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Minnesota Board of Pharmacy

Report to the Legislature: Diversion of Controlled Substances Dispensed by Veterinary Practice

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December 1, 2011

Approved at the January 11, 2012 Board Meeting

COST OF REPORT

Minnesota Statutes §3.197 states that a “report to the legislature must contain, at the beginning of the report, the cost of preparing the report, including any costs incurred by another agency or another level of government”. The estimated cost of preparing this report was \$3,540.

Introduction

The abuse and diversion of controlled prescription drugs is a significant and persistent problem in the United States. Data from the Substance Abuse and Mental Health Services Administration (SAMHSA) 2007 National Drug Survey on Drug Use and Health reveals that approximately 6.9 million individuals aged 12 or older are nonmedical users of controlled prescription drugs (opioid pain relievers, tranquilizers, sedative, or stimulants)¹. While the number of non-medical users has remained relatively stable over the past 5 years, the number of treatment admissions and deaths from overdose of controlled prescription drugs has increased significantly.

To begin to address prescription drug abuse in the State, on May 25, 2007, the Governor signed into law M.S. §152.126, which mandated the Minnesota Board of Pharmacy to establish an electronic system for the reporting of schedule II, III and IV controlled substance prescriptions, dispensed to residents of the state. The Board subsequently implemented the Minnesota Prescription Monitoring Program (PMP). Daily data collection from dispensers of controlled substances began on January 4, 2010 with authorized access to the data commencing on April 15, 2010.

During the first year of operation more than 6.1 million prescriptions for controlled substances were reported by dispensers to the PMP. Dispensers are currently defined by M.S. §152.126, Subd.1 (d) as a person authorized by law to dispense a controlled substance, pursuant to a valid prescription. For the purposes of this section, a dispenser does not include a licensed hospital pharmacy that distributes controlled substances for inpatient hospital care or a veterinarian who is dispensing prescriptions under section 156.18.

As of November 2011, more than 5,500 authorized prescribers and pharmacists, having direct access to timely prescription history data, have conducted over 225,000 queries of the more than 6.5 million records currently stored in the secure database. These queries have helped to determine appropriate medical treatment and interventions, or in some cases have detected “doctor shopping” behaviors. In addition, the data helps to identify patients who could benefit from referral to a pain-management specialist or those who are at risk for addiction and may be in need of substance abuse treatment.

Medical Examiners and Coroners, in an effort to determine an individual’s cause of death, have requested more than 100 reports on decedents from the PMP since its implementation.

Through the PMP, personnel from the MN Department of Human Services, Restricted Recipient Program, performed approximately 6,000 queries of the database to identify recipients whose usage of controlled substances warrants restrictions to a single primary care physician, a single outpatient pharmacy, or a single hospital.

¹ Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings see <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>; last accessed June 20, 2011.

Additionally, through the PMP, individuals engaged in potentially unlawful possession and/or diversion of controlled substances have also been identified. Law enforcement officials have served nearly 200 search warrants on the PMP, requesting an individual's controlled substance prescription history to support an investigation.

Continued outreach efforts by PMP staff and word of mouth promotion by PMP champions have resulted in a steady growth in the number of authorized system users and likewise in the volume of queries performed on the PMP data.

Objective

The Board of Pharmacy, in consultation with the Prescription Monitoring Program Advisory Committee and the Board of Veterinary Medicine created a task force (Appendix 1) to study the diversion of controlled substances, dispensed for outpatient use, by veterinarians.

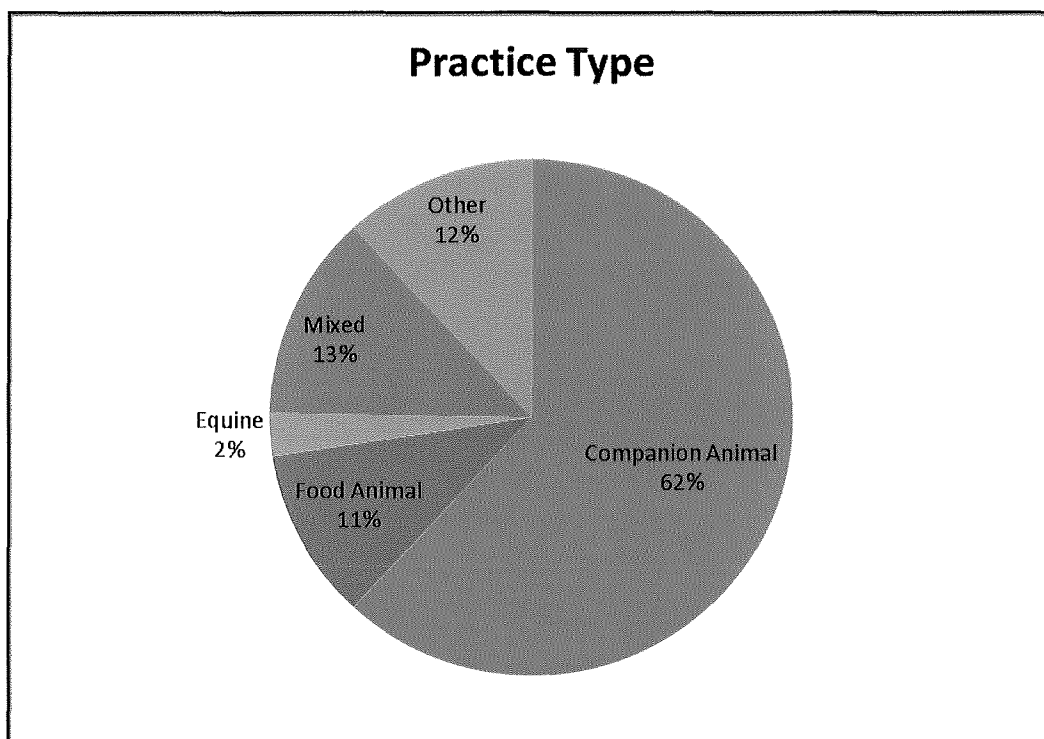
The purpose of this report is to provide recommendations regarding the inclusion of veterinarians in reporting the dispensing of controlled substances to the Minnesota Prescription Monitoring Program.

Data

1. Veterinarian Dispensing Practices

The following data was derived from a survey distributed to Minnesota licensed veterinarians. The survey: "Veterinarian Dispensing Practices" (Appendix 2) was conducted between October 12, 2011 and October 25, 2011. The survey instrument was sent by email to 1,896 MN licensed veterinarians and resulted in 207 responses.

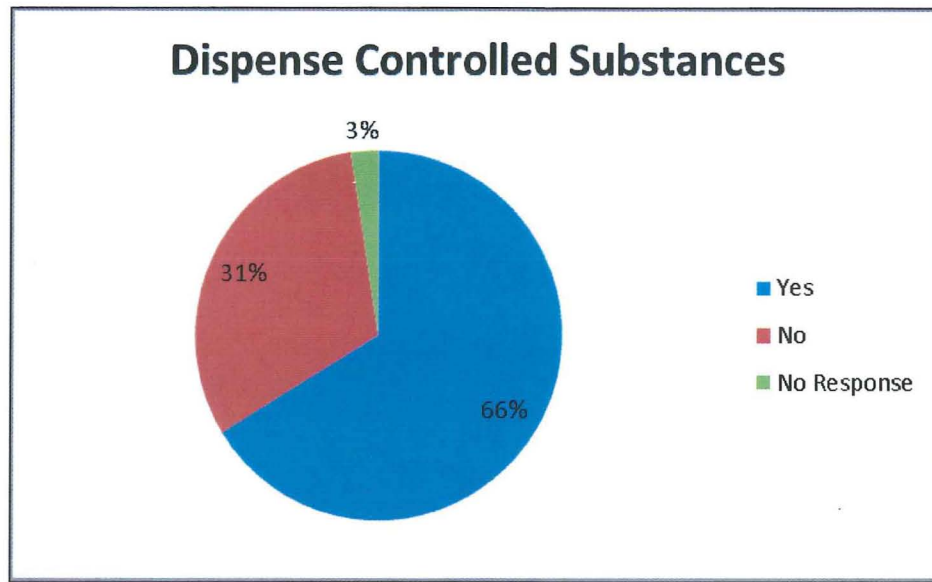
- 1.) Respondents were asked to identify their practice type from the following:
- Companion Animal-dogs, cats, ferrets and pocket pets.
 - Food Animal-cattle, sheep, swine, poultry, goats and captive cervidae (elk, deer)
 - Equine-horses, mules, donkeys.
 - Mixed-combinations of the above.
 - Other



Companion Animal	115
Food Animal	20
Equine	5
Mixed	24
Other	22

Note: some respondents selected multiple practice types.

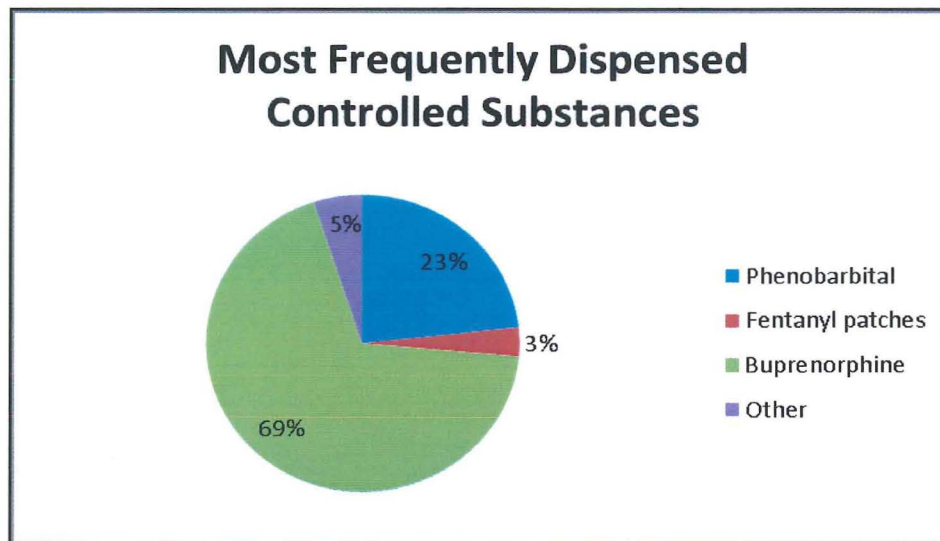
2.) Respondents were asked whether or not they dispense Minnesota schedules II-IV controlled substances for outpatient use.



Yes	137
No	65
No response	5

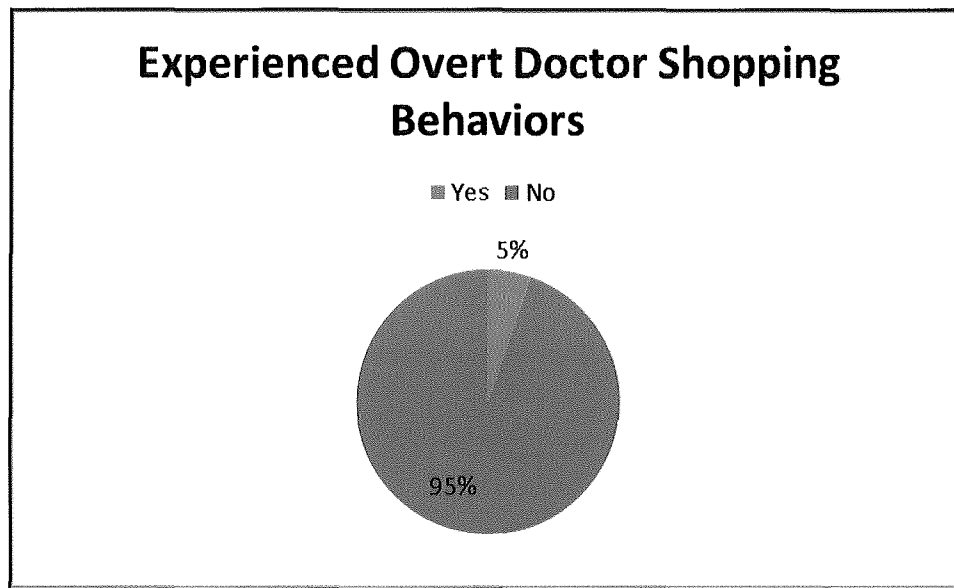
If the respondent indicated "yes", they do dispense controlled substances; they were asked what were the most commonly dispensed, with the following suggestions:

- Phenobarbital-used mainly for seizure disorders
- Fentanyl patches-used for acute pain relief, normally after surgery
- Buprenorphine-used mainly after surgery to declaw cats



Controlled substances noted in the "Other" category included; tramadol, alprazolam, butorphanol, valium, diazepam, hydrocodone and codeine tablets.

3.) Additionally, the respondents were asked if they had experienced overt doctor shopping (use of an animal to obtain controlled substances for the owner's personal use) behaviors.



An overwhelming majority, 95%, indicated they had not experienced overt doctor shopping behaviors, with several respondents providing the following comments:

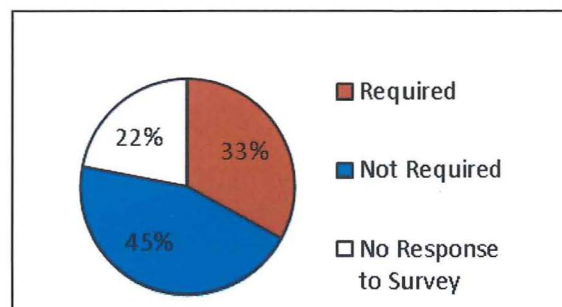
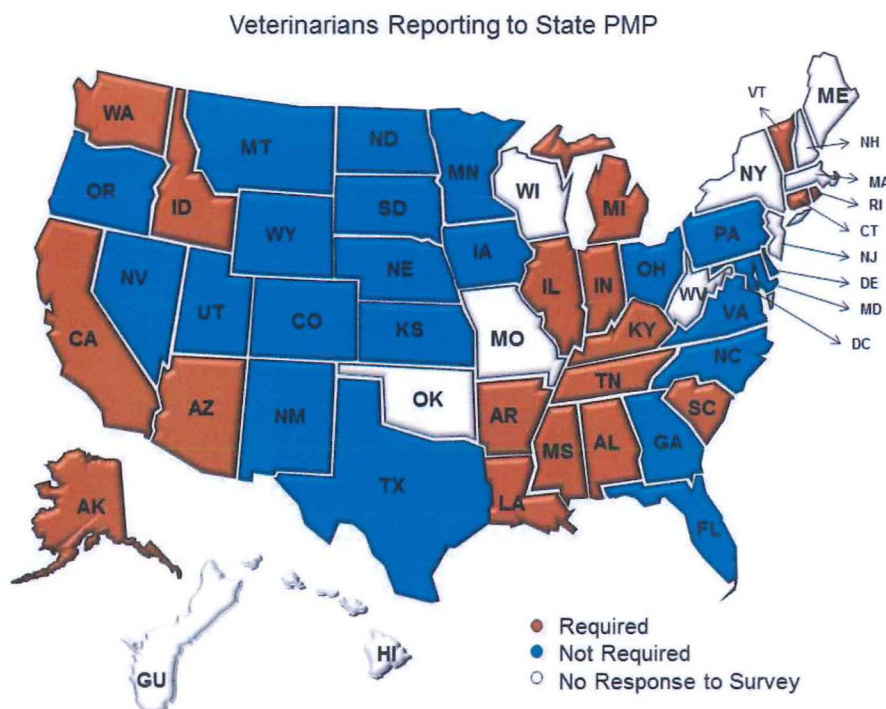
- Many years ago we had one person try, this person was not our client and we had not seen the patient; it was easy to see what was happening and we were able to say we could not dispense medications since we had not seen the dog. We keep such tight control and limit refills and require exams and blood work so it would be very hard for a client to abuse anything we are sending.
- Yes, but only twice in 25 years of practice!! RARE
- I have not personally been approached for many years.
- One client, it was clear by the quantity he requested that it was not for his dog. We did not dispense the medication.
- Not aware of any, but rare suspicion
- Suspected but not confirmed
- Uncertain, but probably
- We only have a very small amount in our clinic. Phenobarbital, Diazepam, Tramadol, etc. are scripted to human pharmacies for the owners to pick up. The pets on these medications are monitored every 6 months to ensure adequate and accurate dosing is occurring. If the pets are on these medications long term the owners are given a prescription for only 3 months so they need to contact us when they are running low - this helps us monitor owner compliance as well. Scripting to a human pharmacy also keeps controlled substances out of our clinic - less potential for break-ins, etc.
- Only once that I suspected but was never proven.
- Just a couple of times --
- Yes, but it was many years ago

Additional Findings

- A majority of those identifying their practice type as “companion animal” dispense controlled substances for outpatient use.
 - 100% indicated they most commonly dispense buprenorphine (mainly used after surgery to declaw cats with minimal quantity dispensed).
- 112 of the respondents indicated they had computer and internet connectivity (other than dial-up modem) in their practice/office that could be used to report data to the PMP database.
 - It is unknown whether these practices/offices have an electronic method of capturing dispensing activities and reporting it electronically and with minimal human intervention.

2. State Prescription Monitoring Programs (PMP)

The following data was derived from a survey distributed to State PMPs throughout the nation. The survey: “Reporting by Veterinary Practice to the State Prescription Monitoring Program” (Appendix 4) was conducted between September 7, 2011 and September 16, 2011.



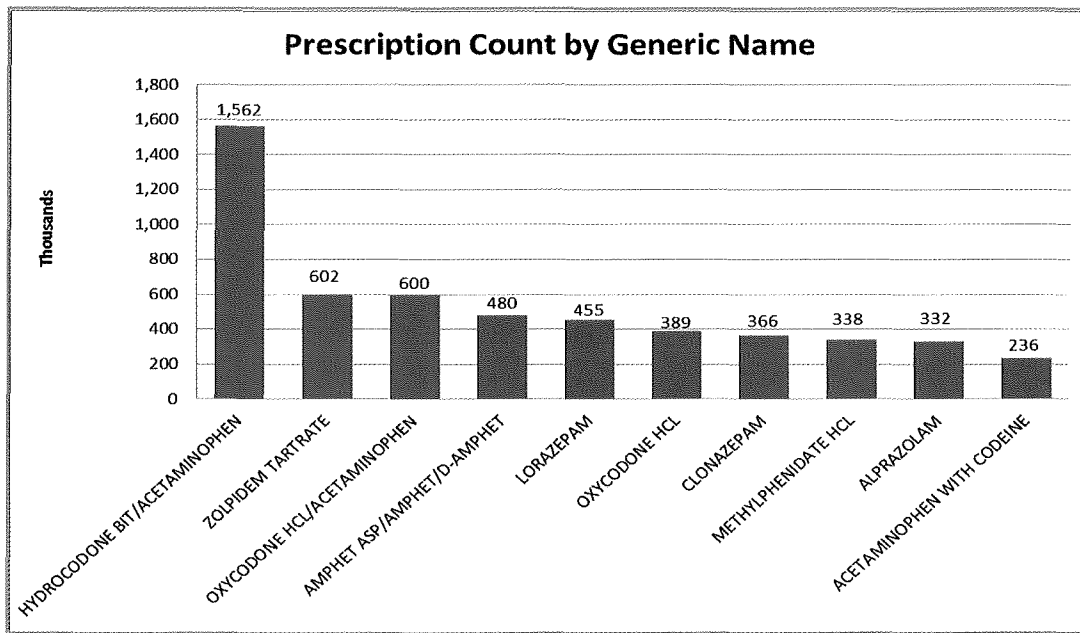
Additional Findings

- 48 of the 50 states have legislation in place that allows for PMPs. (Appendix 3)
- 37 states have operational PMPs that have the capacity to receive and distribute controlled substance prescription information to authorized users.
- 11 states and one U.S. territory, have enacted legislation to establish a PDMP, but are not fully operational.
- Of the 39 states responding to the task force survey, 23 indicated that their laws do not require veterinarians to report to their respective PMPs.
- Three of the four states that border Minnesota, do require reporting by veterinarians; the fourth state did not respond to the survey.
- States that do require reporting by veterinarians have little data to suggest there is a problem with diversion of controlled substances, dispensed for outpatient use, by veterinarians.
- States that identified known cases of diversion involved veterinarians ordering excessive quantities of controlled substances, and only one state, Louisiana, noted their local DEA field office has a case of diversion from a veterinarian dispensed prescription.
- Kentucky reported that although reporting is currently required, the PMP is considering the possibility of excluding veterinarians from reporting, but no decisions have been made at this time.
- South Carolina is also examining the need to discontinue the reporting requirement in 2012, as they have no information that would warrant continued reporting by veterinarians.

3. MN Prescription Monitoring Program

The following data was derived from the MN PMP database for the period 11/1/2010-10/31/2011 for the purpose of comparing the information in the table below to the most frequently veterinarian dispensed controlled substances.

Number of Most Frequently Prescribed Controlled Substance Prescriptions Dispensed



Prescription Count by Generic Name	11/2010-10/2011
HYDROCODONE BIT/ACETAMINOPHEN	1,561,530
ZOLPIDEM TARTRATE	601,896
OXYCODONE HCL/ACETAMINOPHEN	599,754
AMPHET ASP/AMPHET/D-AMPHET	479,913
LORAZEPAM	454,770
OXYCODONE HCL	388,994
CLONAZEPAM	366,347
METHYLPHENIDATE HCL	338,104
ALPRAZOLAM	331,995

4. Informal Survey of Multi-jurisdictional Drug Task Forces in MN

The task force sent a request for information to MN Department of Public Safety, Office of Justice Programs (OJP), to assist in identifying cases of diversion of controlled substances that had been dispensed, for outpatient use, by veterinarians. After conducting an informal survey of the multi-jurisdictional drug task forces throughout the state, the OJP indicated there were no known reports, where a pet was used as a means of securing controlled substances, which had been dispensed by a veterinarian.

Findings and Conclusion

- Although a majority of companion animal veterinarians responding to the survey dispense controlled substances for outpatient use, a minimal number of them have experienced overt doctor shopping behaviors.
- Of the 3 controlled substances most commonly dispensed by veterinarians, based on their survey responses, none of them appears in the list of top 10 most commonly dispensed controlled substances; as reported out of the MN PMP database.
- Comments from the state of Nevada support the data from the MN PMP database which shows that the most commonly dispensed controlled substances are not generally dispensed by veterinarians and those that are dispensed, are done so in low quantities and for short periods of time.
- A majority of the states responding to the survey indicated they do not require veterinarians to report to their PMPs and 3 of the 4 states that border MN are amongst that group. Additionally, a majority of the states were unable to point to specific cases of diversion of controlled substances dispensed by veterinarians for outpatient use.
- Comments received from states such as South Carolina, Kentucky and Arizona, all states that currently require reporting to their PMP by veterinarians, indicate a move to exempt reporting in the future. States that have recently passed PMP legislation and/or recently implemented their PMP such as Maryland, Florida and Oregon, do not require reporting by veterinarians. Finally, the Nevada PMP task force determined that the data obtained from veterinarians would not justify the burden to the practices, particularly the many small rural veterinary practices.

Evidence gathered does not support, at this time, the inclusion of veterinarians in reporting to the MN PMP when dispensing controlled substances for outpatient use. It is important not rule out the potential for diversion but continue to monitor diversion activities.

Recommendation

The MN Board of Pharmacy, in collaboration with the MN PMP Advisory Committee and the MN Board of Veterinary Medicine recommend that veterinarians, dispensing controlled substances for outpatient use, remain exempt from reporting to the MN PMP at this time.

Appendix 1

MN PMP Veterinary Practice-Controlled Substance Reporting Task Force Members

Representing the MN PMP Advisory Committee

Alfred Anderson, MD
Board of Medical Practice

Betty Johnson, R.Ph
Board of Pharmacy

Representing the MN Board of Veterinary Medicine

John King, DVM, Executive Director

Representing the MN Veterinary Medical Association

Tom Hagerty, DVM

Interested party and active participant at MN PMP Advisory Committee meetings

Carol Falkowski
Drug Abuse Strategy Officer for MN Department of Human Services

Board of Pharmacy Staff

Cody Wiberg, Pharm.D., M.S., R.Ph, Executive Director
Barbara Carter, PMP Manager
Journey Killingsworth, PMP Coordinator

Appendix 2

Survey Instrument: Veterinarian Dispensing Practices

Q1: Practice Type: *(Choice)*

- Companion Animal
- Food Animal
- Equine
- Mixed
- Other (please specify)

Q2: Do you dispense, for outpatient use, Minnesota schedules II-IV controlled substances?

Yes/No/Other (please specify)

Q2a: If yes, what do you most commonly dispense? *(Choice)*

- Phenobarbital
- Fentanyl patches
- Buprenorphine
- Other (please specify)

Q3: Currently a majority of dispensers reporting to the MN PMP database report electronically in a batch type process over the internet. Do you have a computer and internet connectivity (other than dial-up modem) in your practice/office that could be used to report data to the database?

Yes/No/Other (please specify)

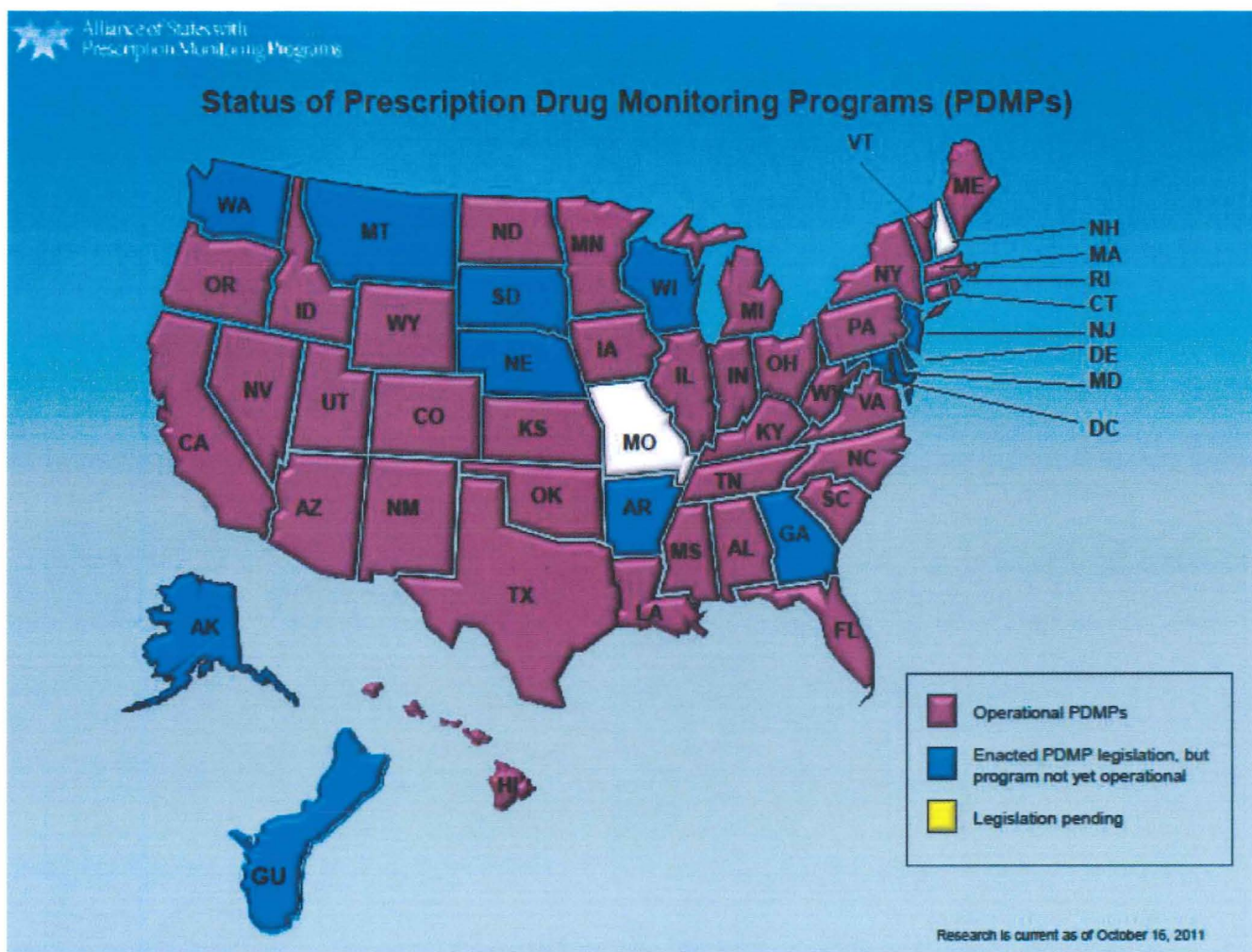
Q4: In your *own* practice have you experienced overt doctor shopping (use of an animal to obtain controlled substances for the owner's personal use) behaviors?

Yes/No
Comments

Q5: Based on your responses we may want to contact you for further information. May we contact you?

Yes/No

Appendix 3



Appendix 4

Survey Instrument: Reporting by Veterinary Practice to the State Prescription Monitoring Program

Q1: State

Q2: Do the PMP statutes and/or regulations in your state/territory require veterinarians who dispense controlled substances from their practice to report the dispensing data to the PMP?

Yes/No/Other (please specify)

Q2a: If yes, Please provide an estimate of the number of licensed veterinarians who could potentially report to your state/territory PMP.

Q2b: How do veterinarians reporting to the PMP transmit their data? ?

- Manually (on a paper form that is mailed or faxed)
- Semi-Electronic (via a form on a website)
- Electronically(via SFTP or other mode of data transfer)
- Other (please specify)

Q3: Do you have any case evidence involving the diversion and/or abuse of controlled substances, dispensed by veterinarians that you would be willing to share with us?

Yes/No
Comments

Q4: Please provide any additional comments that you feel would benefit us as we develop our recommendations as to whether or not veterinarians should be reporting their dispensing activity to the MN PMP.