

# **MN Prescription Monitoring Program Advisory Task Force Meeting**

**Tuesday, October 27, 2015, 3:00pm – 5:00pm**

University Park Plaza, 2829 University Ave SE, Conference Room A, Minneapolis, MN 55414

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## **Objectives:**

**Controlled Substance Insight Alert Criteria  
PMP Survey Results PharmD Student**

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## **ATTENDEES:**

### Committee Members

Present: Alfred Anderson, Jeff Lindoo, Brian Zirbes, Carol Falkowski, Ruth Grendahl, Kulani Moti, Betty Johnson, Neal Benjamin, Diane Rydrych, Julie Sabo, Anne Bracey (for MN Coroners & Medical Examiners), David Thorson, Julia Wilson

Absent: Michelle Shih-Ming Falk, Mary Benbenek (excused), Carmelo Cinqueonce, Collin Arnett (excused), Rich Neumeister

Board of Pharmacy Staff: Barbara Carter, Katrina Howard, Melissa Winger, Cody Wiberg

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- **Call to Order, Welcome & Introductions**
  - Overview of the objectives for today's meeting
    - Revision to agenda – RFP grant discussion removed
  - Introduction of Committee Members- New member Kulani Moti, Department of Human Services replacing Connie Jacobs, and Diane Rydrych, Department of Health
- **Old Business**
  - Approved minutes from 7.28.2015
- **Controlled Substance Insight Alerts ( CSIA)**
  - Katrina Howard gave an update on CSIA pilot project. There has been positive feedback from those who have received the CSIA's and there has also been an increase in new prescriber PMP accounts. An assessment is done 90 days after the CSIA's were sent and there is a decrease in the number of prescribers and pharmacies seen, decrease in cumulative and active morphine equivalents, and a decrease in the number of controlled substance dispensed and in the quantity dispensed.

Member asked if there is confusion amongst people who receive the CSIA's if they can run a query of the patient at that time they receive the letter. The response to those who have posed this question has been, yes you can run a patient query and that it is an acceptable use of the PMP. Another member inquired about whether contacting another prescriber on the PMP was a violation of HIPAA. A suggestion was made that it could be added to pain management agreements that the provider could contact other prescribers listed on the PMP. Another comment was that this issue could be brought to the MN

Health Records Task Force for inclusion in statutes. The overall discussion ended with, HIPAA inquiries should be posed to the legal departments of where the person practices.

- Katrina continued the discussion from the last task force meeting about expanding CSIA's with additional criteria being added. The three options to consider is high morphine equivalent (MED) doses, the combination of an opioid, benzodiazepine, and carisoprodol ( street name "holy trinity"), and finally buprenorphine plus and opioid. All three would include a criteria of more than one prescriber.
  - i. High MED was assessed since the last meeting and evidence shows that >100 MED's is considered high risk. Members suggested they would support this threshold with multiple prescribers in a certain time frame. It was also suggested not to dismiss if the prescribers are in the same health system.
  - ii. Opioid, benzodiazepine, and carisoprodol combination was also assessed. Katrina consulted medical providers and learned that this is not always a combination of abuse and there could be legitimate medical reason, although a rare occurrence. Member suggested prescribers may not be aware this combination has potential for abuse. Members supported this criteria as well with the inclusion of multiple prescribers.
  - iii. Buprenorphine plus and opioid. Assessment was done to exclude forms of buprenorphine that is commonly given for pain reasons such as transdermal patch or injectable. Katrina reminded members that the PMP does not collect buprenorphine that is dispensed at opioid treatment programs due to federal regulation. After researching this topic, this combination typically is seen with patients on a buprenorphine for drug abuse and then has a need for an acute pain med. Member noted that this may have a negative effect on those seeking buprenorphine for addiction treatment. Members also supported this for multiple prescribers.
  - iv. When members were asked if they had to prioritize which one to expand it was suggested that the "holy trinity" combination would be 1<sup>st</sup>, with the 2<sup>nd</sup> being high MED's, and finally the 3<sup>rd</sup> being buprenorphine plus an opioid.
- **PMP Survey**
  - Katie Schmerbeck, 4th year PharmD student from the University of Minnesota presented results of the PMP account holder survey that will be incorporated in her PharmD IV paper due at the end of 2015. Katie worked with PMP staff to distribute the survey to pharmacists and prescribers with active PMP accounts. Katie will write a paper about the perceived effectiveness of the MN PMP. The response rate was 21.5 % with 1780 prescribers and 911 pharmacists.
- **Additional Items**
  - Barb announced the upcoming project for integration of access to the MN PMP through the Avera health systems electronic health record. This is expected to go live by the end of the year.

- PMP staff will partner with Minnesota Medical Association (MMA) in November to record a webinar for prescribers to view for continuing education (CE) credits. A similar webinar was recorded with the MN Dental Association earlier this year for CE credits.
- Diane Rydrych announced an upcoming webinar regarding the all claims prescription drug utilization study conducted by the U of M. Details will be emailed to task force members.

- **Next Steps, Announcements & Wrap-up**

Next meeting: Tuesday, January 26, 2016 3pm – 5pm

- **Adjourn: 5:15pm**