Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6010.02
October 15, 2021

DAD-MA

SUBJECT: Military Health System Prescription Drug Monitoring Program

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (i), and Sections 1073c and 1074 of Reference (k), establishes the DHA procedures to:

a. Utilize the Military Health System Prescription Drug Monitoring Program (MHS PDMP) when prescribing and/or dispensing controlled substances.

b. Ensure prescriber, pharmacist, and delegate access to the MHS PDMP to review a patient's complete controlled substance prescription history (regardless of where the medication is prescribed or dispensed or how the medication is paid for) before opioids are prescribed or dispensed.

c. Establish requirements for Military Medical Treatment Facilities (MTFs) to participate in the Prescription Monitoring Program (PMP), administered by the current TRICARE Pharmacy contractor.

2. APPLICABILITY. This DHA-PI applies to DHA, DHA components (activities under the authority, direction, and control of DHA), the Military Departments, MTFs, and all personnel to include: assigned or attached active duty and reserved members, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties within the DoD and the Coast Guard.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to and References (d) through (l), and Sections 1073c and 1074g of Reference (k), that providers, pharmacists, and their respective staff utilize a PDMP and establish PMP procedures as described in this DHA-PI.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent of this publication is the Deputy Assistant Director (DAD), Medical Affairs (MA). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

/S/
RONALD J. PLACE
LTG, MC, USA
Director

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ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
(c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
(d) TRICARE Pharmacy Services contract, current[1]
(e) National Association of Boards of Pharmacy (NABP) Memorandum of Understanding (MOU), January 11, 2019, as amended[2]
(f) TRICARE Operations Manual 6010.59, Chapter 28, "Prescription Monitoring Program," April 1, 2015, as amended[3]
(g) DHA-Procedural Instruction 6025.04, "Pain Management and Opioid Safety in the Military Health System (MHS)," June 8, 2018
(h) DoD Regulation 5400.11-R, "DoD Privacy Program," May 14, 2007
(i) DoD Instruction 6025.18, "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs," March 13, 2019
(j) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
(k) Title 10, United States Code

[1] This reference can be requested at dha.ncr.pharmacy-ops.mbx.tpharm4@mail.mil
[2] This reference can be requested at dha.ncr.pharmacy-ops.mbx.tpharm4@mail.mil
[3] This reference can be found at: https://manuals.health.mil/pages/DisplayManualHtmlFile/TO15/54/AsOf/TO15/C28S1.html

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:

a. Monitor implementation of this DHA-PI and achieve the stated purpose.

b. Coordinate with the DAD, Health Care Operations (HCO) and DAD-MA to implement the guidance of this DHA-PI.

2. DAD-HCO and DAD-MA. The DAD-HCO and DAD-MA must:

a. Collaborate with the Clinical Communities and others as appropriate to develop a plan for updates to the clinical guidance and ensure timely dissemination.

b. Oversee the effectiveness of this DHA-PI through registration compliance 6 months after issuance of this DHA-PI.

3. CHIEF, COMMUNICATIONS HEALTH CARE PLANS. The Chief, Communications Health Care Plans must coordinate with DAD-HCO and DAD-MA to develop a communications plan to educate healthcare providers and pharmacists about the subject matter of this DHA-PI.

4. SECRETARIES OF THE MILITARY DEPARTMENTS AND DIRECTOR, HEALTH, SAFETY, AND WORK-LIFE, U.S. COAST GUARD. The Secretaries of the Military Departments and the Director, Health, Safety, And Work-Life, U.S. Coast Guard must:

a. Ensure MTFs under their authority, direction, and control (ADC) implement the procedures detailed in Enclosure 3.

b. Ensure MTFs under their ADC are compliant with the requirements of this DHA-PI.

c. Ensure MTF Directors report registration compliance metrics as described in Enclosure 3.

5. MARKET, SMALL MARKET AND STAND-ALONE MEDICAL TREATMENT FACILITY ORGANIZATION, AND DEFENSE HEALTH AGENCY REGION DIRECTORS. Market, Small Market and Stand-Alone Medical Treatment Facility Organization, and Defense Health Agency Region Directors must:

a. Ensure MTFs under their ADC implement the procedures detailed in Enclosure 3.

b. Ensure MTFs under their ADC are compliant with the requirements of this DHA-PI.

c. Ensure MTF Directors report registration compliance metrics as described in Enclosure 3.

6. DIRECTORS, MTF. The Directors, MTF must:

a. Implement the procedures detailed in Enclosure 3.

b. Ensure compliance with the requirements of this DHA-PI.

c. Ensure registration compliance metrics are reported as described in Enclosure 3.

7. MTF CHIEF OF THE MEDICAL STAFF (CHAIR OF THE MEDICAL EXECUTIVE COMMITTEE). The MTF Chief of the Medical Staff (Chair of the Medical Executive Committee) must:

a. Compile MTF Provider registration compliance metrics for the Director, MTF.

b. Determine if MTF Provider delegates will be utilized.

8. MTF HEAD/CHIEF OF PHARMACY. The MTF Head/Chief of Pharmacy must:

a. Compile MTF Pharmacist registration compliance metrics for the Director, MTF.

b. Determine if MTF Pharmacy delegates will be utilized.

9. PROVIDERS. Providers must:

a. Individually register in the MHS PDMP in the appropriate role with National Provider Identifier (NPI) number.

b. Utilize the MHS PDMP as outlined in Enclosure 3.

10. PHARMACISTS. Pharmacists must:

a. Individually register in the MHS PDMP as an MHS Pharmacist with NPI number.

b. Utilize the MHS PDMP as outlined in Enclosure 3.

11. TRICARE PHARMACY (TPHARM) CONTRACTING OFFICER'S REPRESENTATIVE (COR). The TPHARM COR must:

a. Oversee the TPharm contractor's performance of PDMP related contract requirements as stated in Reference (d).

b. Coordinate with the TPharm contractor regarding issues related to the MHS PDMP.

c. Develop and maintain a publicly accessible website listing relevant information that includes registration guidance and participating states and territories.

12. TPHARM CONTRACTOR. Per contract requirements as stated in Reference (d), the TPharm Contractor must:

a. Provide registered users with secure web-based access to the MHS PDMP.

b. Register credentialed providers and pharmacists, and their appointed delegates.

c. Validate and reconcile MHS PDMP data.

d. Coordinate with the TPharm COR for requests from agencies outside the MHS (e.g., subpoenas or research), in accordance with Reference (d).

e. Maximize bi-directional sharing of MHS PDMP information and roles with other state/territory PDMPs on the same platform.

f. Provide Prescription Monitoring Program data as stated in Reference (f).

ENCLOSURE 3

PROCEDURES

1. OVERVIEW

a. The MHS PDMP is accessible at: https://mhs.pmpaware.net/login.

b. PDMP is a tool to ensure providers and pharmacists have complete and reliable information prior to prescribing or dispensing controlled substances. The purpose of sharing such information, according to Section 1074g of Reference (k), is to "prevent misuse and diversion of opioid medications and other designated controlled substances." Such sharing is permitted under HIPAA, which specifically allows healthcare providers to share Protected Health Information (PHI) for treatment, case management, and coordination of care, and is required by Section 1074g of Reference (k).

c. The MHS PDMP utilizes the National Association of Boards of Pharmacy (NABP) Prescription Monitoring Program InterConnect® (PMPi) System to share controlled substance prescription information from Composite Health Care System (CHCS), Armed Forces Health Longitudinal Technology Application, and MHS GENESIS with participating civilian counterparts at a minimum through one-way sharing. Participating states/territories that choose to share their information with the MHS PDMP allow DoD MHS PDMP users to review prescription information from the purchased care network not captured by Pharmacy Data Transaction Service (PDTS) (e.g., cash transactions, claims from other insurance providers, or claims from non-network pharmacies).

d. Information to include state sharing status and user roles with bi-direction sharing can also be found at: https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Access-to-Healthcare/Pharmacy-Program/Prescription-Drug-Monitoring-Program-Procedures.

2. BACKGROUND

a. A PDMP is an electronic database that tracks controlled substance prescriptions. According to the Centers for Disease Control and Prevention, "PDMPs can help identify patients who may be misusing prescription opioids or other prescription drugs and who may be at risk for overdose."

b. In 2012, the NABP implemented the PMPi which facilitates the sharing of controlled substance prescription data across state lines. Sharing occurs either one-way (one PDMP only accepts data but does not provide it) or bi-directionally (both PDMPs accept and provide data to each other).

c. The MHS began providing MTF prescription data to the MHS PDMP on December 20, 2018, and began participating in the NABP PMPi on January 11, 2019, as stated in the responsibilities of Reference (e).

d. MHS PDMP administration functions will be conducted by the current TPharm contractor as indicated in Responsibilities and paragraph 4 of this Enclosure.

3. TIMELINE

a. As an active website, the MHS PDMP is available for registration and data sharing with other PDMPs.

b. No later than 6 months after issuance of this DHA-PI, 100 percent of MTF providers and pharmacists in the MHS must be registered with the MHS PDMP.

c. New accession MTF providers or pharmacist shall register in the MHS PDMP within 90 days of arriving to their first duty station.

d. No later than 1 month after the issuance of this DHA-PI, the pre-approved communication plan signed by the DAD-HCO and DAD-MA and their associated tactics will begin execution.

4. ADMINISTRATION

a. The MHS PDMP is administered by the current TPharm contractor.

b. Responsibilities are detailed in the Reference (d), governed by the Purchased Care Branch under the Pharmacy Operations Division.

5. DATA COLLECTION AND MANAGEMENT

a. All Continental United States (CONUS) and Outside the Continental United States (OCONUS) Drug Enforcement Agency (DEA) Schedules II through V controlled substances prescription information is pulled from the PDTS claims.

b. The information from the previous day's claims will be uploaded daily into the MHS PDMP by the MHS PDMP Administrator. For example:

(1) Day 0 claims are submitted throughout the day in the respective time zone.

(2) Day 1 at 0700 eastern, pull claims submitted Day 0 from 0000-2359 eastern standard time.

(3) Day 1 claims are reviewed for accuracy, edits, and/or reversals then uploaded into the PDMP.

c. To prevent claim errors during the daily upload, a minimum of a NPI number or DEA number must be in the provider file that is transmitted with the prescription claim.

(1) Providers will provide new or updated information (e.g., NPI number or DEA number) to systems personnel for updating in the electronic record (CHCS or MHS GENESIS).

(2) Pharmacy staff will update (in CHCS) or request updates (for MHS GENESIS) for changes in off-base providers' information (e.g., NPI number or DEA number).

d. In accordance with Reference (e), no other participating state/territory PDMP information will be added to any MHS information system or database except for an image of PDMP information that has been validly requested through the NABP PMPi. Users may securely store such images online for up to 30 days after which, if to be retained, the images must be accessible via a secure database with access restricted to only those authorized MHS employees and staff who have a legitimate MHS need to access or use such images.

(1) Prescriptions discovered in the PDMP (e.g., prescriptions from non-network pharmacies), cannot be added into the medication list of the electronic health record (EHR) without first verifying with the patient or legally authorized representative.

(a) Confirmed/active medications will be added to the medication list of the EHR in accordance with MTF Joint Commission medication reconciliation standards.

(b) Unconfirmed/inactive medications will only be referenced in the course of the documentation (e.g., PDMP checked and patient received one Percocet prescription 2 weeks ago from an emergency room).

(2) EHR users will be reminded that the PDMP will not be used as a replacement for the health information exchanges in the EHR system viewers for medication reconciliation. In addition, PDTS information will continue to be added automatically to DoD health record systems.

(3) Patient reports are downloadable into portable document format document or Comma Separated Value data file.

(a) Patient reports will not be routinely uploaded into the Health Artifact and Image Management System as proof or documentation of utilizing the PDMP.

(b) Patient reports may be uploaded into Health Artifact and Image Management System for rare circumstances to include, but not limited to, a patient's breach of a pain management agreement.

(c) Patients requesting a copy of their MHS PDMP report will utilize the MTF's release of information process and only MHS PDMP information will be provided. Patients requesting retail pharmacy controlled substance prescription information must request it per the state's PDMP guidance.

e. Requests from agencies outside of the MHS (e.g., subpoena, court order requests, or research) will be forwarded to the current TPharm contractor to be processed in accordance with TPharm contractor Responsibilities and Reference (d). For contractor information, e-mail: dha.ncr.pharmacy-ops.mbx.tpharm4@mail.mil.

f. PDMP reports contain personally identifiable information (PII) and PHI which must only be used or disclosed in accordance with References (g) and (h). Promptly report any disclosure of PDMP report information to unauthorized person(s) to the MTF's HIPAA Privacy Officer. The MTF HIPAA Privacy Officer will then make other report notifications as appropriate. Further, inappropriate access, use, or disclosure of this information may result in appropriate administrative and/or disciplinary action and/or revocation of PDMP access privileges.

6. MHS PDMP REGISTRATION

a. Registration is required for providers and pharmacists at all CONUS and OCONUS locations. Refer to paragraph 1.a. of this Enclosure for website access.

b. All registrants will use their government or work e-mail to register.

(1) Personal or home e-mail addresses will not be approved for registration.

(2) Registrants will need to verify e-mail address prior to being granted access (i.e., click on or copy/paste link in e-mail to validate).

c. Providers and pharmacists will register with the required information below:

(1) Government or work e-mail ending in .mil or .gov.

(2) NPI number.

(3) State license number (or National Commission on Certification of Physician Assistants identification number for non-state licensed Physician Assistants).

(4) State of licensure (designated as "home state" during registration).

d. MTF provider and pharmacy delegates may register under a supervisor:

(1) First, the delegate's request is approved by provider/pharmacist supervisor.

(2) Then, the delegate's request is approved by TPharm contractor, as the MHS PDMP administrator.

(3) Independent Duty Corpsmen/Independent Duty Medical Technicians needing access will register as a delegate.

e. MHS PDMP registration is not open to military law enforcement, public health officials, or veterinarians.

7. MHS PDMP UTILIZATION

a. Bi-directional PDMPs

(1) The MHS PDMP will be the primary search tool (instead of the state/territory PDMP where the MTF is physically located) if the role allows.

(2) Some participating state/territory PDMPs may share with only certain MHS PDMP roles.

b. Non-sharing PDMPs

(1) Non-sharing PDMPs include states/territories that are only accepting MHS PDMP information or there is no sharing agreement between the state/territory and the MHS PDMP.

(2) Providers and pharmacists may apply for access to the state/territory PDMP for which the MTF is located.

(a) The state may not allow non-state licensed providers or pharmacists to register.

(b) Prior to registration, providers and pharmacists should consult with servicing legal counsel regarding state/territory PDMP terms and conditions or other requirements that may cede disciplinary authority to the state/territory.

c. Mandated Query. All providers and pharmacists, regardless of location, are expected to conduct a PDMP search to the greatest extent possible when there is a suspicion of patient abuse, misuse, or diversion.

d. Recommended Query by Chief, Clinical Support Division and Chief, Pharmacy Operations Division

(1) For MTFs located in:

(a) Locations without bi-directional sharing or states that do not permit federal employees to register in its PDMP, including OCONUS MTFs, Providers, and/or Providers' delegates should utilize the MHS PDMP and check all bi-directional sharing states on the initial visit of patients on chronic opioid therapy and at least annually.

(b) Locations with bi-directional sharing, MTF Providers, Pharmacists, and respective staff should follow requirements below for applicable roles.

(2) Prior to prescribing, Providers (including Clinical Pharmacists), and/or Providers' delegates should check the MHS PDMP (or MTF-state located PDMP if registered) in the following situations:

(a) When the patient is new to the provider and a DEA Schedule II through IV controlled substance is prescribed.

(b) When a new or renewal DEA Schedule II through IV controlled substance is being prescribed for an acute condition.

(c) No less frequently than every 3 months when prescribing controlled substances.

(3) Prior to dispensing, Pharmacists and/or Pharmacy delegates should check the MHS PDMP (or MTF-state located PDMP if registered) when:

(a) There are patients enrolled in the PMP.

(b) Processing a new or renewed Schedule II through IV opioid prescription except:

1. When the quantity is prescribed for a 72-hour or less supply.

2. When the prescription is for a patient under the care of an oncologist or for a terminal patient who has discontinued curative treatment.

3. At the discretion of the pharmacist based on the patient's consistent therapy, consistent provider (or provider team), and on-time controlled substance prescription filling.

8. PMP

a. In early 2018, the TRICARE 1-1-1 (1 provider, 1 pharmacy, and 1 emergency room) Program's administration transitioned from the Pharmacy Analytics Support Section to the TPharm contractor and was renamed to the PMP. The TPharm contractor relies on Reference (f) to supplement the Reference (d) requirements; however, it does not impact MTF operations nor does it require MTF to participate in the PMP. Due to the lack of MTF participation requirements, this DHA-PI will address MTF requirements for participation and development of MTF processes regarding the PMP.

(1) The lack of MTF participation in the PMP negatively impacts TRICARE beneficiaries by leaving a gap in communication between providers and patients, which can be ameliorated when PMP participation is required.

(2) To address the above concerns, a MTF-established PMP is required for this DHA-PI.

b. Due to variations in MTF size and scope, MTFs must have procedures in place to:

(1) Establish primary and alternate points of contact (POCs), such as a pharmacist, pharmacy technician, registered nurse, MTF provider, to the TPharm contractor.

(2) Review of PMP reports in their entirety (there may be various and duplicative tabs).

(3) Document PMP report reviews and actions taken (as described in paragraph 8c of this enclosure) in meeting minutes.

(4) Develop a support plan (as described in Reference (f) to include case management, pain management, behavioral health, or other available services) to meet the needs of the MTF and its beneficiaries.

(5) Describe what actions providers and pharmacy staff will take when a system reject is received at the time of prescribing or prescription processing, respectively. Examples of system warning/reject:

(a) CHCS/ Armed Forces Health Longitudinal Technology Application warning: LOCKED IN.

(b) MHS GENESIS reject: Reject codes 979 or 980.

c. MTF PMP POCs are responsible to:

(1) Be a resource to MTF staff for PMP questions or concerns.

(2) Provide primary or alternate POC changes to the TPharm contractor.

(3) Have the capability to retrieve or receive reports provided by the TPharm contractor.

(4) At a minimum of once a quarter, provide a PHI/PII protected response back to the TPharm contractor on beneficiary candidates for actions taken. As described in Reference (f), appropriate responses include:

(a) No action (diagnosis supports utilization; no further action required)

(b) Support plan with restrictions (a new restriction form will also be submitted)

(c) Support plan without restrictions (no further action required)

(d) Restriction only (a new restriction form will also be submitted).

(e) Further monitoring needed (continue monitoring until a response is provided to paragraphs 8c(4)(a) through 8c(4)(d).

(f) Not reviewed (once reviewed, provide a response to paragraphs 8c(4)(a) through 8c(4)(e).

d. As required in Reference (f), the TPharm contractor will provide monthly and quarterly reports to MTFs with active beneficiary restrictions and beneficiary candidates for restriction. There may be duplicate information on both reports and it is up to each MTF to decide, and document in its procedures, if the duplicated information should be reviewed monthly or quarterly. Additional considerations for report review documentation include:

(1) Incorporating PMP into an established function or committee (e.g., Sole Provider Committee, Long-term Opioid Therapy Committee, Pharmacy and Therapeutics Committee/Function).

(2) Considering PHI/PII and the need to know when deciding to provide or not to provide specific patient information to the forum or in the minutes.

9. OUTCOME MEASUREMENT. The provisions set forth in this DHA-PI will be measured for effectiveness in the following ways:

a. The percentage of MTF providers and pharmacists registered in the MHS PDMP as a result of this DHA-PI. This will be conducted via a one-time data call to conclude no later than 6 months after the issuance of this DHA-PI.

b. The number of states and territories who have a signed agreement with MHS to unilaterally and bi-directly share information. This will be continuously monitored by the TPharm contractor.

c. The MTF responses regarding beneficiary restrictions as administered by the TPharm contractor in reports as required in Reference (f).

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ADC	authority, direction, and control
CHCS	Composite Health Care System
CONUS	Continental United States
COR	Contracting Officer's Representative
DAD-HCO	Deputy Assistant Director-Health Care Operations
DAD-MA	Deputy Assistant Director-Medical Affairs
DEA	Drug Enforcement Agency
DHA-PI	Defense Health Agency-Procedural Instruction
EHR	electronic health record
MHS	Military Health System
MTF	Military Medical Treatment Facility
NABP	National Association of Boards of Pharmacy
NPI	National Provider Identifier
OCONUS	Outside the Continental United States
PDMP	Prescription Drug Monitoring Program
PDTS	Pharmacy Data Transaction Service
PHI	Protected Health Information
PII	Personally Identifiable Information
PMP	Prescription Monitoring Program
PMPi	Prescription Monitoring Program InterConnect®
TPharm	TRICARE Pharmacy

PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-PI.

Delegate(s). For the purpose of MHS PDMP registration, any medical staff, to include but not limited to corpsmen, independent duty corpsmen, independent duty medical corpsmen, nurses (except nurse practitioners), midwives, and other medical staff that cannot register in the MHS PDMP as a MTF pharmacist or MTF provider.

Pharmacist(s). For the purpose of MHS PDMP registration, all licensed pharmacists who work in clinical, outpatient, and inpatient pharmacy settings. Pharmacist(s) includes active duty, civil service, and contract employees.

Provider(s). For the purpose of MHS PDMP registration, all licensed, credentialed, and privileged staff who are authorized to prescribe controlled substances, including but not limited to doctors of osteopathy, doctor of medicine, doctor of dental surgery, physician assistants, nurse practitioners, optometrists, podiatrists, psychologists, and medical interns. Provider(s) includes active duty, civil service, and contract employees. Provider(s) does not include pharmacists or veterinarians.

PDMP. Web-based search tool to ensure that providers and pharmacists have complete and reliable information prior to prescribing or dispensing controlled substances.

PMP. Program administered by the current TPharm contractor, used to identify (and if necessary, restrict) patients who potentially have "drug-seeking behavior." Patients can be restricted to the PMP either by an MTF or upon recommendation by a managed care support contractor. Pharmacies that attempt to process controlled substance prescription(s) outside the bounds of the PMP restrictions will receive either a PDTS warning (for CHCS MTFs), or a hard-stop (network pharmacies where TRICARE is the primary payor and MHS GENESIS sites).