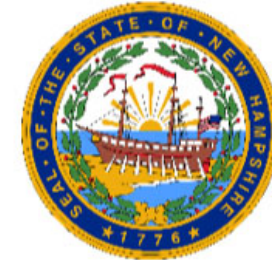


# NH PRESCRIPTION DRUG MONITORING PROGRAM NH PDMP



## ANNUAL REPORT July 1, 2020 – June 30, 2021

*On July 1, 2021 the PDMP was transferred via HB2 from the Office of Professional Licensure and Certification (OPLC) to the Department of Health and Human Services (DHHS), Division of Public Health Services*



# What Is the New Hampshire Prescription Drug Monitoring Program (PDMP)?

## Database

- Statewide, web-based database of all controlled substance (schedule II-IV) prescriptions which were dispensed by NH-licensed pharmacies
- Practitioners may view 3 rolling years of filled prescriptions of their patients, providing the opportunity to assess prescription drug utilization

## Clinical Tool

- Promotes appropriate prescribing and dispensing, while deterring the misuse, abuse, and diversion of controlled substances

## Peer Comparisons

- Allows prescribers to see their prescription metrics compared to their peers

## Reporting Tool

- Reporting tools that are used by the PDMP to analyze information about registrants, patient queries, and the dispensing of controlled substances statewide

# Program Changes

## PDMP Transferred from OPLC to DHHS

- Effective July 1, 2021; via HB2
- Statutory authority moved from RSA 318-B (OPLC) to RSA 126-A (DHHS)

## Statutory Changes

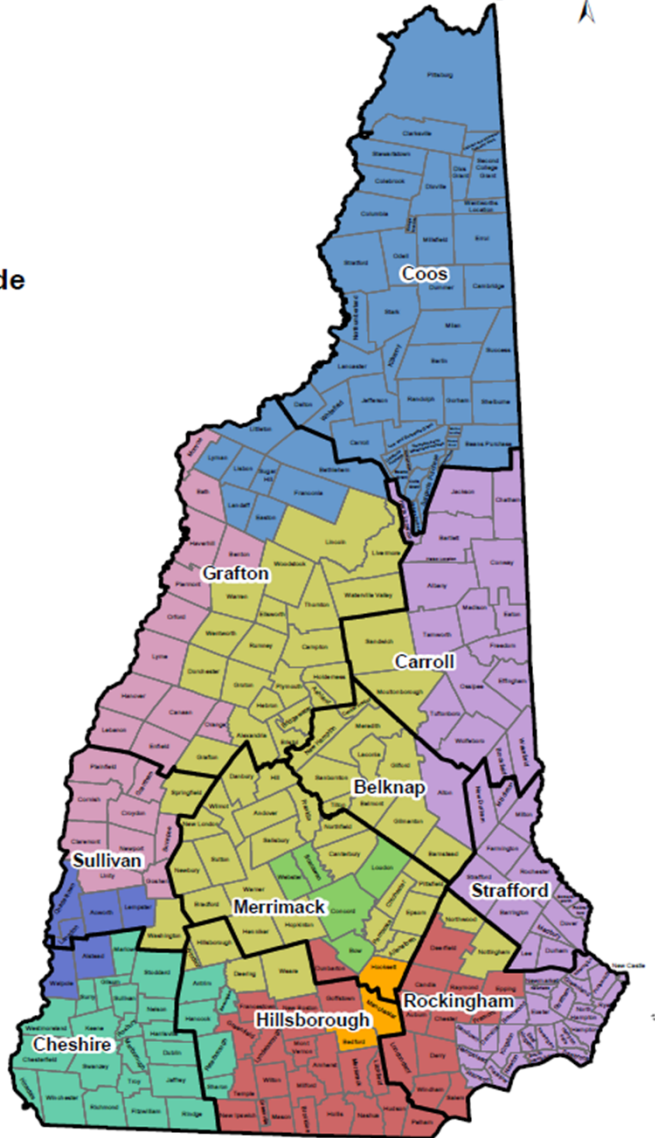
- New confidentiality standard for data release is established in RSA 126-A:92, III (HB2):
  - “all patient-specific protected health information [shall be] de-identified in accordance with section 164.514(b)(2) of the HIPAA Privacy Rule” (known as the “safe harbor” standard)
- Integration of PDMP data into practitioners’ electronic health record systems and pharmacy management systems is allowed (SB45)

## HIPAA “Safe Harbor” Standard

- The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:
  - All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
    - The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
    - The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.

# New Hampshire PDMP ZIP-3 Map

- County
- Town
- 3 Digit Zip Code**
- 030
- 031
- 032
- 033
- 034
- 035
- 036
- 037
- 038



## NH ZIP-3 Regions:

- Do not correspond to NH counties
- Include one ZIP-3 region (036) that has fewer than 20,000 residents, for which data cannot be separately released
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Throughout this report, 036 data has been combined with data from 037



Published May 2022

# Highlights for SFY 2021

## Utilization

- Registrant counts have increased by 12%
  - 20,281 registrants as of June 30, 2021
- Patient queries have increased by 5%
  - More than 1 million queries in SFY21
- Almost 6,800 registrants made patient queries
  - 2,300 registrants who made queries were delegates
  - Delegates made more than 55% of all patient queries

## Prescribing Trends

- **Opioids:** Filled prescription counts for opioids have decreased
- **Stimulants:** Filled prescription counts for stimulants have increased
- **Sedatives:** Filled prescription counts for sedatives have decreased but remain the highest count of these three drug types

# Registration, Data Submission, and Utilization

## Registration

- Registration with the PDMP is required for all prescribers and dispensers licensed in NH
- Prescribers and dispensers may delegate PDMP access authority to other staff (licensed or unlicensed)

## Prescription Data Submission

- Each dispenser must submit to the PDMP information about each dispensing of a schedule II-IV controlled substance
- Out-of-state dispensers licensed in NH must submit information about each schedule II-IV controlled substance dispensed to a patient who resides in NH
- Dispensation data must be submitted by close of business on the next business day from the date of dispensation

## Utilization

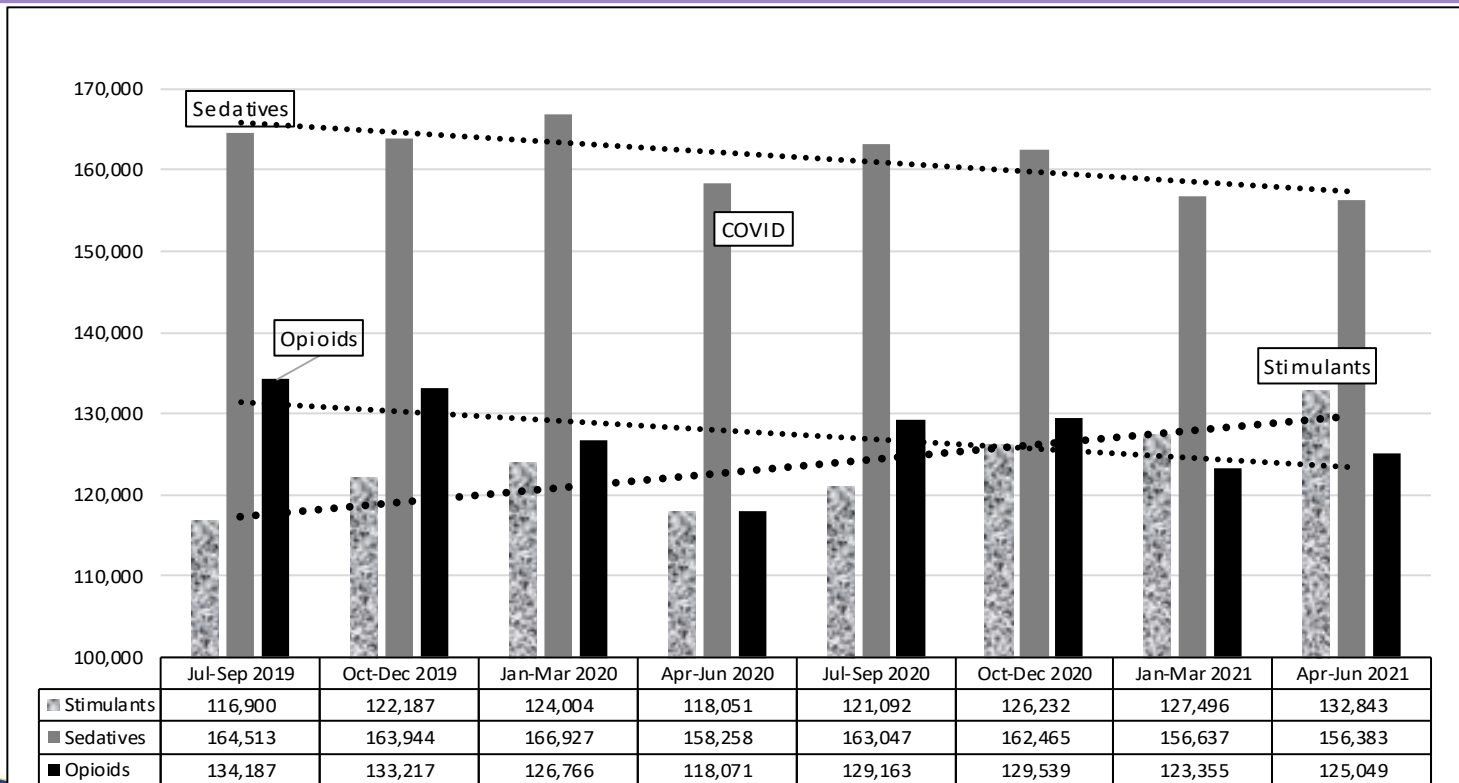
- Prescribers must query the PDMP when writing an initial schedule II-IV opioid prescription for the management or treatment of a patient's pain or substance use disorder and then periodically, at least twice a year.

# PRESCRIPTION COUNTS

# Filed Prescription Counts (SFY21)

July 1, 2019 through June 30, 2021

- Opioid prescription counts decreased by 7%
- Stimulant prescription counts increased by 14%
- Sedative prescription counts decreased by 5%, but remain the highest count of filled prescriptions at approximately 38%

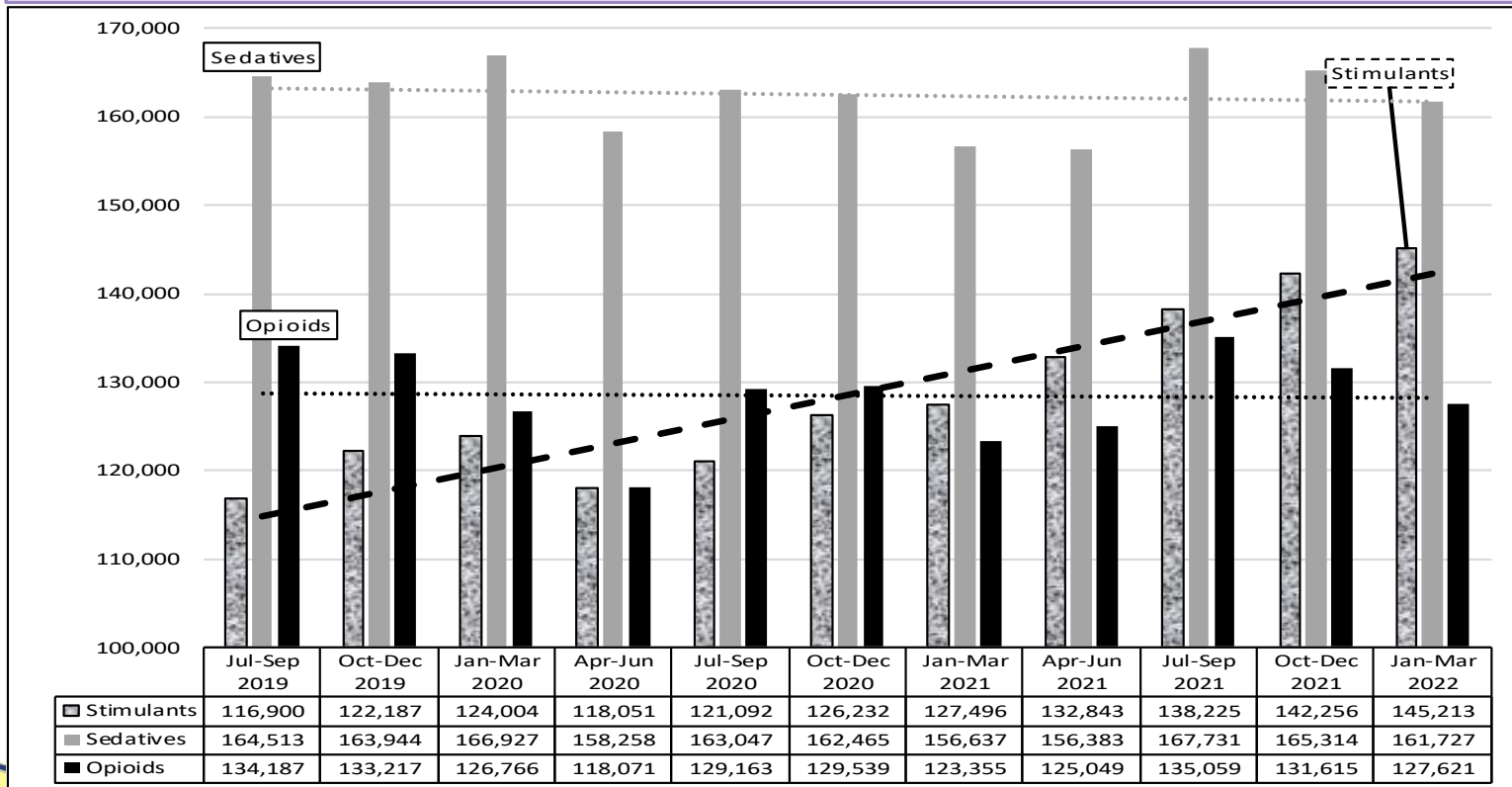




# Filled Prescription Counts (through SFY22-Q3)

July 1, 2019 through March 31, 2022

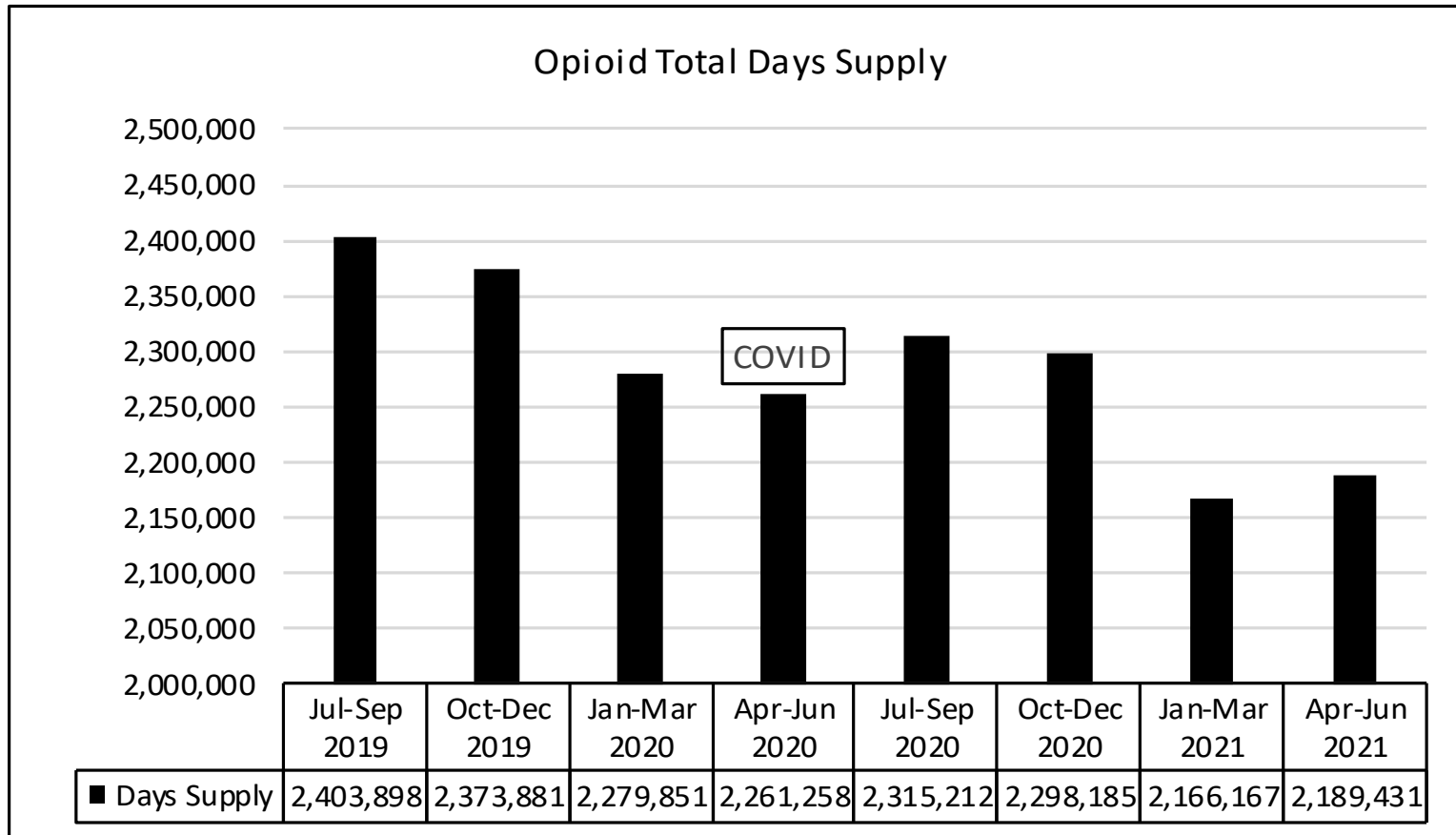
- Opioid prescription counts decreased by 13%
- Stimulant prescription counts increased by 22%
- Sedative prescription counts decreased by 6%, but remain the highest count of filled prescriptions at approximately 39%



# OPIOIDS

# Days' Supply of Opioid Prescriptions

- The decrease in filled opioid prescriptions was NOT offset by an increase in days' supply
- Opioid total days' supply has decreased as well



# Morphine Milligram Equivalent (MME)

A method to express the strength of an opioid prescription as though the prescription were for morphine

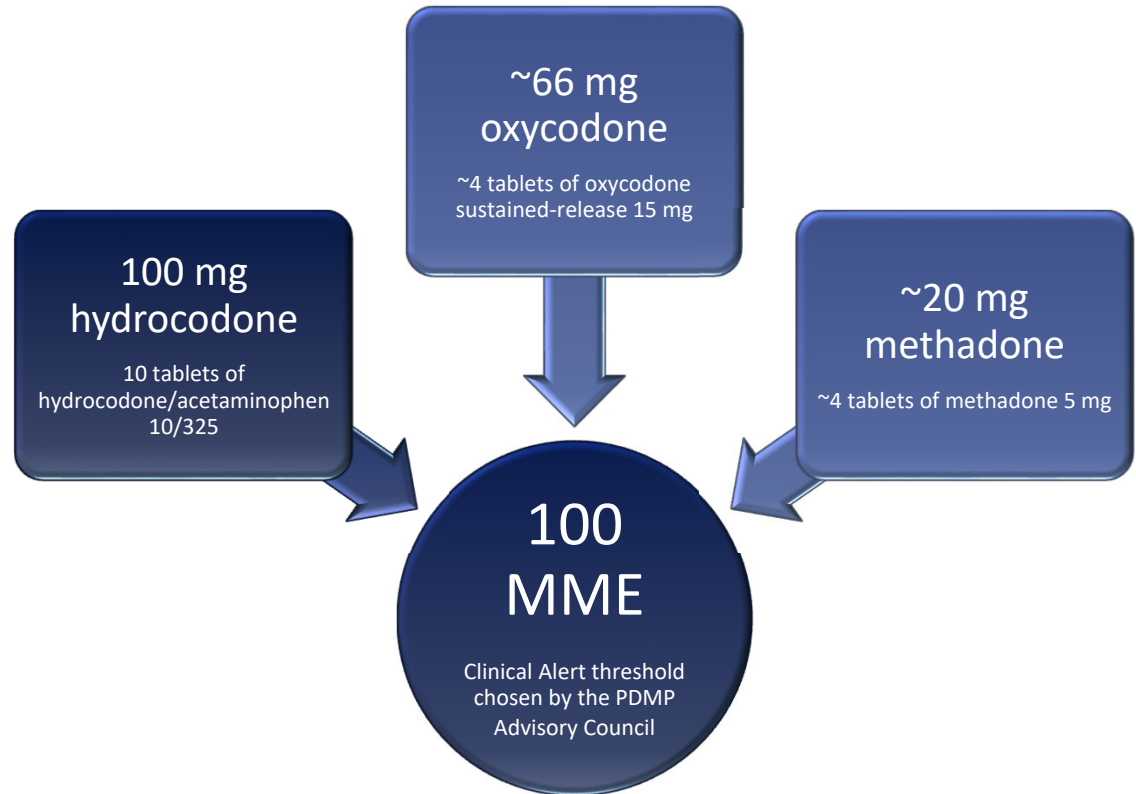
## Calculating morphine milligram equivalents (MME)

| OPIOID (doses in mg/day except where noted) | CONVERSION FACTOR |
|---|-------------------|
| Codeine                                     | 0.15              |
| Fentanyl transdermal (in mcg/hr)            | 2.4               |
| Hydrocodone                                 | 1                 |
| Hydromorphone                               | 4                 |
| Methadone                                   |                   |
| 1-20 mg/day                                 | 4                 |
| 21-40 mg/day                                | 8                 |
| 41-60 mg/day                                | 10                |
| ≥ 61-80 mg/day                              | 12                |
| Morphine                                    | 1                 |
| Oxycodone                                   | 1.5               |
| Oxymorphone                                 | 3                 |

*These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.*

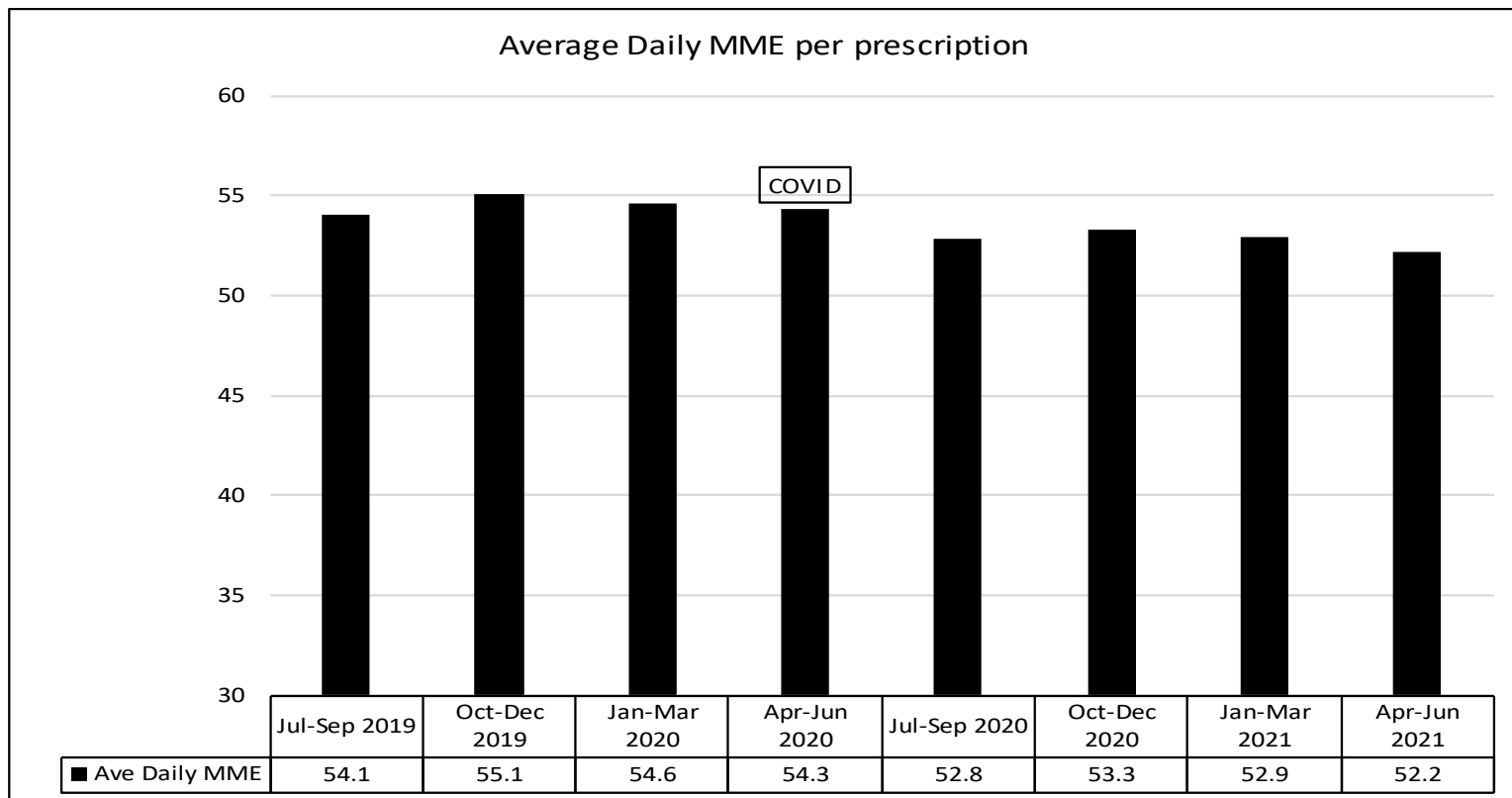
### USE EXTRA CAUTION:

- **Methadone:** the conversion factor increases at higher doses
- **Fentanyl:** dosed in mcg/hr instead of mg/day, and absorption is affected by heat and other factors



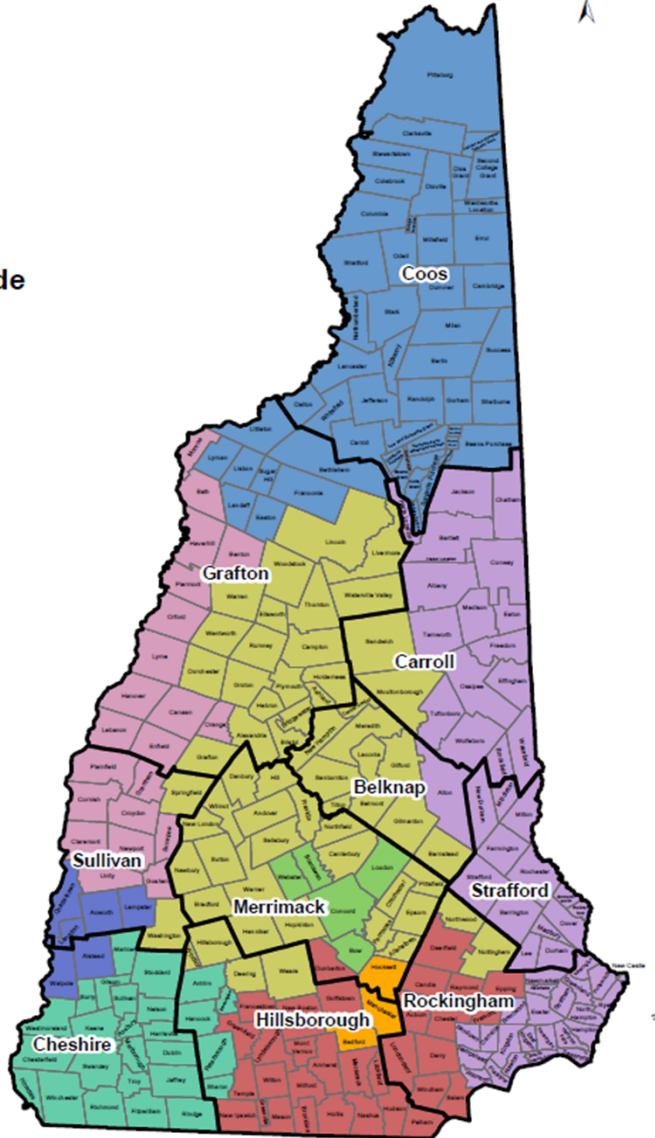
# Average Daily MME per Opioid Prescription

- The decreases in filled opioid prescriptions and in days' supply were NOT offset by an increase in drug strength
- Opioid MME has been relatively consistent, with a slight downward trend



# New Hampshire PDMP ZIP-3 Map

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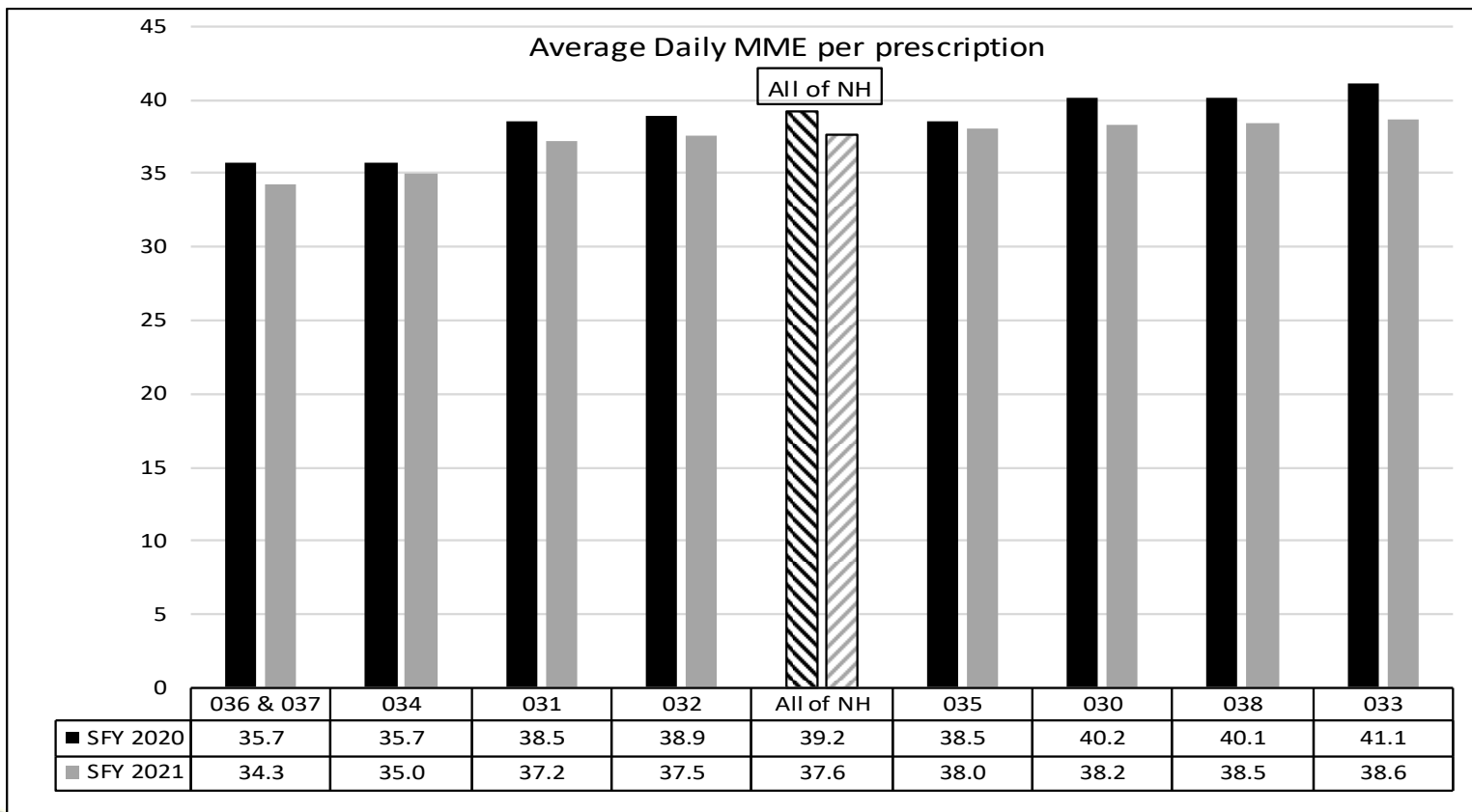
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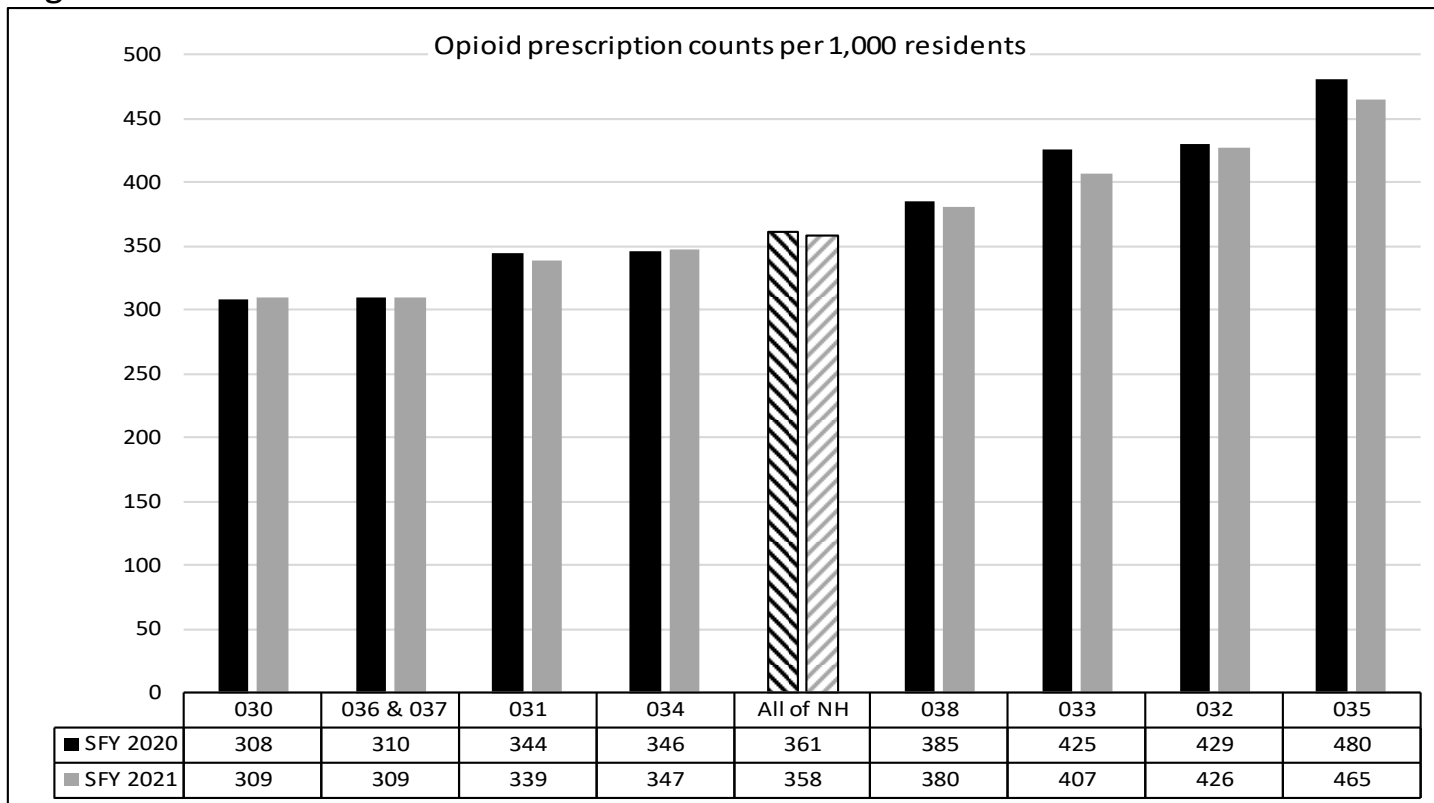
# Average Daily MME per Opioid Prescription, by ZIP-3

- Average daily MME per opioid prescription has declined in each 3-digit ZIP code area
- For SFY 2021, area 033 has the highest average. That area is only 2.7% higher than the statewide average (labeled as “All of NH”) and is 12.6% higher than the lowest average, which is area 036 & 037



# Opioid Prescription Counts per 1,000 Residents, by ZIP-3

- There were modest changes from SFY 2020 to SFY 2021
- Region 033 has declined the most at 4.2%. Regions 030, 036 & 037, 031, and 034 remained below the statewide rate
- Regions 038, 033, 032, and 035 were all above the statewide rate (“All of NH”). Region 035 was 30% above the statewide rate and was 55% above the lowest rate, which were regions 030 and 036 & 037.

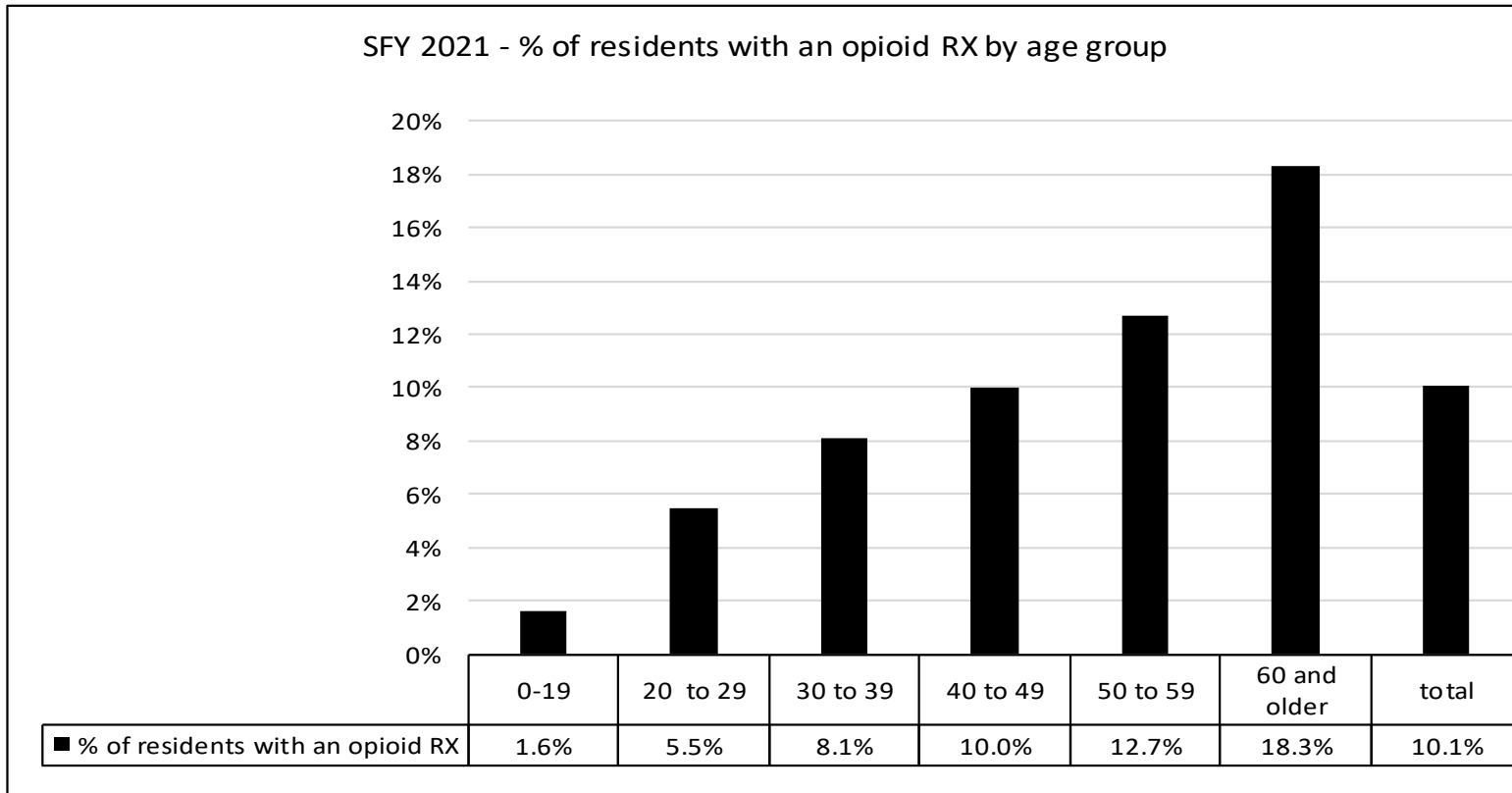


(Population data from [County Population by Characteristics: 2010–2020 \(census.gov\)](https://www.census.gov/data/tables/2010/total/county-population-by-characteristics.html) accessed August/2021).



# NH Residents with an Opioid Prescription, by Age Group

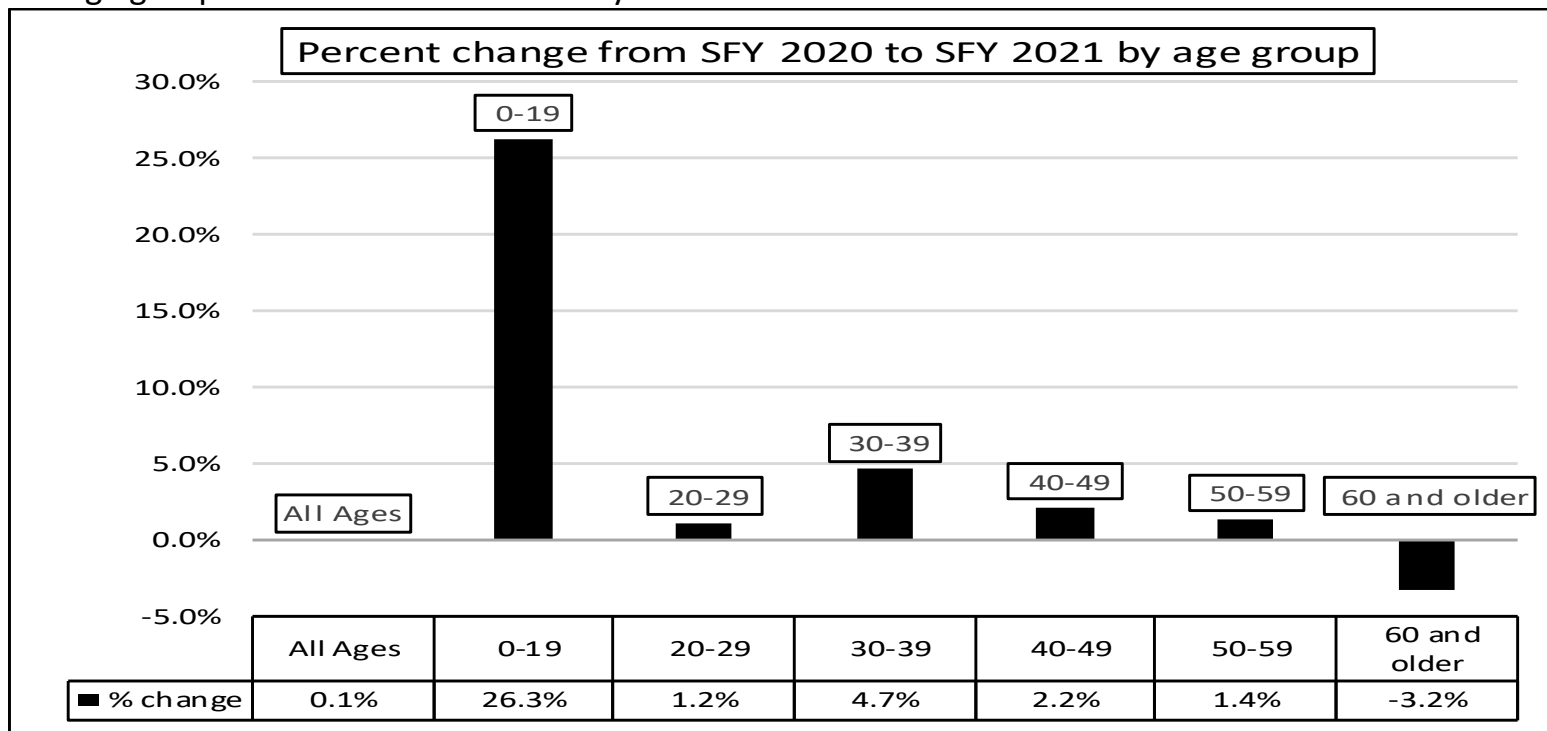
- There were 137,425 distinct residents of all ages with an opioid prescription from a NH prescriber, equal to 10.1% of all residents



| Age groups             | 0-19    | 20 to 29 | 30 to 39 | 40 to 49 | 50 to 59 | 60 and older | total            |
|------------------------|---------|----------|----------|----------|----------|--------------|------------------|
| Count of all residents | 288,417 | 174,849  | 170,740  | 158,861  | 204,044  | 369,364      | <b>1,366,275</b> |
| Residents w/opioid RX  | 4,596   | 9,539    | 13,855   | 15,871   | 25,968   | 67,596       | <b>137,425</b>   |

# NH Residents with an Opioid Prescription - Percent Change by Age Group

- Between SFY20 and SFY21, there was an increase of only 1/10<sup>th</sup> of one percent (0.1%) in the number of residents of all ages with an opioid prescription
- Age group zero to 19 increased by 26%
- Age group 60 and older decreased by 3.2%

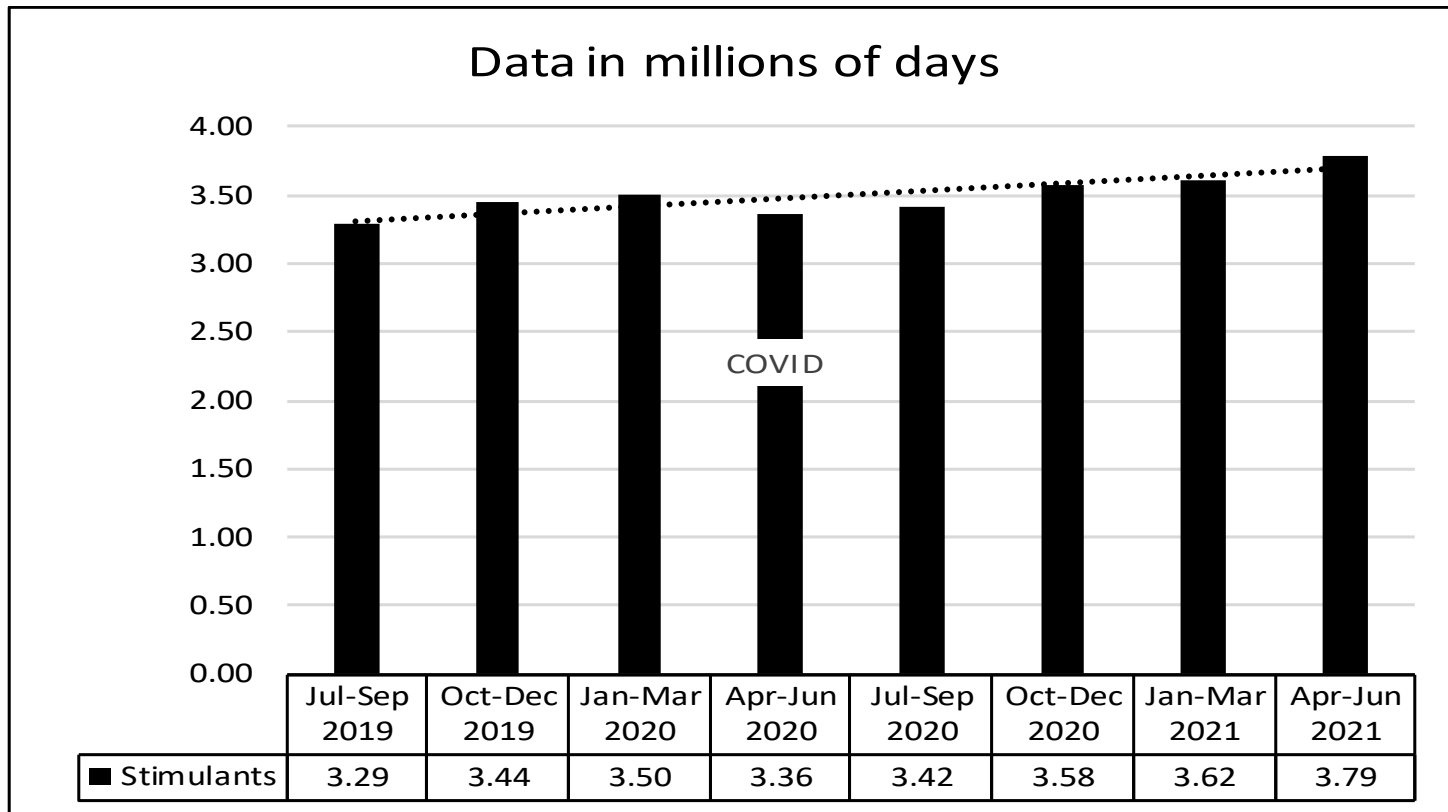


| Age Groups         | All Ages | 0-19  | 20-29 | 30-39  | 40-49  | 50-59  | 60 and older |
|--------------------|----------|-------|-------|--------|--------|--------|--------------|
| SFY 2020 residents | 137,284  | 3,639 | 9,428 | 13,231 | 15,535 | 25,608 | 69,843       |
| SFY 2021 residents | 137,425  | 4,596 | 9,539 | 13,855 | 15,871 | 25,968 | 67,596       |

# STIMULANTS

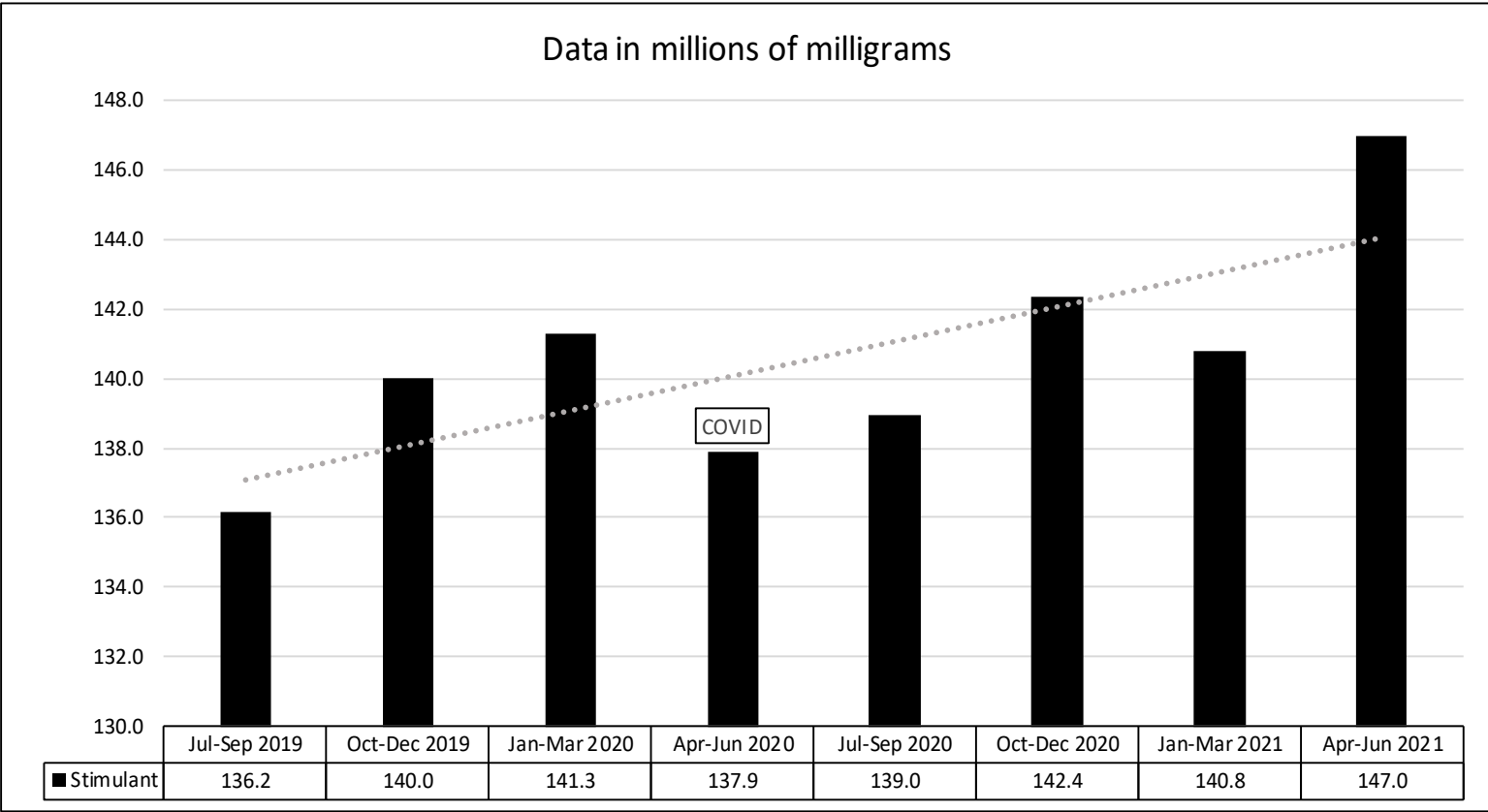
# Days' Supply of Stimulant Prescriptions

- In addition to the 14% increase in stimulant prescription counts, there has been a 15% increase in days' supply; this is trending upward



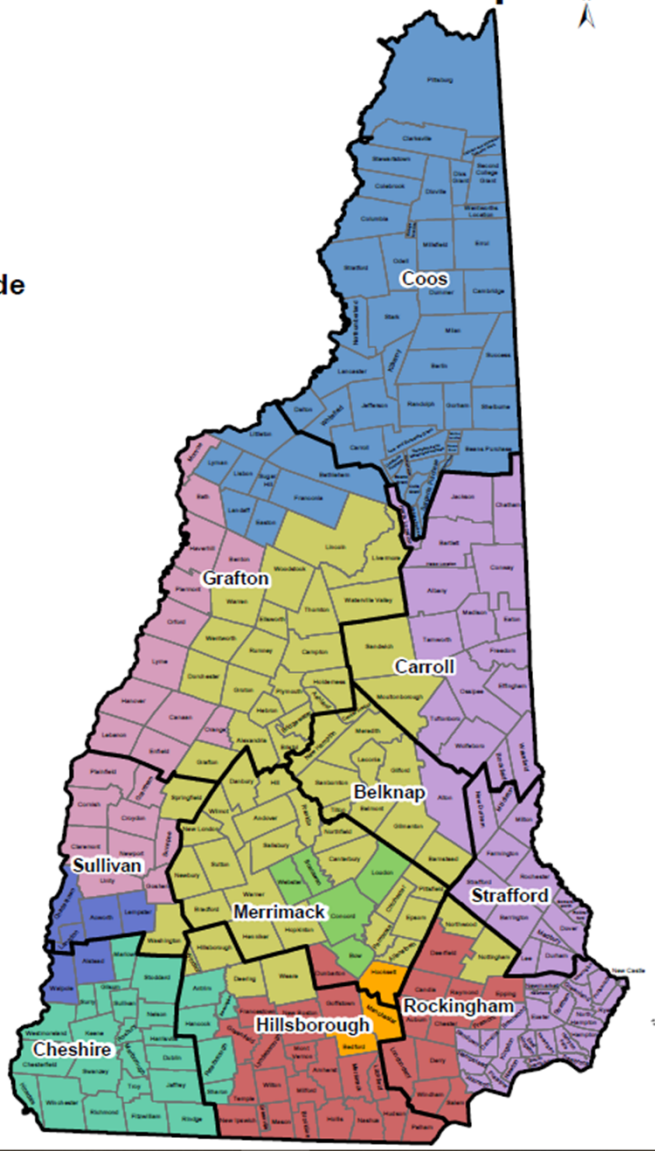
# Stimulant Prescriptions, in Milligrams

➤ In addition to the increases in stimulant prescription counts and days supply, there has been a corresponding increase in total milligrams of stimulant prescriptions dispensed



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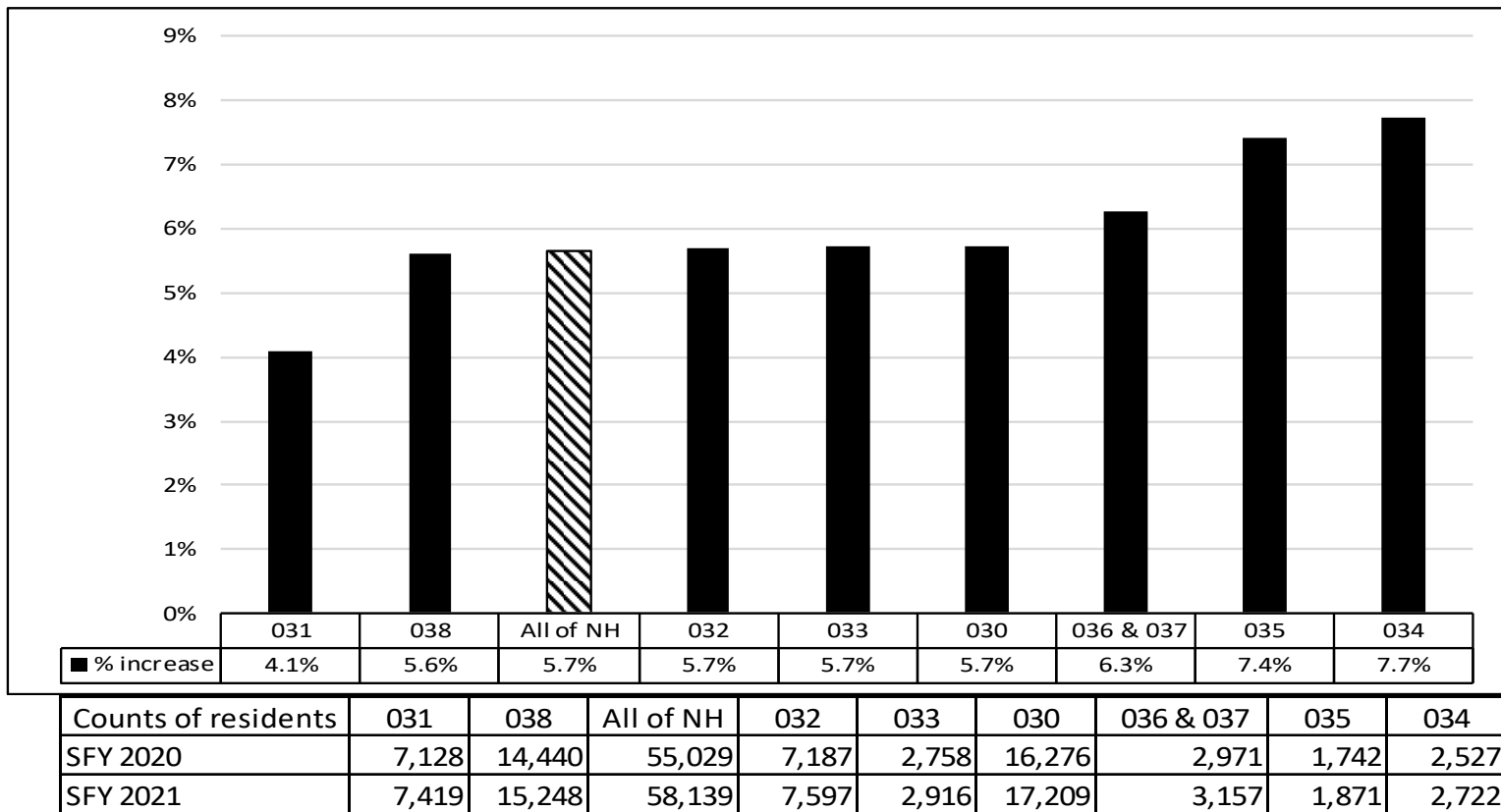
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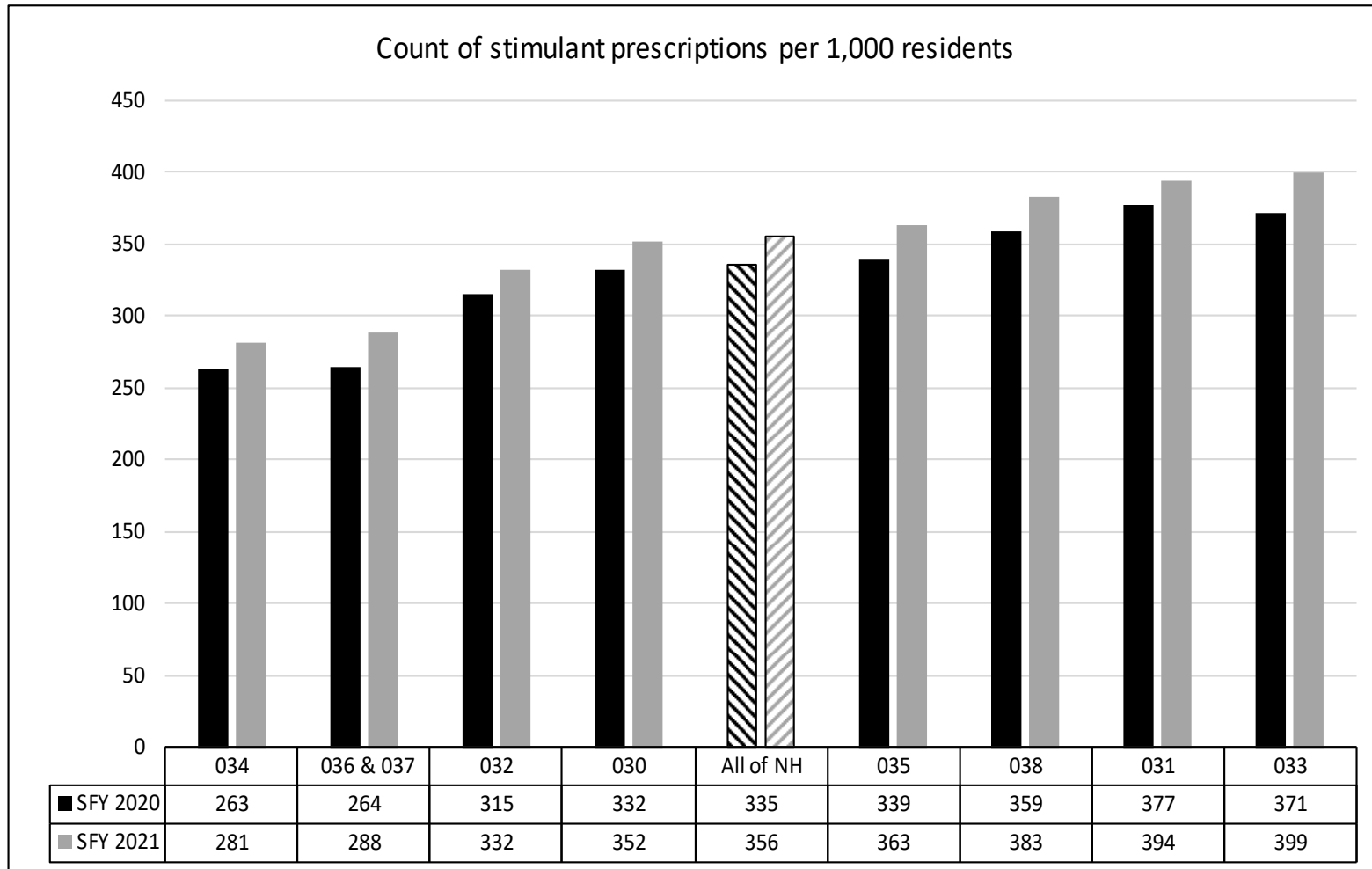
# NH Residents with Stimulant Prescriptions, by ZIP-3

- All areas had an increase in the number of residents with a stimulant prescription
- In “All of NH” the resident count increased 5.7%
- Area 034 increased 7.7%, which is 37% greater than the statewide rate



# Stimulant Prescription Counts per 1,000 Residents, by ZIP-3

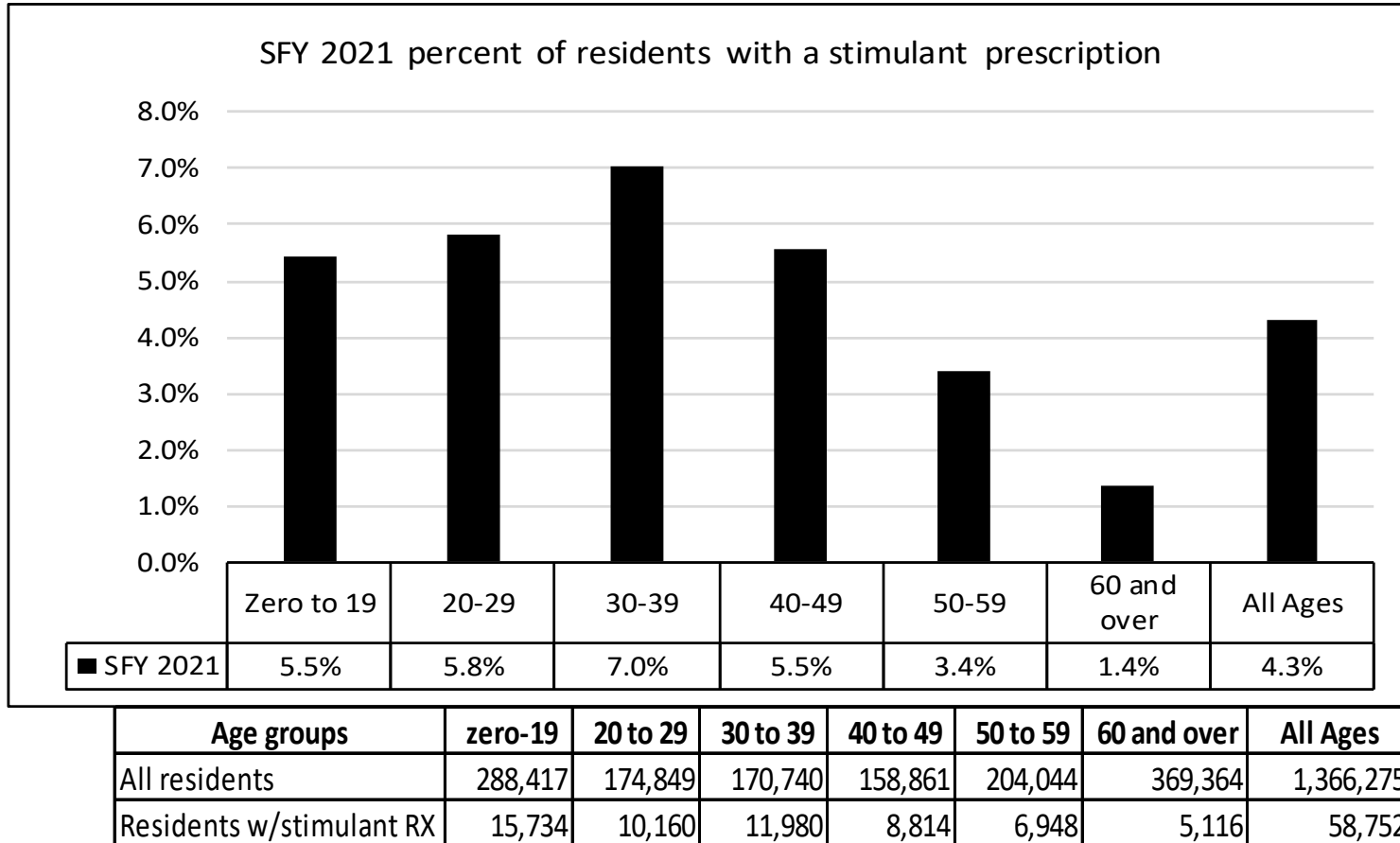
➤ Between SFY20 and SFY21, there was an increase in all geographic areas





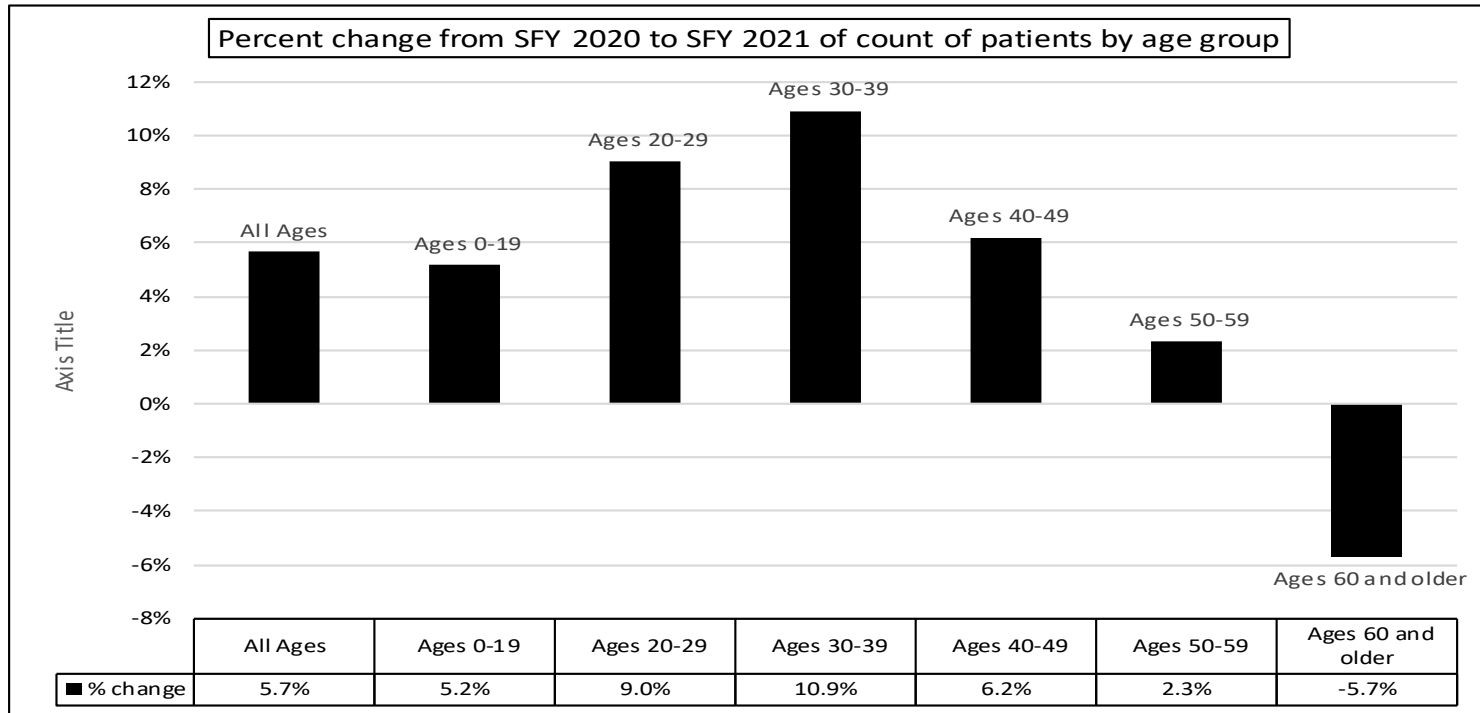
# NH Residents with a Stimulant Prescription, by Age Group

➤ In SFY 2021, there were 58,752 distinct residents of all ages with a stimulant prescription, equal to 4.3% of all residents



# NH Residents with a Stimulant Prescription - Percent Change by Age Group

- Between SFY20 and SFY21, there was an 5.7% increase in the number of residents of all ages with a stimulant prescription
- Age group 30-39 increased nearly twice that rate, by 10.9%
- Age group 60 and older decreased by 5.7%



| Counts          | All Ages | Ages 0-19 | Ages 20-29 | 30-39  | 40-49 | 50-59 | 60 and over |
|-----------------|----------|-----------|------------|--------|-------|-------|-------------|
| <b>SFY 2020</b> | 55,029   | 15,700    | 9,000      | 10,352 | 8,036 | 6,685 | 5,256       |
| <b>SFY 2021</b> | 58,139   | 16,510    | 9,814      | 11,483 | 8,534 | 6,840 | 4,958       |

# CLINICAL ALERTS

# Clinical Alerts

## Clinical Alerts

- For informational purposes only
- NOT intended to be a stand-alone indication of wrongdoing by the practitioner or patient
- Intended to help practitioners improve patient outcomes and to supplement, but not replace, the practitioner's clinical judgment
- More than one alert may be generated by a prescription

### Clinical Alert #1 (Daily Active MME Threshold)

- An alert is triggered when a patient fills an opioid prescription(s) which contains a morphine milligram equivalent (MME) dose of greater than 100 MME on average per day.\* MME = metric which allows different opioids to be compared by their strength, with morphine as the benchmark

### Clinical Alert #2 (Opioid-Benzodiazepine Threshold)

- An alert is triggered when a patient is prescribed opioids and benzodiazepines with an overlap of at least one day

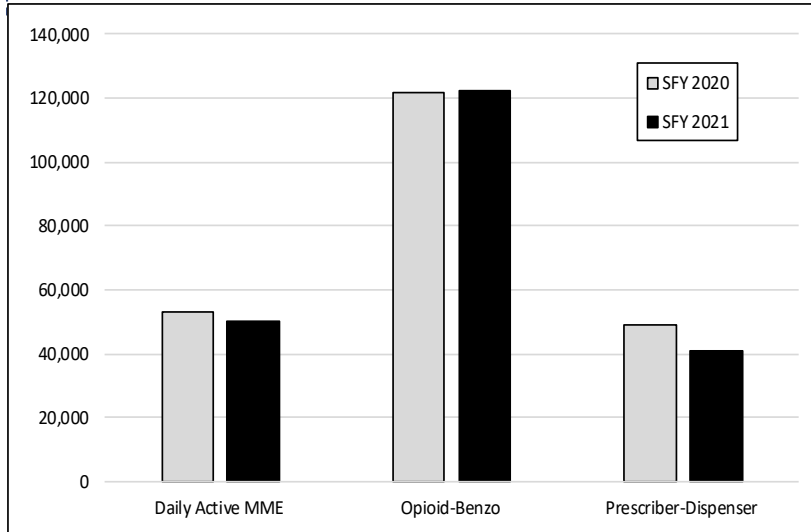
### Clinical Alert # 3 (Prescriber-Dispenser Threshold)

- An alert is triggered when a patient receives an opioid prescription from 3 different prescribers AND 3 different pharmacies within a 3-month period\*

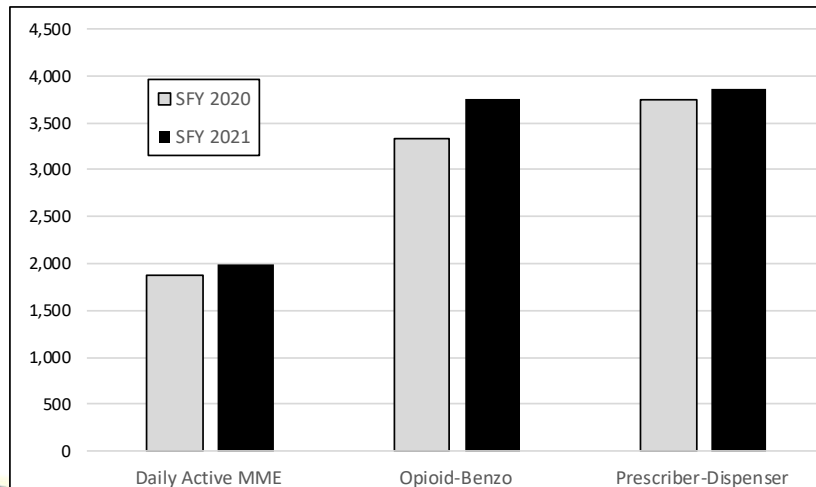
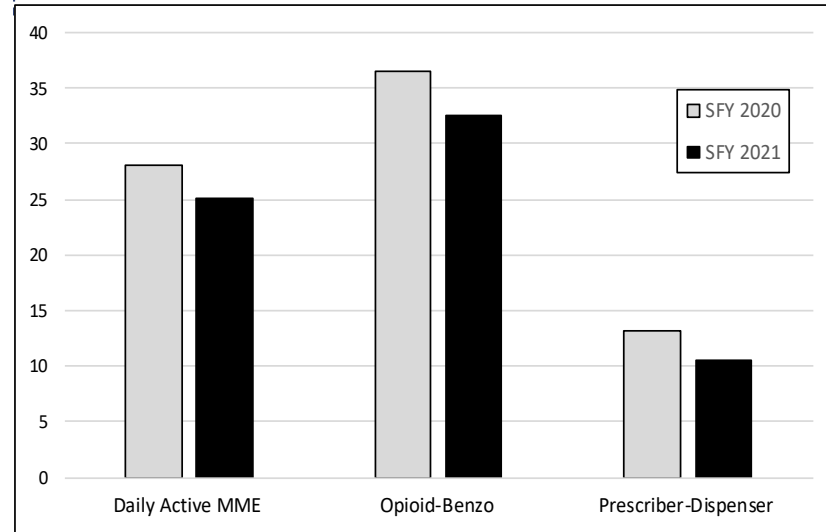
\*Values recommended by the NH PDMP Advisory Council

# Clinical Alerts Summary

Total Number of Alerts  
has decreased



Average Number of Alerts per Prescriber  
has decreased



Number of Prescribers Receiving Alerts  
has increased

# Future Enhancements

## PDMP Database Platform

- Enhanced patient prescription history reporting for practitioners, with risk scores, interactive data visualizations, and communications module (NarxCare)
- PDMP integration with electronic health records (Gateway)
- Update to ASAP 4.2B dispensing standard

## Practitioner Utilization

- EHR integration addresses user feedback to reduce time needed to query PDMP by integrating PDMP into existing clinical workflows
- Goal is to decrease time to perform patient queries, and thus increase utilization of the PDMP

## Statutory Changes

- Improve the usability of PDMP data

# Summary

## Utilization

- Registrant counts have increased
- Patient queries have increased

## Prescribing Trends

- Filled prescription counts for opioids have decreased, along with days' supply and average MME per prescription
- Filled prescription counts for stimulants have increased, along with the total number of milligrams of stimulants and the number of residents with a stimulant prescription in every region of the state
- Filled prescription counts for sedatives have decreased, but remain the highest count of these three drug types

# NH PRESCRIPTION DRUG MONITORING PROGRAM NH PDMP



NH DIVISION OF  
Public Health Services

Department of Health and Human Services

