



Pet *Prescriptions*



If you suspect Fido's owner is diverting prescription pain meds meant for the pet, checking your state's drug monitoring database may not help

by Ann M. Philbrick, PharmD, BCPS

The Centers for Disease Control and Prevention has declared prescription drug abuse an epidemic in the United States. Results from the National Survey on Drug Use and Health estimated that 4.5 million Americans age 12 and over were current nonmedical users of pain relievers in 2013. In 2012, more than 16,000 deaths in the United States were attributed to opioid analgesic overdose. Prescription drug abuse has even started to overflow into other disease states. A May 2015 outbreak of human immunodeficiency virus (HIV) infection in southern Indiana has been linked to injection of the prescription drug oxycodone.

Prescription drug monitoring programs (PDMPs) have been enacted to help combat prescription drug abuse. Forty-nine states, plus the District of Columbia and Guam, have PDMPs. (Missouri does not have a PDMP.) PDMPs are designed to be a central database of all controlled substances dispensed for a patient. In turn, prescribers, and sometimes pharmacists, are allowed to access this information and use it to aid in decision making regarding prescription authorization and dispensing. Despite their usefulness, there are some shortfalls of PDMPs. The first is the varied time in which states require pharmacies to upload data to the PDMP. This can range from daily to monthly. Another limitation is that a patient's name and date of birth must be entered exactly the same, from writing the prescription, to filling in the pharmacy, to querying the database. Errors and inconsistencies at any of these steps can create an inadequate picture of exactly what controlled substances a patient is receiving. Additionally, there is variation in what controlled substances each state tracks. The majority

of states track and monitor schedule II – V controlled substances. However 15 states only track schedule II – IV controlled substances (see chart), and one state only tracks schedule II (Pennsylvania). A final limitation is a lack of communication between state PDMPs. Currently, 30 states (www.nabp.net/programs/pmp-interconnect/nabp-pmp-interconnect) participate in interstate data sharing (see chart). While this increases sharing of information within PDMPs, there are many states that do not share this information, which can be a detriment, especially in those towns that lie on state lines.

With these limitations of state PDMPs comes an additional list of limitations regarding controlled substances dispensed to animals. While more pet owners are choosing to fill medications at “human” pharmacies, the primary dispensing location for animal prescriptions remains within the veterinarian’s office. Only 14 states require veterinarians to report controlled substance dispensing within their practice setting (see chart), leaving a majority of them unreported. Interestingly, in South Car-

olina, veterinarians are only required to submit a report to the PDMP if the day supply is greater than five days. Additionally, phenobarbital prescriptions up to a 31-day supply do not need to be reported.

The purpose of this article is to shed light on how states handle animal prescriptions within their PDMPs and offer suggestions for improvement.

Another shortcoming of PDMPs with regard to animal prescriptions is the entry of animals into the database itself. It is common for owners to not know the exact date of birth of their pet, leading to the potential for several birthdates being used in the database. Fido Smith, with a date of birth of 1/1/2015, could have a

separate entry than Fido Smith with a birthdate of 1/2/2015. Furthermore, it is also common for two owners with different last names to own the same animal. If John Smith and Jane Doe both shared the ownership of their cat, Fluffy, it could result in a variety of permutations within the PDMP, including Fluffy Smith, Fluffy Doe, Fluffy Smith-Doe, and Fluffy Doe-Smith. Additionally, it is unclear if the owner is in any way linked to the pet’s profile, which would be helpful if a prescriber or pharmacist suspects diversion.

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METHODS

The PDMPs for 49 states and Guam were contacted via email. Missouri was not contacted because they do not have a PDMP, and the District of Columbia was not contacted as its program has been approved but has not been enacted yet. Up to three email attempts were made. The email had open-ended questions regarding the handling of pet prescriptions with





States Participating in Interstate Data Sharing

| | | |
|-------------|--------------|--|
| Alabama | Maine | South Carolina |
| Arizona | Michigan | South Dakota |
| Arkansas | Minnesota | Tennessee |
| Colorado | Mississippi | Utah |
| Connecticut | North Dakota | Virginia |
| Delaware | New Jersey | Wisconsin |
| Illinois | New Mexico | West Virginia (allows for the sharing of prescription data across state lines) |
| Indiana | Nevada | |
| Kansas | Ohio | |
| Kentucky | Oklahoma | |
| Louisiana | Rhode Island | |

States Requiring Veterinarians to Report Controlled Substance Dispensing Within Their Practice Setting

Alabama
Alaska
Arizona
California
Connecticut
Delaware
Hawaii
Illinois
Indiana
Michigan
New York
Oklahoma
South Carolina
Washington

States Tracking Schedule II – IV Controlled Substances

Arizona
California
Florida
Iowa
Kansas
Maine
Nevada
New Hampshire
Oregon
Rhode Island
South Carolina
Vermont
Virginia
West Virginia
Wyoming

Note: Pennsylvania only tracks schedule II

regard to the PDMP, and whether a pharmacist would be allowed to query the PDMP on the owner if they suspected diversion. Qualitative feedback was then analyzed to detect common themes. Of the 50 entities that were contacted, seven states either did not respond, or declined to respond because of the research nature of the question (Illinois, Indiana, Mississippi, New York, Tennessee, Texas, and Wisconsin). Of the remaining 43 states that responded, four states were excluded as their PDMP specifically does not collect data regarding animal controlled substance prescriptions (Kentucky, Montana, Nebraska, and Oregon). This left 39 states that were

included in the analysis. This study was exempt from review by the University of Minnesota Investigational Review Board.

RESULTS

When asked whether the animal's records are separate from the owner's records, 28 (71.8 percent) respondents replied yes, five (12.8 percent) responded no (New Hampshire, Oklahoma, Rhode Island, Utah, and West Virginia), three (7.7 percent) respondents did not answer (Arizona, Kansas, and Pennsylvania), and three (7.7 percent) respondents replied that it depended on how the animal was entered as a patient in the pharmacy's

computer system (Ohio, Virginia, and Vermont). Respondents in these states replied that there is no consistency in which pharmacies enter animals into their prescription software, so depending on how the animal was entered, it could result in merging of owner and pet profiles. One state (New Hampshire) specifically reported that it uses the owner's date of birth for the animal, which is how the two profiles are linked together. Six states stated that they use a species code to identify non-human patients (Alabama, Arizona, California, Connecticut, Massachusetts, and Washington), although one state (Washington) stated that this was not required to report.

Two states (Oklahoma and West Virginia) responded that they also required that pharmacies provide information regarding who picked up the controlled substance. Guam reported that it will eventually require this information.

PDMPs were also asked whether a pharmacist was allowed to query the database if they suspected an owner of diversion. Of these, 10 (25.6 percent) respondents replied yes (Arizona, Guam, Hawaii, New Hampshire, North Carolina, North Dakota, Oklahoma, Rhode Island, West Virginia, and Wyoming), 12 (30.8 percent) responded no (Alaska, Arkansas, California, Idaho, Maryland, Minnesota, New Mexico, Ohio, Pennsylvania, South Carolina, Utah, and Washington), and six (15.4 percent) responded yes, but only if the owner was also a patient of the pharmacy (Georgia, Iowa, Louisiana, Maine, Nevada, and New Jersey). The remaining 11 states (28.2 percent) did not provide an answer. One respondent (North Carolina) replied that while a pharmacist is allowed to access this information, a formal complaint would need to go through the department of health and human services, but could use results as grounds to refuse to fill a prescription.

DISCUSSION

The results of this study show that a majority of states do not link an animal's prescription record to the owner's prescription record within the state's PDMP. Furthermore, among approximately a third of respondents, if a pharmacist suspects an owner of diversion, they are unable to query the PDMP to investigate those suspicions. This disturbing situation, along with the knowledge that many veterinarians dispensing controlled substances within their office do not need to report dispensing, allows for the potential for unchecked diversion of controlled substances intended to be used for a companion animal.

Based on the results of this study, there are a few suggestions on how to increase the efficiency of each state or territory's PDMP to decrease diversion of animal prescriptions. First, states should mandate the reporting of controlled substances dispensed at the veterinarian's office. Second, a consistent method creating an animal's profile should be adopted within each state or territory, and preferably among all states involved in data sharing. A suggested method would be to adopt generic birthdate (such as Jan. 1 of the likely birth year year), use the first name of the pet with the last name of the owner(s), list last names of multiple owners in alphabetical order, and use a species code. Finally, animal PDMP profiles need to be linked to all adult owners' PDMP profiles, and pharmacists need to have authority to query the database if diversion is suspected.

CONCLUSION

Prescription drug abuse is a serious problem in the United States. PDMPs have been enacted to combat this problem, but there are a number of shortcomings of these programs, especially when it comes to animal prescriptions. The results of this study show that there is indeed a wide variety among how states and Guam handle animal prescriptions. However, these shortcomings can be overcome with some standardization with how PDMPs approach how animals are entered into their databases. ■

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For the list of references used in this article, please contact America's Pharmacist Managing Editor Chris Linville at 703-838-2680, or at [chris.linville@ncpanet.org](mailto:linville@ncpanet.org).