COMMONWEALTH OF VIRGINIA
Meeting of the Virginia Prescription Drug Monitoring Advisory Panel

Perimeter Center, 9960 Mayland Drive, Second Floor **804-367-4566(Tel)**
Henrico, Virginia 23233 **804-527-4470(Fax)**

Agenda of Meeting
November 10, 2014
1:00 PM
Board Room 4

Call to Order: Randall Clouse, Chairman

- Welcome and introductions
- Reading of emergency evacuation script: Ralph Orr
- Approval of Agenda
- Election of Chair and Vice-Chair

Public Comment:

Department of Health Professions Report: David E. Brown, D. C.

Program Update: Ralph Orr

- Unsolicited Reports--Review and Discussion 2-9
- Morphine Milligram Equivalent Dose--Discussion 10-20
- PMP Outreach Efforts:
  - Presentations 21-23
  - PMP and Social Media: YouTube and Twitter 24-30
  - Utilization of Data: 31-32
- Drug Death Data Update: Dr. Hobron, Office of the Chief Medical Examiner 33-43
- Governor's Task Force on Prescription Drug and Heroin Abuse: Overview: Dr. Brown 44-46
- PMP Interoperability and Integration—Status 47
- Discussion of 2013-2014 legislation 48-49
- Program Statistics 50-60
- Reporting of Prescription Data by Veterans Administration Medical Facilities: Status

New Business:

Next Meeting

Adjourn

Virginia PMP Summary of Unsolicited Reports 3/2013 through 9/2014

During the month of March 2013, fifty-one individuals were identified who had met specific criteria which may be indicative of doctor shopping. Among the prescriptions written for these individuals, 125 prescribers received email notifications concerning his or her patient and 282 prescribers received letters notifying them of possible doctor shopping since they were not registered.

During the month of April 2013, forty-nine individuals were identified who had met specific criteria which may be indicative of doctor shopping. Among the prescriptions written for these individuals, 109 prescribers received letters notifying them of possible doctor shopping since they were not registered.

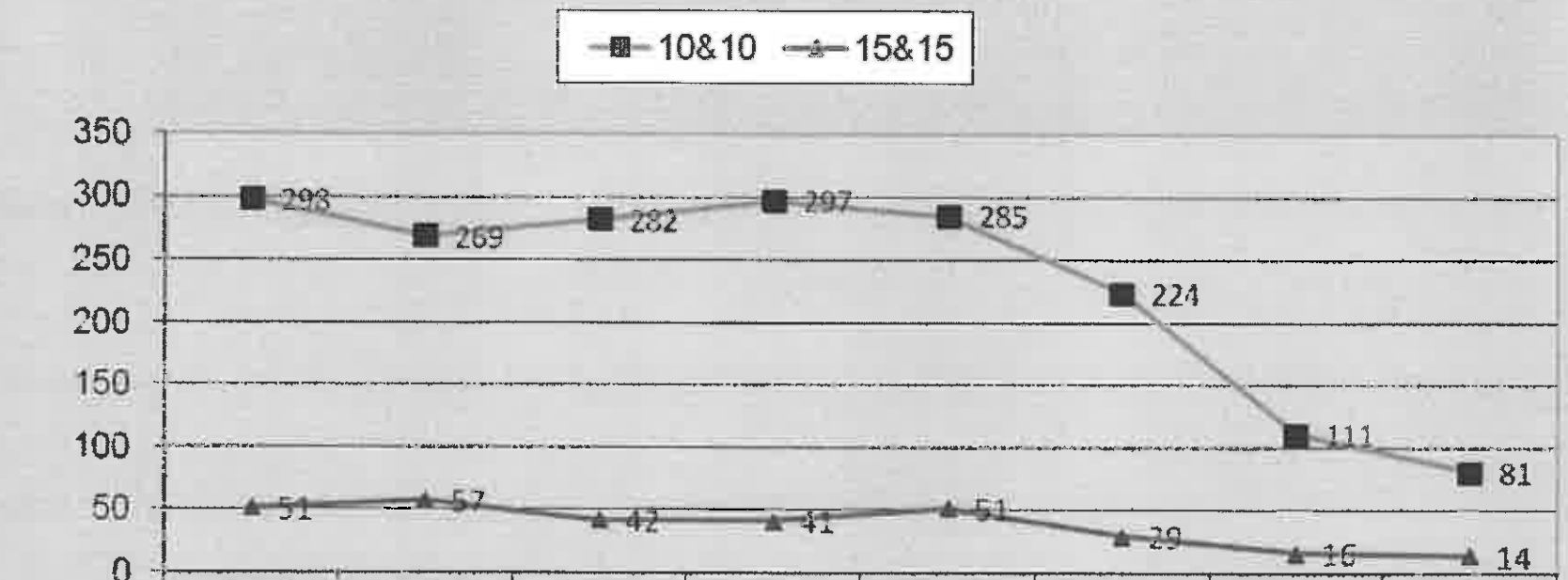
The complete statistics for each month from 3/2013 through 9/2014 can be summarized as follows in Table 1 below:

Table 1. Summary of Unsolicited Reports: Individuals Suspected of Doctor Shopping

	Total Patients Identified	Email Notifications Sent	Total Letters Sent
March 2013	51	125	282
April 2013	49	109	299
May 2013	45	102	256
June 2013	19	52	44
July 2013	22	108	83
August 2013	37	192	102
September 2013	30	131	99
October 2013	23	102	NA
November 2013	28	117	86
December 2013	32	149	106
January 2014	30	142	79
February 2014	14	70	42
March 2014	28	161	70
April 2014	25	108	81
May 2014	26	131	71
June 2014	19	67	19
July 2014	22	67	31
August 2014	8	92	47
September 2014	13	106	49
TOTAL	**521**	**2131**	**1846**

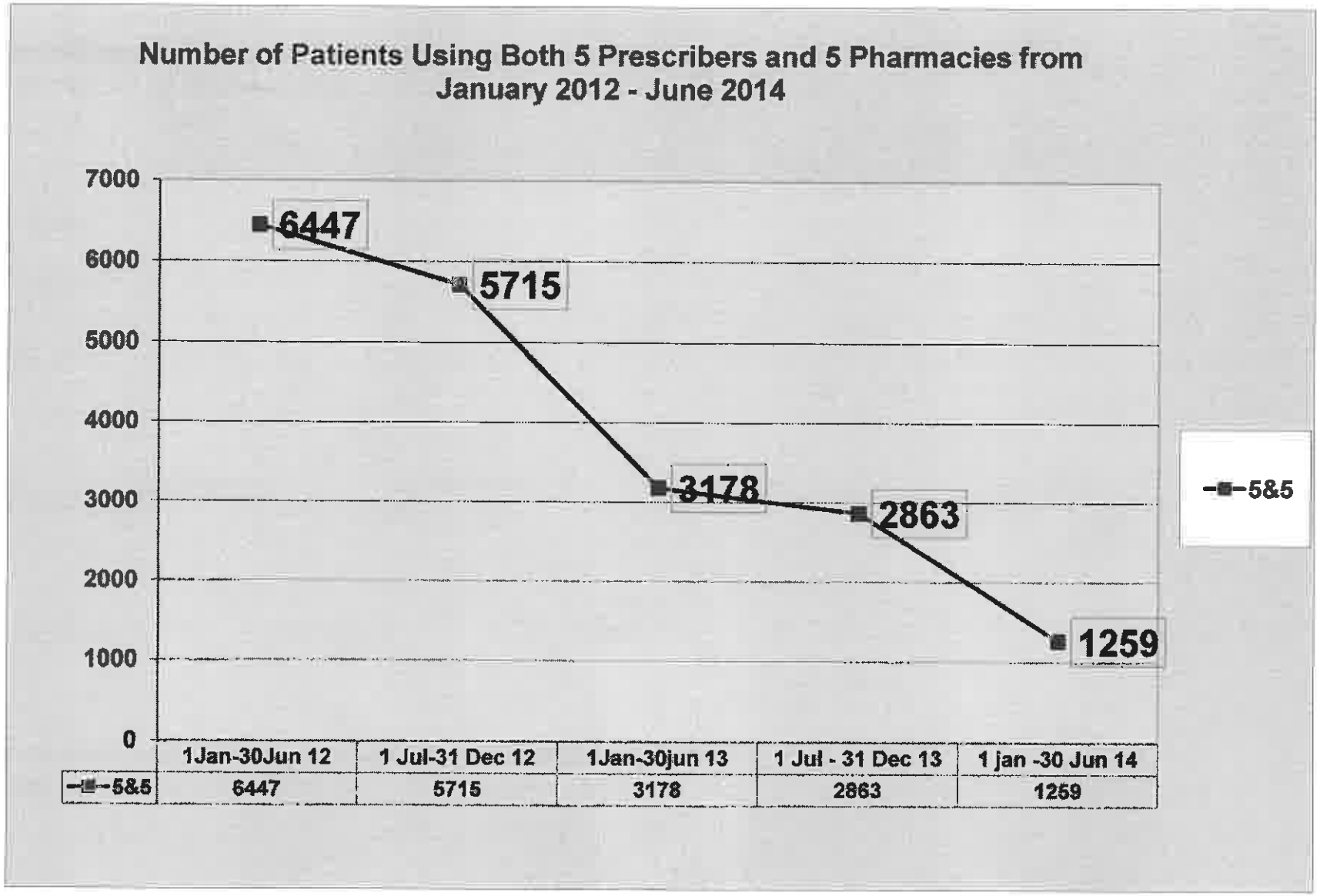
A total of 521 patients were identified over 19 months; 2131 prescribers received email notifications regarding their patients' behaviors and 1,846 prescribers received letters regarding such behaviors.

Number of Patients Using Both 10 Prescribers and 10 Pharmacies and 15 Prescribers and 15 Pharmacies CII-IV Prescriptions 2010 -2013



	1Jan-30Jun 10	1 Jul-31 Dec 10	1Jan-30Jun 11	1 Jul-31 Dec 11	1Jan-30Jun 12	1 Jul-31 Dec 12	1Jan-30jun 13	1 Jul - 31 Dec 13
10&10	293	269	282	297	285	224	111	81
15&15	51	57	42	41	51	29	16	14

Source: Virginia PMP


Number of Patients Using Both 5 Prescribers and 5 Pharmacies from January 2012 - June 2014
7000
6000
5000
4000
3000
2000
1000
0
6447
5715
3178
2863
1259
5&5
1Jan-30Jun 12
1 Jul-31 Dec 12
1Jan-30jun 13
1 Jul - 31 Dec 13
1 jan -30 Jun 14
5&5
6447
5715
3178
2863
1259

Virginia State Police
Prescription Monitoring Program Unsolicited Reports
05/30/13 - 09/08/14

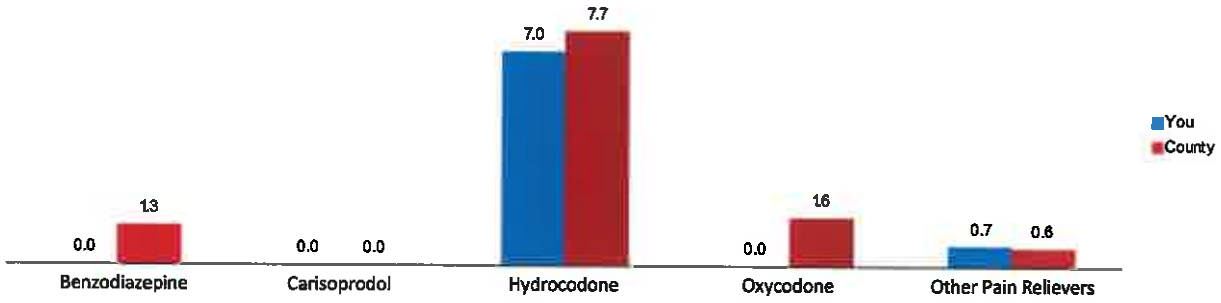
Division	Reports Received	Cases Opened
1	34	16
2	23	16
3	3	2
4	13	2
5	48	18
6	9	4
7	90	51
Total	220	109

DIVISION VII
DIVISION II
DIVISION I
DIVISION III
DIVISION VI
DIVISION IV
DIVISION V

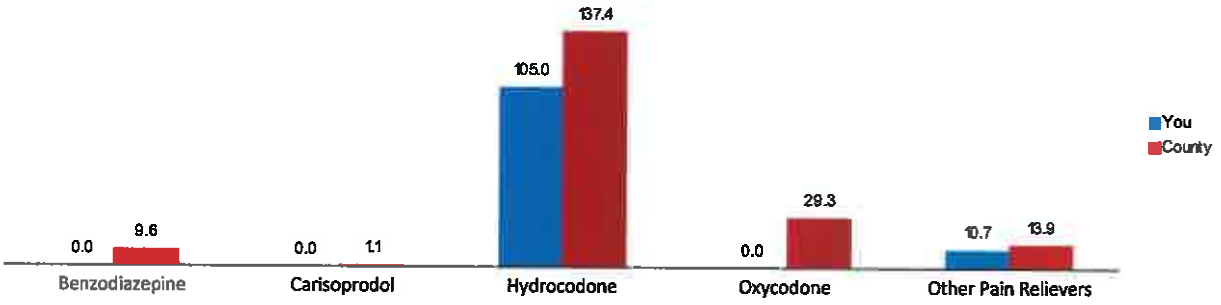
DEA# XXXXX0113

A continuing review of the Prescription Drug Monitoring Program (PDMP) from January 2014 through March 2014 reveals the following about your prescribing habits:
Your prescribing habits identify you as being within a NORMAL range of Dental prescribers with respect to the number of prescriptions written and the quantity of pills prescribed for Benzodiazepine, Carisoprodol, Hydrocodone, Oxycodone, and Other Pain Relievers. Please review your data below.

Prescriptions Written



Quantity of Pills



4 of your patients received 100 or more MEDDs

0 of your patients are receiving a combination of Opioids and Benzodiazepines

17 of your patients received opioids from you

0 of your patients are receiving a combination of Opioids and Carisoprodol

0 of your patients received controlled substances from five or more doctors

0 of your patients received controlled substances from five or more pharmacists

0 of your patients are receiving a combination of all three of Opioids, Benzodiazepines, and Carisoprodol

You are currently signed up for access to the Prescription Drug Monitoring Program (PDMP)

https://pharmacypmp.az.gov/

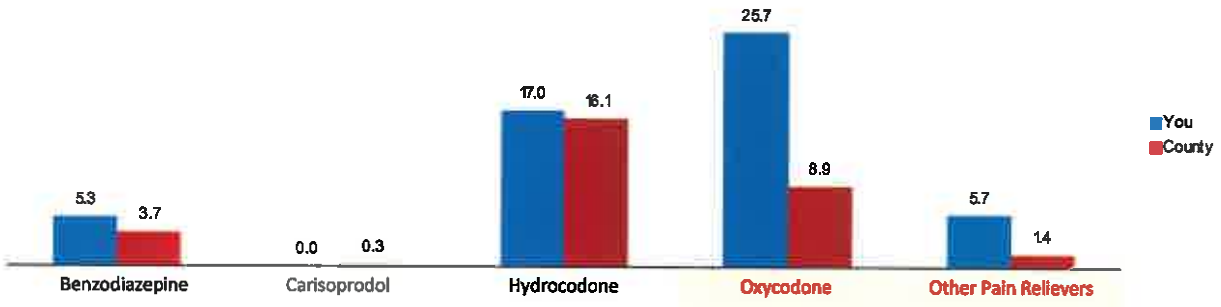
For additional information please contact the Arizona State Board of Pharmacy (602) 771-2744

DEA# XXXXX8321

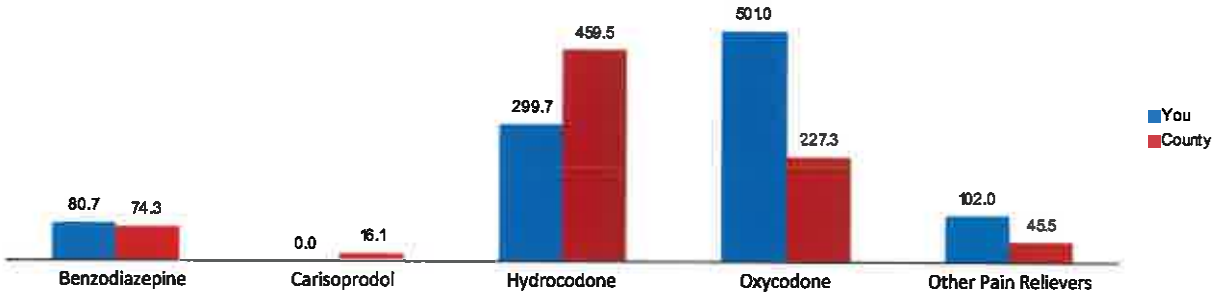
A continuing review of the Prescription Drug Monitoring Program (PDMP) from January 2014 through March 2014 reveals the following about your prescribing habits:
You have been identified as an OUTLIER* with respect to the number of prescriptions written and/or quantity of pills prescribed for one or more of Benzodiazepine, Carisoprodol, Hydrocodone, Oxycodone, and Other Pain Relievers. Please review your data below.
**1, 2, or >3 Standard Deviations above the mean for Emergency Department prescribers in your county*

Normal | High (>1) | Severe (>2) | Extreme (>3)

Prescriptions Written



Quantity of Pills



20 of your patients received 100 or more MEDDs

24 of your patients are receiving a combination of Opioids and Benzodiazepines

143 of your patients received opioids from you

2 of your patients are receiving a combination of Opioids and Carisoprodol

7 of your patients received controlled substances from five or more doctors

0 of your patients received controlled substances from five or more pharmacists

0 of your patients are receiving a combination of all three of Opioids, Benzodiazepines, and Carisoprodol

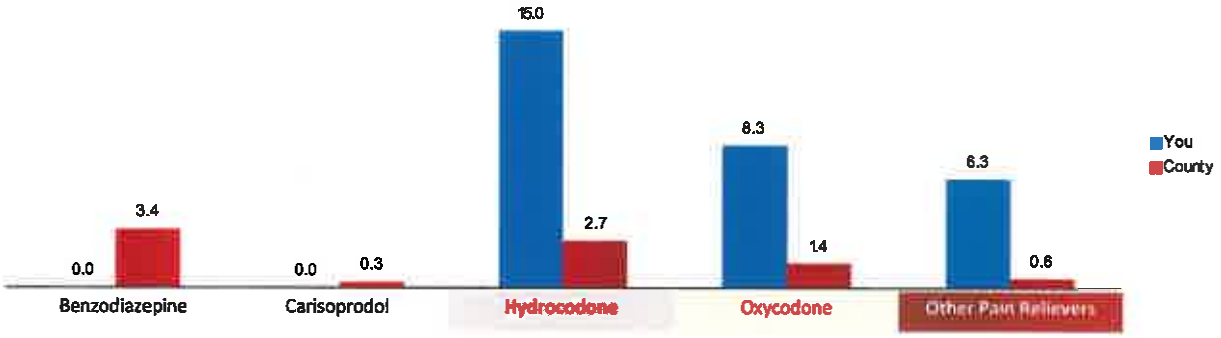
You are currently signed up for access to the Prescription Drug Monitoring Program (PDMP)
https://pharmacypmp.az.gov/
For additional information please contact the Arizona State Board of Pharmacy (602) 771-2744

DEA# XXXXX5206

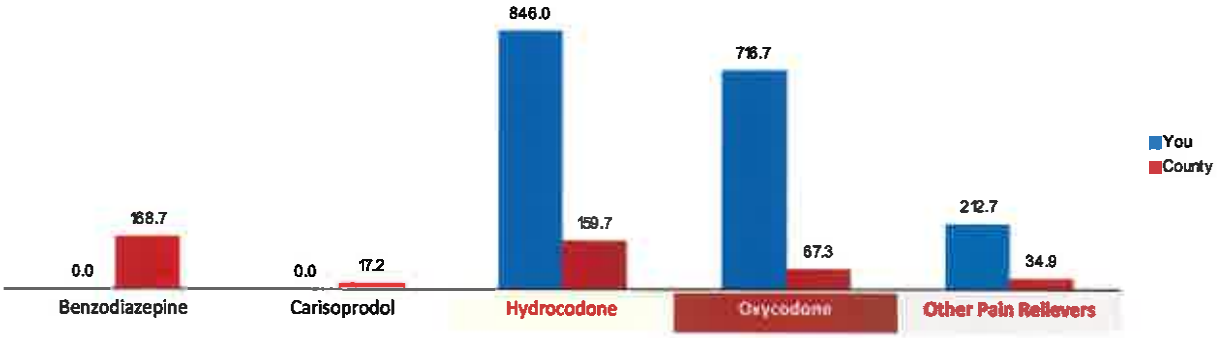
A continuing review of the Prescription Drug Monitoring Program (PDMP) from January 2014 through March 2014 reveals the following about your prescribing habits:
You have been identified as an OUTLIER* with respect to the number of prescriptions written and/or quantity of pills prescribed for one or more of Benzodiazepine, Carisoprodol, Hydrocodone, Oxycodone, and Other Pain Relievers. Please review your data below.
**1, 2, or >3 Standard Deviations above the mean for Other Specialty prescribers in your county*

Normal | High (>1) | Severe (>2) | Extreme (>3)

Prescriptions Written



Quantity of Pills



15 of your patients received 100 or more MEDDs

5 of your patients are receiving a combination of Opioids and Benzodiazepines

52 of your patients received opioids from you

1 of your patients is receiving a combination of Opioids and Carisoprodol

0 of your patients received controlled substances from five or more doctors

0 of your patients received controlled substances from five or more pharmacists

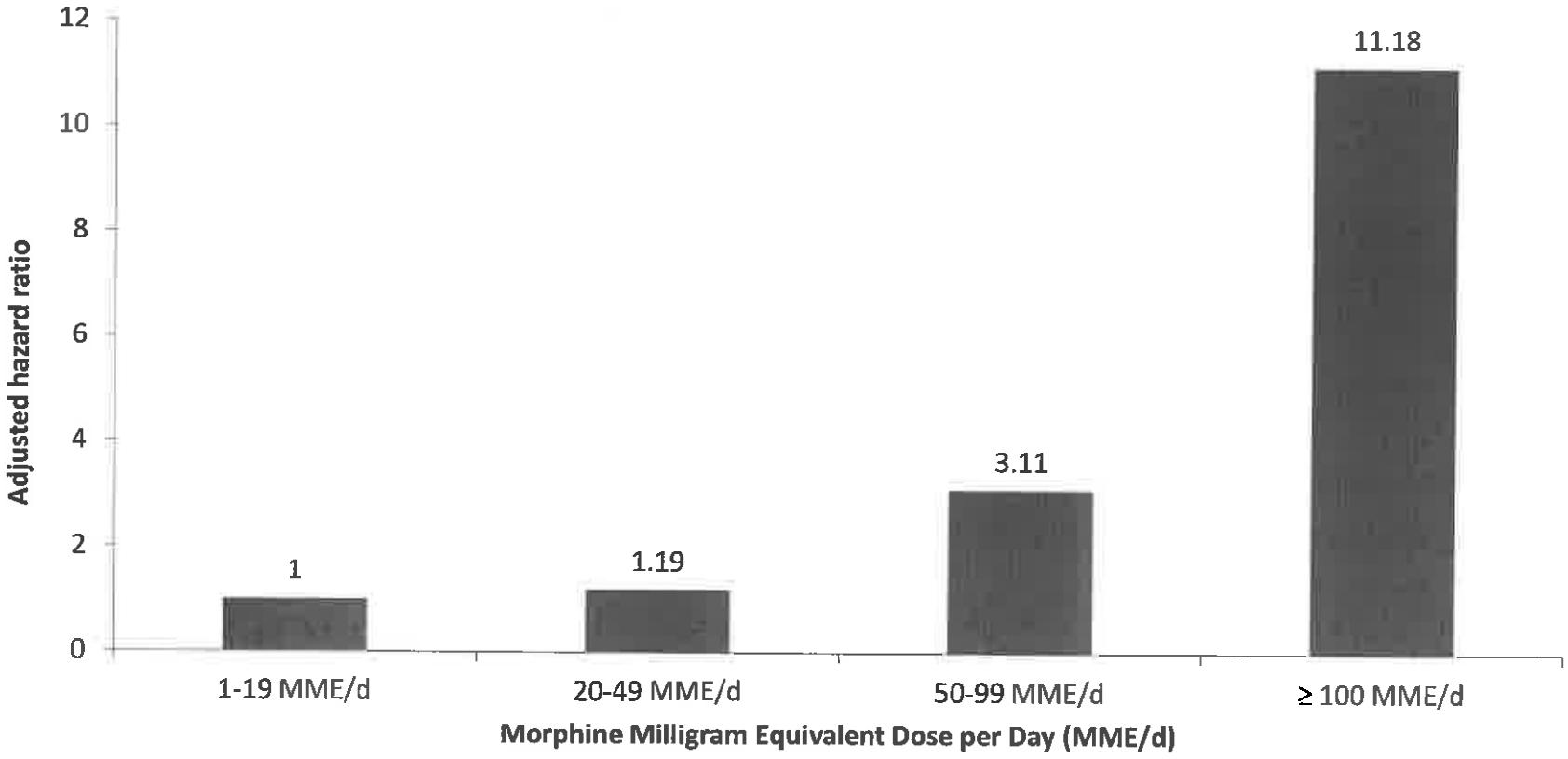
0 of your patients are receiving a combination of all three of Opioids, Benzodiazepines, and Carisoprodol

You are NOT currently signed up for access to the Prescription Drug Monitoring Program (PDMP)

https://pharmacypmp.az.gov/

For additional information please contact the Arizona State Board of Pharmacy (602) 771-2744

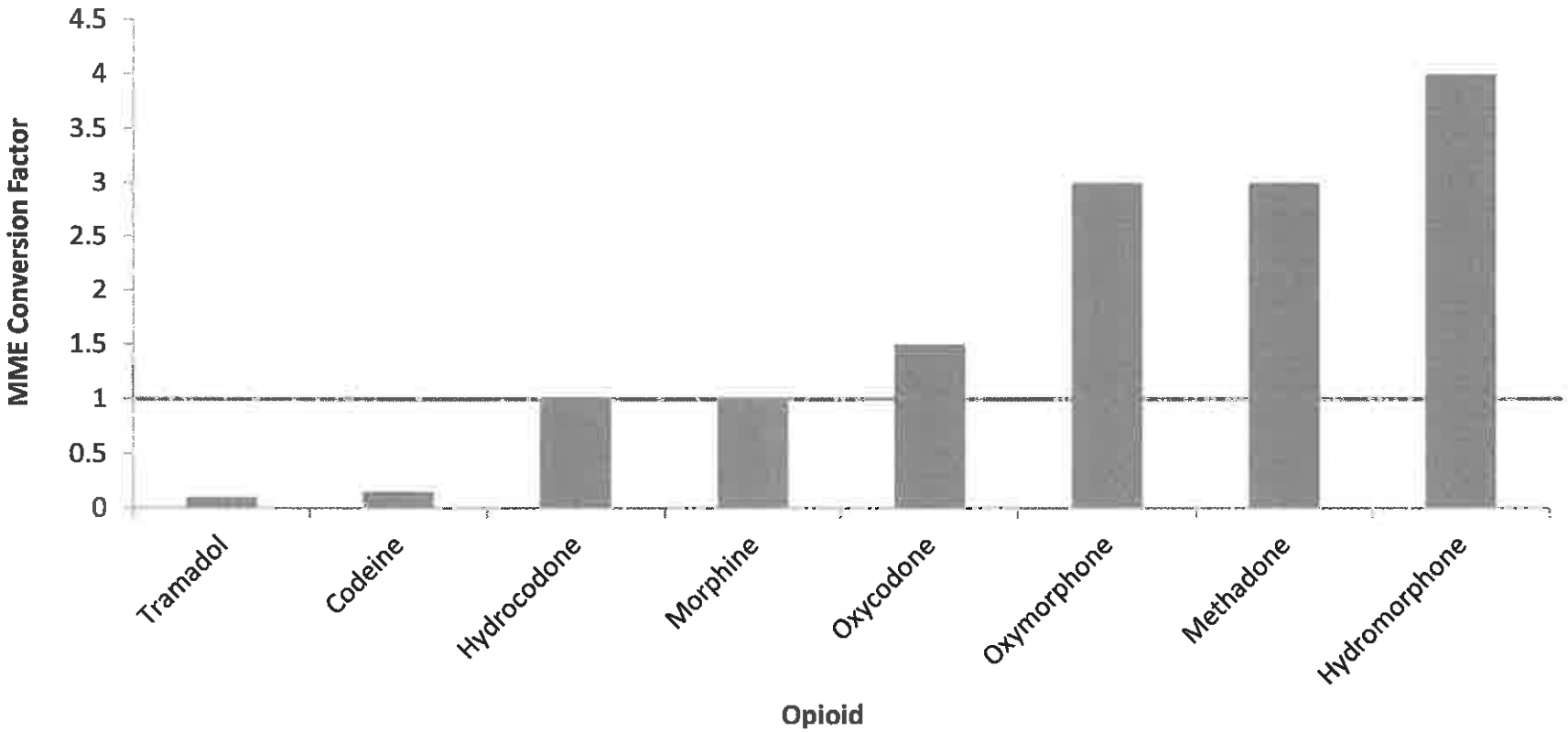
Opioid dose and overdose risk*



***Opioid overdose defined as death, hospitalization, unconsciousness, or respiratory failure**

Source: Dunn et al., Opioid prescriptions for chronic pain and overdose. Ann Int Med 2010;152:85-92

MME conversion factors



Source: CDC MME Conversion Table September 2014

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What guidelines say about MMEs

Guideline	Year	Opioid dose
APS/AAPM	2009	> 200 MME/day; more frequent and intense monitoring
Utah	2009	>120-200 MME/day; increase clinical vigilance
VA/DOD	2010	Refer or consult if dose is > 200 MME/day
WA State	2010	> 120 MME/day; consultation from pain management expert
NYC DOHMH	2011	> 100 MME/day; reassess pain status or consider other approaches
ASIPP	2012	> 91 MME/day; consider pain management consultation
AAN	2014	> 80-120 MME/day: avoid escalating doses above 80–120 mg/d MED unless sustained meaningful improvement in pain and function is attained, and not without consultation with a pain management specialist

Source: CDC common elements in guidelines for prescribing opioids for chronic pain

State Medical Board of Ohio
30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127
(614) 466-3934 med.ohio.gov

Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80 mg of a Morphine Equivalent Daily Dose (MED) "Trigger Point"

May 9, 2013

These guidelines address the use of opioids for the treatment of ***chronic, non-terminal pain****. "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously or episodically, for longer than three continuous months. The guidelines are intended to help health care providers review and assess their approach in the prescribing of opioids. The guidelines are points of reference intended to supplement and not replace the individual prescriber's clinical judgment. The 80 mg MED is the maximum daily dose at which point the prescriber's actions are triggered; however, this 80 mg MED trigger point is not an endorsement by any regulatory body or medical professional to utilize that dose or greater.*

Recent analysis by the Centers for Disease Control and Prevention (CDC) shows that "patients with mental health and substance use disorders are at increased risk for nonmedical use and overdose from prescription painkillers as well as being prescribed high doses of these drugs." Drug overdose deaths increased for the 11th consecutive year in 2010. Nearly 60% of the deaths involved pharmaceuticals, and opioids were involved in nearly 75%. Researchers also found that drugs prescribed for mental health conditions were involved in over half. These findings appear consistent with research previously published in the *Annals of Internal Medicine* that concluded that "patients receiving higher doses of prescribed opioids are at an increased risk for overdose, which underscores the need for close supervision of these patients" (Dunn, et al., 2010).

Health care providers are not obligated to use opioids when a favorable risk-benefit balance cannot be documented. Providers should first consider non-pharmacologic and non-opioid therapies. Providers should exercise the same caution with tramadol as with opioids and must take into account the medication's potential for abuse, the possibility the patient will obtain the medication for a nontherapeutic use or distribute it to other persons, and the potential existence of an illicit market for the medication.

Providers must be vigilant to the wide range of potential adverse effects associated with long-term opioid therapy and misuse of extended-release formulations. That vigilance and detailed attention has to be present from the outset of prescribing and continue for the duration of treatment. Providers should avoid starting a patient on long-term opioid therapy when treating chronic pain. Providers should also avoid prescribing benzodiazepines with opioids as it may increase opioid toxicity, add to sleep apnea risk, and increase risk of overdose deaths and other potential adverse effects.

Providers can further minimize the potential for prescription drug abuse/misuse and help reduce the number of unintentional overdose deaths associated with pain medications by recognizing times to "press pause" in response to certain "trigger points." This pause allows providers to reassess their compliance with accepted and prevailing standards of care. The 80 mg Morphine Equivalent Daily Dose (MED) "trigger point" is one such time.

Providers treating chronic, non-terminal pain patients who have received opioids equal to or greater than 80 mg MED for longer than three continuous months should strongly consider doing the following to optimize therapy and help ensure patient safety:

- ✓ Reestablish informed consent, including providing the patient with written information on the potential adverse effects of long-term opioid therapy.
- ✓ Review the patient's functional status and documentation, including the 4A's of chronic pain treatment:
  - Activities of daily living;
  - Adverse effects;
  - Analgesia; and
  - Aberrant behavior.
- ✓ Review the patient's progress toward treatment objectives for the duration of treatment.
- ✓ Utilize OARRS as an additional check on patient compliance.
- ✓ Consider a patient pain treatment agreement that may include: more frequent office visits, different treatment options, drug screens, use of one pharmacy, use of one provider for the prescription of pain medications, and consequences for non-compliance with terms of the agreement.
- ✓ Reconsider having the patient evaluated by one or more other providers who specialize in the treatment of the area, system, or organ of the body perceived as the source of the pain.

The 80 MED "trigger point" is an opportunity to review the plan of treatment, the patient's response to treatment, and any modification to the plan of treatment that is necessary to achieve a favorable risk-benefit balance for the patient's care. If opioid therapy is continued, further reassessment will be guided by clinical judgment and decision-making consistent with accepted and prevailing standards of care. The "trigger point" also provides an opportunity to further assess addiction risk or mental health concerns, possibly using Screening, Brief Intervention, and Referral to Treatment (SBIRT) tools, including referral to an addiction medicine specialist when appropriate.

For providers treating acute exacerbation of chronic, non-terminal pain, clinical judgment may not trigger the need for using the full array of reassessment tools.

Providers treating patients with acute care conditions in the emergency department or urgent care center should refer to the *Ohio Emergency and Acute Care Facility Opioids and Other Controlled Substances Prescribing Guidelines* at http://www.healthyohioprogram.org/ed/guidelines.

Approved by Medical Board: May 9, 2013

Ohio Automated Rx Reporting System

77 South High Street, Room 1702; Columbus, OH 43215-6126
-Equal Opportunity Employer and Service Provider-
TEL: 614/466-4143 E-MAIL: Info@ohiopmp.gov Fax: 614/644-8556
TTY/TDD: Use the Ohio Relay Service: 1-800/750-0750 URL: http://www.ohiopmp.gov

Patient Rx History Report

MICKEY MOUSE

Date: 1/27/2014 10:20:42 AM

17057177

Search Criteria: (Last Name = 'mouse' And First Name = 'mickey') And D.O.B. = '1/1/1928' And Gender = 'M' And Street = '' And Zip = '44610' And Phone = '' And Request Period = '1/1/2013 to 1/27/2014'

Patients included in report that appear to match search criteria

0314 MICKEY MOUSE, DOB 1/1/1928; 4568 SR 98, BOX 456 , BERLIN, OH 44610

0809 MICKEY MOUSE, DOB 1/1/1928; 4587 CR 45 , HOLMESVILLE, OH 44633

1416 MICKEY MOUSE, DOB 1/1/1928; 1357 SR 45, BOX 65 , BERLIN, OH 44610

2197 MICKEY MOUSE, DOB 1/1/1928; 4586 E MAIN ST , BERLIN, OH 44610

2822 MICKEY MOUSE, DOB 1/1/1928; 7852 E MAIN ST , BERLIN, OH 44610

2855 MICKEY MOUSE, DOB 1/1/1928; PO BOX 102 , BERLIN, OH 44610

3461 MICKEY MOUSE, DOB 1/1/1928; 5668 ST RT 45 , BERLIN, OH 44610

6088 MICKEY MOUSE, DOB 1/1/1928; PO BOX 45 , BERLIN, OH 44610

Active Cumulative Morphine Equivalent

See explanation provided at the end of the report

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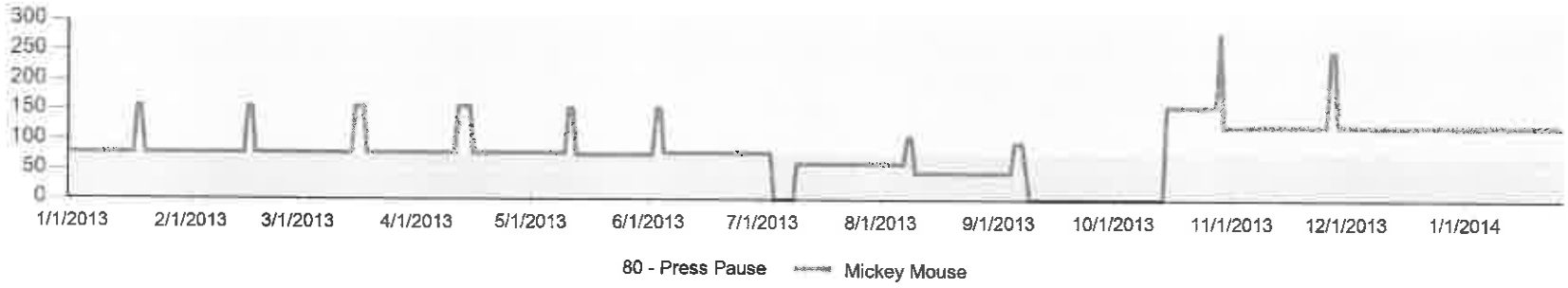
Active Cumulative Morphine Equivalent (1/1/2013 - 1/26/2014)



Prescriptions

Disclaimer: The State of Ohio does not warrant the above information to be accurate or complete. The Report reflects the search criteria entered by the requestor, the data entered by the dispensing pharmacy, and the frequency at which the data is reported. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

Fill Date	Product, Str, Form	Qty	Days	Patient	Prescriber	Written	Rx #	Daily MED[1]	Active[2]	Pharm	Pay[3]
1/8/2014	**CARISOPRODOL 350 MG TAB**	**90**	**30**	**1416**	**PRE 1**	**12/17/2013**	**729909**	**-**	**N**	**PHARM1**	**CI**
1/6/2014	**ALPRAZOLAM 2 MG TAB**	**120**	**30**	**1416**	**PRE 1**	**11/16/2013**	**725899**	**-**	**N**	**PHARM1**	**CI**
12/28/2013	**HYDROMORPHONE 4 MG TAB**	**120**	**30**	**1416**	**PRE 2**	**11/30/2013**	**729258**	**64**	**N**	**PHARM1**	**CI**
12/28/2013	**MORPHINE 30 MG TER**	**60**	**30**	**1416**	**PRE 2**	**11/30/2013**	**729259**	**60**	**N**	**PHARM1**	**CI**
12/17/2013	CARISOPRODOL 350 MG TAB	90	30	2197	PRE 1	12/17/2013	04533661	-	N	PHARM2	M1
12/13/2013	ALPRAZOLAM 2 MG TAB	120	30	1416	PRE 1	11/16/2013	725899	-	N	PHARM1	C
11/27/2013	HYDROMORPHONE 4 MG TAB	120	30	1416	PRE 2	11/21/2013	726729	64	N	PHARM1	C
11/27/2013	MORPHINE 30 MG TER	60	30	1416	PRE 2	11/27/2013	726730	60	N	PHARM1	C
11/18/2013	ALPRAZOLAM 2 MG TAB	120	30	1416	PRE 1	11/16/2013	725899	-	N	PHARM1	C
11/16/2013	ALPRAZOLAM 2 MG TAB	16	4	2197	PRE 1	11/16/2013	04532978	-	N	PHARM2	M1
11/9/2013	CARISOPRODOL 350 MG TAB	90	30	2197	PRE 1	11/9/2013	04532830	-	N	PHARM2	M1
10/29/2013	HYDROMORPHONE 4 MG TAB	120	30	2822	PRE 2	10/29/2013	974745	64	N	PHARM1	CI
10/29/2013	MORPHINE 30 MG TER	60	30	2822	PRE 2	10/29/2013	974744	60	N	PHARM1	CI
10/21/2013	ALPRAZOLAM 2 MG TAB	120	30	2197	PRE 1	10/21/2013	04532365	-	N	PHARM2	M1
10/15/2013	HYDROMORPHONE 4 MG TAB	84	14	2822	PRE 3	10/14/2013	973646	96*	N	PHARM1	CI
10/15/2013	MORPHINE 30 MG TER	28	14	2197	PRE 3	10/14/2013	02238023	60	N	PHARM2	M1
9/27/2013	ALPRAZOLAM 2 MG TAB	120	30	1416	PRE 1	6/20/2013	713858	-	N	PHARM3	C
9/19/2013	ALPRAZOLAM 2 MG TAB	120	30	2197	PRE 1	9/19/2013	4531700	-	N	PHARM2	M1
9/18/2013	CARISOPRODOL 350 MG TAB	90	30	2197	PRE 1	8/23/2013	4531164	-	N	PHARM2	M1
9/5/2013	APAP/HYDROCODONE BI 325 MG-7.5 MG TAB	20	3	1416	PRE 4	9/5/2013	719904	50	N	PHARM3	C
8/31/2013	ALPRAZOLAM 2 MG TAB	96	24	2197	PRE 1	6/26/2013	4529975	-	N	PHARM2	M1
8/29/2013	ALPRAZOLAM 2 MG TAB	120	30	1416	PRE 1	6/20/2013	713858	-	N	PHARM3	C
8/29/2013	LYRICA 75 MG CAP	14	7	2855	PRE 5	8/29/2013	0653792	-	N	PHARM4	CI
8/23/2013	CARISOPRODOL 350 MG TAB	90	30	2197	PRE 1	8/23/2013	4531164	-	N	PHARM2	M1
8/18/2013	CARISOPRODOL 250 MG TAB	30	1	2197	PRE 1	8/17/2013	4531035	-	N	PHARM2	M1
8/8/2013	MORPHINE 15 MG TER	30	30	0809	PRE 5	8/8/2013	2255543	15	N	PHARM2	M1
8/8/2013	MORPHINE 30 MG TER	30	30	0809	PRE 5	8/8/2013	2255542	30	N	PHARM2	M1
8/6/2013	CARISOPRODOL 350 MG TAB	30	30	2197	PRE 1	7/20/2013	4530779	-	N	PHARM2	M1
8/5/2013	ALPRAZOLAM 2 MG TAB	120	30	2197	PRE 1	6/26/2013	4529975	-	N	PHARM2	M1
8/2/2013	ALPRAZOLAM 2 MG TAB	120	30	1416	PRE 1	6/20/2013	713858	-	N	PHARM3	C
7/13/2013	CARISOPRODOL 250 MG TAB	30	30	2197	PRE 1	2/23/2013	4530329	-	N	PHARM2	M1
7/10/2013	ALPRAZOLAM 2 MG TAB	120	30	2197	PRE 6	7/10/2013	4530257	-	N	PHARM2	M1
7/10/2013	MORPHINE 30 MG TER	60	30	2822	PRE 7	7/10/2013	966471	60	N	PHARM3	C
6/28/2013	ALPRAZOLAM 2 MG TAB	12	3	2197	PRE 1	6/26/2013	4529975	-	N	PHARM2	C
6/26/2013	ALPRAZOLAM 2 MG TAB	12	3	2197	PRE 1	6/26/2013	4529975	-	N	PHARM2	C
6/20/2013	ALPRAZOLAM 2 MG TAB	120	30	3461	PRE 1	6/20/2013	2306099	-	N	PHARM4	C
6/3/2013	HYDROMORPHONE 4 MG TAB	90	30	1416	PRE 4	6/3/2013	712370	48	N	PHARM3	C
6/3/2013	MORPHINE 15 MG TER	60	30	1416	PRE 4	6/3/2013	712371	30	N	PHARM3	C

Disclaimer: The State of Ohio does not warrant the above information to be accurate or complete. The Report reflects the search criteria entered by the requestor, the data entered by the dispensing pharmacy, and the frequency at which the data is reported. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

5/11/2013	MORPHINE 15 MG TER	48	24	6088	PRE 4	5/8/2013	01296695	30	N	PHARM4	C
5/11/2013	OXYCODONE 10 MG TAB	72	24	6088	PRE 4	5/8/2013	01296693	45	N	PHARM4	C
5/7/2013	ALPRAZOLAM 2 MG TAB	120	30	1416	PRE 1	2/23/2013	703896	-	N	PHARM3	C
4/12/2013	HYDROMORPHONE 4 MG TAB	90	30	1416	PRE 4	4/12/2013	708064	48	N	PHARM3	C
4/12/2013	MORPHINE 15 MG TER	60	30	1416	PRE 4	4/12/2013	708133	30	N	PHARM3	C
4/10/2013	ALPRAZOLAM 2 MG TAB	120	30	1416	PRE 1	2/23/2013	703896	-	N	PHARM3	C
3/20/2013	ALPRAZOLAM 2 MG TAB	120	30	0314	PRE 1	2/23/2013	703896	-	N	PHARM3	C
3/20/2013	CARISOPRODOL 250 MG TAB	30	30	0314	PRE 1	2/23/2013	703897	-	N	PHARM3	C
3/16/2013	HYDROMORPHONE 4 MG TAB	90	30	0314	PRE 4	3/14/2013	705758	48	N	PHARM3	C
3/16/2013	MORPHINE 15 MG TER	60	30	0314	PRE 4	3/14/2013	705759	30	N	PHARM3	C
2/23/2013	ALPRAZOLAM 2 MG TAB	120	30	0314	PRE 1	2/23/2013	703896	-	N	PHARM3	C
2/23/2013	CARISOPRODOL 250 MG TAB	30	30	0314	PRE 1	2/23/2013	703897	-	N	PHARM3	C
2/16/2013	HYDROMORPHONE 4 MG TAB	90	30	0314	PRE 4	2/15/2013	703252	48	N	PHARM3	C
2/16/2013	MORPHINE 15 MG TER	60	30	0314	PRE 4	2/15/2013	703251	30	N	PHARM3	C
1/25/2013	ALPRAZOLAM 2 MG TAB	120	30	0314	PRE 1	11/3/2012	695856	-	N	PHARM3	C
1/18/2013	HYDROMORPHONE 4 MG TAB	90	30	0314	PRE 4	1/17/2013	700484	48	N	PHARM3	C
1/18/2013	MORPHINE 15 MG TER	60	30	0314	PRE 4	1/17/2013	700485	30	N	PHARM3	C

[1]**Daily MED** - The morphine equivalent per day for the individual prescription based on CDC conversion chart, the days supply and quantity dispensed provided by the pharmacy.

Total Prescriptions: 55

* - Indicates that a licensing board has adopted a position statement regarding this issue. For more information regarding this position statement, click the link for licensing board: State Medical Board of Ohio, Ohio Board of Nursing, Ohio State Dental Board

[2]**Active** - Indicates whether a prescription is active (Y/N) based on the date filled and the days supply provided by the pharmacy.

[3]**Pay** - C=Cash M1=Medicare M2=Medicaid WC=Workers Comp CI=Commercial Insurance U=Unknown

Prescribers for prescriptions listed: 7

PRE 1	PRESCRIBER 1; 123 SOME DR., BLACKLICK, OH 43004
PRE 2	PRESCRIBER 2; 874 ANOTHER RD, CHAGRIN FALLS, OH 44023
PRE 3	PRESCRIBER 3; 423 FAKE ST, CLEVELAND, OH 44106
PRE 4	PRESCRIBER 4; 248 GOOFY AVE, WOOSTER, OH 44691
PRE 5	PRESCRIBER 5; 9879 DISNEY PL, REYNOLDSBURG, OH 43068
PRE 6	PRESCRIBER 6; 5482 ABC DR, BERLIN, OH 44610
PRE 7	PRESCRIBER 7; 4528 DEF RD, RICHFIELD, OH 44286

Pharmacies that dispensed prescriptions listed: 4

PHA1	PHARMACY 1, , AKRON, OH, 44304, PHONE NOT ON FILE
PHA2	PHARMACY 2, NEW PHILADELPHIA, OH, 44663, PHONE NOT ON FILE
PHA3	PHARMACY 3, BERLIN, OH, 44610, PHONE NOT ON FILE
PHA4	PHARMACY 4, MILLERSBURG, OH, 44654, PHONE NOT ON FILE

Disclaimer: The State of Ohio does not warrant the above information to be accurate or complete. The Report reflects the search criteria entered by the requestor, the data entered by the dispensing pharmacy, and the frequency at which the data is reported. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

Morphine Equivalent Table

Drug	Morphine Equivalent Multiplier
Hydrocodone	1
Oxycodone	1.5
Tramadol	0.1
Codeine	0.15
Morphine	1
Buprenorphine	10
Buprenorphine (patch)	12.6
Fentanyl	7.2
Methadone	3
Hydromorphone	4
Oxymorphone	3
Tapentadol	0.4

US Department of Health and Human Services, Center for Disease Control

Active Cumulative Morphine Equivalent Calculation

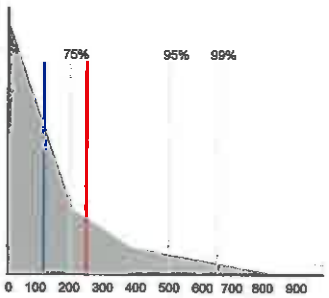
Rx#	Drug	Strength	Multiplier	Quantity	Days	Daily MED
729258	Hydromorphone	4 MG	4	120	30	64
729259	Morphine	30 MG	1	60	30	60
					Active Cumulative Morphine Equivalent	**124**

To change assumptions or to determine how a new prescription would affect this patient's Active Cumulative Morphine Equivalent, please visit the OARRS MED Calculator.

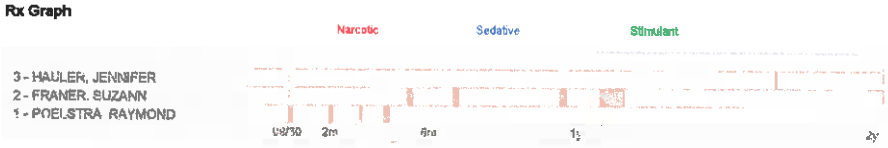
Disclaimer: The State of Ohio does not warrant the above information to be accurate or complete. The Report reflects the search criteria entered by the requestor, the data entered by the dispensing pharmacy, and the frequency at which the data is reported. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

		2 mos prior	6 mos prior	1 year prior
Narcotic	**241**	n/a	n/a	n/a
Sedative	**110**	n/a	n/a	n/a
Stimulant	**000**	n/a	n/a	n/a

NARxSCORES can range from 000 to 999. The first two digits represent the composite percentile risk based on an overall analysis of prescription drug use. The third digit represents the number of active prescriptions. The distribution of scores in the population is such that approximately 75% fall below 200, 95% fall below 500 and 99% fall below 650. NABP does not warrant that the information on this report is accurate or complete. This report is based on the search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NARxSCORES and Reports are intended to aid, not replace medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications.



Rx Graph



Data Analysis

Narcotics 241	**2 months**	**6 months**	**1 year**	**2 years**
Prescribers (narcotic, sedative)	1 | 18	2 | 20	2 | 15	3 | 15
Pharmacies (narcotic, sedative)	1 | 20	1 | 14	2 | 21	4 | 30
Morphine mg	240 | 29	510 | 50	690 | 57	1,176 | 68
Morphine overlap (1)	0 | 0	0 | 0	0 | 0	0 | 0

Sedatives 110	**2 months**	**6 months**	**1 year**	**2 years**
Prescribers (narcotic, sedative)	1 | 18	2 | 20	2 | 15	3 | 15
Pharmacies (narcotic, sedative)	1 | 20	1 | 14	2 | 21	4 | 30
Sedative mg	0 | 0	0 | 0	0 | 0	0 | 0
Sedative overlap (1)	0 | 0	0 | 0	0 | 0	0 | 0

(1) Number of days for which a similar type of medication was prescribed from different prescribers for use on the same day.

Prescriptions

Fill Date	Drug	Qty	Days	Prescriber	Rx #	Pharm.	Refill	MgEq
9/26/2013	HYDROCODON-ACETAMINOPHEN 5-325	40	5	RA POE	4513380	KROGER	1	120.00
8/7/2013	HYDROCODON-ACETAMINOPHEN 5-325	40	5	RA POE	4513380	KROGER	0	120.00
7/2/2013	HYDROCODON-ACETAMINOPHEN 5-325	30	3	RA POE	4512163	KROGER	0	90.00
5/30/2013	HYDROCODON-ACETAMINOPHEN 5-500	30	7	RA POE	4511063	KROGER	0	90.00
5/1/2013	HYDROCODON-ACETAMINOPHEN 5-500	30	7	SU FRA	4508142	KROGER	1	90.00
3/6/2013	HYDROCODON-ACETAMINOPHEN 5-500	30	7	SU FRA	4508142	KROGER	0	90.00
10/24/2012	HYDROCODON-ACETAMINOPHEN 5-500	30	8	SU FRA	4526505	WAL-MA	0	90.00
8/14/2012	TRAMADOL HCL 50 MG TABLET	90	30	SU FRA	5180344	KHN PH	0	450.00
2/8/2012	HYDROCODON-ACETAMINOPHEN 5-325	12	3	JE HAU	6194494	KHN PH	0	36.00

Providers

Name	Address	City	State	Zipcode	DEA #
HAULER, JENNIFER	110 S TIPPECANOE DR., SUITE B	TIPP CITY	OH	453710000	BH9246617
FRANER, SUZANN	CORWIN NIXON HEALTH CENTER, 2351 STANLEY AVENUE	DAYTON	OH	454041201	BF3278896
POELSTRA, RAYMOND	3533 SOUTHERN BLVD, SUITE 5350	KETTERING	OH	454290000	AP1637290

Pharmacies

Name	Address	City	State	Zipcode	DEA #
KROGER PHARMACY	4506 BRANT PIKE	DAYTON	OH	454240000	BK7564316
WAL-MART PHARMACY 10-1495	7680 BRANDT PIKE	HUBER HEIGHTS	OH	454240000	BW5396002
KHN PHARMACY - CASSANO	165 EDWIN C MOSES BLVD	DAYTON	OH	454020000	BC8258750
KHN PHARMACY - HUBER	8701 TROY PIKE	HUBER HEIGHTS	OH	454241055	BH8413089

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, 0 1/1/0001

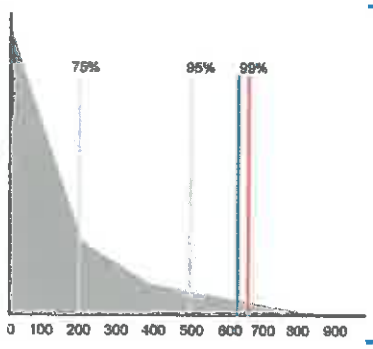
Search Criteria: Name=', and DOB=1/1/0001 and Street=' and Zip=

NARxCHECK

Data As Of 9/29/2013 12:07

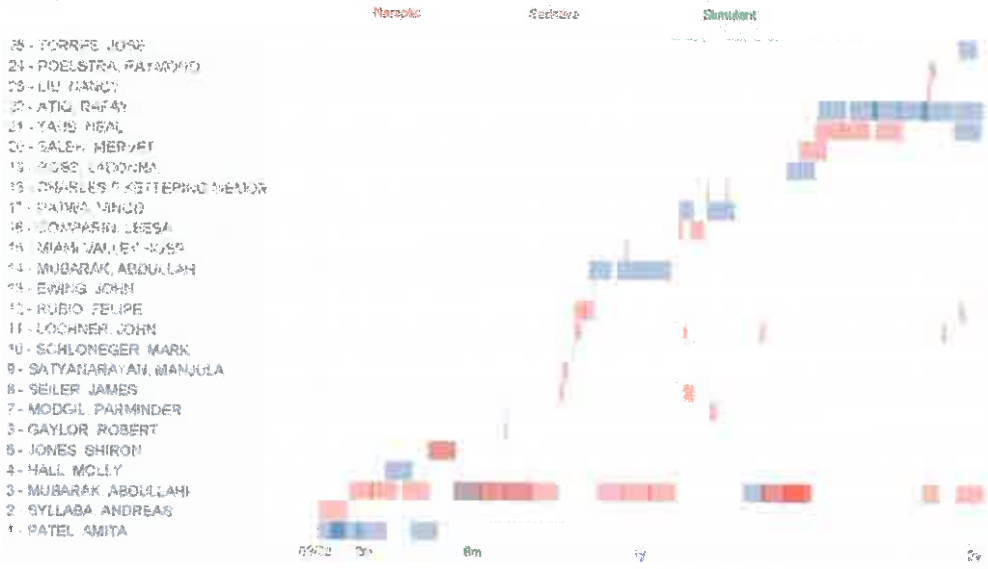
		2 mos prior	6 mos prior	1 year prior
Narcotic	**650**	[illegible]	[illegible]	[illegible]
Sedative	**621**	[illegible]	[illegible]	[illegible]
Stimulant	**000**	[illegible]	[illegible]	[illegible]

Risk Scores. For each drug type, four risk factors in a patient's Rx history (the # of prescribers, pharmacies, MMEs, and overlapping drug days) are scaled based upon reference tables built from a sample data set of 6 million patients and are used to calculate a risk score between 000 and 999. Note the last digit of the score represents the # of active Rxs for the patient.



Risk Score Graph. Represents the distribution of 6 million patient scores with 75% of those patients scoring 200 or lower and 95% scoring 500 or lower. Colored bars (i.e. sedative = blue) represent the patient's score in relation to the scores from the sample data set.

Rx Graph



Rx Graph. Represents the patient's Rx history over a 2 year period with all prescribers and their corresponding Rxs listed by row. Within each row, a colored block represents a Rx and the days supply written by the prescriber. Drug types are again represented by color (i.e. narcotic = red). Darker colors represent overlapping Rxs from the same prescriber.

Data Analysis

Narcotics 650	**2 months**	**6 months**	**1 year**	**2 years**
Prescribers (narcotic, sedative)	3 | 47	5 | 45	15 | 79	25 | 85
Pharmacies (narcotic, sedative)	1 | 20	2 | 27	6 | 53	10 | 63
Morphine mg	12,000 | 94	36,000 | 97	52,210 | 97	85,969 | 98
Morphine overlap (1)	0 | 0	4 | 5	20 | 17	77 | 43

Sedatives 621	**2 months**	**6 months**	**1 year**	**2 years**
Prescribers (narcotic, sedative)	3 | 47	5 | 45	15 | 79	25 | 85
Pharmacies (narcotic, sedative)	1 | 20	2 | 27	6 | 53	10 | 63
Sedative mg	181 | 84	575 | 90	1,048 | 91	2,688 | 96
Sedative overlap (1)	0 | 0	17 | 15	20 | 12	72 | 28

(1) Number of days for which a similar type of medication was prescribed from different prescribers for use on the same day.

Data Analysis. Each risk factor used to calculate the score is aggregated in 2, 6, 12, and 24 month intervals and represented on the left of the vertical bar (i.e. 3 prescribers over the last 2 months). The number on the right of the bar is the patient's scaled score for that time period, which is used to calculate the overall score above.

Prescriptions

Fill Date	Drug	Qty	Days	Prescriber	Rx #	Pharm	Refill	MgEq
8/31/2013	CLONAZEPAM 0.5 MG TABLET	120	30	AM PAT	573916	WALGRE	1	120.00
8/30/2013	OXYCODONE-ACETAMINOPHEN 10-325	300	30	AN SYL	580171	WALGRE	0	6,000.00
8/18/2013	CLONAZEPAM 0.5 MG TABLET	60	30	AM PAT	578350	WALGRE	0	60.00
8/14/2013	ZOLPIDEM TARTRATE 5 MG TABLET	5	5	AM PAT	577867	WALGRE	0	1.25
8/2/2013	OXYCODONE-ACETAMINOPHEN 10-325	300	25	AB MUB	576352	WALGRE	0	6,000.00
7/17/2013	CLONAZEPAM 0.5 MG TABLET	120	30	AM PAT	573916	WALGRE	0	120.00

PMP Rx data. Patient's Rx history retrieved from state PMP(s) by NARxCHECK.

Outreach Efforts: Virginia Prescription Monitoring Program

2013-2014

2013

On **January 31, 2013**, Carolyn McKann, Deputy Director for Virginia's Prescription Monitoring Program attended and exhibited at a forum on synthetic drugs entitled "Synthetic Drugs: What Families and the Community Need to Know." The forum was presented by Gloucester County Public Schools in cooperation with the Gloucester County Sheriff's Office and the Commonwealth Attorney's Office, and was held at T. C. Walker Educational Center in Gloucester, VA. The forum's purpose was to raise community awareness of the availability of these dangerous substances not only to the general public but to young people as well, and to emphasize that long-term negative health consequences from the use of these substances are currently unknown. Over 200 community members attended the forum.

Carolyn McKann, Deputy Director of the Prescription Monitoring Program will be attending a workshop entitled "Generation Rx: Preventing the Misuse and Abuse of Prescription Medications" on Friday, **February 15, 2013**. The workshop will be presented at St. Catherine's School in Richmond, VA, and the guest speaker is Kenneth M. Hale, R.Ph., Ph.D., Assistant Dean of the College of Pharmacy at The Ohio State University.

Ralph Orr, Program Director for Virginia's Prescription Monitoring Program (PMP), will be giving a presentation about the program at the annual meeting of the Virginia Council of Nurse Practitioners on Thursday, **March 7, 2013** in Williamsburg.

Ralph Orr, Director of Virginia's Prescription Monitoring Program (PMP) will be attending a meeting of SAFE of Chesterfield entitled: Summit on the Medication Abuse Crisis: Phase IV on Tuesday, **April 23, 2013**. Mr. Orr will provide a very brief overview of Virginia's participation with the National Governors Association Prescription Drug Abuse Reduction Policy Academy.

Ralph Orr, Director of Virginia's Prescription Monitoring Program (PMP), will be giving a presentation on the program via Webinar to members of the Virginia Dental Association Wednesday, **May 15** from 5-6:15PM.

Ralph Orr, Director of Virginia's Prescription Monitoring Program (PMP), will present information about the PMP to medical students/Residents at Virginia Tech-Carilion School of Medicine in Roanoke on **May 31, 2013**.

Ralph Orr, Director for Virginia's Prescription Monitoring Program presented at a meeting of the Virginia Substance Abuse Services Council on **July 10, 2013**. The purpose of the presentation was to provide an overview to the members of Virginia's participation in the National Governors

Association Policy Academy on Prescription Drug Abuse Reduction. The presentation was well received with very positive feedback.

Ralph Orr, Director of Virginia's Prescription Monitoring Program presented information on the use of the program at a Substance Abuse Forum sponsored by SAFE of Chesterfield County on **September 14, 2013** for over 75 participants.

Ralph Orr, Director of Virginia's Prescription Monitoring Program exhibited information about the program at the 4th SAVVY event held in Abingdon, VA on **September 18, 2013** from 11-2. There were over 100 participants from all over southwest Virginia present at this event.

Ralph Orr, Director of Virginia's Prescription Monitoring Program will be presenting information on the program at the Appalachian HIDTA Drug Summit being held at East Tennessee State University on **September 25-26** in Johnson City, Tennessee.

Ralph Orr, Director of Virginia's Prescription Monitoring Program presented on the use of the program at a Substance Abuse Forum sponsored by the Medical Society of Virginia and other healthcare professional organizations on **September 27, 2013** from 8-noon at the University of Virginia for over 50 attendees.

Ralph Orr, Director of Virginia's Prescription Monitoring Program presented at the State Police Drug Diversion School on Wednesday, **October 2, 2013** in Virginia Beach. There were over 125 law enforcement personnel registered for this conference with the bulk of them being agents from local law enforcement agencies. This is largely in response to a bill passed expanding access to PMP data to local law enforcement drug diversion personnel who have completed the State Police Drug Diversion School and are authorized by their Chief Law Enforcement Officer.

Ralph Orr, Director of Virginia's Prescription Monitoring Program (PMP) gave a presentation at McGuire Veterans Hospital on Tuesday, **November 19, 2013**. The presentation was a Grand Rounds event and "televised" to their Community Based Outpatient Clinics (CBOCs) located in Charlottesville, Fredericksburg and Emporia. There were approximately 25 prescribers at the event at McGuire; no numbers for participants at the CBOCs is available. This event may open up further opportunities to expand use to the PMP at McGuire and other VA healthcare facilities in Virginia.

2014

Ralph Orr, Director for Virginia's Prescription Monitoring Program (PMP) presented information about the program on **Saturday February 8th** at Augusta Health in Fishersville, Virginia. This is another of the Substance Abuse Forums that the PMP has participated in and supported over the past three years. There were approximately 80 healthcare providers participating in this program.

Ralph Orr, Director of Virginia's Prescription Monitoring Program (PMP) presented information about the use of the PMP at four training events that are being sponsored by the Virginia Department of Health. Entitled, *Best Practices in Responsible Opioid Prescribing and Dispensing: A Healthcare Provider Training,* the events were scheduled as follows: Saturday, **March 29, 2014**, Weyers Cave, VA; Sunday, **March 30, 2014**, Middletown, VA; Saturday, **April 5, 2014**, Danville, VA, and Sunday, April 6, 2014, Williamsburg, VA. More information may be found at: http://www.etsu.edu/com/cme/drugabuse.aspx.

Ralph Orr, Director of Virginia's Prescription Monitoring Program (PMP) presented information about the use of the PMP at a meeting of DMAS' Pharmacy and Therapeutics Committee Thursday, **April 24, 2014.** There was great interest as to whether the PMP could provide information regarding inappropriate prescribing and dispensing to regulatory boards/agencies.

Ralph Orr, Director of Virginia's Prescription Monitoring Program (PMP) will be participating in the ASTHO/NGA Prescription Drug Leadership Summit III Webinar on **May 7, 2014** and the ASTHO Evaluation Seminar II: Policies, Programs, and Interventions to Prevent Prescription Drug Abuse and Overdose on May 12, 2014,

Ralph Orr, Director of Virginia's Prescription Monitoring Program (PMP) presented information on the use of the PMP at Virginia Tech Carilion School of Medicine to over 30 medical students on **May 30, 2014** in Roanoke. This was the second year of participating in the "Domain" day event and this year the presentation was made to be interactive with review of actual PMP reports and scenarios with emphasis on what choices for action are available to a prescriber. Sessions seemed to be very well received.

Ralph Orr, Director, Prescription Monitoring Program (PMP) will be presenting information on the PMP at the State Police Annual Drug Diversion School on **October 1, 2014.** Completion of the Drug Diversion School is one requirement for State and Local drug diversion agents to be eligible for registration with the PMP.

Carolyn McKann, Deputy Director, Prescription Monitoring Program (PMP), attended "Red Ribbon Week®" at Goochland Middle School on Monday, **October 23, 2014**. This event was presented by Goochland and Powhatan County's Rural Substance Abuse Awareness Coalition (RSAAC). The National Family Partnership sponsors The Red Ribbon Campaign®, the oldest and largest drug prevention program in the nation reaching millions of young people during Red Ribbon Week®, October 23 – October 31 each year. Several hundred 6th through 8th graders at Goochland Middle School signed a pledge to be drug-free for one year.

PMP Outreach Efforts: PMP and Social Media

October 29, 2014

A. YouTube

Two PMP YouTube videos were introduced initially on the VA Government YouTube channel on January 27, 2014. Beginning in August of 2014, the PMP videos were added to the VA Health Professions YouTube channel and at that time taken off the VA Government channel. The link to the videos is on both the Virginia Department of Health Professions home page and the Virginia PMP home page under "Prescription Monitoring Program on YouTube". A third video entitled "Red Flags", about prescription drug abuse, is also on the VA Health Professions YouTube channel.

1. The video, "Virginia's Prescription Monitoring Story", had 542 views while on the VA Government channel. As of 10/29/14, the video has had 161 views on the VA Health Professions site.
2. The video, "How to register to use the Prescription Monitoring Program (PMP)", has had 686 views while on the VA Government channel and 248 views on the VA Health Professions site.
3. An educational video for pharmacists and pharmacy technicians to help them identify the warning signs of prescription drug abuse and diversion entitled "Red Flags" is also available for viewing on YouTube. This video was created by the National Association of Boards of Pharmacy® and the Anti-Diversion Industry Working Group, a consortium of pharmaceutical manufacturers and distributors. This video has had 386 views on the VA Health Professions site.

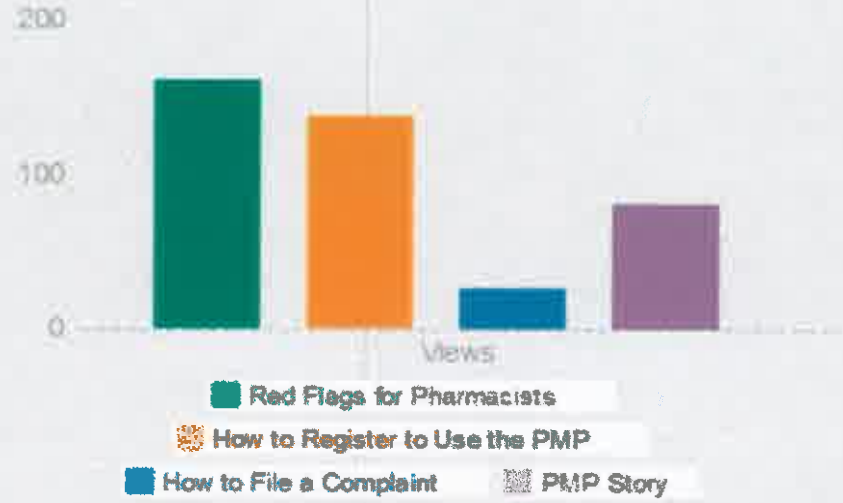
B. Twitter

The Virginia PMP launched its Twitter account on September 19, 2014 with the first tweet being sent at 9 am. The Twitter address is https://twitter.com/DHP_PMP. PMP's twitter handle is @DHP_PMP. As of October 29, 2014, PMP's Twitter account had 16 followers and had transmitted 45 tweets.

YouTube
VA Health Professions

410 Total Views This Month

4 Total Videos



The most viewed video continues to be "Prescription Drug Abuse: Red Flags for Pharmacists" with 162 views and an estimated 1,136 minutes watched. The second most watch video was "How to Register to Use Virginia's PMP" with 139 views and an estimated 315 minutes watched.

Viewers are watching the videos either through DHP's YouTube channel (50%) or an embedded player (50%) on their computers (85%).

TWITTER

CDC
@CDCgov
CDC's official Twitter source for daily credible health & safety updates // Centers for Disease Control & Prevention. Privacy policy ...

DHP HWDC
@DHP_HWDC FOLLOWS YOU
Updates from the Virginia Dept. of Health Professions' Healthcare Workforce Data Center. **Follows and Retweets are not endorsements.

Va Dept of Health
@VDHgov
The official Twitter page of the Virginia Department of Health. Protecting & Promoting the Health of All Virginians

NIDAnews
@NIDAnews
NIDA's mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction. Comment policy: 1.usa.gov/GFdwOz

DEA News
@DEANEWS
Official Drug Enforcement Administration Twitter account. DEA does not collect comments or messages through this account. Learn more at ...

Medical Soc. of VA
@MedSocietyVA
Medical Society Virginia is the professional association for physicians in Virginia representing and advocating for the needs of physicians.

DHP PMP
@DHP_PMP

Most abused prescription drugs are obtained from family or friends. @awarerx #prescriptions #LockUpYourMeds ow.ly/CSrD0

YouTube

Getting pills from family and friends
Get the facts on prescription drug abuse.

View on web

1

2:10 PM - 27 Oct 2014

DHP PMP
@DHP_PMP

Last April, Americans turned in 780,000 lbs of prescription drugs at 6,100 sites during #drugtakebackday

FAVORITE
1

5:02 PM - 25 Sep 2014

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For Immediate Release
June 9, 2014

Doctor Shopping in Virginia for Illicit Use of Pain Medication is on the Decline
Virginia Department of Health Professions' Prescription Monitoring Program Releases 2013 Data

RICHMOND, VA – Behaviors associated with doctor shopping for the illegitimate use of prescription drugs is on the decline in Virginia, according to newly released data from the Department of Health Professions' (DHP) Prescription Monitoring Program (PMP). The PMP maintains a database of prescriptions written in Virginia, interoperable with 15 other states.

PMP data collected between 2012 and 2013 shows there has been a 73 percent decline in the number of patients identified as seeking simultaneous care from numerous physicians through multiple pharmacies to obtain Schedule II – IV medications. Such controlled substances are often associated with pain management.

"The Prescription Monitoring Program has helped to raise awareness about the problem of pain medication abuse and to amplify actions aimed at putting an end to illegitimate uses of these drugs," said Bill Hazel, M.D., Secretary of Health and Human Resources. "I applaud the many health care providers who are taking action to keep their communities safe."

Earlier this year, Governor McAuliffe signed a bill that requires all prescribers to become registered with the PMP system by July 2015. As a result, pharmacists and prescribers in the Commonwealth will automatically be registered with PMP when they renew or apply for licensure. Registered users can query PMP to get real-time information on a person's prescribing history.

Based on the 2013 PMP year-end data posted at http://www.dhp.virginia.gov/dhp_programs/pmp/default.asp, PMP Director, Ralph Orr highlights four trends that point to changes in patient behavior and increased use of the system by registered users that is making a difference in the lives of people statewide. Corresponding charts are attached and include:

- Prescribers and pharmacists made 1.3 million requests to Virginia's PMP in 2013, up from 860,000 in 2012. (Chart 2)
- The overall number of prescriptions being dispensed is trending downward, while the percentage of PMP requests to prescriptions dispensed is increasing. (Chart 7)
- The number of doses of pain relievers is decreasing, although there is an increase in the number of doses of stimulants such as Ritalin® and Adderall® being written. (Chart 10)
- Since 2011, the number of patients identified as doctor shopping has decreased significantly. (Chart 11)

PMP centralizes the prescription history of patients prescribed controlled substances. The information is entered into the PMP databank by a pharmacist or prescriber and creates a record that can be viewed by other practitioners treating the same patient. Virginia's PMP is a secure database operational 24-hours a day, 7 days a week. PMP is a real-time risk management tool used by doctors, pharmacists, physician assistants, nurse practitioners, emergency room physicians and dentists to make treatment decisions on behalf of patients.

The DHP PMP promotes the appropriate use of controlled substances for legitimate medical purposes while deterring the misuse, abuse, and diversion of controlled substances. DHP's mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

# # #

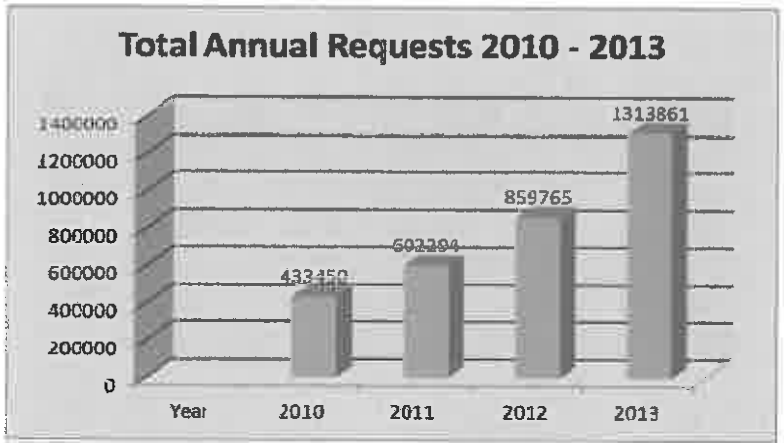

Chart 2:
Prescribers and pharmacists made 1.3 million requests to Virginia's PMP in 2013, up from 860,000 in 2012.

www.dhp.virginia.gov

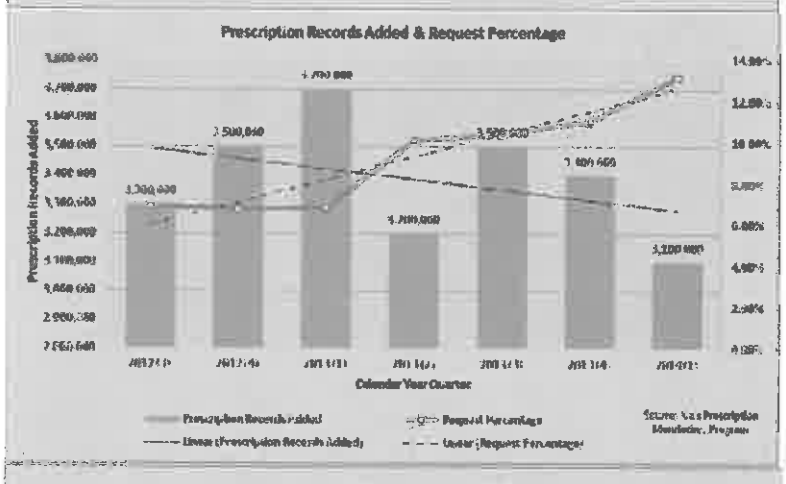

Chart 7:
The number of prescriptions being dispensed is trending downward while the percentage of PMP requests to prescriptions dispensed is increasing.

www.dhp.virginia.gov

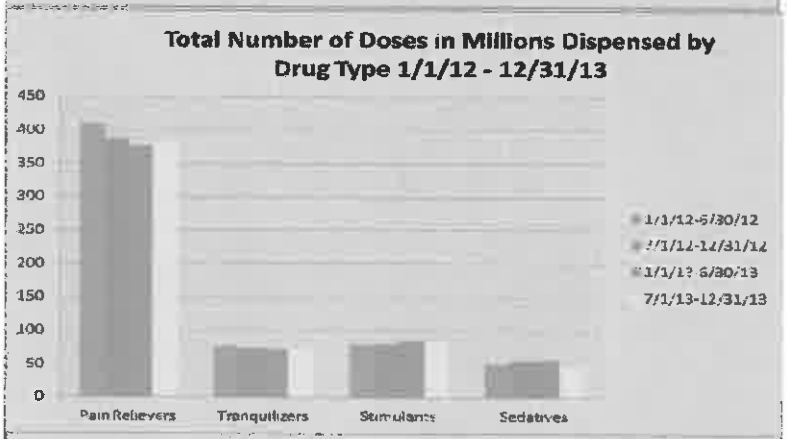

Chart 10:
The number of doses of pain relievers is decreasing, although there is an increase in the number of doses of stimulants such as Ritalin® and Adderall® being written.

www.dhp.virginia.gov

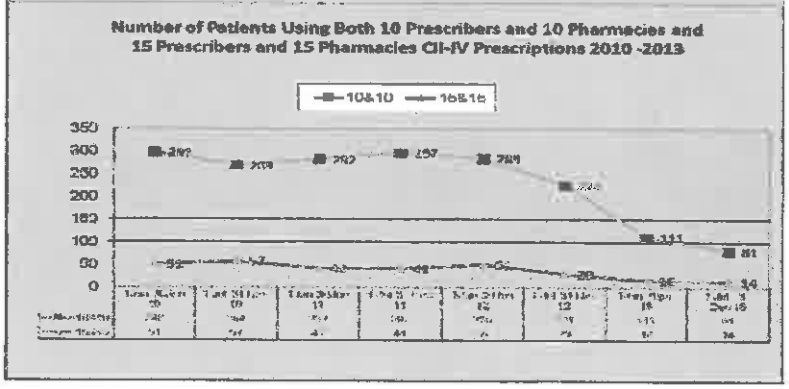

Chart 11:
Since 2011, the number of patients identified as exhibiting doctor shopping behavior has decreased significantly.

www.dhp.virginia.gov

- **Hazel and Moran: Drugs aren't just a police problem**
  http://www.roanoke.com/opinion/hazel-and-moran-drugs-aren-t-just-a-police-problem/article_946efdac-b510-5174-96ed-c8ac2fe9fdb3.html
- **Breaking down Virginia's Prescription Monitoring Program**
  http://www.wsls.com/story/20869315/breaking-down-virginias-prescription-monitoring-program
- **State database heading off prescription ploys**
  http://www.roanoke.com/news/crime/state-database-heading-off-prescription-ploys/article_98166b14-f678-11e3-abd9-001a4bcf6878.html
- **Drug Diversion and Abuse: VA Agrees to PMP Database Dump**
  http://www.pharmacytimes.com/publications/issue/2013/March2013/VA-Agrees-to-PMP-Database-Dump
- **Prescription Monitoring Program Update**
  http://www.virginiapharmacists.org/news/172398/Prescription-Monitoring-Program-Update.htm

Prescription Behavior Surveillance System

PDMP Center of Excellence at Brandeis University

Overview

In an effort to address the challenges associated with increasing misuse of controlled medications, the Bureau of Justice Assistance (BJA), the Centers for Disease Control and Prevention's (CDC) Unintentional Injury Center, and the Food and Drug Administration's (FDA) Safe Use Initiative have collaborated with the Prescription Drug Monitoring Program (PDMP) Center of Excellence (COE) at Brandeis University to undertake the Prescription Behavior Surveillance System (PBSS) project. The main goal of the PBSS project is to create an early warning surveillance and evaluation tool based on de-identified, longitudinal data from state PDMPs. This tool is intended to measure trends in controlled substance prescribing and indicators of medical use and possible non-medical prescription drug abuse and diversion. A second goal of the project is to inventory, assess the evidence base for, and evaluate prescriber educational initiatives that aim to enable safer prescribing of controlled substances, using the PBSS database when feasible to assess the effectiveness of selected prescriber initiatives.

To guide the operation of the PBSS, the COE has established an Oversight Committee, consisting of representatives from the CDC, FDA, BJA, the Substance Abuse and Mental Health Services Administration (SAMHSA), the IJIS Institute, the COE, the PDMP Training and Technical Assistance Center at Brandeis, and the participating PDMPs. As of September 15, 2013, the COE has formally invited 20 states to participate in the PBSS multi-state database. As of June 2014, nine states have entered into agreements with Brandeis to provide data to PBSS of which six have submitted de-identified data. Seven other states are in the process of obtaining review and approval to participate.

In conjunction with the Oversight Committee, the COE project team has developed 43 prescription behavior measures for a standardized, periodic report based on elements of the multi-state database. These measures include: overall usage within drug classes and for selected individual drugs; daily dosage; overlapping prescriptions within each drug class, across the opioid and benzodiazepine classes, and across dosage forms of opioid analgesics (i.e., immediate vs. extended release); questionable activity within a class or classes; payment sources; indicators of possible pill mills; inappropriate prescribing measures; and pharmacy-based measures of possible inappropriate dispensing. In addition to producing periodic reports for each state and for the overall database, the COE will conduct specialized analyses to be determined in collaboration with its federal and state partners. Each participating PDMP provides an initial two-to-three years of data, with subsequent quarterly updates, enabling an ongoing surveillance of prescription activity trends.

The PBSS database represents a unique resource, in that it captures all filled controlled substance prescriptions that are collected by the participating states' PDMPs, including those paid for by cash, and provides data that can be timelier than health outcome data. As part of the PBSS project, the COE was also asked by the FDA to produce a report describing current medical provider initiatives and interventions to promote safe prescribing of controlled substances and, using PBSS data, conduct evaluations of selected initiatives.

The PBSS project is expected to have significant national impact in the following ways:

- Providing the ability to detect changes in prescribing patterns before they result in changes in health outcomes; and hence
- Allowing time to prepare for and possibly interdict anticipated changes in health outcomes;
- Providing data relevant to assessing the effectiveness of initiatives to reduce prescription drug abuse and diversion, including community prevention programs and interventions aimed at promoting safer prescribing;
- Generating a national inventory of initiatives aimed at influencing prescriber behavior and their evidence base;

Providing an evaluation of selected prescriber initiatives using the PBSS database, leading to more targeted and effective prescriber interventions.

Expected benefits to states participating in PBSS include:

Detailed periodic epidemiological reports on prescribing behavior within the state;
Receipt of expert technical assistance regarding best practices to monitor and improve PDMP data quality and patient linking procedures, and other PDMP best practices;
Additional state-specific epidemiological reports and analyses produced by the COE at the request of each participating state, formatted at the state's request for different stakeholders and audiences.

See here for a three page informational handout on PBSS, and see here and here for recent presentations giving further details on applications and analyses. The definitions of the PBSS measures can be found here.

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The COE is a joint project of the Institute of Behavioral Health at Brandeis University, and the Bureau of Justice Assistance.

Fatal Prescription Drug Overdoses in Virginia, 2007-2013

Virginia Department of Health
Office of the Chief Medical Examiner
Rosie Hobron, MPH

In 2013…

10,049
Total deaths reported to the OCME

5,808
Cases were accepted (posts and views)

912
Ruled as drug/poison deaths

15.7%
of all OCME deaths were due to drug/poisons

In 2013, there were 912 fatal drug/poison overdoses in Virginia…that's

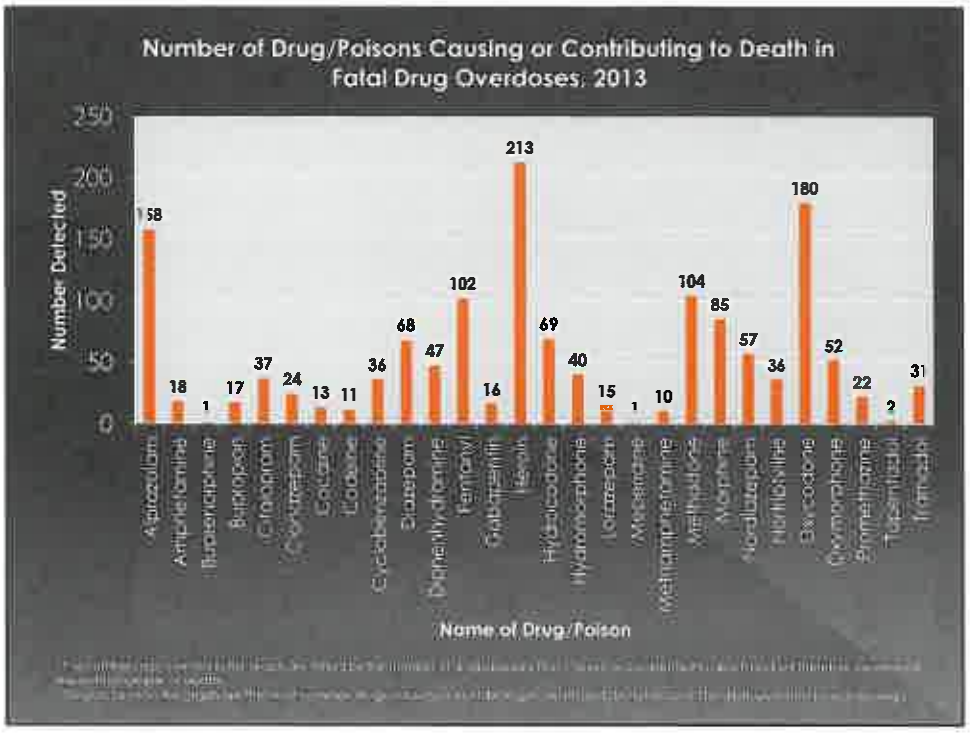
2.5 deaths per day!

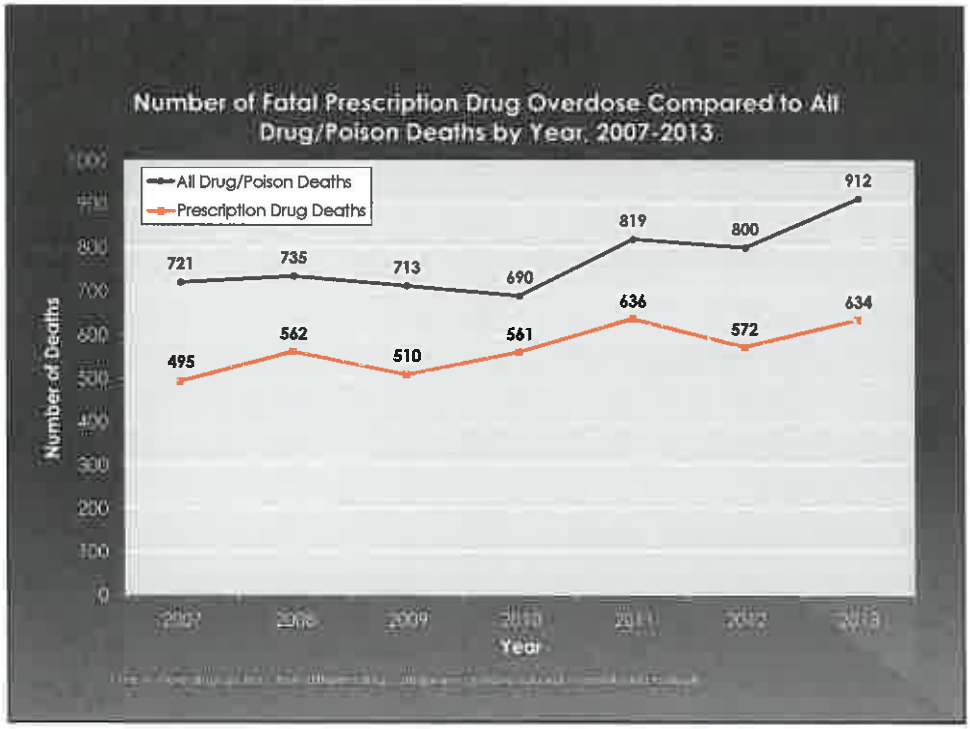
IN 2013, THE NUMBER OF DRUG/POISON DEATHS (N=912) SURPASSED THAT OF MOTOR VEHICLE FATALITIES (N=832)

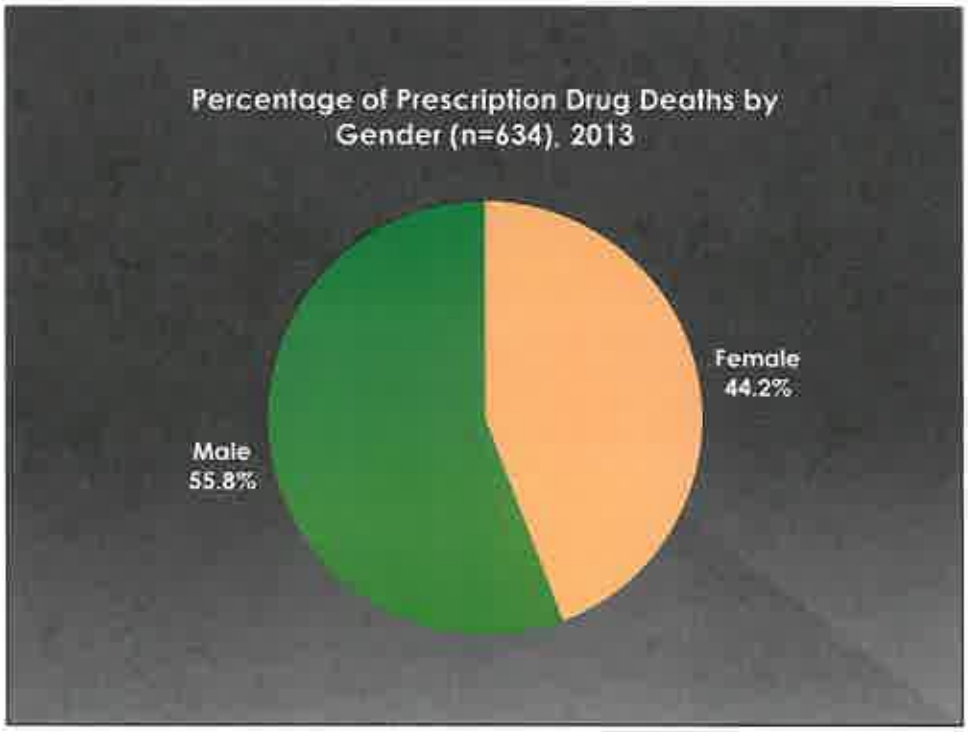
IN 2013, DRUG/POISON DEATHS (N=912) SURPASSED THAT OF FIREARM RELATED DEATHS (N=848)

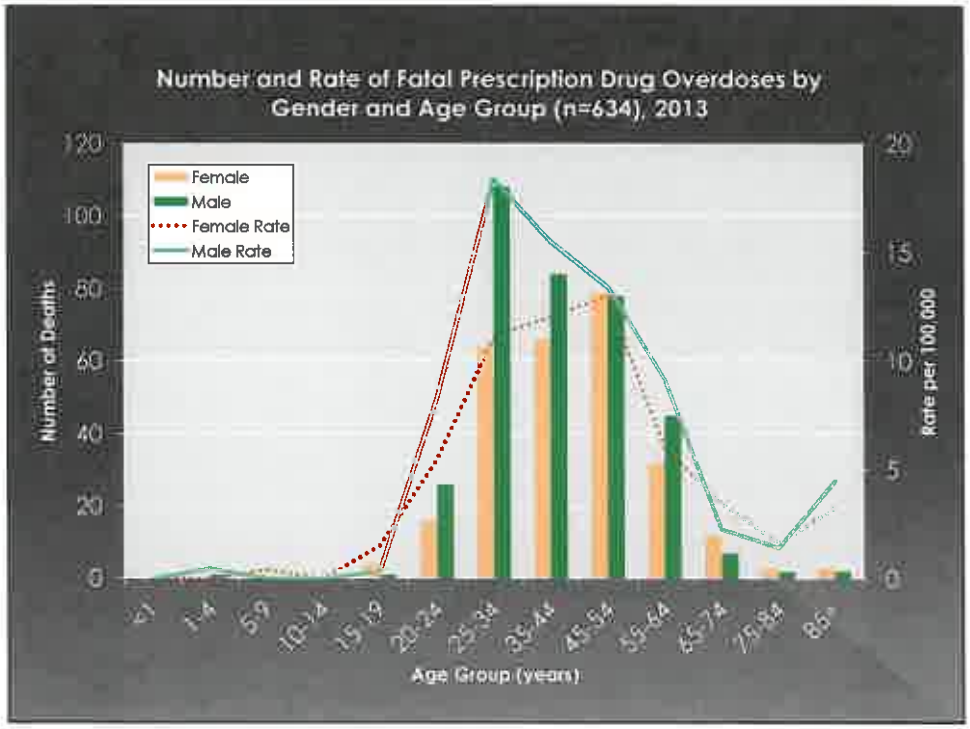
What is considered a drug/poison death?

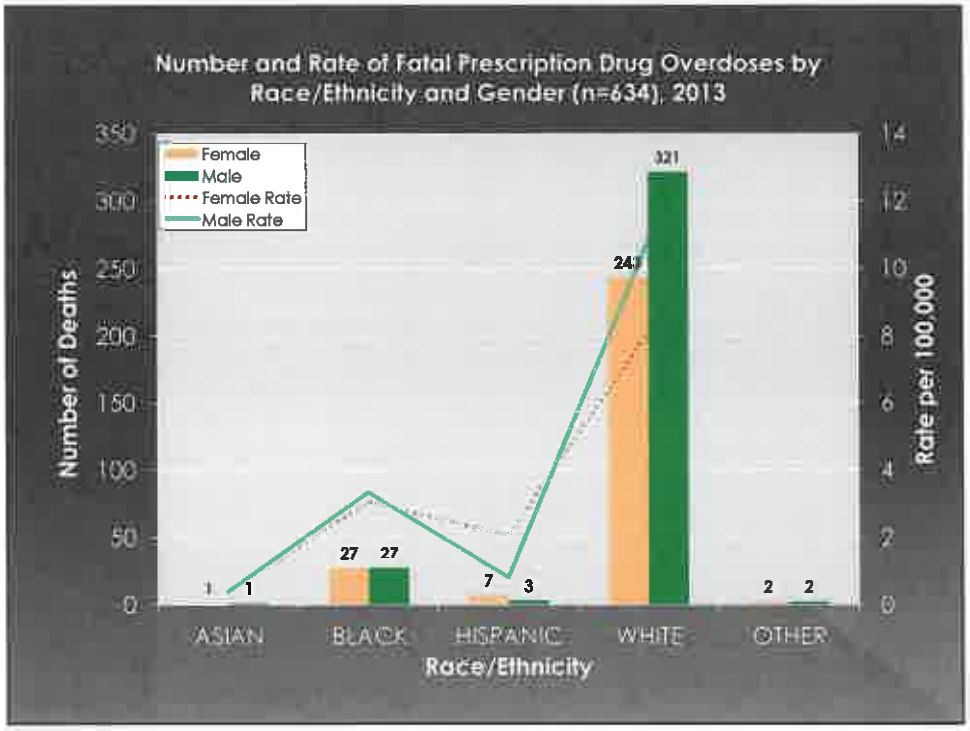
- Any death in which one or more chemical substances caused death
  - Alcohol
  - Prescription drugs
  - Illegal drugs
  - OTC
  - Ethylene glycol
  - Inhalants
  - Other (heavy metals, etc)
  - Not otherwise specified

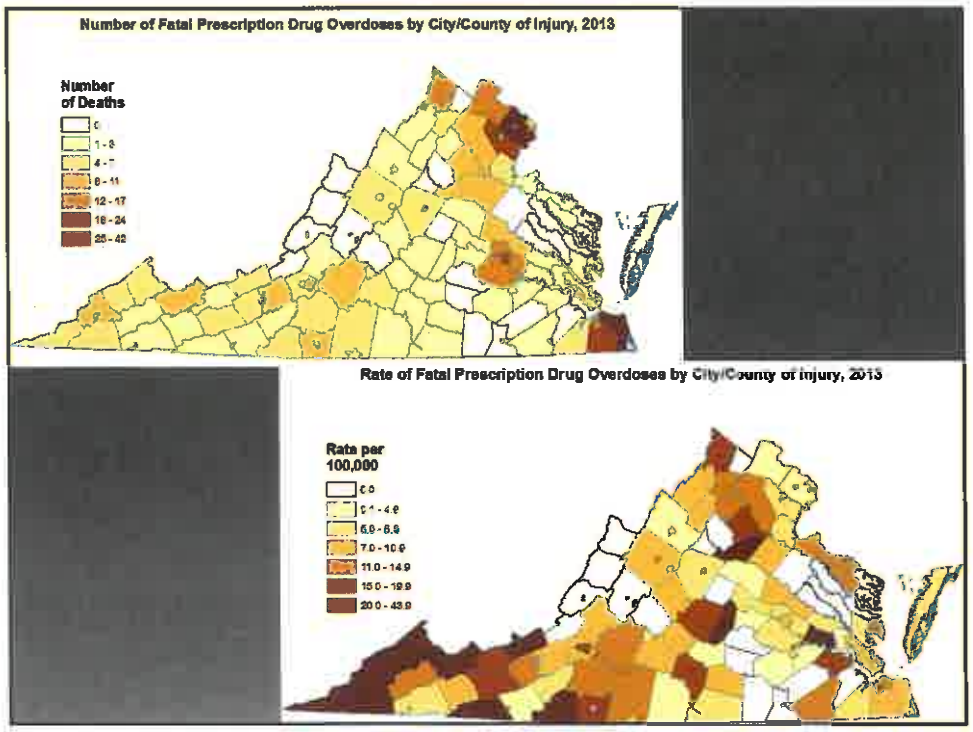

Number of Drug/Poisons Causing or Contributing to Death in Fatal Drug Overdoses, 2013
Number Detected
250
200
150
100
50
0
158
18
1
17
37
24
13
11
36
68
47
102
16
213
69
40
15
1
10
104
85
57
36
180
52
22
2
31
Name of Drug/Poison


Number of Fatal Prescription Drug Overdose Compared to All Drug/Poison Deaths by Year, 2007-2013
All Drug/Poison Deaths
Prescription Drug Deaths
Number of Deaths
721
735
713
690
819
800
912
495
562
510
561
636
572
634
Year


Percentage of Prescription Drug Deaths by Gender (n=634), 2013
Female 44.2%
Male 55.8%


Number and Rate of Fatal Prescription Drug Overdoses by Gender and Age Group (n=634), 2013
Female
Male
Female Rate
Male Rate
Number of Deaths
Rate per 100,000
Age Group (years)

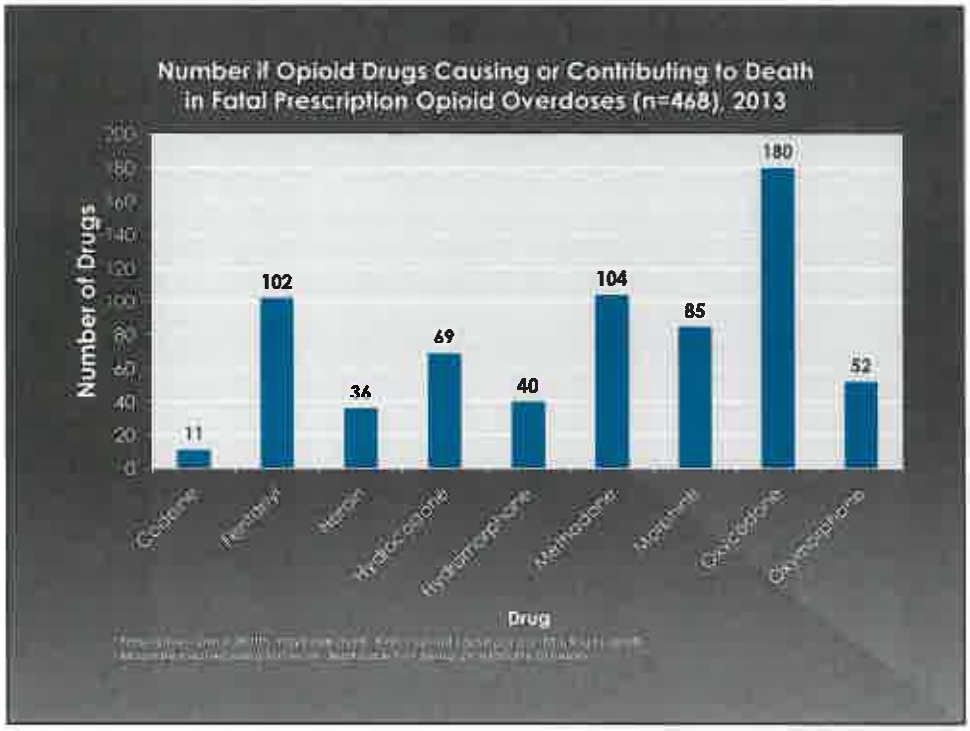

Number and Rate of Fatal Prescription Drug Overdoses by Race/Ethnicity and Gender (n=634), 2013
Female
Male
Female Rate
Male Rate
Number of Deaths
Rate per 100,000
350
300
250
200
150
100
50
0
14
12
10
8
6
4
2
0
1
1
27
27
7
3
241
321
2
2
ASIAN
BLACK
HISPANIC
WHITE
OTHER
Race/Ethnicity

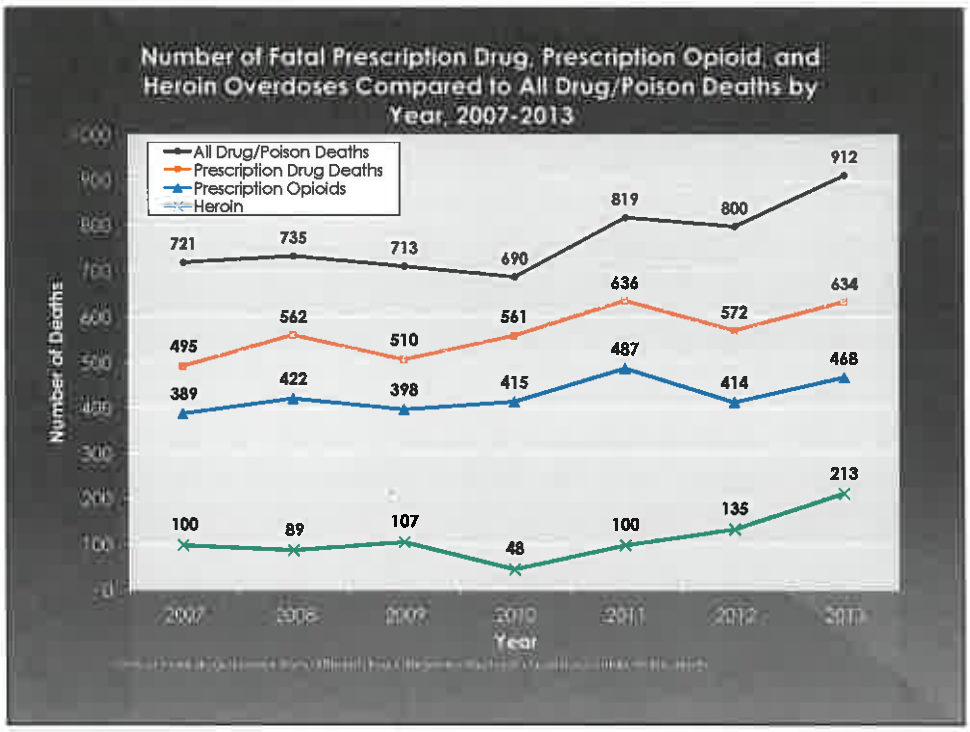

Number of Fatal Prescription Drug Overdoses by City/County of Injury, 2013
Number of Deaths
Rate of Fatal Prescription Drug Overdoses by City/County of Injury, 2013
Rate per 100,000

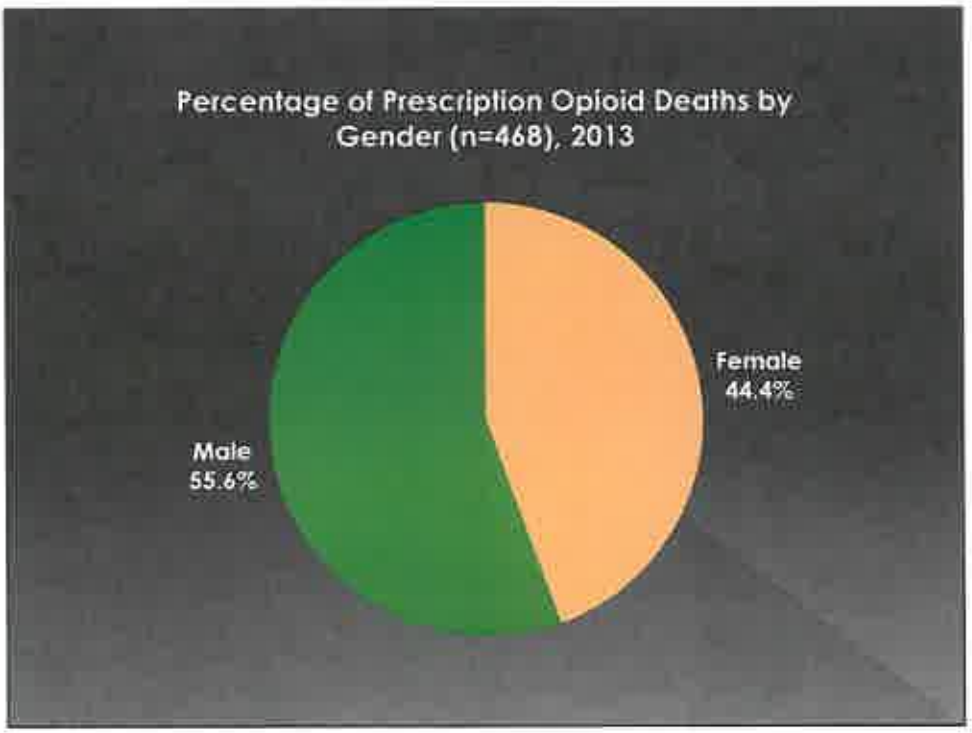
What's the most common group of prescription drugs causing death?

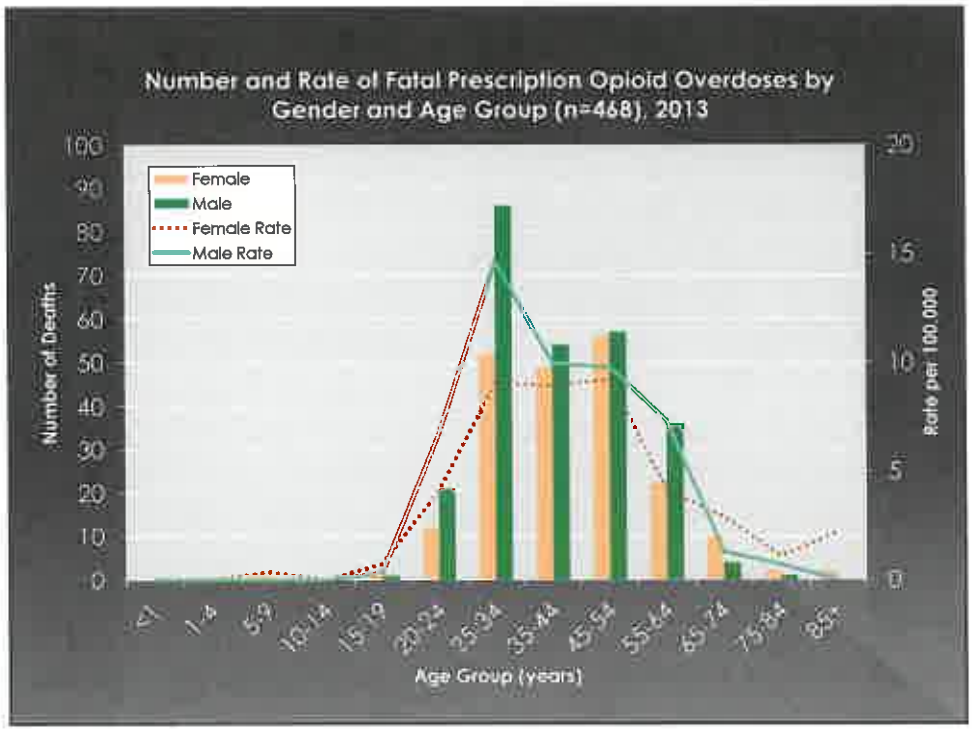
OPIOIDS

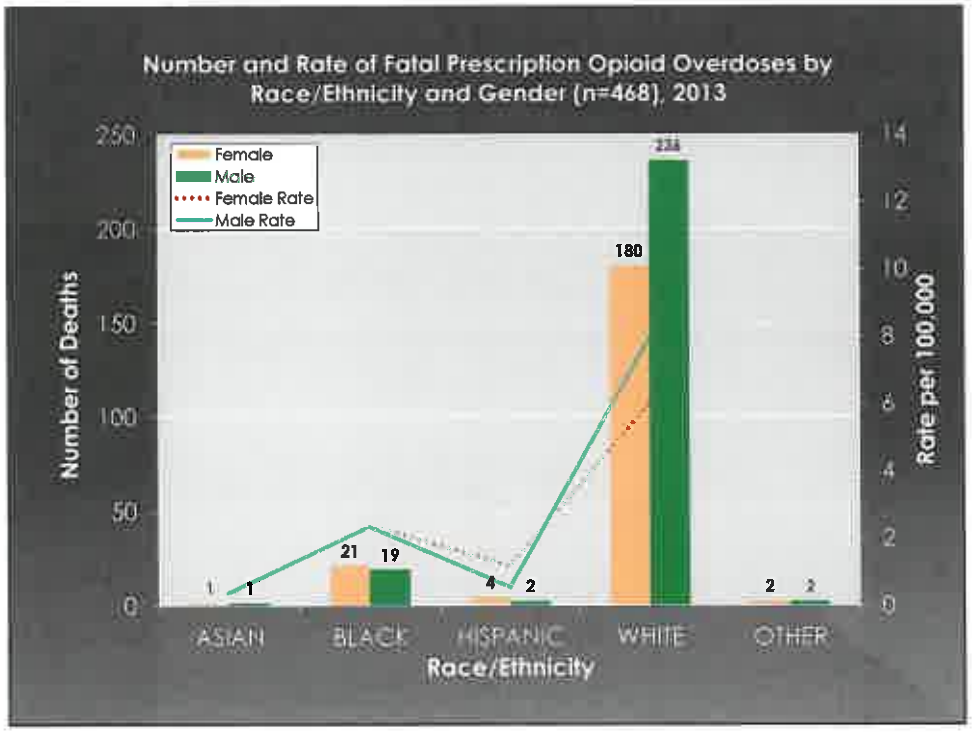
Over 75% of all prescription drug deaths are attributed to prescription opioids

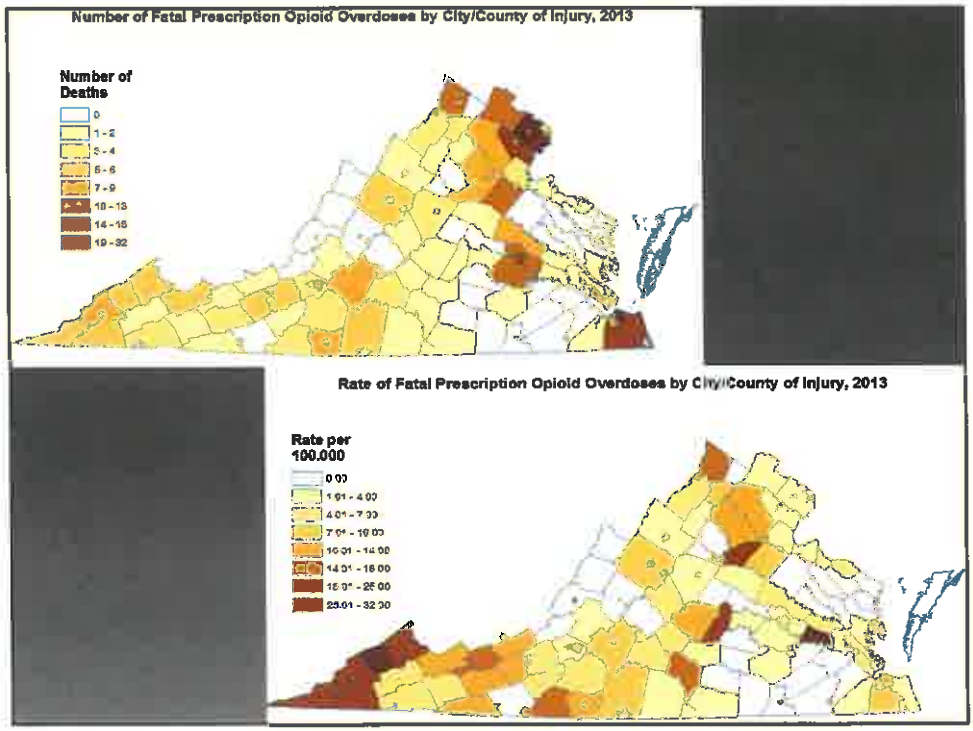

Number of Opioid Drugs Causing or Contributing to Death in Fatal Prescription Opioid Overdoses (n=468), 2013
Number of Drugs
11
102
36
69
40
104
85
180
52
Drug


Number of Fatal Prescription Drug, Prescription Opioid, and Heroin Overdoses Compared to All Drug/Poison Deaths by Year, 2007-2013
All Drug/Poison Deaths
Prescription Drug Deaths
Prescription Opioids
Heroin
Number of Deaths
721
735
713
690
819
800
912
495
562
510
561
636
572
634
389
422
398
415
487
414
468
100
89
107
48
100
135
213
2007
2008
2009
2010
2011
2012
2013
Year


Percentage of Prescription Opioid Deaths by Gender (n=468), 2013
Female 44.4%
Male 55.6%


Number and Rate of Fatal Prescription Opioid Overdoses by Gender and Age Group (n=468), 2013
Female
Male
Female Rate
Male Rate
Number of Deaths
Rate per 100,000
Age Group (years)


Number and Rate of Fatal Prescription Opioid Overdoses by Race/Ethnicity and Gender (n=468), 2013
Female
Male
Female Rate
Male Rate
Number of Deaths
Rate per 100,000
250
200
150
100
50
0
14
12
10
8
6
4
2
0
1
1
21
19
4
2
180
2
2
ASIAN
BLACK
HISPANIC
WHITE
OTHER
Race/Ethnicity


Number of Fatal Prescription Opioid Overdoses by City/County of Injury, 2013
Number of Deaths
0
1 - 2
3 - 4
5 - 6
7 - 9
10 - 13
14 - 18
19 - 32
Rate of Fatal Prescription Opioid Overdoses by City/County of Injury, 2013
Rate per 100,000
0.00
1.01 - 4.00
4.01 - 7.00
7.01 - 10.00
10.01 - 14.00
14.01 - 18.00
18.01 - 25.00
25.01 - 32.00

Questions?

- Contact information:
  - Rosie Hobron, MPH
  - [illegible]
  - 804-786-6063

Commonwealth of Virginia
Office of the Governor

Executive Order

NUMBER TWENTY NINE (2014)

ESTABLISHING THE GOVERNOR'S TASK FORCE ON PRESCRIPTION DRUG AND HEROIN ABUSE

Nationally, prescription drug and heroin abuse has reached epidemic proportions. Since 2000, deaths from prescription drug overdoses in Virginia have more than doubled, while deaths from heroin overdoses have doubled in the past two years. Though prescription drugs are generally safe when used as prescribed, the misuse and abuse of prescription painkillers (opioids) can lead to addiction, and even death. In addition, individuals that are addicted to opioids are shifting to heroin, as prescription drugs become less available.

Prescription opioid and heroin abuse has also led to an increased burden on law enforcement and elevated health care costs from drug-related emergency department visits and treatment admissions. While the numbers of Virginians requiring treatment for addiction to drugs are substantial, resources for treating those who are addicted are limited. It is vital to the Commonwealth's interests to take immediate steps to reverse this dangerous trend of abuse. Therefore, I am directing relevant state and local agencies, health and behavioral health care professionals and organizations, law enforcement, and other stakeholders to work together toward reducing prescription opioid and heroin addiction, curtailing related criminal activity, and enhancing the health, safety, and well-being of all Virginians.

Establishment of the Task Force

Accordingly, by virtue of the authority vested in me as Governor under Article V of the Constitution of Virginia and under the laws of the Commonwealth, including, but not limited to §§ 2.2-134 and 2.2-135 of the *Code of Virginia*, and subject to my continuing and ultimate authority and responsibility to act in such matters, I hereby establish the Governor's Task Force on Prescription Drug and Heroin Abuse ("Task Force").

The Task Force will serve in an advisory role, in accordance with § 2.2-2100 of the *Code of Virginia*, and will be responsible for recommending short-term and long-term measures that can be taken to tackle prescription drug and heroin abuse and addiction, using best practices and evidence-based strategies.

Composition of the Task Force

The Secretary of Health and Human Resources and Secretary of Public Safety and Homeland Security will serve as Co-Chairs. The Task Force will be composed of representatives from the Office of the Attorney General, legislature, and judiciary, as well as relevant state and local agencies, law enforcement, health and behavioral health care professionals, providers, community advocates, and individuals with personal experience, as appointed by the Governor. The Governor may appoint any other person(s) deemed necessary and proper to carry out the assigned functions.

Key Objectives

The Task Force will offer recommendations to meet the Commonwealth's objectives listed under the following five major areas: 1) education, 2) treatment, 3) data and monitoring, 4) drug storage and disposal, and 5) enforcement.

The Task Force will also recommend specific metrics to be used to track progress in each of these five areas, and will suggest a target for each area with a date by which the goals should be met. Overall, the Task Force will seek measures for the reduction in deaths from prescription drug and heroin abuse within 5 years.

1. Education
    - Raise public awareness about the dangers of misuse and abuse of prescription drugs
    - Distribute information about appropriate use, secure storage, and disposal of prescription drugs
    - Train health care providers regarding best practices for opioid prescribing, pain management, the use of the Prescription Monitoring Program (PMP), and identification and treatment of individuals at risk of substance abuse through screening, intervention, and referral tools
    - Train first responders to more effectively respond to calls involving overdose, and use evidence-based interventions to reduce overdose deaths

2. Treatment
    - Improve access to and availability of treatment services
    - Foster best practices and adherence to standards for treatment of individuals addicted to opioids
    - Strengthen and expand the capacity of Virginia's health workforce to respond to substance abuse treatment needs, including encouraging health professions schools and continuing education programs to provide more education about how to identify and treat substance abuse

3. Data and Monitoring
    - Share and integrate data among relevant licensing boards, state and local agencies, law enforcement, courts, health care providers and organizations, and programs such as the PMP, in order to clarify and address public safety

and public health concerns, understand emerging trends, and utilize data-driven decision-making to mitigate harm

4. Storage and Disposal
    - Advance effective solutions that lead to safe storage and proper disposal of potentially dangerous prescription drugs

5. Enforcement
    - Identify and promote evidence-based best practices and strategies across the criminal justice system to address public safety risks and treatment needs of individuals with opioid addiction, training in the use of life saving interventions, expanded alternatives to incarceration, including drug courts, and cross-system collaboration to improve access to and the availability of treatment

Staffing

Staff support for the Task Force will be furnished by the Office of the Secretary of Health and Human Resources and the Office of the Secretary of Public Safety and Homeland Security, and such other agencies and offices as designated by the Governor. The Task Force will meet upon the call of the Chair at least four times per year. The Task Force will provide initial recommendations to the Governor on or before December 31, 2014, a comprehensive implementation plan by June 30, 2015, and any additional reports as necessary.

Effective Date

This Executive Order shall be effective upon its signing and, pursuant to §§ 2.2-134 and 2.2-135 of the *Code of Virginia*, shall remain in full force and effect for a year from its signing or until superseded or rescinded.

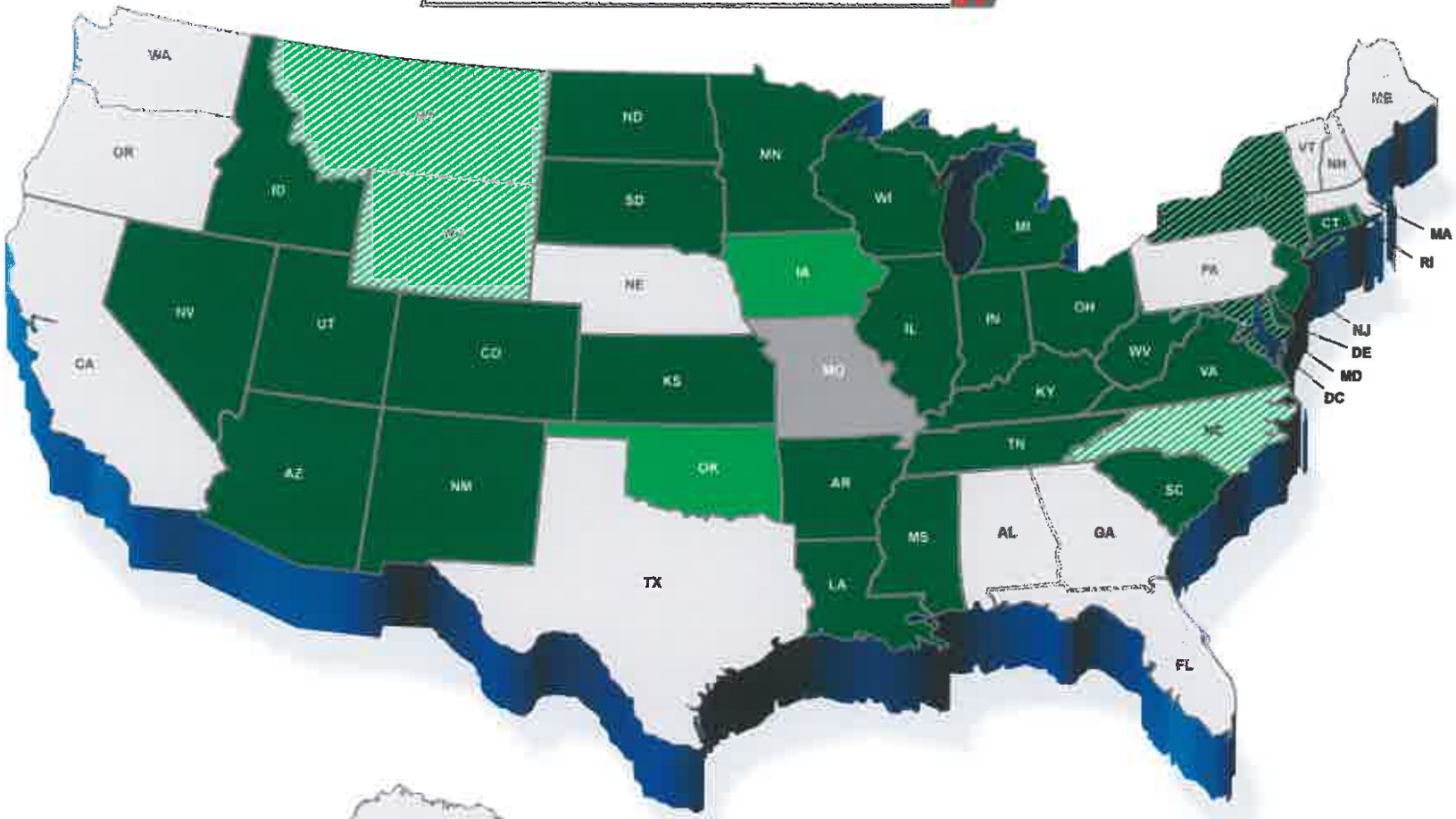
Given under my hand and under the Seal of the Commonwealth of Virginia this 26th day of September, 2014.

Terence R. McAuliffe, Governor

Attest:

Levar M. Stoney, Secretary of the Commonwealth

PMP InterConnect®



Legend

- NABP PMP InterConnect Participant (System Live)
- Memorandum of Understanding Executed
- Pending NABP PMP InterConnect Participant
- Prospective NABP PMP InterConnect Participant
- No PMP in Place

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY 1904

Current as of October 22, 2014

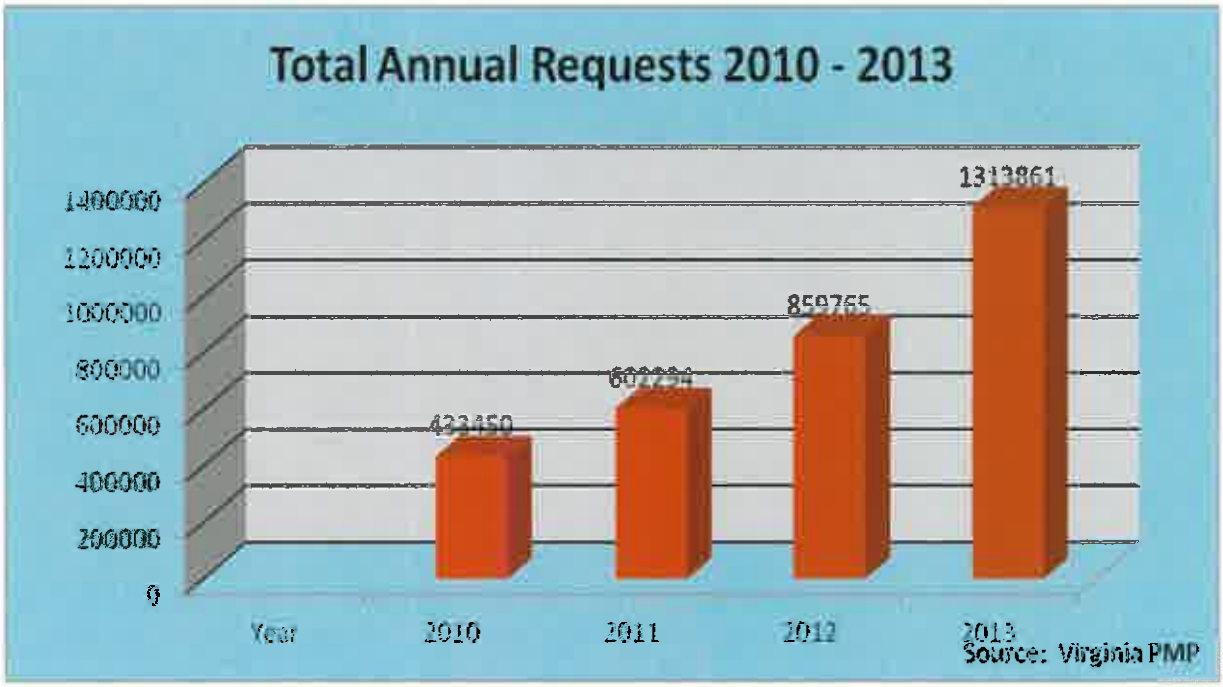
2013 Legislation

- Prescribers may request their own prescribing history for the previous 90-day period
- Expand access to PMP to drug diversion agents of local law enforcement agencies upon proof of completion of training and authorization by the Chief Law Enforcement Officer of the Department

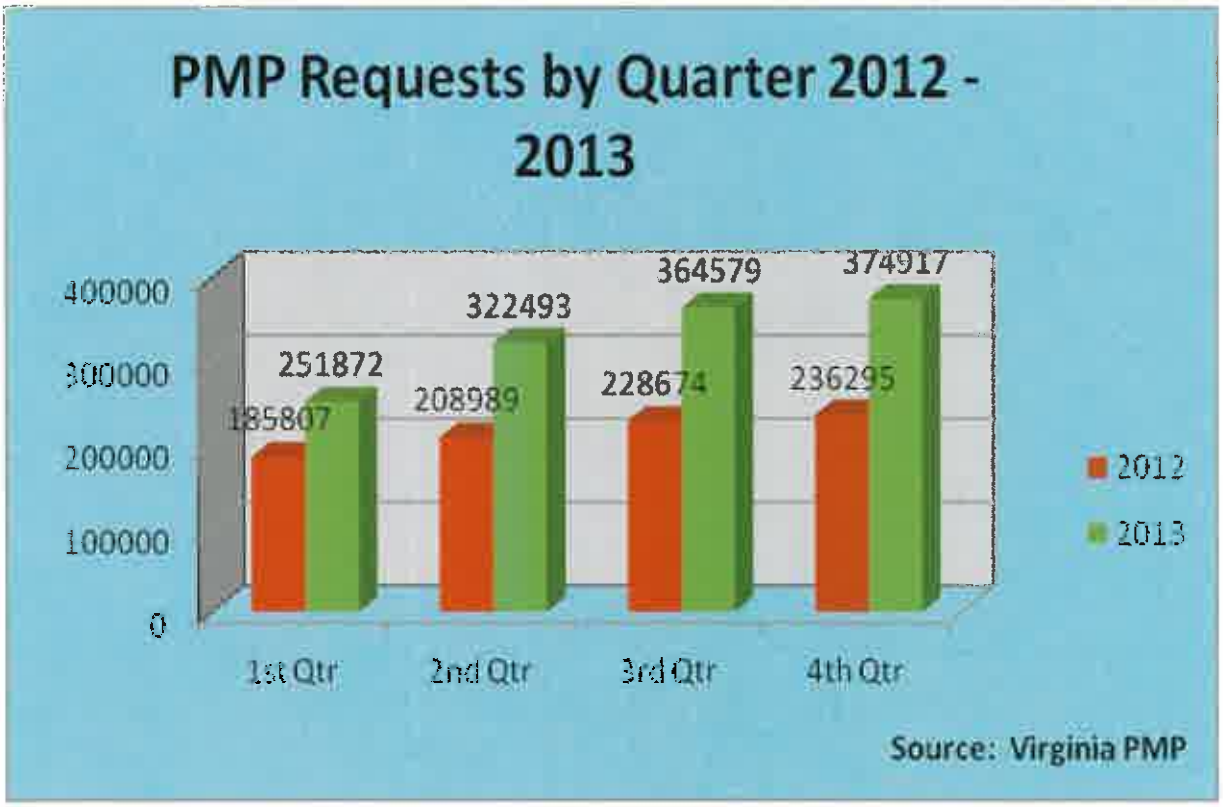
2014 LEGISLATION

- Tramadol added as a drug of concern (Federally scheduled in CIV effective 8/18/14)
- Pharmacists may authorize delegates
- Mandatory PMP registration and use of PMP under certain circumstances for prescribers (Delayed effective date 7/1/2015)
- An individual may direct the PMP to release info to a third party, such as drug courts, probation, etc.

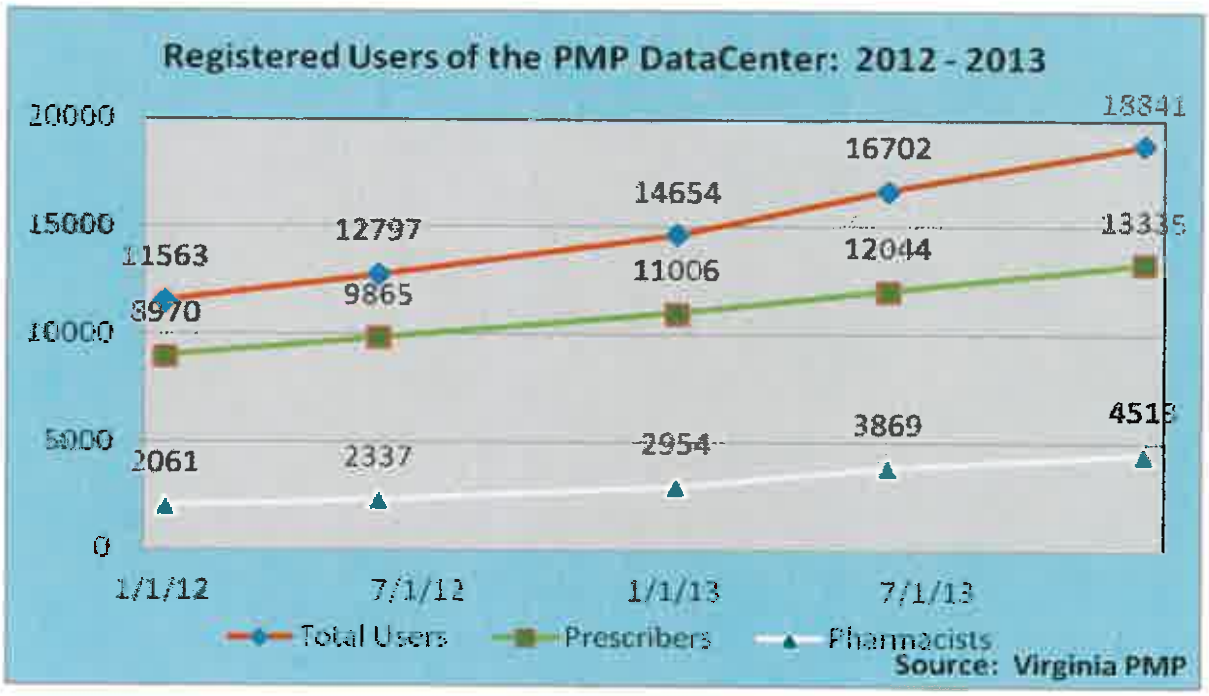
Virginia Prescription Monitoring Program Statistics through Year End 2013



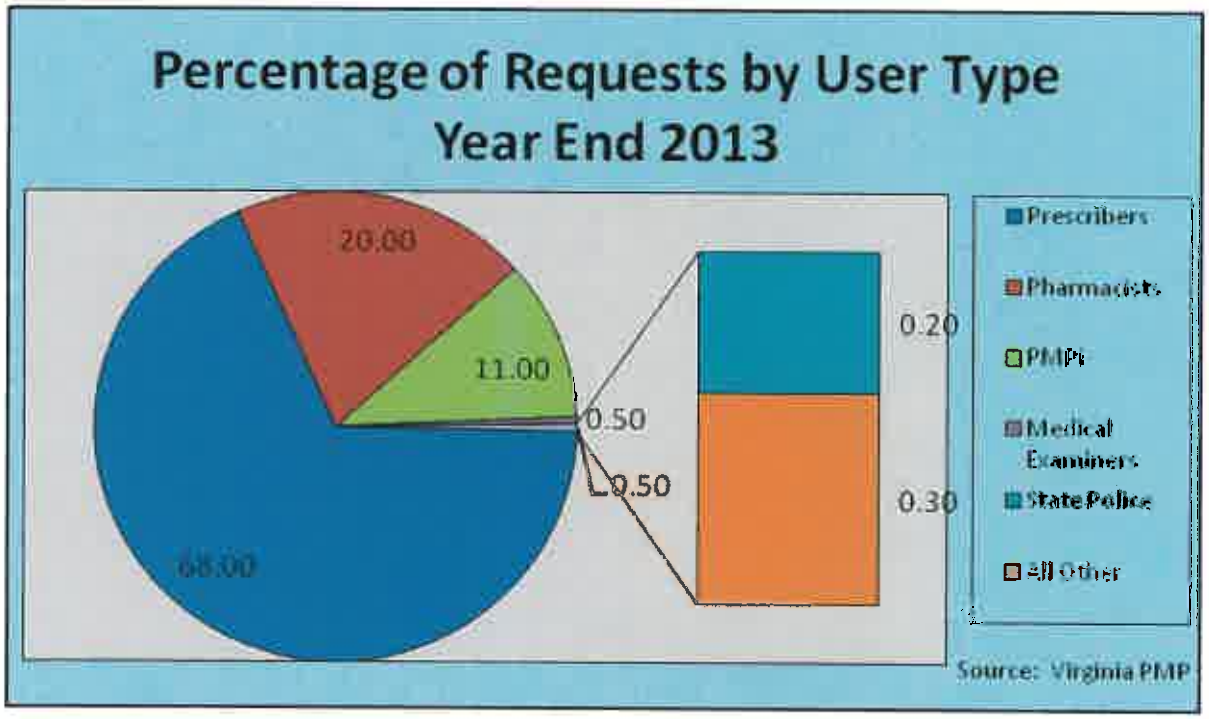
Virginia's Prescription Monitoring Program processed greater than 1.3 million requests in 2013, a 65% increase over the previous year.



Virginia Prescription Monitoring Program Statistics through Year End 2013

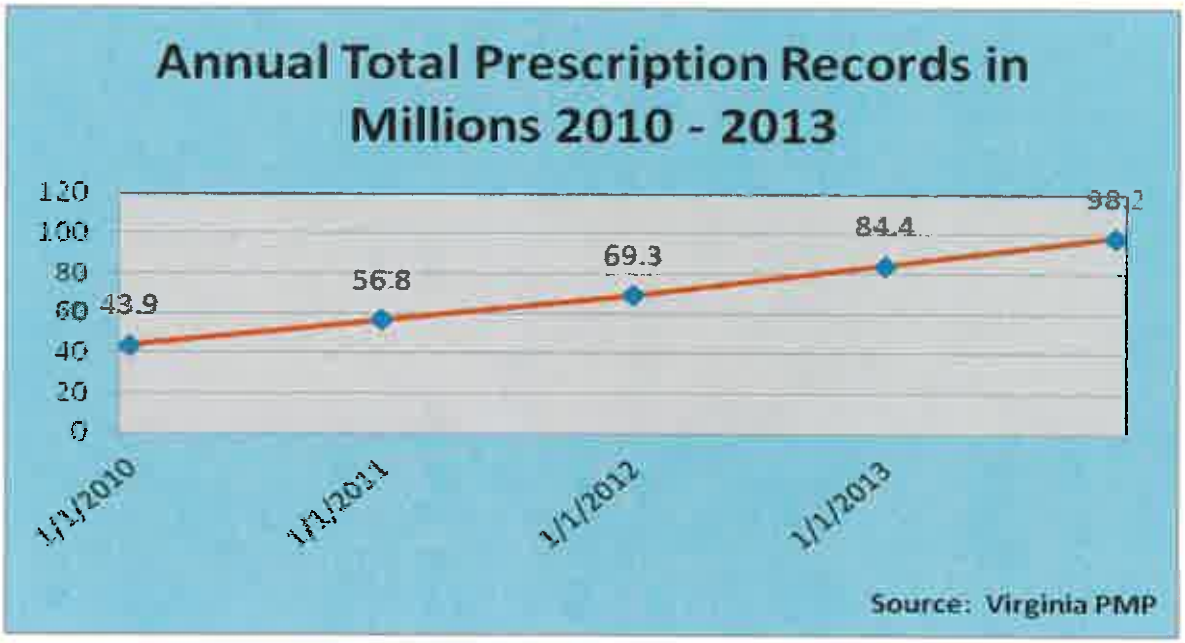


The program added 4187 registered users in 2013.

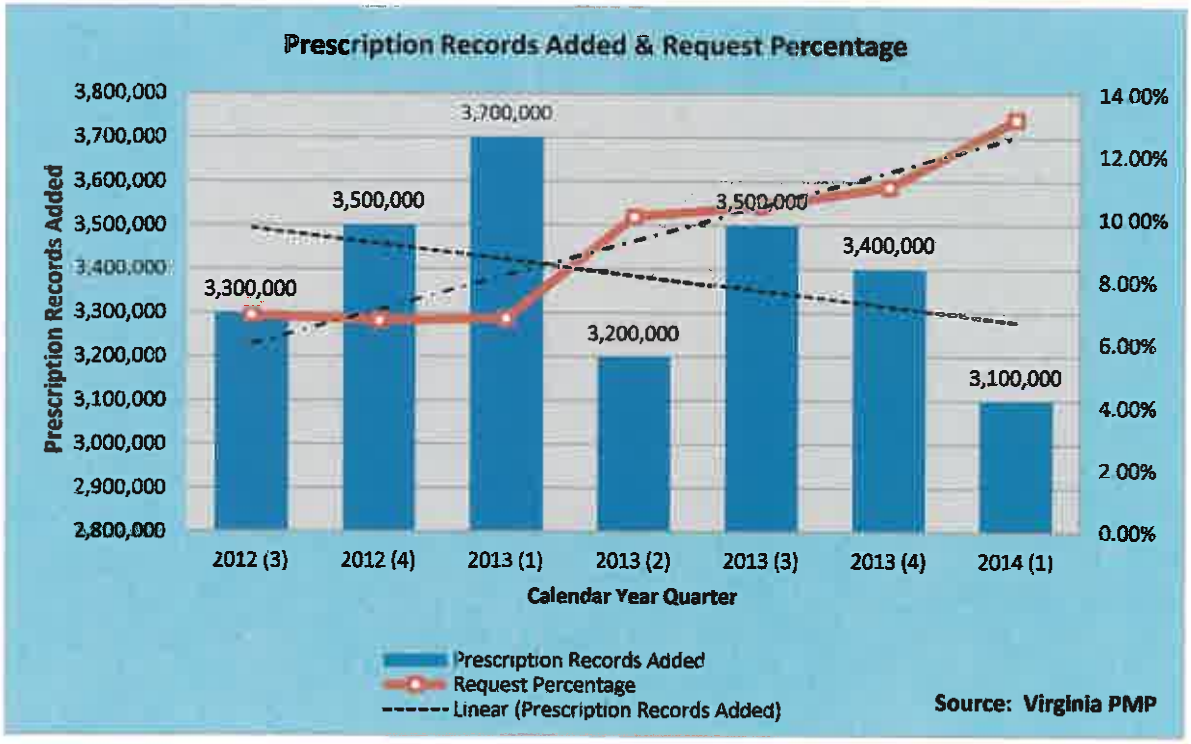


The percentage of prescriber requests decreased from 90% of the total in 2012 to only 68% percent of the total in 2013, primarily due to increased registration of pharmacists and subsequent utilization of the program. The PMPi category represents requests from users in states other than Virginia.

Virginia Prescription Monitoring Program Statistics through Year End 2013

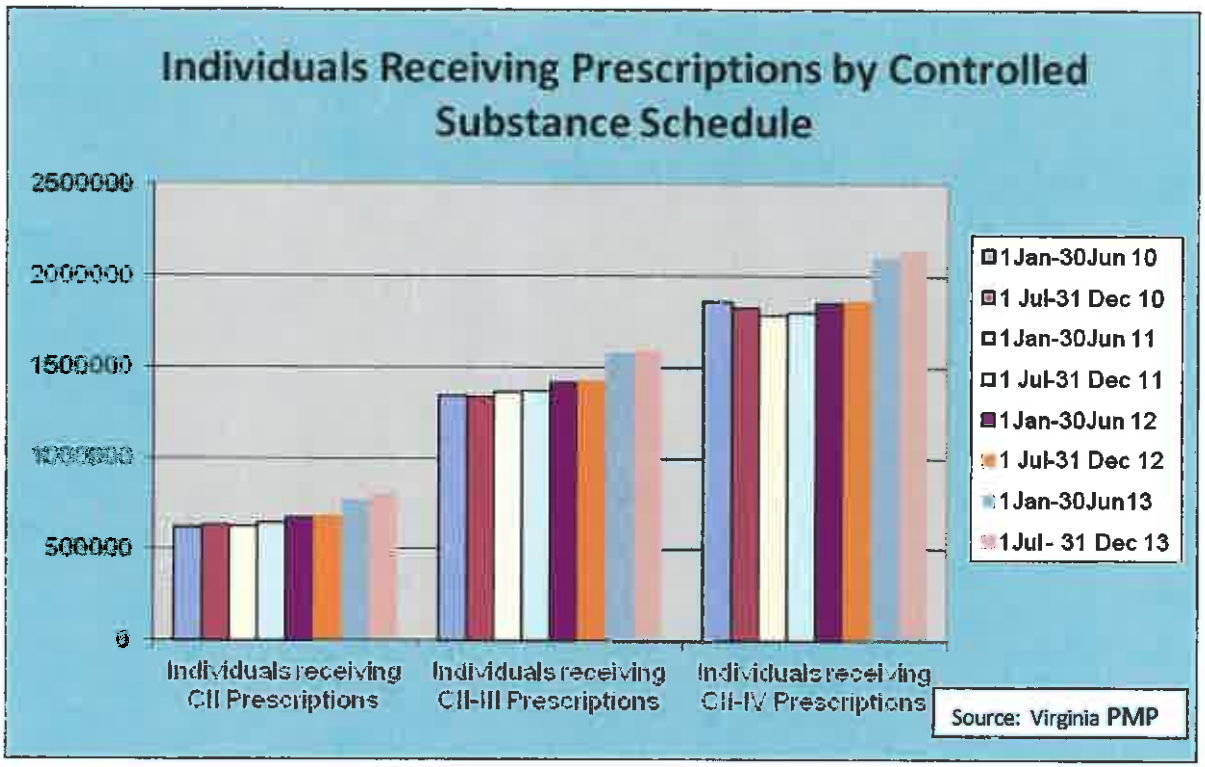


By year end 2013, the program contained over 98 million prescription records.

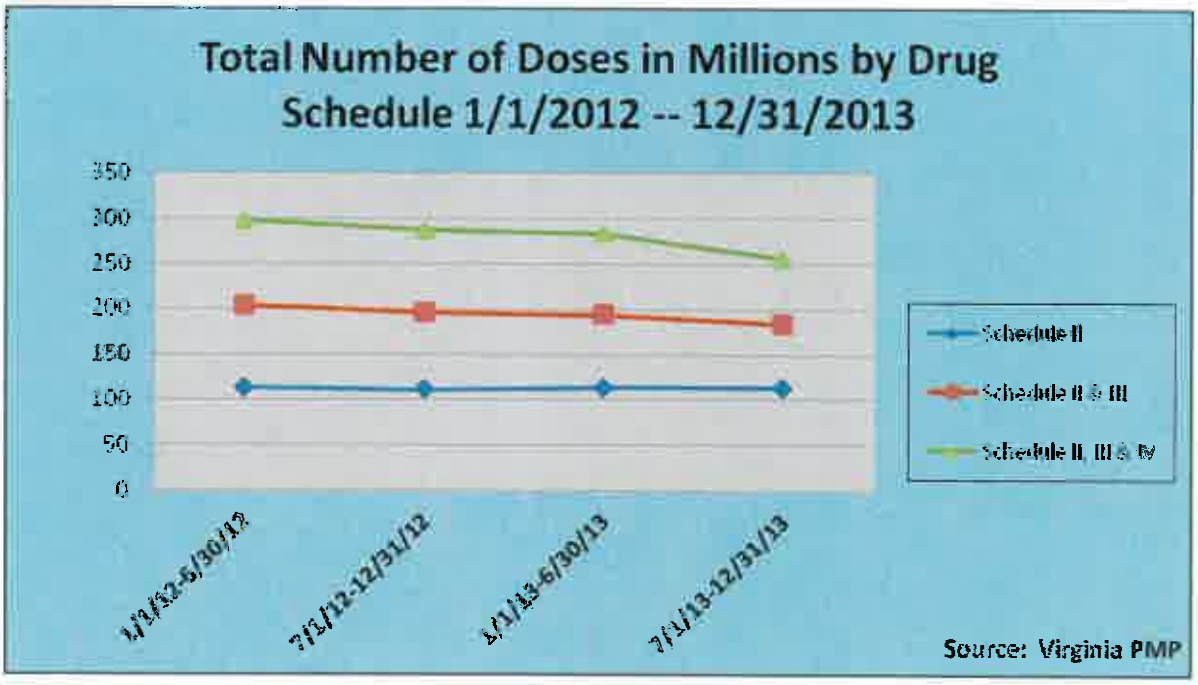


The number of prescriptions being dispensed is trending downward while the percentage of PMP requests to prescriptions dispensed is increasing.

Virginia Prescription Monitoring Program Statistics through Year End 2013

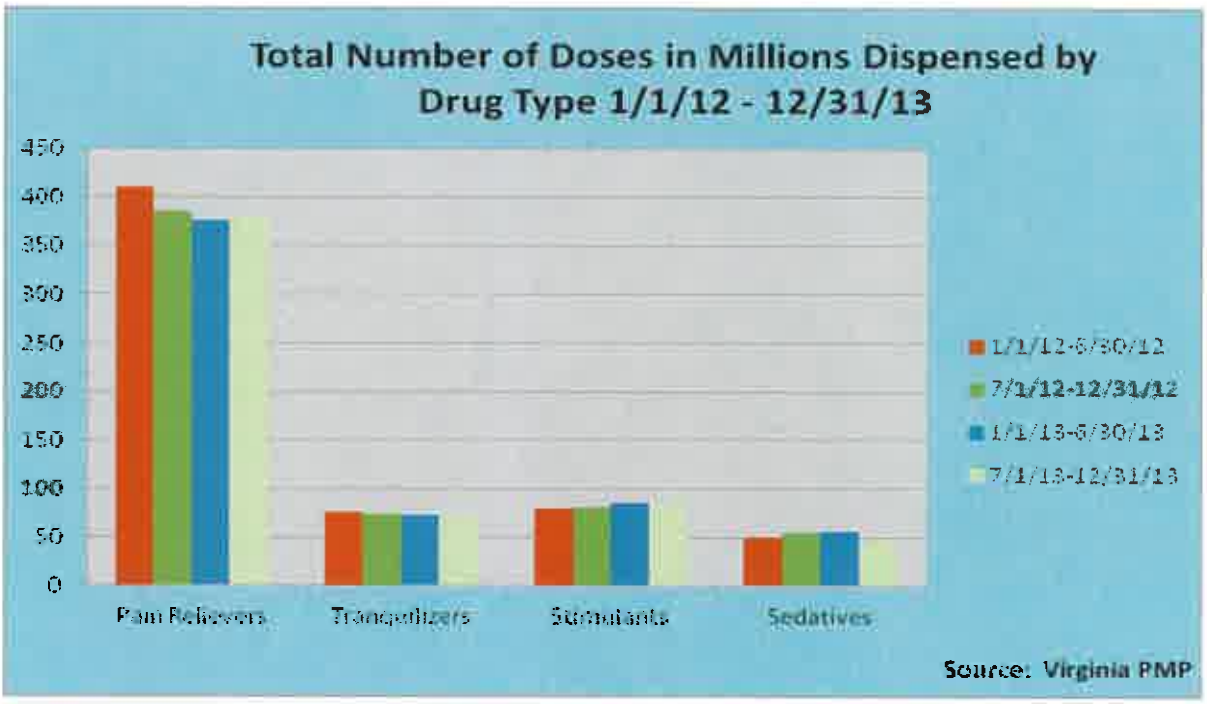


This shows the total number of individuals receiving prescriptions for drugs in Schedules II, III or IV for each six month period beginning January 2010 through December 2013.

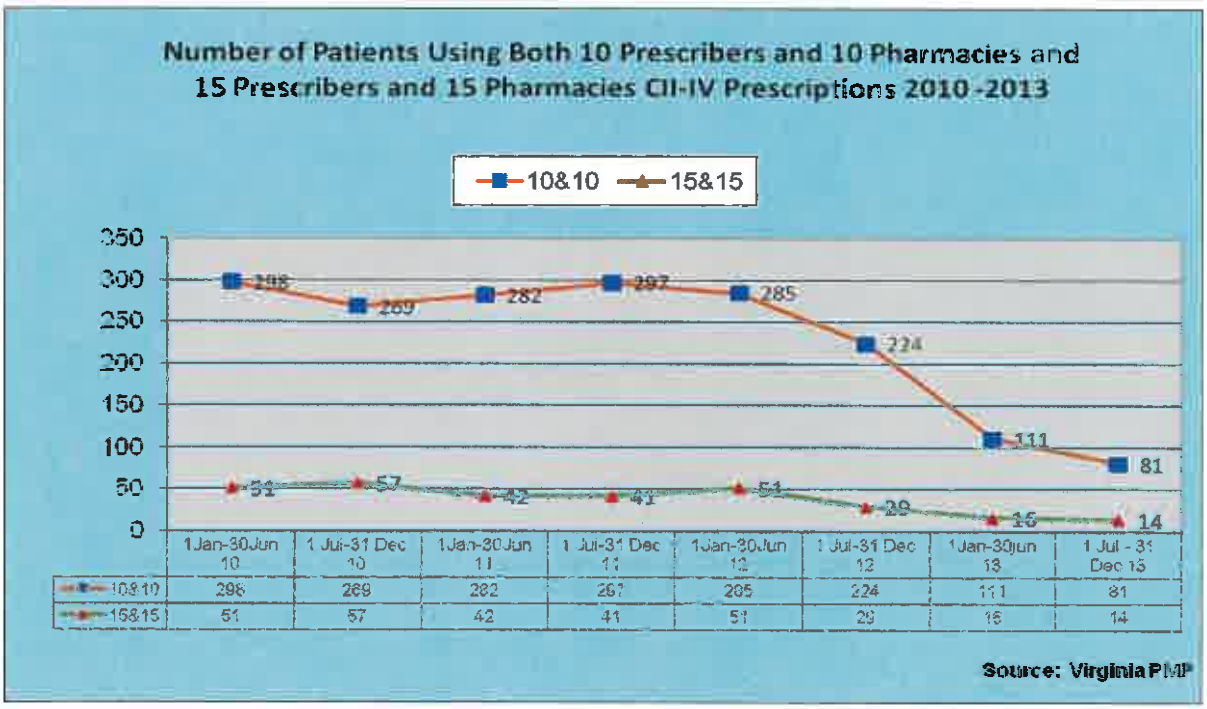


The total number of doses of controlled substances decreased from 2012 – 2013.

Virginia Prescription Monitoring Program Statistics through Year End 2013



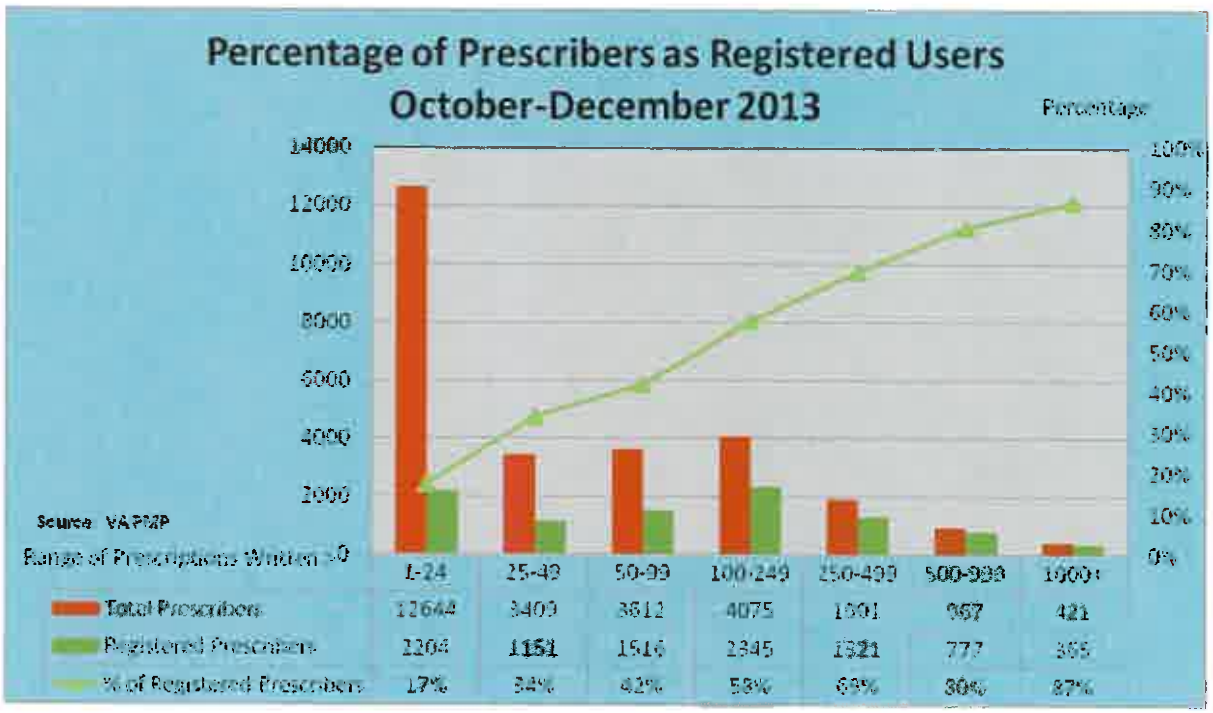
While the number of doses of pain relievers is decreasing, there is an increase in the number of doses of stimulants such as Ritalin® and Adderall® being written.



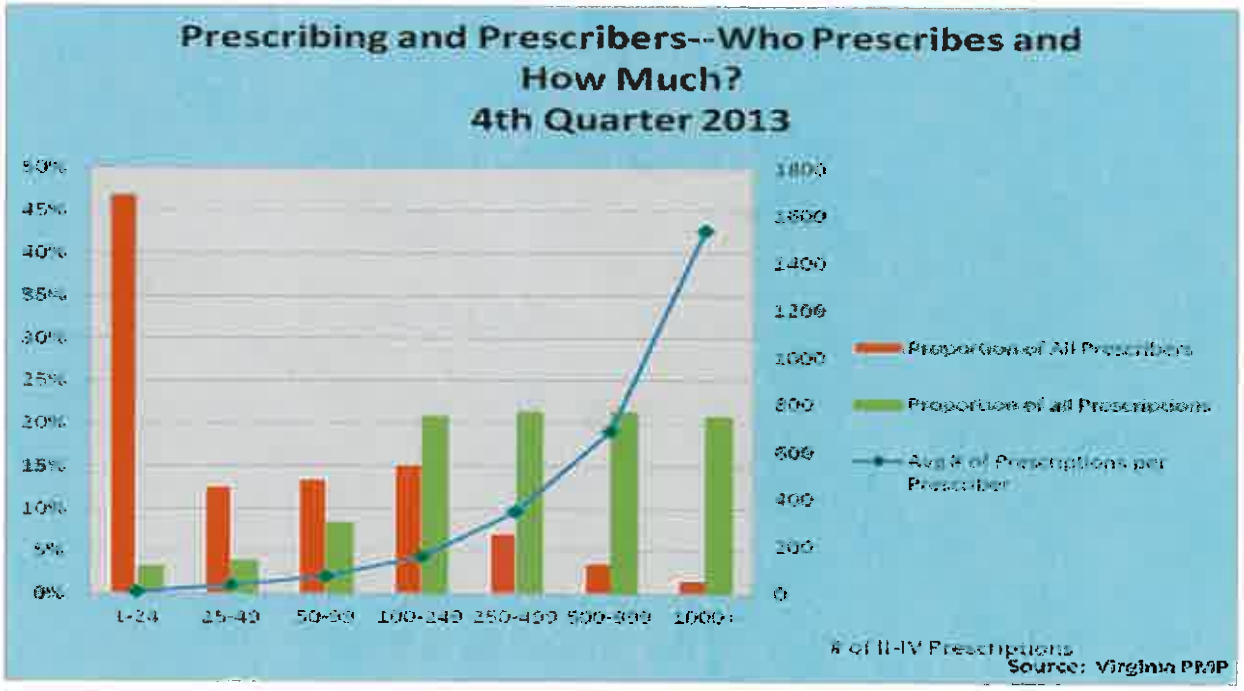
	1Jan-30Jun 10	1 Jul-31 Dec 10	1Jan-30Jun 11	1 Jul-31 Dec 11	1Jan-30Jun 12	1 Jul-31 Dec 12	1Jan-30Jun 13	1 Jul - 31 Dec 13
10&10	298	269	282	297	285	224	111	81
15&15	51	57	42	41	51	29	15	14

Since 2010, the number of patients identified as exhibiting doctor shopping behavior has decreased significantly.

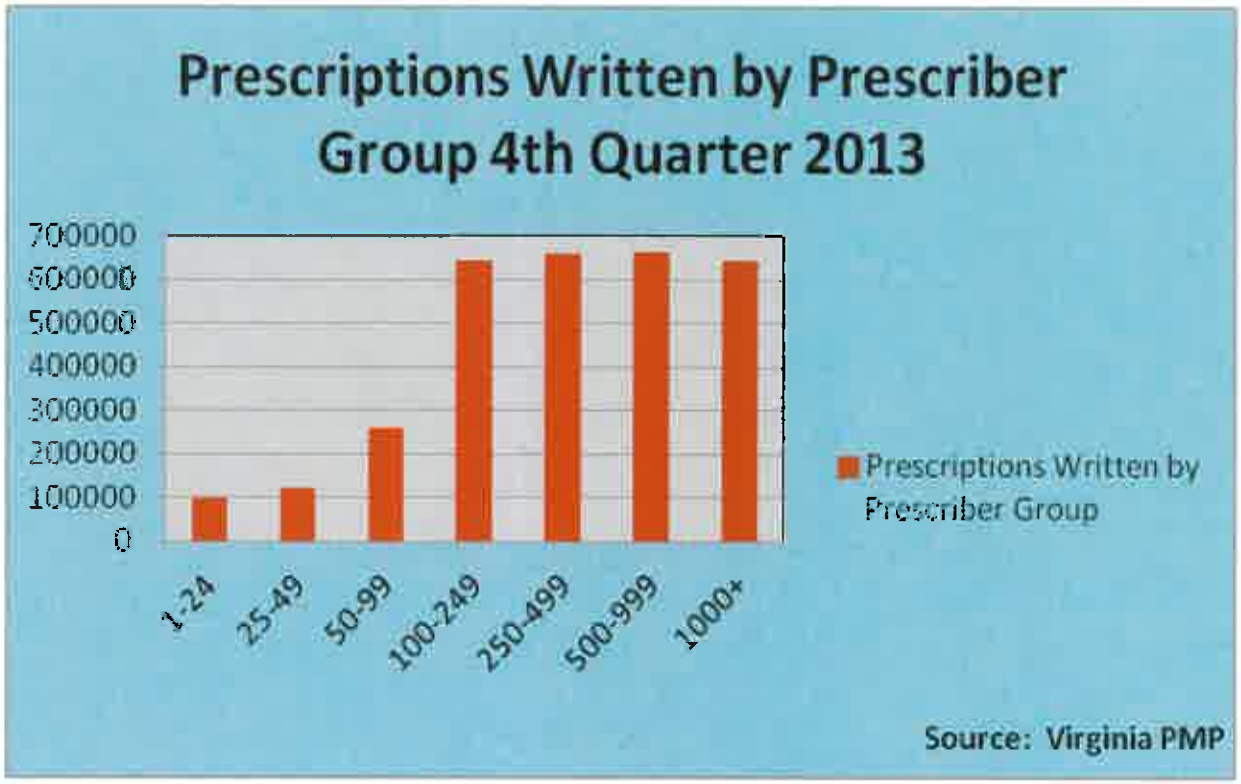
Virginia Prescription Monitoring Program Statistics through Year End 2013



This graph demonstrates that those who most frequently prescribe controlled substances are most likely to be registered users of the Virginia PMP.

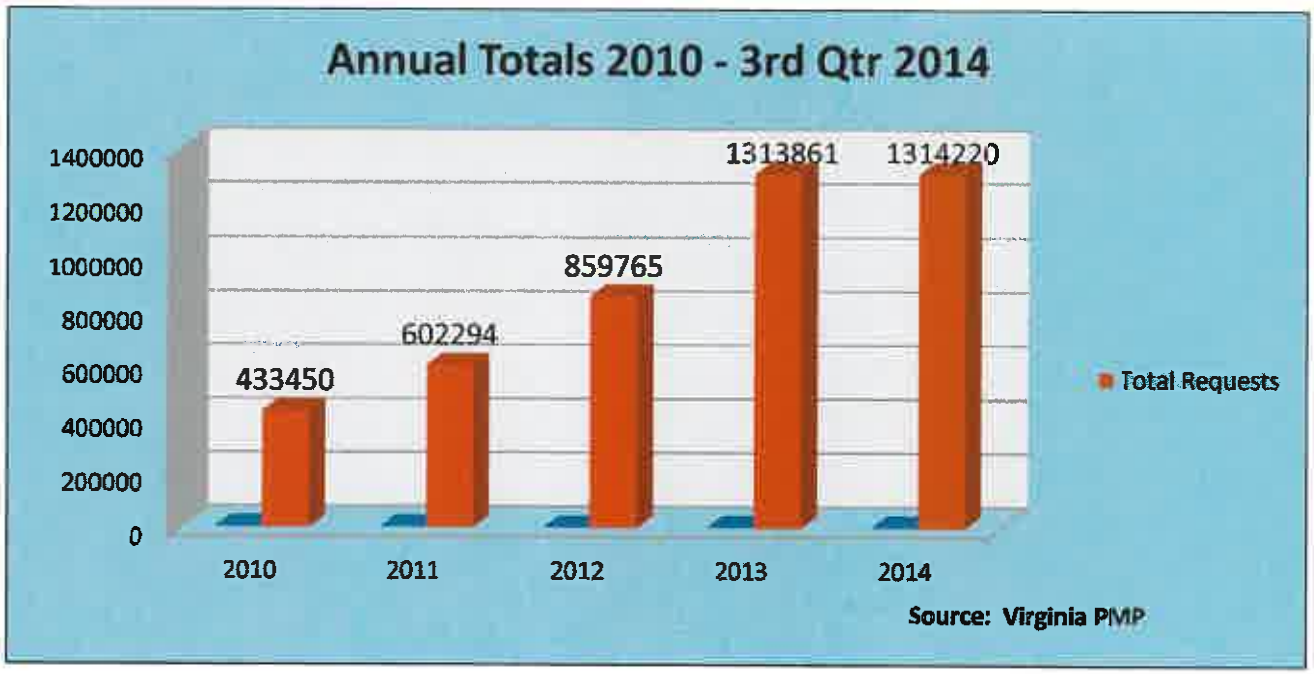


This graph demonstrates that the largest proportion of prescribers write the smallest number of prescriptions for controlled substances.

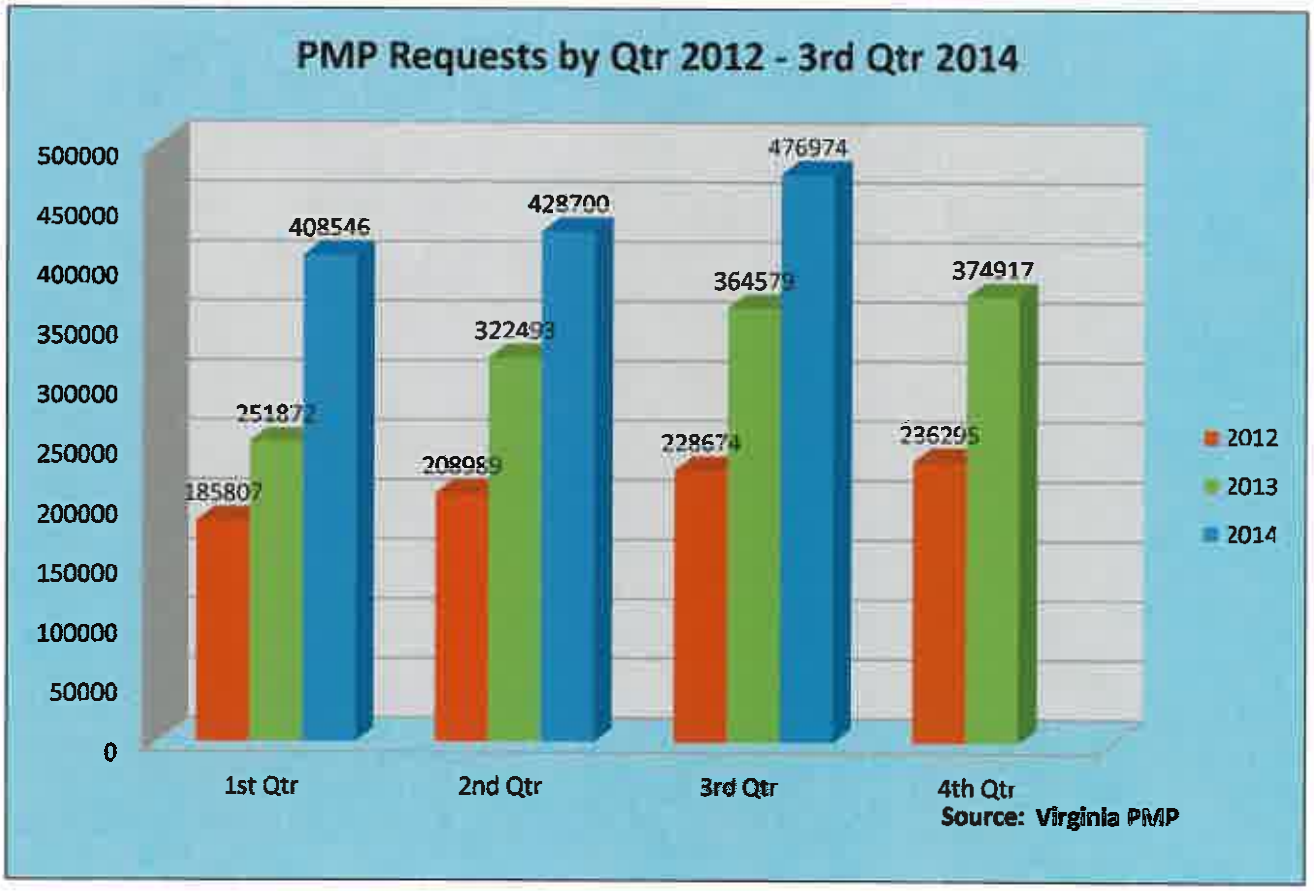


While 84% of controlled substance prescriptions are written by prescribers writing 100 or more prescriptions per quarter, the remaining 16% of prescriptions account for 481,228 controlled substance prescriptions in the 4th quarter of 2013. If an average of 10 doses per prescription is used, that equates to over 4.8 million doses prescribed. This highlights the need for all prescribers to be aware of and use the Prescription Monitoring Program.

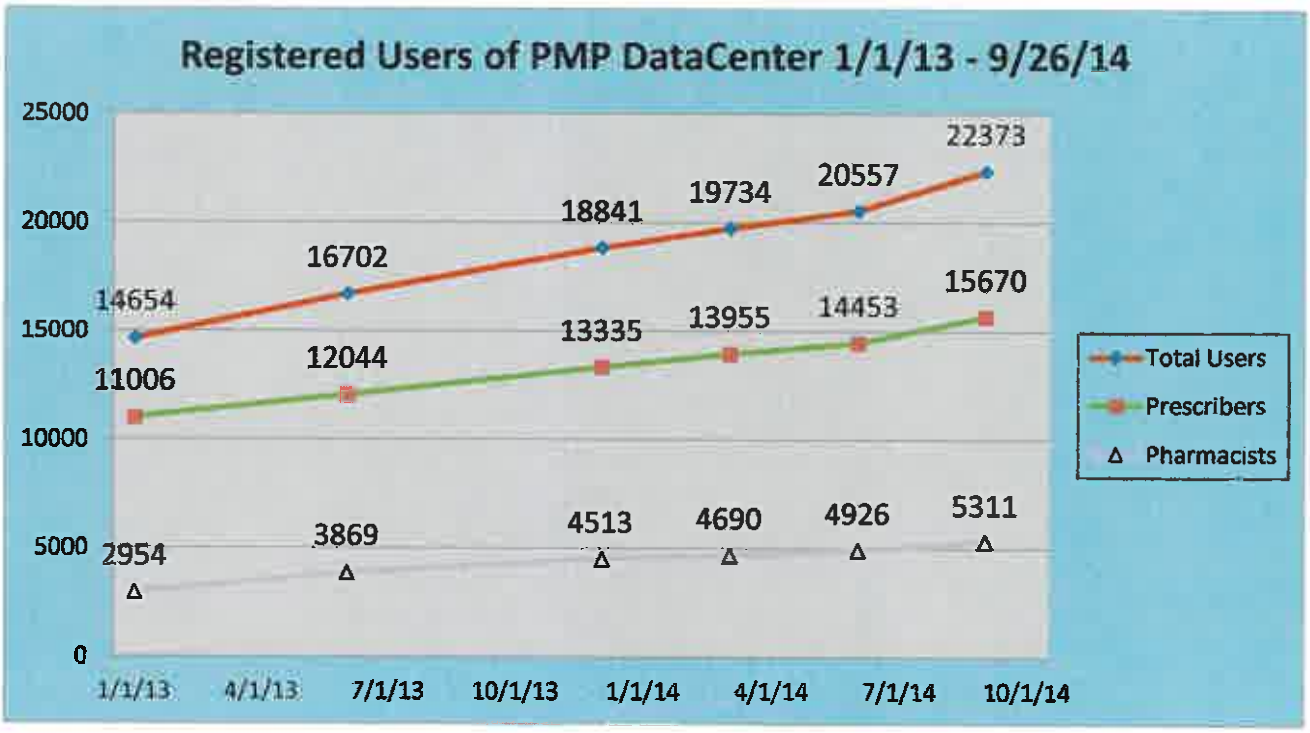
Virginia Prescription Monitoring Program Statistics January – September 2014



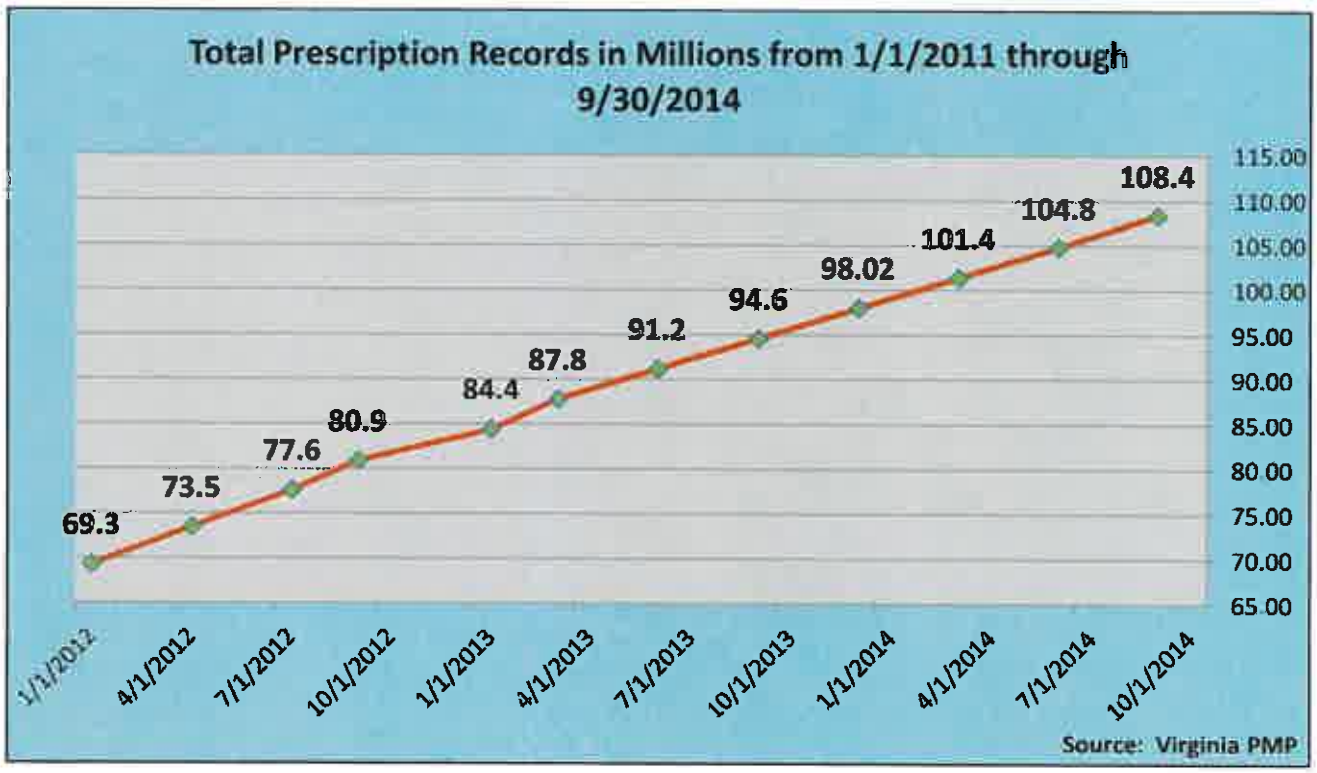
In 2013, the Virginia Prescription Monitoring Program (PMP) processed over one million requests. By the end of the third quarter 2014, the program had already surpassed last year's total. The graph below shows the growth in processed requests by quarter.



Virginia Prescription Monitoring Program Statistics January – September 2014

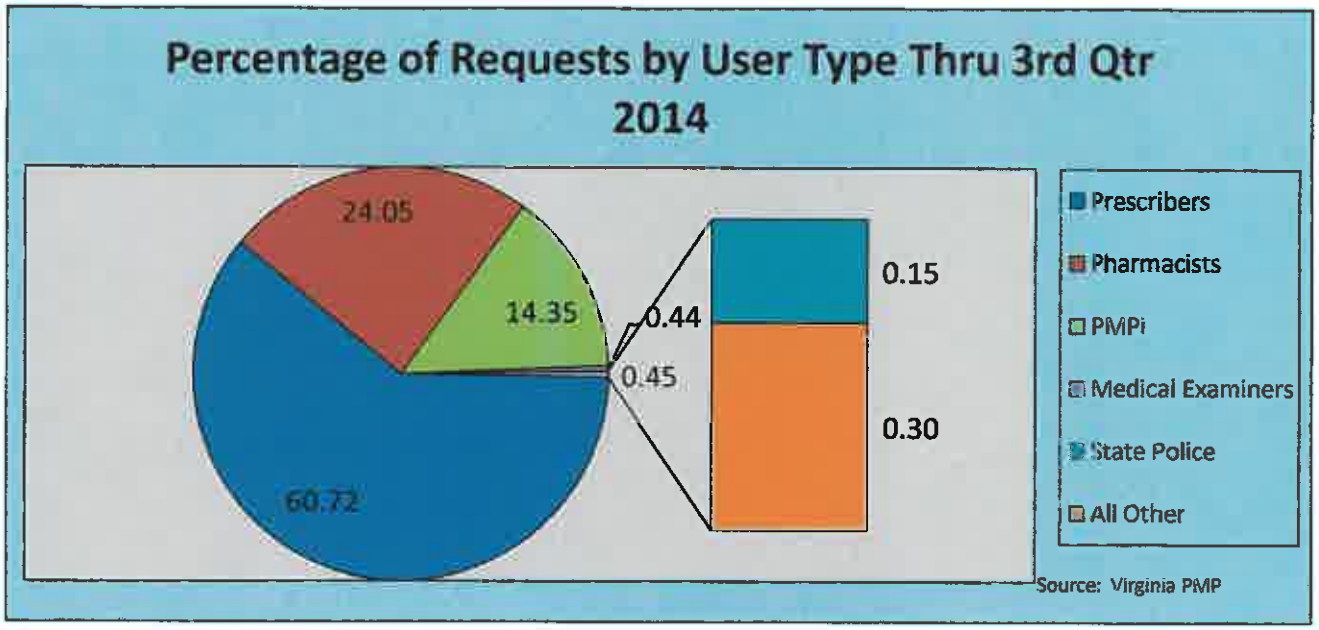


By September 26 of this year, the PMP had 22373 registered users and had enrolled 3,532 new users since January 1st of 2014.

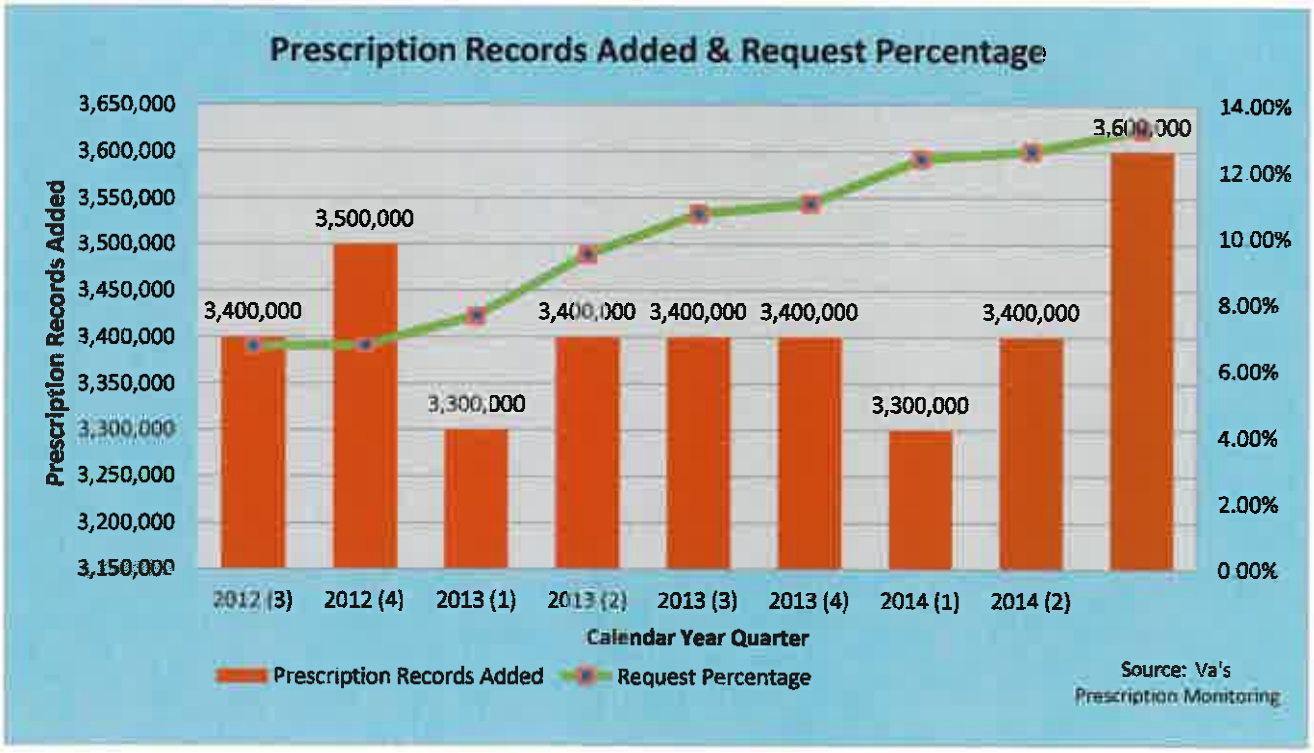


By the end of the third quarter, the program contained over 108 million prescription records and typically continues to add approximately 1 million records per month.

Virginia Prescription Monitoring Program Statistics January – September 2014

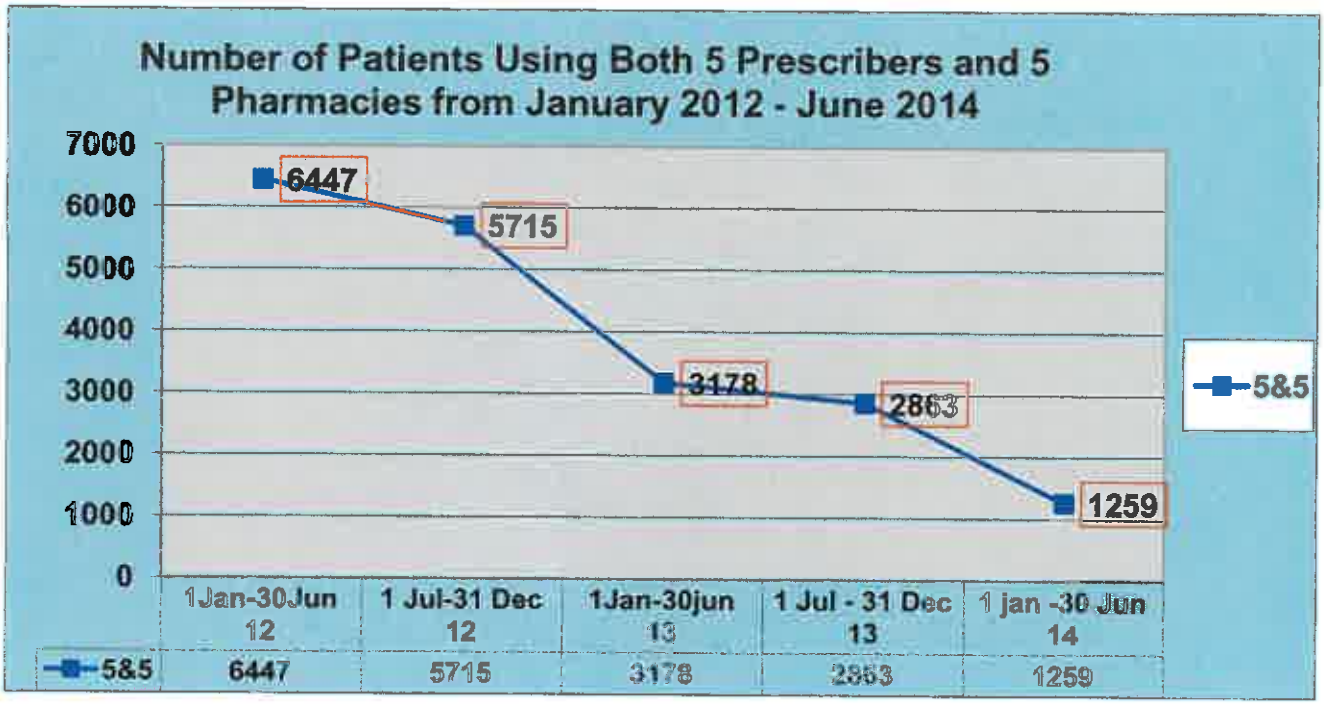


The percentage of requests by user type continues to vary based on the changing user mix. As chain pharmacies begin to require mandatory registration of their pharmacists, their use has increased, and as Virginia becomes interoperable with more border states, the percent of PMPi requests also continues to increase. Two years' previous, prescriber requests were consistently 90% or more of the total.



During the third quarter of 2014, prescribers queried the Virginia PMP for over 13% of the prescriptions they collectively wrote for controlled substances. The percentage of queries to prescriptions dispensed continues to increase.

Virginia Prescription Monitoring Program Statistics January – September 2014



The number of individuals able to seek out a large number of prescribers and pharmacies continues to decline. PMP staff is beginning to track this measure quarterly; the decline continues to be significant.