

Controlled Substances Prescription Monitoring Program

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Conflict of Interest Disclosure

I have no actual or potential conflict of interest in relation to this program or presentation.

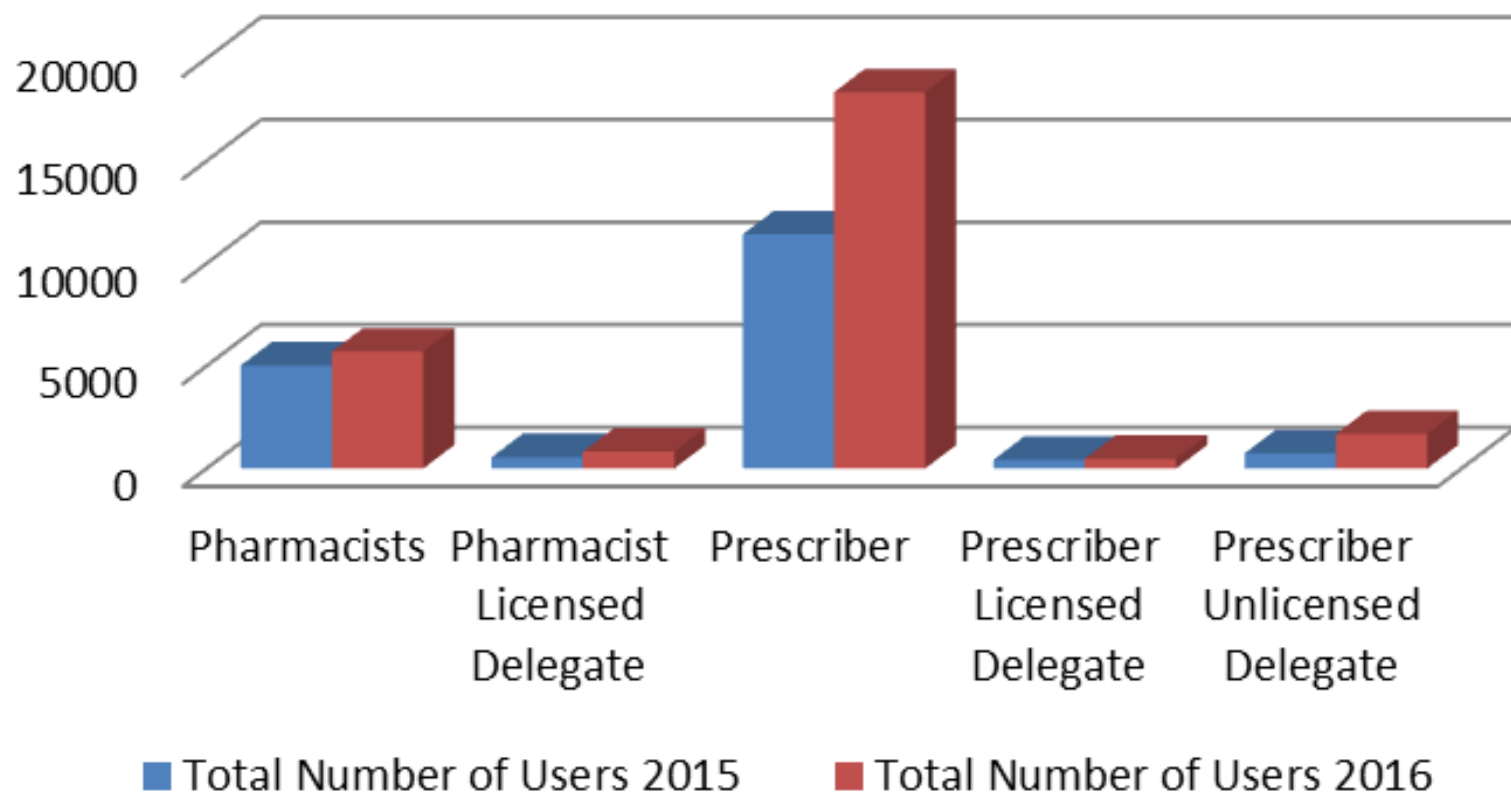
Objectives

- Discuss Statewide Integration
- Provide statistics of CSPMP utilization and statistics on the number of prescriptions and pills dispensed in AZ
- Summarize the current statutes and upcoming mandated use and exemptions
- Review H.B. 2355 and Naloxone

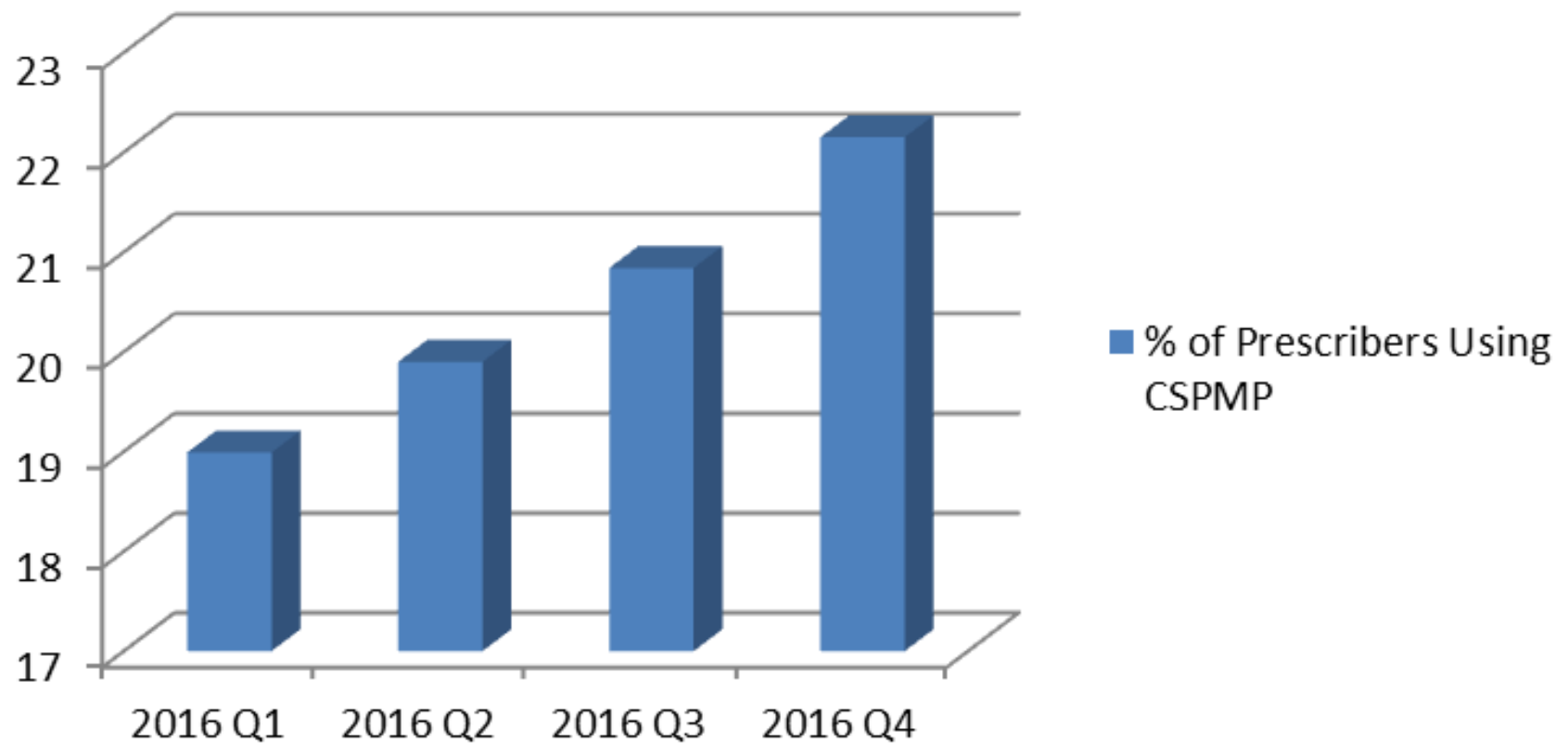
Accessing The CSPMP



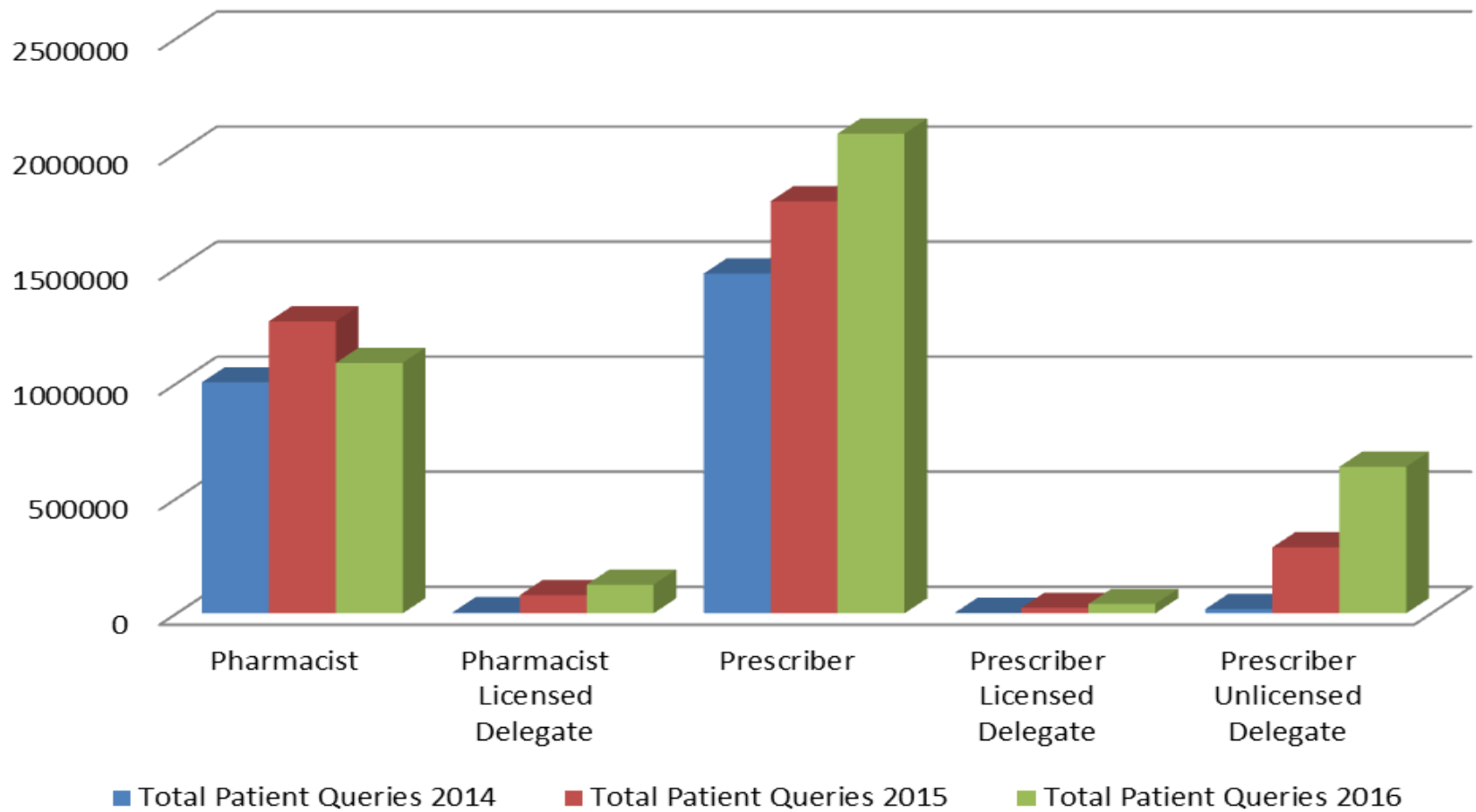
Total Number of Users



% of Prescribers Using CSPMP



Total Patient Queries



Increasing Access Through Statewide Integration

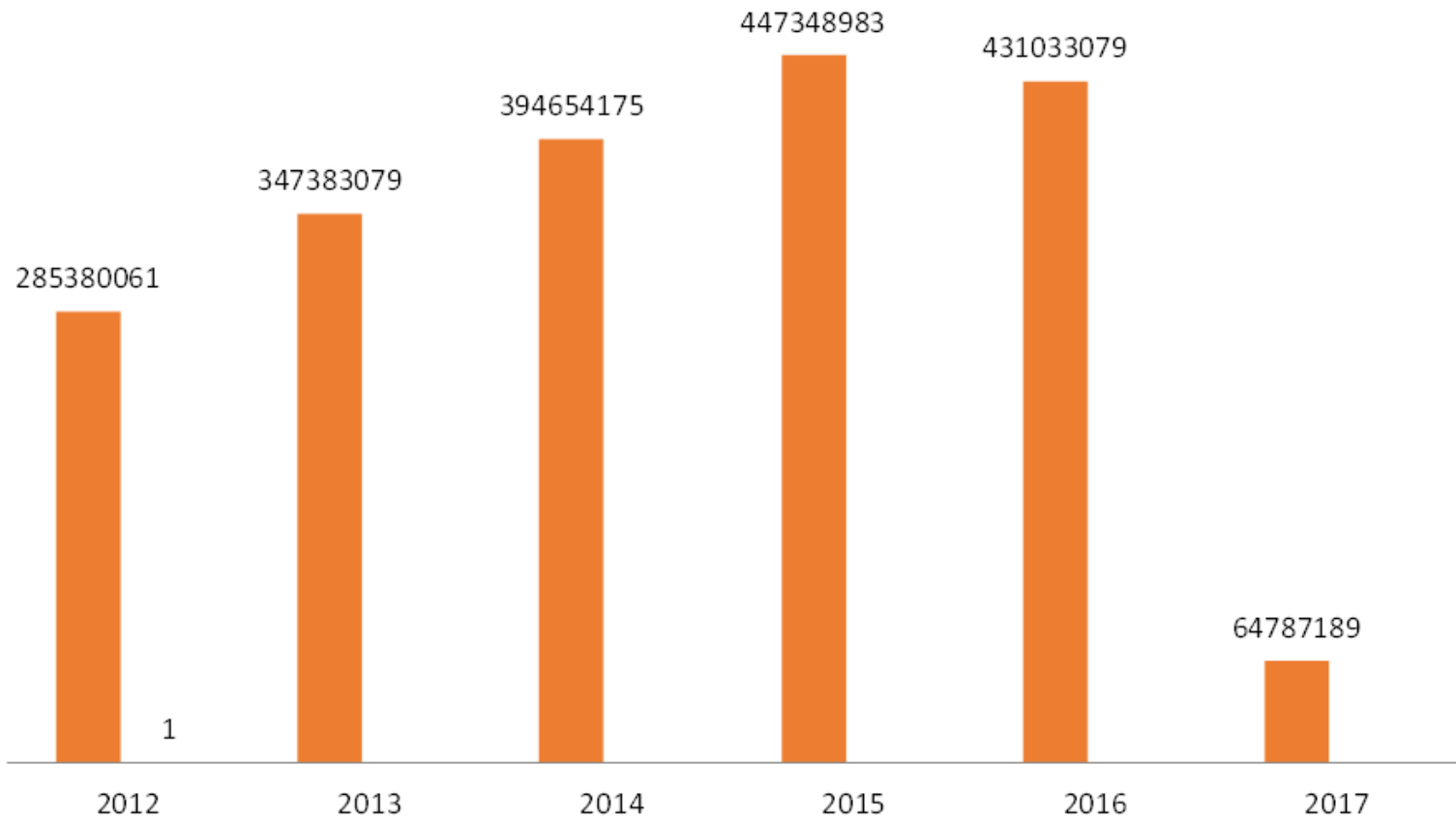
Arizona received funding to integrate with all Arizona prescribers and pharmacies including HIE. This integration will fundamentally change the way the CSPMP is viewed within a Arizona.

Why Statewide Integration?

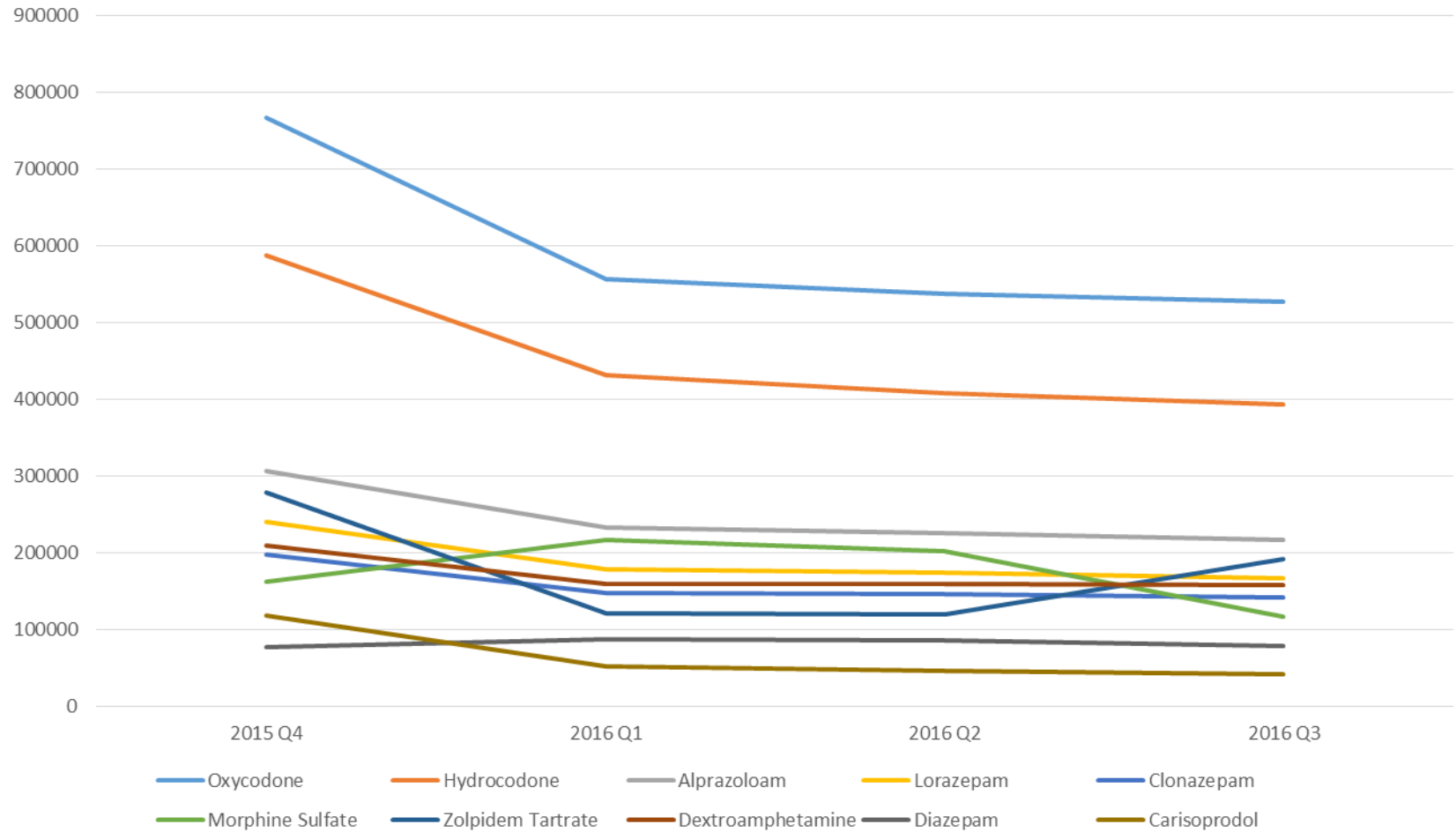
- Integrating with HIE and EHRs will provide a more complete medical record through a single source and will make accessing the CSPMP data a part of the workflow.
- The statewide integration includes all prescribers and pharmacies. This will reduce the time and effort needed for prescribers and pharmacists along with their staff to access a patient's CSPMP history.
- Ultimately, statewide integration will improve usability and accessibility of the CSPMP.

Total Quantity of Opioids

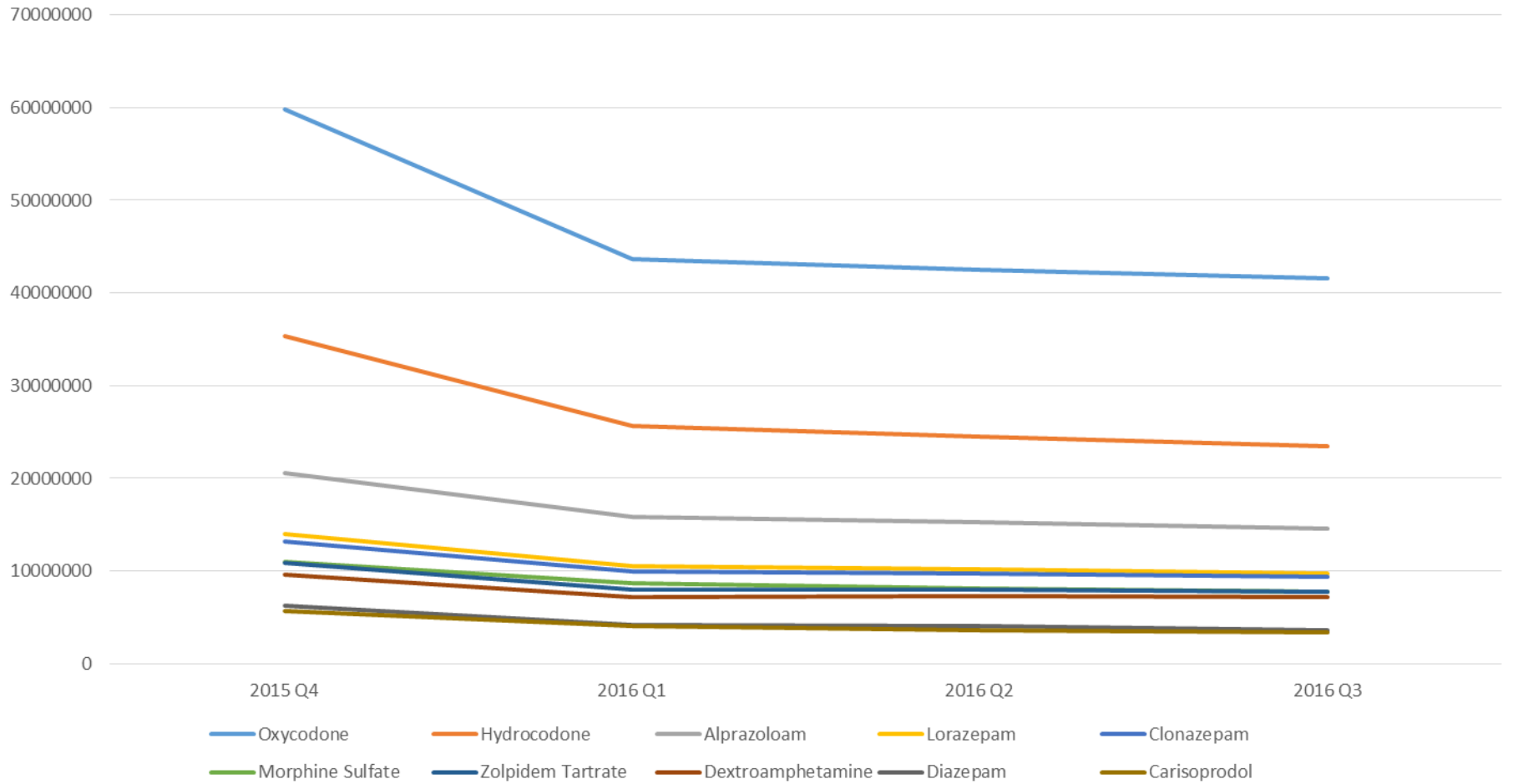
Qty of Pills



Top Drugs Prescriptions



Top Drugs Pills



Current Mandate of Registration

A.R.S. 36-2606 Mandates Registration Each medical practitioner who is issued a license and who possesses an Arizona registration under the Controlled Substances Act must have a current CSPMP registration issued by the Board and be granted access to the program's central database tracking system.

Upcoming Mandate of Utilization

S.B. 1283 Mandates CSPMP

Provides, beginning the later of October 1, 2017 or sixty days after the statewide Health Information Exchange has integrated the CSPMP data into the Exchange, a medical practitioner, before prescribing an opioid analgesic or benzodiazepine CS listed in schedule II, III or IV for a patient, must obtain a patient utilization report regarding the patient for the preceding 12 months from the CSPMP central database tracking system at the beginning of each new course of treatment and at least quarterly while that RX remains a part of the treatment.

Exemptions to Reviewing a Patient CSPMP Report

- a. The patient is receiving hospice care or palliative care for a serious or chronic illness.
- b. The patient is receiving care for cancer, a cancer-related illness or condition or dialysis treatment.
- c. A medical practitioner will administer the CS.
- d. The patient is receiving the CS during the course of inpatient or residential treatment in a hospital, nursing care facility, assisted living facility, correctional facility or mental health facility.
- e. The medical practitioner is prescribing the CS to the patient for no more than a ten-day period for an invasive medical or dental procedure or a medical or dental procedure that results in acute pain to the patient.

Exemptions (continued):

- f. The medical practitioner is prescribing no more than a five-day RX and has reviewed the program's central database tracking system for that patient within the last 30 days, and the system shows that no other prescriber has prescribed a CS in the preceding 30 day period.
- g. The medical practitioner is prescribing the CS to the patient for no more than a ten-day period for patient who has suffered an acute injury or a medical or dental disease process that is diagnosed in an emergency department setting and that results in acute pain to the patient. An acute injury or medical disease process does not include back pain.

Naloxone & H.B. 2355

H.B. 2355 allows a pharmacist to dispense Naloxone without a prescription to a person at risk of experiencing an opioid-related overdose or to a family member in a position to assist that person.

QUESTIONS?

Arizona State Board of Pharmacy

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