

## IMS Health Study on Controlled Substance Misuse Underscores Importance of Clinical Intervention at Point of Prescribing

In 2016, NCPDP Foundation approached IMS Health to provide details of a study on controlled substance misuse to capture the effectiveness of PDMPs in curbing the opioid epidemic. The study was provided to NCPDP Foundation free of charge. The study demonstrates the complexities associated with PDMP use. The findings illustrate the potential value of incorporating NCPDP's clinical risk-based approach in its PDMP Solution.

### IMS Study Findings:

The IMS study quantifies the scope of the controlled substance misuse issue from a patient perspective. In a 12-month period ending February 2016, five million patients who were at high risk received a controlled substance drug. This equates to a 7.0% of patients with a risk percentage where a clinical decision should have been made by a doctor or a pharmacist to not prescribe or dispense a controlled substance. The data also showed that four million of these five million patients received a controlled substance from a high risk prescriber.

Time frame:	12 months ending February 2016
Patients reviewed in study:	234 million
Patient population that received a controlled substance drug:	31.0% or 71 million
Number of patients who met high risk criteria*:	7.0% or 5 million
Percent of high risk patients who received a Controlled Substance from a high risk prescriber**.	81.0% or 4 million

With approximately 280 million controlled substance prescriptions written and 500 million dispensed a year, checking all these prescriptions outside of workflow is extremely burdensome. In 2014, NACDS did a survey of how long it takes to obtain and review PDMP data from various state PDMPs. The results from the pharmacy chains response ranged from 2-6 minutes. Using two minutes and based on the 500 million controlled substances dispensed would equate to 16.7 million pharmacy hours. If this same time commitment is assumed in the prescriber's office and based on approximately 280 million controlled substances would equate to 9.3 million prescriber office hours. For this reason states have shown that a small percentage of the time PDMPs are checked.

By using existing real-time NCPDP standards 100 percent of the controlled substances can be checked real-time within workflow. When there is potential risk of prescribing or dispensing controlled substances the provider is then presented with medication history to make appropriate clinical decisions at point of care.

\*High risk patients may visit multiple stores and/or prescribers, may have excessive cash paid prescriptions and have higher consumption of controlled substances.

\*\* High risk prescribers have higher than normal controlled substance units dispensed, may have excessive cash, and have higher number of patients receiving 90+ days of therapy per prescription.

Source: CS Ratings, QuintilesIMS, time period reflects 12 months ending February 2016.

