



What do you do if you see a Positive Prescription Monitoring Report (PMP)?

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The prescription monitoring program is a comprehensive data base and reveals the controlled substance history for schedule 2-4 medications for your patient. Periodically, when you review the PMP, you will see information that surprises you, or is inconsistent with your current understanding of what the patient is actually being prescribed.

Review the information with the patient; it is unlikely there has been a data entry error from the pharmacist, yet a possibility. The data is entered at the pharmacy and is transmitted digitally. Patients may be surprised at the PMP, angry, confused or any host of emotions. It is important to keep the conversation about risk and benefit, avoid judgment, emotion and discuss what you see on the report.

Overarching Concepts:

When chronic opioid therapy is initiated, a pain agreement and informed consent should be done at the same time so it is clear from the beginning regarding mutual expectations. It is important informed consent occurs, so patients understand and can evaluate the risk and benefit offered by the proposed therapy. Stipulating to one pharmacy is better for patients regardless of what medication is being prescribed. Additionally, in your pain agreement, your office should be notified when a patient obtains a prescription from another prescriber. Emergencies and unexpected events happen, as long as the main prescriber is well informed, safe care for the patient can be optimized

It is unusual for any one patient to need to go to multiple prescribers and multiple pharmacies and receive a controlled substance. Your index of suspicion for diversion should be raised in these situations.

Asking the patient about the pattern you see is a good first step, recognizing, that you might be catching the patient off guard in a potentially embarrassing situation. The patient may become defensive, may challenge the veracity of the PMP, or perhaps some other explanation. It is up to you to determine credibility and decide what the best course of action is. This is not a time for emotion, accusations or a rush to judgment; it is a time for a risk/benefit discussion and thoughtfulness. Addiction is a disease and should be considered as a potential diagnosis. Continuing to prescribe to someone who has no legitimate reason to be going to multiple prescribers and multiple pharmacies is generally unwise.

Possible Scenarios from the PMP – What to do?

Situation	Pain agreement in place?	Monitoring for diversion?	Is Dosage appropriate?	Have I considered Addiction	Should I refer the patient
Patient is going to multiple prescribers and multiple pharmacies	- if not, time to do one. Find out why this is happening.	- are there other indicators? - should I increase my monitoring, visits, urine drug screens, pill counts	- ask about pain control and assess functional progress	- this can be a symptom of addiction	-evaluate the entire picture; consider referral for treatment for addiction/pain management
Consistent early refills	-if not, time to do one. Find out why coming in early. -	-other indicators of diversion? -other meds have early fills?	- ask about pain control and assess functional progress	-this can be a sign of addiction, hoarding and pseudoaddiction	-consider referral for addiction or pain control
Pays in cash	-if not, should have one. Good to determine why this is happening, is it no insurance or a different reason? -	-are there early fills? -does patient use insurance sometimes?	- ask about pain control and assess functional progress	- have to discern if this is because no insurance or there is an issue	- need to look at the whole picture
Multiple addresses and DOB on PMP	- if not should have one	-did you check driver's license when patient came to your practice? - this could be typo's or an indicator of diversion	- ask about pain control and assess functional progress	- should inquire for other signs	-need to look at the whole picture
No prescriptions on PMP	-if not should have one -is the patient going out of state -ask why	- ask why -are there other signs of diversion?	- is med needed at all? - ask about pain control and assess functional progress	- might be a simple thing like getting meds out of state for a good reason, then again....	- need to evaluate the whole picture

Summary

It is impossible to detail every situation; prescribers need to rely on their own clinical judgment and acumen. Prescribers should check the PMP before prescribing any controlled substance on every patient. Patients who are drug seeking, do not always show red flags, some are so professional about this, they are impossible to detect. Checking the PMP and documenting that

review in the medical record is imperative and can help protect your conscious and career. It is important for prescribers to remember above all, the patient you are dealing with is a patient. Aberrant behavior, odd behavior and odd situations arise daily, add controlled substances to the mix and it can only be worse. Working with the patient to determine the next best step, whether it is continued treatment, referral for addiction evaluation or a parting of the ways needs to be done in a thoughtful and professional manner.