and hospital discharge when pain management and coordination of care is required.
THANK YOU!

Questions