NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

August 20, 2019

Jessica McGuire, PhD
PMP Administrator
Oklahoma Bureau of Narcotics and Dangerous Drugs Control
419 NE 38th Terrace
Oklahoma City, OK 73105

By Email: jmcguire@obn.state.ok.us

RE: Prescription Monitoring Program Data Submission Requirement Changes

Dear Ms. McGuire:

On behalf of our chain pharmacy members operating in Oklahoma, the National Association of Chain Drug Stores (NACDS) is requesting the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control ("the Bureau") a removal of proposed changes to the Oklahoma Prescription Monitoring Program ("PMP").

Effective September 1, 2019, the Bureau will require pharmacies to report any opioid as being used for the treatment of acute or chronic pain as enacted by Senate Bill 848. Along with this requirement, the Oklahoma PMP is also requiring pharmacies to report for any non-opioid controlled substance prescription. We are concerned that given the inadequate notice to providers of the upcoming implementation and system inabilities, participating pharmacies will not behave enough time to make the necessary changes to fully comply with these reporting requirements.

NACDS appreciates that the state of Oklahoma continues to use the reporting requirements that are consistent with the American Society for Automation in Pharmacy (ASAP) data submission standards specified in Telecommunications Format for Controlled Substances. As chain pharmacies operate in multiple states, compliance with numerous states' reporting requirements is more feasible when providers are allowed the appropriate time to adjust to new versions of the ASAP standards prior to implementation by the state. However, we have concerns with the pending changes to the Oklahoma PMP.

While we understand that SB 848 requires prescribers to document any opioid prescription as being acute or chronic on the face of the prescription, we question whether the Bureau has the authority to require this new extraneous data field for reporting to the PMP. To date Oklahoma would be the only state to change data field "DSP24-Treatment Type" from a situational data field to a required field. Even though the treatment type code is an element of the ASAP reporting standard, the codes published in the ASAP reporting standard do not align with what has been described in the Oklahoma PMP Dispenser's Guide. Specifically, "01" is supposed to apply to opioid dependency treatment by buprenorphine products, and for reporting the indication for a prescribed opioid medication. Similarly, a value of "09" is reserved for situations where there is a documented pain management contract, rather than an indication of chronic pain therapy.

In addition to the technical issues, the proposed data changes to this data field would basically force pharmacists to police that prescribers have written an indication for acute or chronic pain on an opioid prescription while giving the state a tool for holding pharmacists responsible for performing this policing activity. In the event that the prescribing physician fails to include the indication on the prescription, the proposed change would require pharmacists to not only contact the prescribing physician to obtain the indication, but it would also require the pharmacies to actively monitor the prescribing activities of prescribers to ensure that they are practicing within the confines of SB 848 and regulations, when this would more appropriately be the role of the Medical Board, the Bureau and its employees. Further, it could require

pharmacists to second-guess the medical judgment of a prescriber, which could inappropriately delay treatment to patients.

As the state is planning to move forward with the September 1st implementation date, it is important to note that due to the programming differences in pharmacy computer processing systems, all pharmacy systems may not be able to accommodate the changes needed to accurately report the required data. Most pharmacies will need to implement a block in their prescription fulfillment system to ensure treatment type codes are being entered and reported accordingly for all opioid prescriptions per SB 848. Changes such as the ones proposed in the announcement will require pharmacy systems updates that can be costly and time consuming to pharmacies. Pharmacies will have to undergo extensive programming changes which will inhibit pharmacies' ability to comply with reporting these data elements by the September 1 implementation date. Therefore, we urge the Bureau to remove this requirement and to continue to allow "DSP24-Treatment Type" to remain a situational reporting field and find other means to fulfill the requirements of documenting opioid prescription as being acute or chronic as required by SB 848.

If the Bureau is not willing to fully remove the new reporting requirement, at a minimum we would strongly urge the Bureau to delay implementation to allow providers sufficient time to fully test, identify, and correct any barriers that may hinder compliance with the PMP and prohibit accurate reporting of prescription data. In addition to delaying implementation, we ask the Bureau to allow some flexibility from the September 1st implementation date, and urge the Bureau to, at a minimum, adopt requirements that any non-opioid controlled substance can be reported to the Oklahoma PDMP with a value of 'Null' instead of "99-Other" as this will allow pharmacies to concentrate on the new opioid requirement, and will allow for better patient care.

Prescription drug monitoring programs provide healthcare providers with useful information about patients'-controlled substance prescription histories that can alert clinicians to individuals who may be diverting controlled substance prescriptions or who are at risk of a substance use disorder and require intervention. Chain pharmacy remain committed to curbing prescription drug diversion and abuse and we continue to support utilization and implementation of changes that will continue to help accomplish this goal. However, we believe that the proposed changes will cause a potential barrier for pharmacies to adequately meet these new requirements thus potentially inhibiting the outcomes that these changes are intended to achieve.

We thank the Bureau for considering our comments. Please do not hesitate to contact me at 817-442-1155 or mstaples@nacds.org if I can further assist you.

Sincerely,

Mary Staples
Regional Director, NACDS

cc: Debra Billingsley, Oklahoma Pharmacists Association