Nearly 19,000 people in the United States died from overdoses that involved prescription pain relievers, also known as opioids, in 2014. This represented a 5 percent increase from the previous year and is the highest number recorded—equivalent to 52 deaths each day.1

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Decreases in opioid overdose deaths and mortality rates were observed in several states that recently implemented mandatory use of PDMPs.5 States may require the PDMP’s use in certain circumstances, such as when writing an initial prescription for a controlled substance, unless an exemption applies (e.g., prescriptions written for five days or less). Requiring PDMP queries provides prescribers and dispensers with relevant patient information that can assist with treatment decisions. Over half of states require prescribers to access the PDMP, but requirement circumstances vary by state.6

Unsolicited reports
PDMPs can send unsolicited reports to prescribers, alerting them to patients potentially at risk of harm. For example, PDMPs may notify prescribers when patients visit multiple health care providers to obtain the same or similar drugs (known as multiple provider episodes). Such unsolicited reports prompt prescribers to avoid or query the database, thus encouraging its use. Nearly two-thirds of all states have implemented the practice.7

Delegate access
Prescribers may designate delegates, such as nurses or other authorized office staff, to access the PDMP on their behalf. This helps prescribers to better manage time and workflow while still incorporating controlled substance data into their prescribing decisions. Over three-quarters of states have delegate access.8

Health IT integration
States can combine PDMP data with other clinical information through the use of health information technology (health IT) such as electronic health records, which are used to store, communicate, and analyze health information. This type of integration, which makes PDMP data easier to use,9 is available in more than a quarter of states.8

Mandatory use
States may require the PDMP’s use in certain circumstances, such as when writing an initial prescription for a controlled substance, unless an exemption applies (e.g., prescriptions written for five days or less). Requiring PDMP queries provides prescribers and dispensers with relevant patient information that can assist with treatment decisions. Over half of states require prescribers to access the PDMP, but requirement circumstances vary by state.6

Timely data
Up-to-date information can provide users with a more accurate picture of a patient’s controlled substance prescription history. Most states find value in requiring PDMP updates within 24 hours of dispensing, and more than half operate under this time frame.10 Oklahoma dispensed have uploaded PDMP data in real-time since 2012.11 States are continuing to develop and improve their PDMPs as they learn more about the practices that optimize their use. As researchers study the impact of these changes, they gather evidence to support future enhancements. These changes have the potential to increase the use of the PDMPs, encourage safe prescribing, and protect patients from harm.

For further information, please visit: pewtrusts.org/prescription-drug-abuse

Endnotes
4 Prescription Drug Monitoring Program Center of Excellence at Brandeis University and The Pew Charitable Trusts, Prescription Drug Monitoring Programs.
6 Prescription Drug Monitoring Program Center of Excellence at Brandeis University and The Pew Charitable Trusts, Prescription Drug Monitoring Programs.
7 Ibid.
8 Ibid.
10 Ibid.
11 Ibid.