Position: The Epilepsy Foundation supports exempting all epilepsy medications from state Prescription Drug Monitoring Programs in order to improve and preserve access to epilepsy medications.

About Epilepsy: The Epilepsy Foundation is the leading national voluntary health organization that speaks on behalf of more than 3 million Americans with epilepsy and seizures. We foster the wellbeing of children and adults affected by seizures through research programs, educational activities, advocacy, and direct services. Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. Approximately 1 in 26 Americans will develop epilepsy at some point in their lifetime.

Background: State Prescription Drug Monitoring Programs (PDMP) are intended to curb prescription drug abuse. Including epilepsy medications in PDMPs can delay access to treatments that are critical for achieving and maintaining seizure control. Epilepsy medications, especially those in Schedule V (the least restricted schedule) prescribed for seizure control do not pose the risk for abuse associated with other scheduled medications, and people living with epilepsy who experience a delay in accessing their medication due to onerous drug monitoring requirements are at a high risk for developing breakthrough seizures and related complications, including death. Restricting access to physician directed care also significantly increases medical costs related to preventable seizures, along with lost wages and productivity, not just for the individuals living with epilepsy but also their families and communities.

• Many parts of the United States are facing an unprecedented rise in opioid and prescription drug abuse. Legislatures across the nation are considering measures to prevent further spreading of the epidemic and address its root cause. Many of the proposed solutions involve requiring prescribers to actively check a Prescription Drug Monitoring Program (PDMP) before prescribing targeted treatments with a high abuse potential.

• Epilepsy is a complex neurological condition that is treated with a broad array of epilepsy medications, several of which are Schedule V controlled substances, which by definition have the lowest potential for abuse of all controlled substances. It is important to note that none of these products are opioids and many have been utilized successfully for decades.

• Unlike opioids, epilepsy medications are not a target for abuse via “doctor shopping” or feigning illness. Aside from the fact that most side effects of epilepsy medication are negative (nausea, dizziness, headache, fatigue) – driving privileges are forfeited in most states for at least six months after a seizure.

• Some physicians avoid prescribing any controlled substance that requires them to use a PDMP. The nonpartisan Congressional Budget Office (CBO) reported on this potential unintended consequence in their 2014 analysis of PDMPs. For epilepsy patients, this delay could result in “limiting access to medications for legitimate use.” The consequences of delayed treatment in epilepsy patients can have dire implications.
Prescription Drug Monitoring Programs

- By far the most common legislative target lies with opioid painkillers. Opioid abuse is a serious public health issue with drug overdose deaths being the leading cause of accidental death in the United States. (Link)

- All 50 states, the District of Columbia and Guam have legislation or executive order authorizing the use of a Prescription Drug Monitoring Program (PDMP). Some require only pharmacists to check the PDMP for abuse. Other states require prescribers to actively check the registry only when abuse is suspected. Many states only require abuse checks for schedule with higher degrees of abuse potential (Schedule II and III).

- Of the 52 PDMPs, 32 require some sort of mandatory PDMP use by a prescriber or dispenser, with the vast majority focused on Schedules II – IV. Only 5 of the 32 require a prescriber to check the PDMP for Schedule V treatments. Within this group of five, many have different rules for non-opioid and non-narcotic treatments.

- Most legislatures focus on engaging prescribers to assist in monitoring opioids, painkillers and select, targeted treatments with high potential for abuse – not mandating that prescribers check a PDMP at each prescription for all controlled substances.

- Ensure people living with epilepsy do not face limited access to their medication by exempting treatments prescribed for epilepsy from mandatory prescriber/dispenser PDMP checks.

- Restricting and delaying access to epilepsy medications adds to the challenges people living with epilepsy face every day and can lead to poor health outcomes, lost wages, reduced quality of life and in the most severe cases, hospitalization and death.

If you have any questions or concerns, please contact Angela Ostrom, Chief Legal Officer & Vice President Public Policy at aostrom@efa.org or 301-918-3766.