DRAFT/UNAPPROVED

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
VIRGINIA PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY PANEL

Tuesday, June 14, 2011

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER:	A meeting of the Advisory Panel of the Prescription Monitoring Program was called to order at 10:10 a.m.
PRESIDING	Kenneth Walker, M.D., Chair
MEMBERS PRESENT:	Carola Bruflat, Family Nurse Practitioner Randall Clouse, Office of the Attorney General, Medicaid Fraud Unit, Vice Chair Brenda Mitchell, President, Virginia Association for Hospices Holly Morris, RPh, Crittenden's Drug Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Harvey Smith, 1SG, Virginia State Police Dr. Amy Tharp, Office of the Chief Medical Examiner
MEMBERS ABSENT:	John Barsanti, M.D., Commonwealth Pain Specialists, L.L.C.
STAFF PRESENT:	Howard Casway, Senior Assistant Attorney General, Office of the Attorney General Diane Powers, Director of Communications, Department of Health Professions Elaine Yeatts, Senior Policy Analyst Ralph A. Orr, Program Director, Prescription Monitoring Program Carolyn McKann, Deputy Director, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Dr. Walker welcomed everyone to the meeting of the advisory panel.
PUBLIC COMMENT:	No public comments were made.
APPROVAL OF AGENDA	Mr. Orr requested adding an agenda item entitled "educational events" to the agenda between program statistics and update on unsolicited reports within the program update section. The agenda was approved as amended.
APPROVAL OF MINUTES	The Panel reviewed draft minutes for the February 1, 2011 meeting. The minutes were approved as presented.
ELECTION OF CHAIRMAN AND VICE-CHAIRMAN	Dr. Kenneth Walker was elected Chairman of the Advisory Panel for another term; all were in favor, none opposed. Dr. Randall Clouse was elected as Vice-Chairman for another term; all were in favor, none opposed.

DEPARTMENT OF HEALTH PROFESSIONS REPORT	Mr. Ralph Orr discussed an interagency work group that the Virginia Department of Behavioral Health and Developmental Services (DBHDS) has initiated to provide a context for budget initiatives for substance abuse treatment services to be presented to the Governor. This group is specifically looking at what systems, services and resources are currently available to address the Commonwealth's substance abuse problem and compare those resources to what is needed. The committee specifically wants to enhance opportunities for individuals and families who need substance abuse services and to develop a strategic plan to increase community-based substance abuse services across the Commonwealth. Mr. Orr stated that he is serving on a methamphetamine study group due to previously proposed legislation to schedule Sudafed, which would have required Sudafed to be reported to the PMP. The study is exploring possible approaches to control the illegitimate sale of pseudoephedrine products which may include making these products prescription drugs. First Sergeant Smith noted that, with respect to methamphetamine, a lot of the product is originating in Mexico. He explained that what is being produced in the Commonwealth is coming from small "shake and bake" meth sources, not the large meth labs. Mr. Orr noted that a bill applicable to the PMP program was passed by the 2011 General Assembly, and will be effective beginning July 1, 2011. This bill clearly outlines that pharmacists can share data, and prompts pharmacists to discuss data with other prescribers. The committee discussed Oxycontin OP, a new formulation of oxycontin, which is designed to be difficult to chew, crush, or dissolve. This new formulation has caused drug-seekers to look for other opiate products such as Opana (oxymorphone), which may be easier to crush and snort, and/or inject the resulting powder.
PROGRAM UPDATE: RALPH ORR	Mr. Orr attended the "White House Roundtable on Prescription Drug Abuse and Health Information Technology" and the National Annual Conference of States with Prescription Monitoring Programs, recently held in Washington, DC. The White House Roundtable was chaired by Gil Kerlikowske, Director of the Office of National Drug Control Policy (ONDCP) and co-chaired by President Obama's Chief Technology Officer, Aneesh Chopra. During the White House Roundtable, it was noted that prescription drug abuse is by far the greatest problem today and is growing at an alarming rate prompting the development of an action plan.

The national prescription drug abuse action plan consists of four essential elements:

1) Education
2) Prescription Monitoring Programs
3) Prescription Drug Disposal Programs
4) Support to Law Enforcement Agencies

The White House Roundtable focused on three goals related to PMPs:

1) Real-time use of PMP data at the point of care to facilitate proper prescribing.
2) Applications for real-time PMP data exchange at the point of dispensing at the pharmacy.
3) Leveraging PMP data at Emergency Rooms through Health Information Exchanges.

The committee reviewed some statistics that were presented at the Roundtable on prescription drug abuse. National statistics show that drug-induced deaths have exceeded motor vehicle deaths in several states. Drug-induced deaths in Virginia may exceed death by motor vehicle in certain areas of the state, but not for the state as a whole. Nationwide, for every drug-induced death, there are 461 non-medical users of opioid analgesics. In addition, health care costs for opioid users are 8.7 times greater than for non-abusers.
As of June 2011, 48 states now have active PMPs or legislation allowing an active PMP. Missouri and New Hampshire do not have such legislation.
The national drug control strategy also includes reauthorizing the National All Schedules Prescription Electronic Reporting Act (NASPER). NASPER was specifically unfunded in the continuing resolution for the fiscal year 2011, but is expected to be included in the fiscal year 2012 budget. Mr. Orr noted that currently Veteran's Administration facilities and the Department of Defense do not believe they can legally submit prescription data to state PMPs; this is of concern because prescription drug abuse is higher in some parts of the military than for the general public.

Mr. Orr noted that during the National PMP Annual Meeting, innovation of PMPs with Health Information Exchange (HIE) was a very popular topic. Also of interest during the annual PMP meeting was the ability to incorporate registration with state PMPs on-line with each state's licensure renewal cycle for prescribers and pharmacists.

PMP INTEROPERABILITY

Mr. Orr discussed the NABP Interconnect project. The Ohio and Virginia PMPs were the first two programs to sign on with the NABP

interoperability project known as PMPi. Kansas and five other PMP programs have signed MOU's with NABP. For PMIX (Prescription Monitoring Information Exchange), the Alliance of State PMP's interconnect vehicle, the Virginia PMP would be required to submit a change request to our software vendor, Optimum Technology, each time a new state is added. The accommodation of each additional state would be both time-consuming and costly. The NABP Interconnect project will allow the Virginia PMP to provide interoperability with other states without any additional cost to Virginia for at least five years.
Of note, the Virginia PMP may be adding the patient's "zip code" as a required field when inputting requests in order to differentiate the correct address for persons with the same name but living in different states. By the fall of 2011, NABP anticipates that as many as twenty states may be participating in PMPi.

DRUG TAKE-BACK EVENT TOOL BOX

Attorney General Kenneth Cuccinelli, II, assembled a task force including members from DHP, DEQ, BOP, Virginia State Police, etc., in order to plan and coordinate a drug disposal event "tool box" to assist communities in Virginia that wish to plan and hold community take–back events. Mr. Orr was a member of this task force; he discussed elements of the completed document which was included in the agenda packet. This document will also be posted on the PMP website. On Aril 30, 2011, the Drug Enforcement Administration (DEA) hosted the second National Prescription Drug Take-Back Day. Nationwide, there were 5,300 collection sites. In Virginia, 9,500 pounds of unused and expired prescription drugs were collected and incinerated, an increase from the 5,182 pounds collected last September 25, 2010 during the first ever National Prescription Drug Take Back Day. There is a third National Take Back Day scheduled for October of this year.

PROGRAM STATISTICS

Ms. Carolyn McKann reviewed the program statistics for utilization of the program through June 3, 2011. The program continues to receive increasing numbers of requests for patient-specific prescription history. So far in 2011, the program has exceeded the number of requests processed in the first two quarters of 2010. One day last week, the program processed greater than 2,500 requests during a 24-hour period. During 2011, the program's registered users exceeded 10,000 persons. The program continues to register approximately 50-75 users each week. The number of registered prescribers currently represents about 20 percent of the eligible population. The program continues to add approximately one million prescription records each month with currently over 62 million records in the PMP database. Mr. Orr noted that the Virginia PMP may soon keep only two years of prescription records active, and the

previous three or so years inactive. There is currently a 93% auto response rate, but this rate is expected to increase with fewer records for the database to review with each request.

EDUCATION INITIATIVES

Mr. Orr introduced the free educational forums on Prescription Drug Abuse being sponsored by the Medical Society of Virginia, One Care of Southwest Virginia, Inc., Virginia Dental Association, and Virginia Pharmacists Association. These four forums are provided to educate health care providers and pharmaceutical dispensers on how to prevent the abuse of prescription drugs. These sessions will include a brief introduction of the Virginia PMP, and will be held on the following dates: Saturday, July 16th, Sunday, July 17th, Saturday, September 17th, and Sunday September 18th in four different locations throughout southwest Virginia. The forums will explain the legal and regulatory requirements for using controlled substances to treat chronic pain as well as how health care providers can work with law enforcement to curb prescription drug abuse. The Virginia PMP will load the presentations on the thumb drives purchased by the program. Ms. Morris proposed informing registrants to bring their laptops if they wish to follow along with the overheads.

OTHER EDUCATIONAL INITIATIVES

Ms. Diane Powers discussed the development of an 18-month editorial calendar which will address an emphasis on third party outreach. Ms. Powers indicated that a plan that is committed to paper will assist the PMP in quantifying outreach initiatives. The calendar will include a list of due dates whereby the PMP can plant educational messages intended for specific constituents including the Board of Medicine, hospital systems (to include in-service meetings or grand rounds), community service boards and the 32 health districts. Ms. Powers noted Mr. Orr's live interview regarding the PMP was presented on the WHSV Fox TV-3 evening news on Thursday, May 19, 2011. Ms. Powers and Ms. McKann will be working to develop this editorial calendar.

UPDATE: UNSOLICITED REPORTS

Ms. McKann discussed the two types of unsolicited reports currently processed by the Virginia PMP. A "traditional" threshold report recognizes individuals meeting specific criteria within a thirty day period with regard to total number of prescribers seen and the total number of pharmacies utilized. PMP reports are no longer mailed to all prescribers. Registered users simply receive an email with a link to the PMP report. Non-registered prescribers receive a letter naming the patient and encouraging them to register with the program. Program staff halted this process once it was noted that some registered prescribers were receiving more than one email. Optimum Technology is working toward a resolution to this problem. Following resolution of this computer issue, program staff will

continue sending traditional threshold report notifications.
The second type of unsolicited report may recognize prescriptions that represent forgeries. These reports recognize individuals that see only one practitioner and numerous pharmacies within a thirty day period. Mr. Orr sent letters to the prescriber for each of those individuals recognized. The committee then reviewed a sample report of a real individual who had obtained 101 prescriptions written by the same prescriber and filled at twelve different pharmacies at different intervals during a five-six month period. Ms. McKann noted that the street value of the prescriptions, given that all the prescriptions were for oxycodone hydrochloride, at $1.00 per mg, would be nearly $140,000.

For both types of reports, program staff is now tracking the percentage of non-registered users that register with the program 4-5 weeks following receipt of a notification of an unsolicited report received by the prescriber.

IMPLEMENTATION OF NEW REPORTING REQUIREMENTS

New reporting requirements for the Virginia PMP are effective October 1, 2011. These changes to the regulations were exempt from the regulatory process because they are required in order for the Virginia PMP to continue to be eligible for federal grant funding. Required elements included uploading with ASAP standard Version 4.1, reporting of data within 7 days of dispensing, the DEA number of the dispenser (instead of the NCPDP#), the date the prescription was written, whether the prescription is new or a refill, and the number of refills authorized.
The updated Reporting Manual is nearly complete, however the ASAP standard is copyrighted and therefore the Virginia PMP cannot publish the reporting attributes in the reporting manual, as there is a fee to ASAP to obtain these.
Mr. Orr noted that the final rule on e-prescribing is due out soon. The DEA to this date has received only one application from an entity to act as the certifying authority. The DEA does not want to be the entity responsible for the certification of users. The validation should include a 2-factor authentication; i.e., something you know and something you have (such as a username and password along with a token or other biometric).

DISCUSS REMAINING RECOMMENDATIONS PURSUANT TO SJR73 AND SJR75

Ms. Elaine Yeatts discussed the remaining recommendations for 2011. Ms. Yeatts noted that there is language regarding an exception to the rule in the Patient Privacy Act. During the 2011 session, there was an amendment to the PMP law regarding redisclosing PMP information. This amendment states clearly that information can be shared by pharmacists with prescribers of the patient.
Ms. Yeatts also noted that several bills were presented regarding

synthetic marijuana which was difficult to get good language for because synthetic marijuana is burned similar to incense and therefore does not conform to existing criminal code.

Mr. Orr discussed the remaining recommendations from the study and asked if the Panel wished to recommend them again this year. The following recommendations were made:

1. The PMP Advisory Panel recommended that both tramadol and carisoprodol be moved to Schedule IV in the Drug Control Act, in support to the Board of Pharmacy's recommendation to schedule these drugs.
2. The PMP Advisory Panel also recommended that we expand the authority to access the PMP to the following:
   a) Federal law enforcement such as FBI, FDA, Veteran Affairs,
   b) Worker's compensation reviewers (as long as they are otherwise eligible to be registered as prescribers)
3. The PMP Advisory Panel recommended that the method of payment be added to reporting requirements.
4. The PMP Advisory Panel recommended that authority to send unsolicited reports to law enforcement and regulatory personnel be added to the PMP code.

PMP AND HEALTH INFORMATION EXCHANGE

The Commonwealth of Virginia's Health Information Exchange (COV-HIE) is a collaborative effort involving both public and private stakeholders across the Commonwealth. Virginia is now recognized as a leader in Health Information Technology. Virginia is the only state with two entities (MedVirginia and CareSpark) in the Nationwide Health Information Network (NHIN). COV-HIE's strategic plan frequently mentions the Virginia PMP and notes that the PMP may be used to push health information. The states have already received a considerable amount of funding to implement Health Information Exchanges through federal grants.

NEXT MEETING

The next meeting date to be determined with probable date either in January or February, 2012.

ADJOURN:

With all business concluded, the committee adjourned at 2:00 p.m.

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Kenneth Walker, M.D., Chairman

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Ralph A. Orr, Program Director

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
June 14, 2011
10:00 AM
Board Room 3
TOPIC

Call to Order: Dr. Kenneth Walker, Chairman
- Welcome and introductions ✓
- Reading of emergency evacuation script: Ralph Orr ✓
- Approval of Agenda ✓
- Approval of minutes ✓
- Election of Chair and Vice-Chair Keep the same people

Public Comment: None

Department of Health Professions Report:

Program Update: Ralph Orr
- Report on White House Roundtable Meeting and National PMP Annual Meeting ✓
- PMP Interoperability—Status – 1 ✓
- Drug Take-Back Event Tool Box – 3 ✓
- Program Statistics: (Carolyn McKann) – 13 ✓
- Update: unsolicited reports: (Carolyn McKann) – 19
- Implementation of New Reporting Requirements: – 25

Note: Working Lunch at approximately Noon

Review of Recommendations Pursuant to SJR73 and SJR75:
- Regulations becoming effective October 1, 2011
- Discuss remaining recommendations from 2011 – 45
- PMP and Health Information Exchange – 47
- Discussion of comments – 51

Next Meeting

Adjourn

NABP PMP Interconnect™

WA OR ID MT ND MN SD WY WI MI NY VT NH ME MA RI CT IA NE NV UT CO CA KS MO IL IN OH PA NJ DE MD DC WV VA KY NC TN AZ NM OK AR SC AL GA MS LA TX FL AK HI

Legend

- NABP PMP Interconnect Participant
- Pending NABP PMP Interconnect Participant
- Future Prospective NABP PMP Interconnect Participant
- PMP Legislation Enacted, No Program in Place
- PMP Legislation Pending

HOSTING A SUCCESSFUL PRESCRIPTION DRUG TAKE-BACK EVENT

A ROADMAP FOR LOCAL COMMUNITIES IN VIRGINIA

PREPARED BY ATTORNEY GENERAL KENNETH T. CUCCINELLI, II'S
PRESCRIPTION DRUG TAKE-BACK TASK FORCE

Community Coalitions of Virginia
Substance Abuse Free Environment, Inc.
Virginia Association for Hospices and Palliative Care
Alfred M. Jacocks, Jr., Retired Chief, Virginia Beach Police Department
Virginia Board of Pharmacy
Virginia Department of Environmental Quality
Virginia Department of Health Professions
Virginia National Guard Counter Drug Program
Virginia Department of State Police
Virginia Office of the Attorney General
Virginia Prescription Monitoring Program
United States Drug Enforcement Administration

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HOSTING A SUCCESSFUL PRESCRIPTION DRUG TAKE-BACK EVENT

A ROADMAP FOR LOCAL COMMUNITIES IN VIRGINIA

Introduction

More than 7 million Americans abuse prescription drugs, according to the 2009 Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health. Moreover, every day, on average, 2,500 teens use prescription drugs to get high for the first time, according to the Partnership for a Drug-Free America. Studies show that a majority of abused prescription drugs are obtained from family and friends, including from the home medicine cabinet. Public health officials now call prescription drug abuse an epidemic that is plaguing the nation.

Currently, there are no legal means to transfer possession of certain prescription drugs for disposal. On October 13, 2010, the Secure and Responsible Drug Disposal Act of 2010 was signed into law. The U.S. Drug Enforcement Administration (DEA) will now develop regulations that will allow Americans to dispose of their expired, unused or unwanted prescription medications in a safe and responsible manner on any day. Until permanent regulations are in place, local communities need to continue to hold one-day take-back programs to prevent prescription drug abuse and to safeguard the environment.

Organizing a Collection Event

Before the Event

- **Planning:** Planning for the event should start about four (4) months in advance of the collection event.

- **Funding:** Local communities will need to consider the potential costs of a take-back event and identify possible funding sources. Primary expenses include:

  - costs for hauling and incinerating the medications collected;
  - costs for off-duty law enforcement officers, unless the police department or the DEA is willing to provide regular duty officers;
  - costs for publicizing the event (i.e., posters, flyers, possible paid advertising on radio and in community papers, etc.)

  The medications collected must be transported and incinerated by companies approved by the Virginia Department of Environmental Quality (DEQ). Check with the solid waste manager within the appropriate Virginia DEQ Regional Office for the names of permitted waste haulers and incineration facilities that can transport and incinerate expired, unused and unwanted medications (http://www.deq.virginia.gov/waste/disposal.html).

The cost of transport and incineration can be significant. The local police department will have a system in place to dispose of controlled substances they have seized, including prescription medications. The local police department may be willing to accept the medications collected at a take-back event and dispose of them at no cost with other controlled substances that will be destroyed. As another option, some incineration facilities may be willing to provide no-cost incineration of such medications. For example, since launching their Prescription for Safety Program (Rx4Safety) in 2010, Covanta Energy-from-Waste facilities have destroyed more than 30,000 pounds of unwanted medications free of charge from collections held by municipalities, community groups, and law enforcement agencies across the nation. Based on the program's success and encouragement by its partners and clients, Covanta Energy Corporation has decided to extend the program through the end of 2011.

A list of potential partners for helping to plan, support, publicize or provide funding for take-back events is included in Appendix A.

- **Local Police Department Cooperation:** Obtaining the cooperation of your local police department prior to the event is essential. Because the collection site will accept controlled substances in Schedules II - V, members of the local police department or the local DEA must be present at the collection event to supervise the receipt of the controlled substances until their final destruction pursuant to the federal Controlled Substances Act (21 U.S.C. § 822). The request for assistance should be in writing and there should be a follow-up letter/memo sent to confirm the collection specifics and duties of the police officers.

  In addition, pursuant to Va. Code § 19.2-386.23(A)(2), prior to the destruction of controlled substances in Schedules II – V, the chief law-enforcement officer of the locality or his designee must obtain the written consent of the Commonwealth's Attorney for the locality to order destruction of the drugs. Moreover, after the destruction, a written statement under oath reporting a description of the drugs destroyed and the time, place and manner of destruction, must be made to the chief law-enforcement officer of the locality and to the Virginia Board of Pharmacy by the officer to whom the order of destruction is directed.

- **DEA Approval:** Request approval from DEA by letter to hold the event about four (4) months in advance of the event. Your letter to DEA requesting approval should specify that you will have local police officers on-site. Approval should be obtained in accordance with the procedure for disposing of controlled substances set out in Title 21 CFR § 1307.21. See Appendix B. The letter to the DEA requesting approval should be addressed to:

  Ava A. Cooper-Davis
  Special Agent in Charge
  Drug Enforcement Administration
  Washington Field Division
  800 K Street NW
  Suite 500
  Washington, DC 20001

- **Publicity:** A consumer awareness campaign is needed to communicate the proper procedures for returning expired, unused, or unwanted medications and to motivate citizens to participate in the program. It is important for citizens to know what they can and cannot bring to the collection site. Expired, unused, or unwanted prescription and over-the-counter medications and vitamins, and veterinary medications are acceptable. Chemotherapy drugs and radioactive materials are unacceptable. To ensure anonymity and privacy, participants should be advised to use a black permanent marker to conceal any personal information on the container.

  The advertising should make it clear that the event is for the returning of unwanted or expired drugs that have been dispensed to an individual. Drugs that are stored in a medical facility or physician's office that have not been dispensed to a specific patient may not be accepted via a take-back program.

  NOTE: "Medical sharps" (i.e., hypodermic needles, pen needles, intravenous needles, syringes, lancets, and other devices that are used to penetrate the skin for the delivery of medications) are often listed as not accepted, but it is important to prepare for their acceptance with secure medical sharps collection containers on site. See Appendix C.

- **Multiple locations:** Collection programs must be easy to use. The program should be free to the public and should be provided at multiple locations on different dates, if possible, during hours when people are likely to be able to drop off their items, i.e., after typical work hours or on weekends. Each location should be easily accessible to participants and include, if possible, an outside drive-thru drop off. Many collection programs have been sited at pharmacies, local police precincts, local parks and fairgrounds with large parking lots and easy access to and from such sites.

During the Collection

- **Staffing:** Because it is likely that controlled substances in Schedules II – V (for which only law enforcement officers may legally accept) will be collected, at least one law enforcement officer must be present at the collection site. However, the presence of at least two officers is recommended. In addition, there should be at least two volunteers and a data entry person. Each site should have sufficient drop-off bins or bags for collection of the medications.

- **Safety:** Contact with some medications can pose safety and health risks to collection participants. Some drugs are skin contact hazards and others have dusts that are inhalation hazards. Anyone working the event who may contact the containers of medications should wear latex or non-latex gloves at all times when handling the containers. Avoid accidental ingestion through breathing by considering wearing a facemask. Keep medications in their original packaging to prevent reactions in the collection bin.

  Drinking or eating directly in the area that the medications are being collected and handled should be avoided. Be sure to remove the gloves before handling any food or beverages. Anyone working with vehicles or lines of traffic at the collection site must wear a safety vest.

- **Record-keeping:** If possible, keep records of the medications and other items that are collected. The most common method is to report total pounds collected with the use of one property voucher at each site (i.e., "500 pounds of assorted medications"). Collection staff may also want to conduct a survey of participants to inquire why the medication is being dropped off, whose medication it was, age of the participant, prior method of disposal, and how did the participant learn about the event. See Appendix D. At the conclusion of the survey, information about preventing drug abuse and the local poison control center hotline could be distributed.

After the Collection

- Medications should never be stored on-site after the event. Such storage creates too great a risk of theft.

- The local police department should be prepared to have the medications transported by a permitted waste hauler under police/DEA escort to an incinerator for destruction or transport the medications to an incinerator themselves.

- In Virginia, expired, unused, and unwanted medications that are collected from individuals through proper disposal methods are typically incinerated in regulated waste incinerators with controls for environmental safety and to minimize air emissions.

April 2011

APPENDIX A

LIST OF POTENTIAL PARTNERS FOR PROPER DISPOSAL OF UNWANTED MEDICATIONS

National and State Associations

American Association of Retired Persons – www.aarp.org
American Dental Association – www.ada.org
American Hospital Association – www.aha.org
American Medical Association – www.ama-assn.org
American Nurses Association – www.nursingworld.org
American Pharmacists Association – www.aphanet.org
American Water Works Association – www.awwa.org
Hospitals for a Healthy Environment – www.h2e-online.org
National Association of Boards of Pharmacy – www.nabp.net
National Association of Chain Drug Stores – www.nacds.net
National Association of Drug Diversion Investigators – www.projectdrugdrop.com
National Community Pharmacists Association – www.ncpanet.org
National Council on Patient Information and Education – www.talkaboutrx.org/index.jsp
Pharmaceutical Research and Manufacturers of America – www.phrma.org
Product Stewardship Institute – www.productstewardship.us
Virginia Dental Association – www.vadental.org

Federal Agencies

Centers for Medicare & Medicaid Services – www.cms.hhs.gov
Department of Health and Human Services – www.hhs.gov
National Oceanographic and Atmospheric Administration and Sea Grant – www.noaa.gov and www.seagrant.noaa.gov
U.S. Department of Housing and Urban Development – www.hud.gov
U.S. Drug Enforcement Administration - www.justice.gov/dea
U.S. Environmental Protection Agency – www.epa.gov
U.S. Fish and Wildlife Service – www.fws.gov
U.S. Food and Drug Administration – www.fda.gov
U.S. Consumer Product Safety Commission – www.cpsc.gov

State Agencies

Virginia Board of Pharmacy – www.dhp.virginia.gov/Pharmacy
Virginia Department of Environmental Quality – http://www.deq.virginia.gov/vpdes/Microconstituents.html
Virginia Department of Health Professions' Prescription Monitoring Program – www.dhp.virginia.gov/dhp_programs/pmp/default.asp
Virginia State Police – www.vsp.state.va.us

Local Government Agencies

Local Fire Department
Local Health Department
Local Police Department
Local Sheriff's Department
Local Senior Triad or Senior Advocate
Local Wastewater Treatment Plant

Local Healthcare & Other Organizations

Environmental Groups (i.e., Chesapeake Bay Foundation, Hands Across the River, James River Advisory Council, Sierra Club)
Family Practitioners
Local Hospitals
Local Pharmacies
Poison Control Centers
Public and Private Universities
Regional Drug Free Alliance – Partners for a Healthy Central Virginia – www.drugfreealliance.org
Religious Groups
Veterinary Organizations

APPENDIX B

Chesterfield County, Virginia
Police Department
10001 Iron Bridge Road – P.O. Box 148 – Chesterfield, VA 23832-0148
Phone: (804) 748-1266 – Fax: (804) 748-6265 – Internet: chesterfield.gov

COLONEL Thierry G. Dupuis
Chief of Police

September 17, 2010

Ava A. Cooper-Davis
Special Agent in Charge
Drug Enforcement Administration
Washington Division
800 K Street NW, Suite 500
Washington, DC, 20001

Dear Ms. Cooper-Davis:

I would like to formally request your permission for the Chesterfield County Police Department, as a member of SAFE, our community's substance abuse prevention coalition, and in collaboration with the Virginia Poison Center, to hold a medication disposal event on Saturday, November 13, 2010, between the hours of 10 a.m. and 2 p.m. This will be held at Rockwood Park, 3401 Courthouse Road, which is centrally located and provides convenient and safe ingress and egress for citizens.

Chesterfield County is a large suburban county of 318,000 residents that borders the City of Richmond. We held a very successful event in April 2010 and we hope to coordinate our efforts in the future to coincide with the national medicine disposal event.

The Virginia Poison Center and SAFE will be handling the planning, advertising and logistics of the event and I have assigned Capt. Hal Moser to serve as liaison from the Police Department to SAFE and the Virginia Poison Center. Chesterfield County law enforcement officers will be present throughout the event and will have sole control over and possession of both controlled and non-controlled substances. At the end of the event they will follow departmental procedures for secure disposal of all items collected.

Since this event is only two months away, and much planning has already occurred, we would appreciate your prompt response. Thank you.

Sincerely,

Thierry G. Dupuis
Chief of Police

APPENDIX C

For immediate release
November 1, 2010

Contact:
Wayne Frith
(804) 516-1655
frith.safe@earthlink.com

AMERICAN MEDICINE CHEST CHALLENGE COMING TO CHESTERFIELD, COLONIAL HEIGHTS NOV. 13

Highlights of the national challenge will include medication take-back events at Rockwood Park and the Colonial Heights Community Building

CHESTERFIELD COUNTY, VA — On Saturday, Nov. 13, SAFE, Chesterfield County's substance abuse prevention coalition, will be coordinating the American Medicine Chest Challenge in Chesterfield County. The event also will take place in communities across the U.S. and will challenge residents to take the five-step American Medicine Chest Challenge:

- Take inventory of their prescription and over-the-counter medicines
- Lock their medicine chests
- Dispose of unused, unwanted and expired medicines in their homes or at an American Medicine Chest Challenge disposal site
- Take their medicines exactly as prescribed
- Talk to their children about the dangers of prescription drug abuse

SAFE, in collaboration with Chesterfield County police, will host a medication take-back event at Rockwood Park, 3401 Courthouse Road. A take-back event also will be held at the Colonial Heights Community Building, 157 Roanoke Ave., sponsored by the CADRE coalition and Colonial Heights police. Residents are encouraged to drop off any unneeded or expired prescription and over-the-counter medicines, including pet medicines, between 10 a.m. and 2 p.m.

The Virginia Poison Center, Regional Drug-Free Alliance, Chesterfield TRIAD and Richmond Family Magazine are also sponsors of the local American Medicine Chest Challenge.

The abuse of prescription and over-the-counter drugs is a growing problem throughout the U.S. Seventy percent of people who abuse medicines get them from friends or family, often without their knowledge. Medicine disposal events help people rid their homes of these medications in an environmentally responsible way.

Free medication lockboxes will be randomly distributed at the Chesterfield event to encourage locking up medications that you use.

For more information about the American Medicine Chest Challenge, visit www.americanmedicinechestchallenge.com or www.chesterfieldsafe.org, or call 804-796-7100.

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Substance Abuse Free Environment Inc. (SAFE) • c/o Chesterfield County Youth Planning and Development
P.O. Box 40, Chesterfield, VA 23832 • (804) 796-7100 • www.chesterfieldsafe.org

Saturday November 13

The day to get rid of your stash!

Safely dispose of your unused & expired medicines.

- Bring your prescription, over-the-counter, & pet medicines
- Leave medicines in original containers
- Remove or mark out label information

10am - 2pm
Rockwood Park
3401 Courthouse Road
Richmond, VA 23236

• Drive through and Drop off •

More information: 804-796-7100 or chesterfieldSAFE.org

SPONSORED BY:

Prevent medicine abuse. Prevent accidental poisonings. Protect the environment.

APPENDIX D

Medication Disposal Event
November 13, 2010
Rockwood Park

Your answers to these questions will help us plan future events. Thank you for your help!

1. **Your home zip code** ____________________

2. **Age** (check one) ____ under 30 ____ 30-50 ___ over 50

3. **How did you learn about this event?** (check all that apply)
   - _____ Radio
   - _____ TV
   - _____ Poster or flyer
   - _____ Banners at Rockwood Park
   - _____ Ads in newspapers or other publications
   - _____ Internet or on SAFE's web site
   - _____ Through my child's school
   - _____ At work
   - _____ Email, Facebook, Twitter
   - _____ Word of mouth
   - _____ Other: ___________

4. **How have you been getting rid of your unwanted medicines in the past?** (check all that apply)
   - _____ I hadn't gotten rid of any---just kept them in my home
   - _____ Put them into my regular garbage
   - _____ Flushed them down the sink or toilet
   - _____ Gave them to other people who needed them
   - _____ Returned them to the pharmacy
   - _____ Returned them to my doctor's office
   - _____ Other: ________________

Your comments are welcome. ____

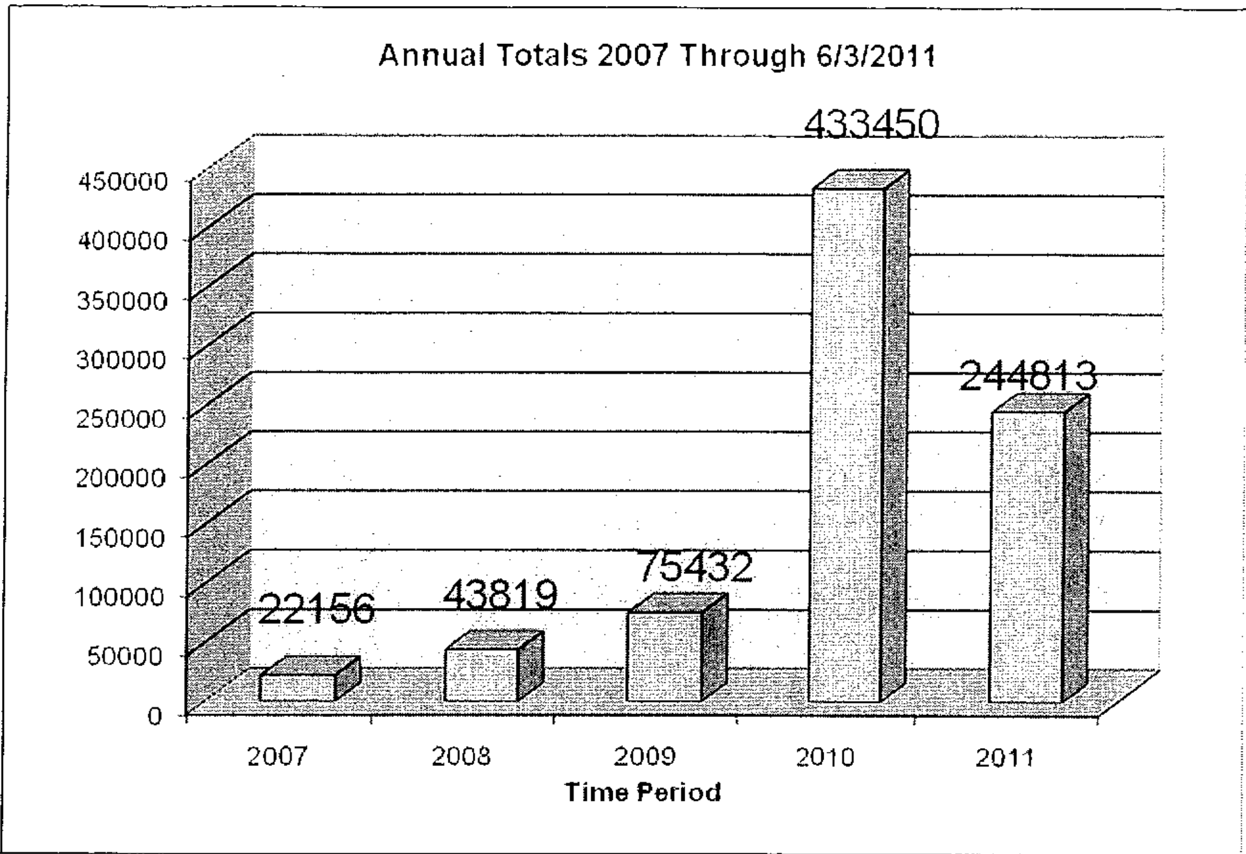
____

____

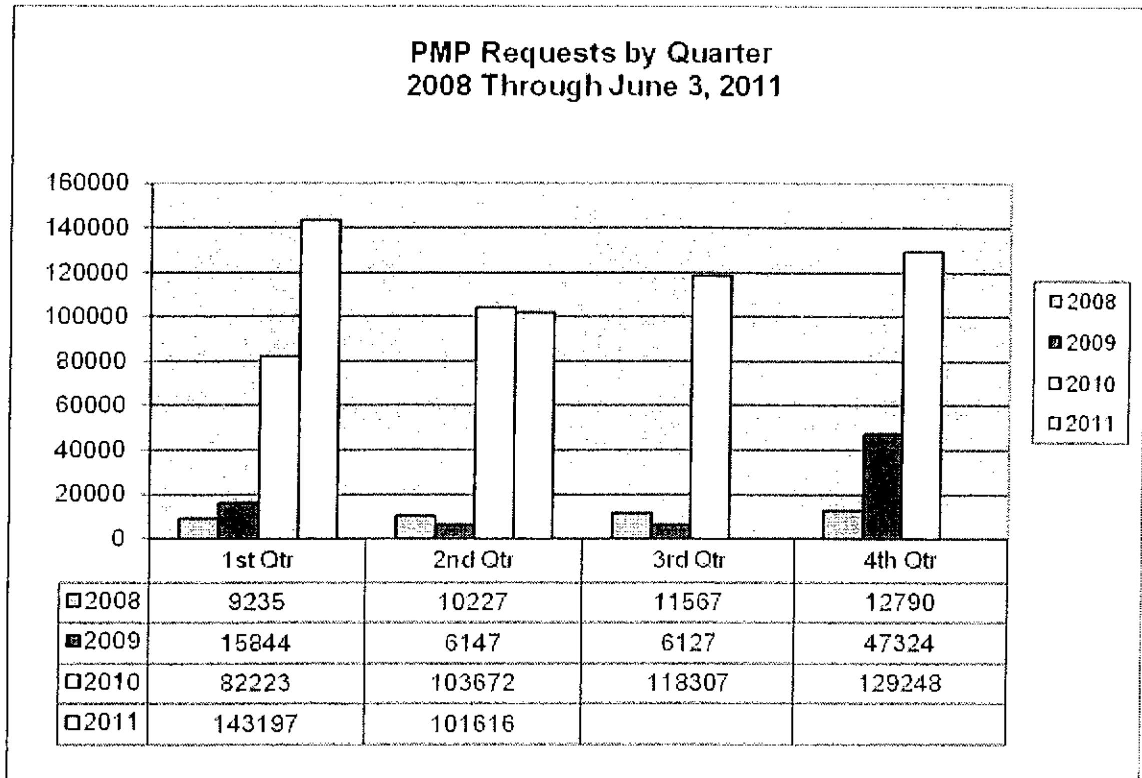
THANK YOU!

(12)

Virginia Prescription Monitoring Program
2011 Statistics

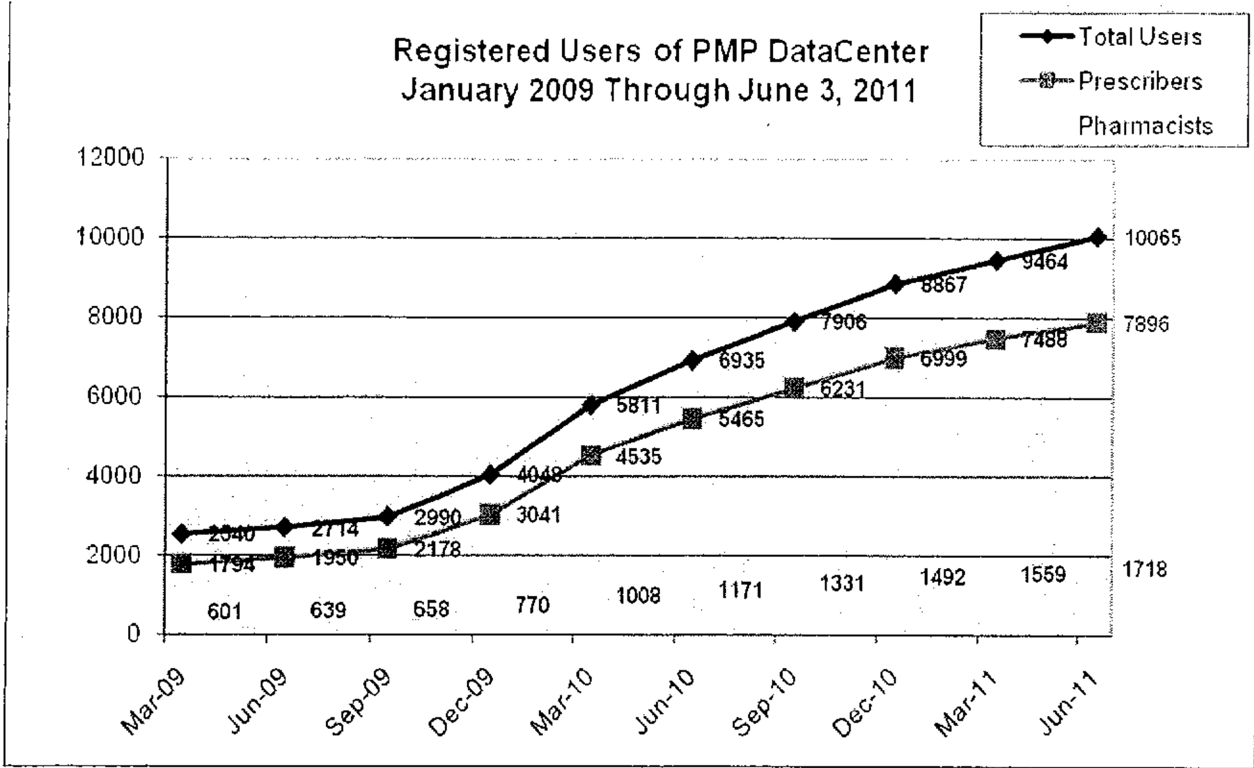


Nearly twice as many requests were processed in the first quarter of 2011 than in the first quarter of 2010.

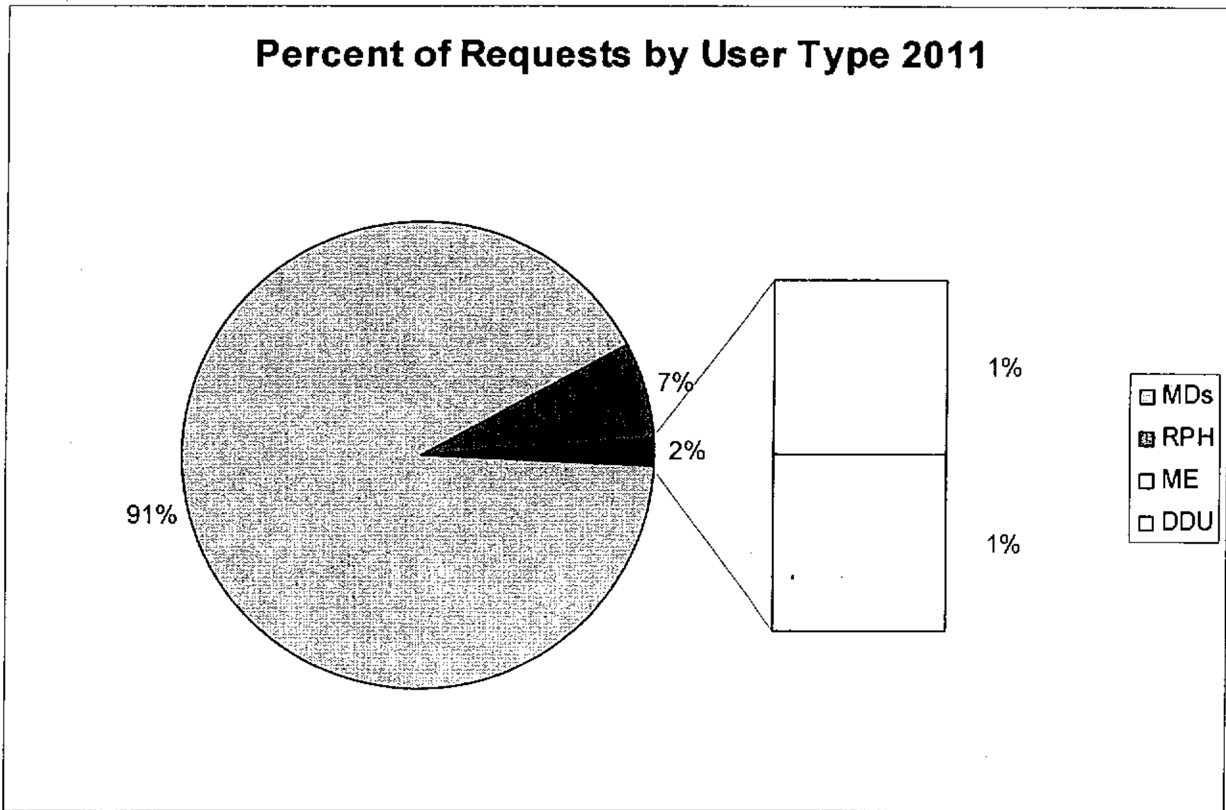


	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
2008	9235	10227	11567	12790
2009	15844	6147	6127	47324
2010	82223	103672	118307	129248
2011	143197	101616		

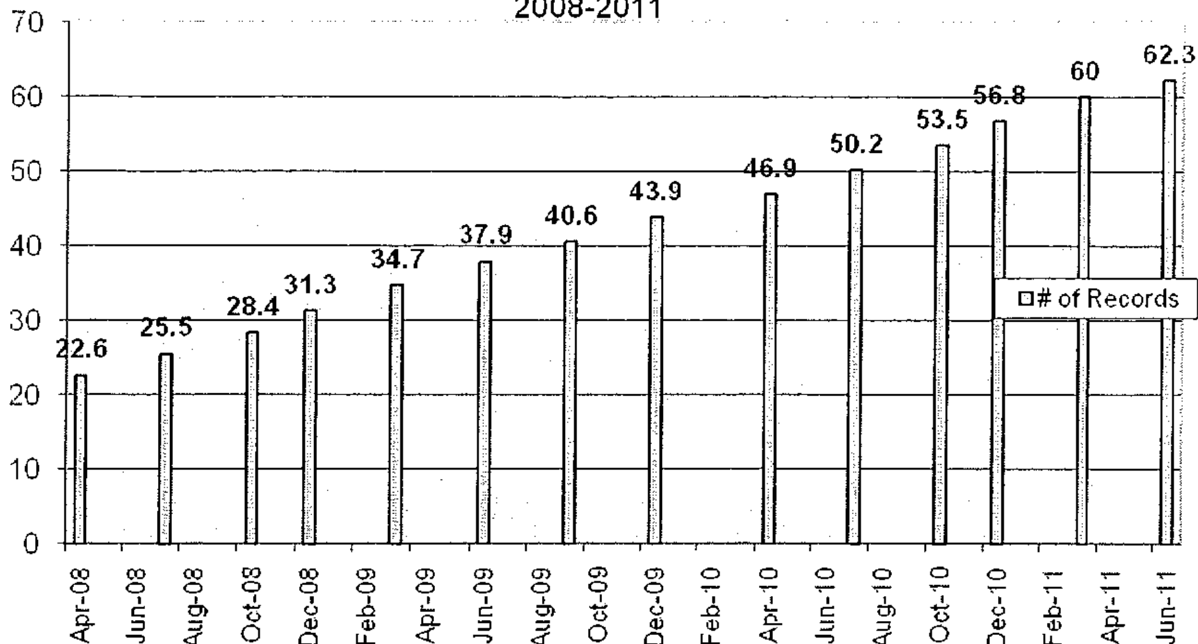
(13)



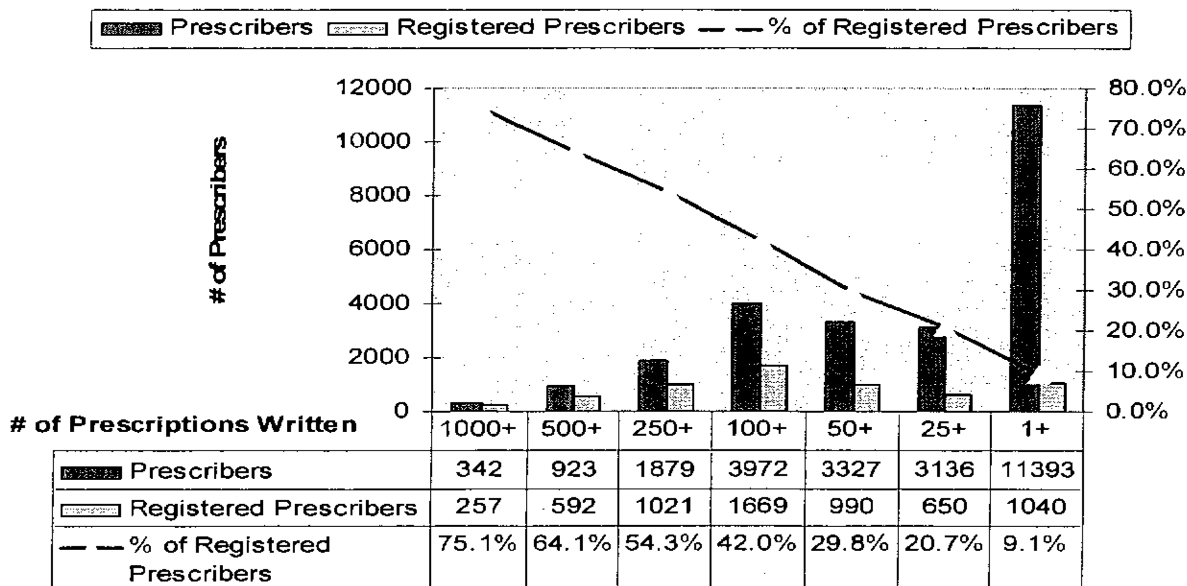
The program continues to add several hundred registered users each month.



The percentage of Prescriber requests had grown to 91% of the total requests in 2010 compared to 84% in 2009. The percentage of prescriber requests appears to remain fairly consistent month after month.



The program continues to add approximately 1 million records each month.



# of Prescriptions Written	1000+	500+	250+	100+	50+	25+	1+
Prescribers	342	923	1879	3972	3327	3136	11393
Registered Prescribers	257	592	1021	1669	990	650	1040
% of Registered Prescribers	75.1%	64.1%	54.3%	42.0%	29.8%	20.7%	9.1%

The percent of prescribers (who prescribe greater than 1000 controlled substances) that are registered users of the PMP program has increased by greater than 2% during the last quarter. During the first quarter of 2011, approximately 28% of those prescribers who have prescribed at least one Schedule II, III or IV drug are registered with the PMP program.

Free Educational Forums on Prescription Drug Abuse

One Care of Southwest Virginia, Inc.

Community and health organizations are joining forces to host a series of forums in Southwest Virginia that will educate health care providers and pharmaceutical dispensers on current best practices of how to prevent the abuse of prescription pharmaceuticals.

Dates and Locations:

- **Saturday, July 16** - Wytheville Community College, Grayson Hall, Wytheville, VA
- **Sunday, July 17** - New River Community College, Rooker Hall, Dublin, VA
- **Saturday, Sept. 17** - Southwest Virginia Community College, King Community Center, Richlands, VA
- **Sunday, Sept. 18** - Mountain Empire Community College, Goodloe Center, Big Stone Gap, VA

Registrations and Fees: There are no fees for this activity. However, advance registration is required. To register go to http://www.etsu.edu/com/cme/ and scroll down to the green bar on the lower right portion of the web page.

Time: 8:00 a.m. - 12:30 p.m. (*registration and breakfast begin at 7:30 a.m.*)

Activity Director: Sarah T. Melton, PharmD, BCPP, CGP

Target Audience: Practicing/Licensed M.D.s/D.O.s, Dentists, APNs, PAs, Pharmacists, Pharmacy Technicians and Interns, and Medical Students in the Commonweath.

Learning Objectives: As a result of participating in this activity, the attendee should be able to:

- Explain and demonstrate the legal and regulatory requirements for using controlled substances to treat chronic pain in Virginia.
- Illustrate how health care providers can work with law enforcement to curb prescription drug abuse in our region.
- Compare options available for treatment of opiate dependence (i.e., methadone maintenance therapy and buprenorphine) with a focus on safety, efficacy, and appropriate prescribing precautions.
- Describe the universal precautions for prescribing controlled substances.
- Demonstrate how to use the PMP as a resource in patient-centered care.

This program is supported by:

- Food City Pharmacies
- Substance Abuse and Addiction Recovery Alliance (SAARA)
- Virginia Association for Hospices and Palliative Care (VAHPC)
- Virginia Association of Community Services Boards, Inc. (VACSB)
- Virginia Council of Nurse Practitioners (VCNP)
- Virginia Dental Association (VDA)
- Virginia Hospital & Healthcare Association (VHHA)
- Virginia Pharmacists Association (VPhA)

ACCME Accreditation: Quillen College of Medicine, East Tennessee State University, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CME Credit: Quillen College of Medicine, East Tennessee State University designates this live activity for a maximum of ***4.0 AMA PRA Category 1 Credits***™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Joint Sponsorship: This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Quillen College of Medicine at East Tennessee State University and The Medical Society of Virginia. Quillen College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

AAFP Prescribed Credits: Pending: Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

Virginia Prescription Monitoring Program

Website: https://www.pmp.dhp.virginia.gov/VAPMPWebCenter/login.aspx

TEL: 804/367-4566 pmp@dhp.virginia.gov FAX: 804/527-4470

Patient Rx History Report

MANUAL REPORT

DATE : 6/2/11

Search Criteria: Last Name = And First Name = And D.O.B. = and Request Period = '10/1/2010 12:00:00AM' to '6/2/2011 12:00:00AM'

Prescriptions

Fill Date	Product, Str, Form	Qty	Days	Pt.ID	Prescriber	Written	Rx #	N/R	Pharm
5/27/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	90	30	ID # 1	Prescriber #1	5/27/2011	0229795	N	Pharmacy #11
5/18/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	40	30	ID # 1	Prescriber #1	5/18/2011	0227771	N	Pharmacy #11
5/15/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	60	10	ID # 2	Prescriber #2	5/15/2011	2621377	N	Pharmacy # 1
5/13/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	60	10	ID # 3	Prescriber #1	5/12/2011	0057893	N	Pharmacy #12
5/11/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 4	Prescriber #1	5/11/2011	2238395	N	Pharmacy #3
5/9/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	12	ID # 5	Prescriber #1	5/9/2011	2233140	N	Pharmacy #2
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 1	Prescriber #1	5/6/2011	0188772	N	Pharmacy #10
5/8/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0364298	U	Pharmacy #7
5/2/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 3	Prescriber #1	4/29/2011	0057563	N	Pharmacy #12
5/1/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 7	Prescriber #1	4/29/2011	2232206	N	Pharmacy #4
4/30/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	12	ID # 5	Prescriber #1	4/29/2011	2233059	N	Pharmacy #2
4/27/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	49	0	ID # 6	Prescriber #1		0363330	U	Pharmacy #7
4/26/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 1	Prescriber #1	4/25/2011	0187615	N	Pharmacy #10
4/24/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 2	Prescriber #1	4/22/2011	2621203	N	Pharmacy # 1
4/22/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 3	Prescriber #1	4/19/2011	0057290	N	Pharmacy #12
4/20/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	12	ID # 5	Prescriber #1	4/19/2011	2232965	N	Pharmacy #2
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0270922	U	Pharmacy #5

4/17/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 2	Prescriber #1	4/17/2011	2621150	N	Pharmacy # 1
4/16/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 4	Prescriber #1	4/8/2011	2238124	N	Pharmacy #3
4/14/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 3	Prescriber #1	4/8/2011	1005399	N	Pharmacy #8
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0361733	U	Pharmacy #7
4/10/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 1	Prescriber #1	4/8/2011	0185692	N	Pharmacy #10
4/10/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 2	Prescriber #1	4/10/2011	2621099	N	Pharmacy # 1
4/9/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	12	ID # 5	Prescriber #1	4/8/2011	2232866	N	Pharmacy #2
4/7/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 3	Prescriber #1	4/7/2011	0056818	N	Pharmacy #12
4/5/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 4	Prescriber #1	4/4/2011	2238021	N	Pharmacy #3
4/3/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 2	Prescriber #1	4/3/2011	2621042	N	Pharmacy # 1
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0269459	U	Pharmacy #5
3/31/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 3	Prescriber #1	3/31/2011	0056675	N	Pharmacy #12
3/27/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 2	Prescriber #1	3/27/2011	2620969	N	Pharmacy # 1
3/27/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 4	Prescriber #1	3/21/2011	2237914	N	Pharmacy #3
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0268857	U	Pharmacy #5
3/24/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 3	Prescriber #1	3/21/2011	0056466	N	Pharmacy #12
3/22/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	5	ID # 8	Prescriber #1	3/21/2011	0214415	N	Pharmacy #11
3/21/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 5	Prescriber #1	3/21/2011	2232710	N	Pharmacy #2
3/20/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 2	Prescriber #1	3/20/2011	2620916	N	Pharmacy # 1
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0268209	U	Pharmacy #5
3/15/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	14	ID # 3	Prescriber #1	3/9/2011	0056270	N	Pharmacy #12
3/13/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 2	Prescriber #1	3/13/2011	2620858	N	Pharmacy # 1
3/12/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 4	Prescriber #1	3/9/2011	2237756	N	Pharmacy #3
3/11/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0358540	U	Pharmacy #7
3/9/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	90	30	ID # 8	Prescriber #1	3/9/2011	0181586	N	Pharmacy #10
3/7/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	10	ID # 3	Prescriber #1	3/7/2011	0056066	N	Pharmacy #12
3/5/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 2	Prescriber #1	3/5/2011	2620804	N	Pharmacy # 1

3/4/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0267086	U	Pharmacy #5
3/2/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 4	Prescriber #1	2/24/2011	2237659	N	Pharmacy #3
2/27/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 2	Prescriber #1	2/27/2011	2620724	N	Pharmacy # 1
2/26/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	14	ID # 8	Prescriber #1	2/24/2011	0209128	N	Pharmacy #11
2/25/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 3	Prescriber #1	2/24/2011	1583980	N	Pharmacy #6
2/23/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0266373	U	Pharmacy #5
2/19/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	25	ID # 2	Prescriber #1	2/14/2011	2620674	N	Pharmacy # 1
2/18/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	14	ID # 8	Prescriber #1	2/18/2011	0207332	N	Pharmacy #11
2/17/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 3	Prescriber #1	2/14/2011	0055693	N	Pharmacy #12
2/15/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0356007	U	Pharmacy #7
2/14/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 4	Prescriber #1	2/14/2011	2237462	N	Pharmacy #3
2/13/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	20	7	ID # 8	Prescriber #1	2/11/2011	0206204	N	Pharmacy #11
2/12/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 2	Prescriber #1	2/12/2011	2620621	N	Pharmacy # 1
2/10/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	10	ID # 3	Prescriber #1	2/4/2011	0055564	N	Pharmacy #12
2/8/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0355240	U	Pharmacy #7
2/7/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 8	Prescriber #1	2/4/2011	0177644	N	Pharmacy #10
2/4/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 4	Prescriber #1	2/4/2011	2237377	N	Pharmacy #3
2/2/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	10	ID # 3	Prescriber #1	1/25/2011	0055391	N	Pharmacy #12
1/31/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0354143	U	Pharmacy #7
1/29/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 2	Prescriber #1	1/29/2011	2620513	N	Pharmacy # 1
1/27/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 8	Prescriber #1	1/25/2011	0176298	N	Pharmacy #10
1/25/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 4	Prescriber #1	1/25/2011	2237278	N	Pharmacy #3
1/24/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 3	Prescriber #1	1/24/2011	0055152	N	Pharmacy #12
1/22/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0353237	U	Pharmacy #7
1/18/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 2	Prescriber #1	1/18/2011	2620424	N	Pharmacy # 1
1/16/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	17	ID # 8	Prescriber #1	1/7/2011	0174843	N	Pharmacy #10

1/13/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 3	Prescriber #1	1/7/2011	0054975	N	Pharmacy #12
1/11/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0352100	U	Pharmacy #7
1/8/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	17	ID # 4	Prescriber #1	1/7/2011	2237106	N	Pharmacy #3
1/7/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	16	ID # 2	Prescriber #1	1/7/2011	2620345	N	Pharmacy # 1
1/4/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	30	10	ID # 8	Prescriber #1	12/28/2010	0173382	N	Pharmacy #10
1/1/2011	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	30	0	ID # 6	Prescriber #1		0261638	U	Pharmacy #5
12/31/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	30	4	ID # 2	Prescriber #1	12/28/2010	2620274	N	Pharmacy # 1
12/29/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	30	10	ID # 3	Prescriber #1	12/28/2010	0133995	N	Pharmacy #9
12/28/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	16	5	ID # 4	Prescriber #1	12/28/2010	2236984	N	Pharmacy #3
12/26/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	30	0	ID # 6	Prescriber #1		0350354	U	Pharmacy #7
12/24/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	30	4	ID # 2	Prescriber #1	12/24/2010	2620224	N	Pharmacy # 1
12/22/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	30	10	ID # 3	Prescriber #1	12/20/2010	0133335	N	Pharmacy #9
12/21/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	30	15	ID # 8	Prescriber #1	12/20/2010	0194204	N	Pharmacy #11
12/20/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	20	6	ID # 2	Prescriber #1	12/20/2010	2620192	N	Pharmacy # 1
12/17/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0349592	U	Pharmacy #7
12/12/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 3	Prescriber #1	12/10/2010	0131852	N	Pharmacy #9
12/10/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	8	ID # 2	Prescriber #1	12/10/2010	2620135	N	Pharmacy # 1
12/8/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	20	3	ID # 8	Prescriber #1	12/7/2010	0191372	N	Pharmacy #11
12/7/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	20	3	ID # 2	Prescriber #1	12/7/2010	2620096	N	Pharmacy # 1
12/4/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	0	ID # 6	Prescriber #1		0348257	U	Pharmacy #7
11/29/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	50	13	ID # 3	Prescriber #1	11/29/2010	0130024	N	Pharmacy #9
11/23/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	40	13	ID # 8	Prescriber #1	11/19/2010	0188359	N	Pharmacy #11
11/21/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	40	0	ID # 6	Prescriber #1		0346864	U	Pharmacy #7
11/12/2010	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	25	0	ID # 6	Prescriber #1		0346110	U	Pharmacy #7
11/8/2010	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	50	8	ID # 9	Prescriber #1	11/8/2010	2236498	N	Pharmacy #3
11/2/2010	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	100	13	ID # 8	Prescriber #1	11/2/2010	0183594	N	Pharmacy #11
10/22/2010	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	80	13	ID # 2	Prescriber #1	10/22/2010	2619701	N	Pharmacy # 1

10/17/2010	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	50	9	ID # 10	Prescriber #1	6/14/2010	0180290	N	Pharmacy #11
10/13/2010	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	50	8	ID # 3	Prescriber #1	10/13/2010	0123854	N	Pharmacy #9
10/6/2010	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	90	15	ID # 9	Prescriber #1	10/6/2010	2236191	N	Pharmacy #3

N/R: N=New R=Refill

Total Prescriptions: **101**

23

Prescribers for prescriptions listed

- Prescriber #1
- Prescriber #2

Pharmacies that dispensed prescriptions listed

- PHARMACY #1
- PHARMACY # 2
- PHARMACY # 3
- PHARMACY # 4
- PHARMACY # 5
- PHARMACY # 6
- PHARMACY # 7
- PHARMACY # 8
- PHARMACY # 9
- PHARMACY # 10
- PHARMACY # 11
- PHARMACY # 12

Disclaimer: The Commonwealth of Virginia does not warrant the above information to be accurate or complete. The Report is based on the search criteria entered and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

Effective October 1, 2011

DEPARTMENT OF HEALTH PROFESSIONS

Elements required for federal funds

18VAC76-20-40. Standards for the manner and format of reports and a schedule for reporting.

A. Data shall be transmitted to the department or its agent ~~on a semi-monthly basis~~ within seven days of dispensing in the ~~Telecommunication Format for Controlled Substances (, May 1995,)~~ Electronic Reporting Standard for Prescription Monitoring Programs, Version 4.1 (November 2009) of the American Society of Automation in Pharmacy (ASAP), which are hereby incorporated by reference into this chapter.

B. Data shall be transmitted in a file layout provided by the department and shall be transmitted by a media acceptable to the vendor contracted by the director for the program. Such transmission shall begin on a date specified by the director, no less than 30 days from notification by the director to dispensers required to report.

C. Under extraordinary circumstances, an alternative means of reporting may be approved by the director.

D. Data not accepted by the vendor due to a substantial number of errors or omissions shall be corrected and resubmitted to the vendor within five business days of receiving notification that the submitted data had an unacceptable number of errors or problems.

E. Required data elements shall include those listed in subsection B of § 54.1-2521 of the Code of Virginia and the following:

1. The Drug Enforcement Administration (DEA) registration number of the dispenser;

2. The total number of refills ordered;

3. Whether the prescription is a new prescription or a refill; and

4. The date the prescription was written by the prescriber.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

PRESCRIPTION MONITORING PROGRAM
DATA REPORTING MANUAL
Effective October 2011

Optimum Technology, Inc. Contact Information
866-683-2476
varxreport@otech.com

DRAFT

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VIRGINIA PRESCRIPTION MONITORING PROGRAM.

In accordance with Code of Virginia §§ 54.1-2519 – 54.1-2525 the Virginia Department of Health Professions (DHP) has established a program to monitor the prescribing and dispensing of Schedule II, III, and IV controlled substances. The program covers the entire state and requires all dispensers to report, at least weekly, prescriptions dispensed in Schedules II-IV. The program also requires non-resident pharmacies to report dispensed controlled substances to Virginia residents.

REPORTING THE DATA

Pharmacies will report the required dispensing information to Optimum Technology, Inc. (Optimum), a private contractor, who will collect all data and manage the technical aspects of the program. Optimum will forward verified data to DHP.
Toll-free number for Optimum: 1-866-683-2476
Email for technical assistance: varxreport@otech.com

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). DHP is a health oversight agency and Optimum will be acting as an agent of DHP in the collection of this information.

REPORTING DEADLINES

All reporting deadlines and procedures contained within are effective as of October 1, 2011. This is a continuation of reporting parameters established by the DHP.

All transactions must be submitted at least weekly. Each prescription must be submitted no later than seven (7) days beyond the dispensing date. Dispensers are encouraged to report prior to the deadline in order to have time to correct any rejected submissions. Dispensers who so choose may report more frequently than weekly.

REPORTING PROCEDURES

Only Schedule II-IV prescription dispensing information is to be reported. All dispensers who are licensed in Virginia and who dispense Schedule II-IV controlled substances are required to submit the information by one of the four (4) following data submission options.

1. Prescription Upload

www.varxreport.com is the secure website address for uploading data to Optimum which utilizes 128-bit encryption. Dispensers must be able to access the secure website via an internet connection either in the pharmacy, or at the location that is responsible for transmitting data, e.g. a main office or corporate office of the pharmacy.

The submitted file must be in ASAP 2009 v4.1. The file name should be your username (for pharmacies, your pharmacy permit number), followed by the date of submission then followed by .DAT. Therefore, if your pharmacy permit number is *0201123456* and you are submitting on August 1, 2006, the file would look like this: *0201123456080106.dat*.

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Please inform your software vendor that you will need to be able to upload your data in the ASAP 2009 v4.1 format as a .DAT file.

Your username and temporary password access is provided in the cover letter for this manual.

2. CD-Rom, CD-R, CD-RW, DVD (Please be sure to include a completed transmittal form with the CD).

Submit information in the American Society of Automation in Pharmacy 2009 v4.1 format.

The file name should be your pharmacy permit number followed by .DAT (example: *0201123456.dat*).

External media label must contain: Pharmacy/Submitter Name, pharmacy permit number or dispensing physician license number issued by the Board of Pharmacy, and the number of prescriptions.

A Program Transmittal Form (Attachment 1) should accompany external media submissions. The dispenser should make copies of the enclosed, blank Program Transmittal Form for future use or print a blank form from www.varxreport.com.

The dispenser may also wish to keep a copy of the completed form for its records.

These media forms must be mailed to:
Optimum Technology, Inc.
Attn: Data Collection
100 E Campus View Blvd
Suite 380 Columbus, OH 43235

3. Universal Claim Form

A dispenser, who does not have an automated record keeping system capable of producing an electronic report in a format described above, may submit prescription information on the industry standard Universal Claim form via a link on the prescription upload website: www.varxreport.com. A sample of the information required to fill out this form is attached (Attachment 2).

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4. Secure FTP

Chain Pharmacies and Community Pharmacies with multiple facilities may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies and community pharmacies with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the secure FTP procedure. If they wish to do so, they must appoint one contact for all of their data submissions. **Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported.** Corporate offices and their software vendors should contact Optimum at: **varxreport@otech.com** or by calling 866-683-2476 for a user id and password.

The URL is ftps.varxreport.com. Login credentials will be emailed to the established point of contact.

Zero Reports:

If a dispenser does not dispense any controlled substances in Schedules II- IV during a reporting period, a "zero" report must be submitted. This may be done via a link on the prescription upload website: www.varxreport.com. The link is under the Data collection menu and is titled "Upload Pharmacy Zero Report".

Zero Reporting may also be done via FTPs file transfer. The Zero Report standard is a complete transaction and includes all fields required by the PMP program according to the states requirements. Transaction Headers and Trailer Segments are completed as they would be with a normal controlled substance report. All required detail segments are to be sent and left blank with the exception of the PAT07; PAT08; and DSP05. The segments should be completed accordingly: PAT07 = Report; PAT08 = Zero; DSP05 = Date report is sent.

Please see the below example of a transmission according to the fields detailed on pages 9-11:

TH*4.1*123456*01**20110801*1045*P**~~IS*1234*WOODPHARMACY~
PHA**84663~PAT*******REPORT*ZERO************~
DSP*****20110401****~PRE***~CDI*****~AIR*~TP*6~TT*123456*9~
(this example assumes that all segments are required; please go to www.asap.net for additional information on zero reporting.)

Alternative Reporting Methods

The Director of DHP may approve an alternate method of reporting, but regulations require that there be extraordinary circumstances in order to receive approval. If another means of reporting is requested, the dispenser should submit a written request specifying how the reporting is to be accomplished and providing a detailed explanation of the extraordinary circumstances that necessitate the accommodation.

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REJECTIONS

The PMP application will validate record by record and reject only those records which do not meet the validation requirements. The records which do meet the validation requirements will be accepted. If only a limited number of records in a file are rejected, the entire file will not be rejected. If over 50% of records in a file do not meet the requirements specified the entire data file may be rejected. The submitter will be notified, via email or by fax of the reason for failure. Optimum is not authorized to modify any data, therefore the dispenser will be required to correct and resubmit the rejected records within five days of receiving notification that the submitted data had an unacceptable number of error or problems (or the entire file if necessary).

Correcting File Upload Errors:

The PMP Portal will validate each record and reject only those records which do not meet the validation requirements. The pharmacy can view the reason for rejection for each prescription record and can make corrections to a rejected prescription record through the PMP Portal.

View File Upload Errors:

1. Login to www.varxreport.com with your username and password.
2. Single click left mouse button on Upload Center.
3. Single click left mouse button on File Upload.
4. Single click left mouse button on the appropriate file name listed under Uploaded Files.
5. Error messages are listed under the Description column.

Example:

File Upload Details

File Name: InASAP20072010071413115O.dat
Records Processed: 100000
Uploaded By: Root Account
Records Rejected: 1111
Total Records: 100000
Uploaded On: 8/18/2010

Error Details

2 3 4 5 ...

Showing 1-10 of 1758

Error Message	Data
Unable to parse record 'PAT***8919-93-7556****KALL...	DSP**0301687*20060120*0*20060120*00*01*00406035805...
The GenderCode exceeds the length allowed.The a...	DSP**0301755*20060120*0*20060120*00*01*60158077016...
Unable to parse record 'PAT***892653400B****BENEF...	DSP**0783111*20051014*3*20060112*03*01*00024542131...
Unable to parse record 'PAT***560940482 2****PEARSO...	DSP**0796580*20060123*5*20060123*00*01*00093059005...
The GenderCode exceeds the length allowed.The a...	DSP**0789480*20051221*5*20060225*01*01*00093085202...
Unable to parse record 'PAT***892658851 6*********H...	DSP**0828193*20060109*5*20060109*00*01*00378400505...
The value assigned to the field State is incorrec...	DSP**0915991*20051116*2*20060108*02*01*00074194914...
The GenderCode exceeds the length allowed.The a...	DSP**0465504*20051111*2*20060108*00*01*00024542131...
The GenderCode exceeds the length allowed.The a...	DSP**0465804*20051111*2*20060111*01*01*00024542131...
The GenderCode exceeds the length allowed.The a...	DSP**0466758*20060112*0*20060112*00*01*00093083201...

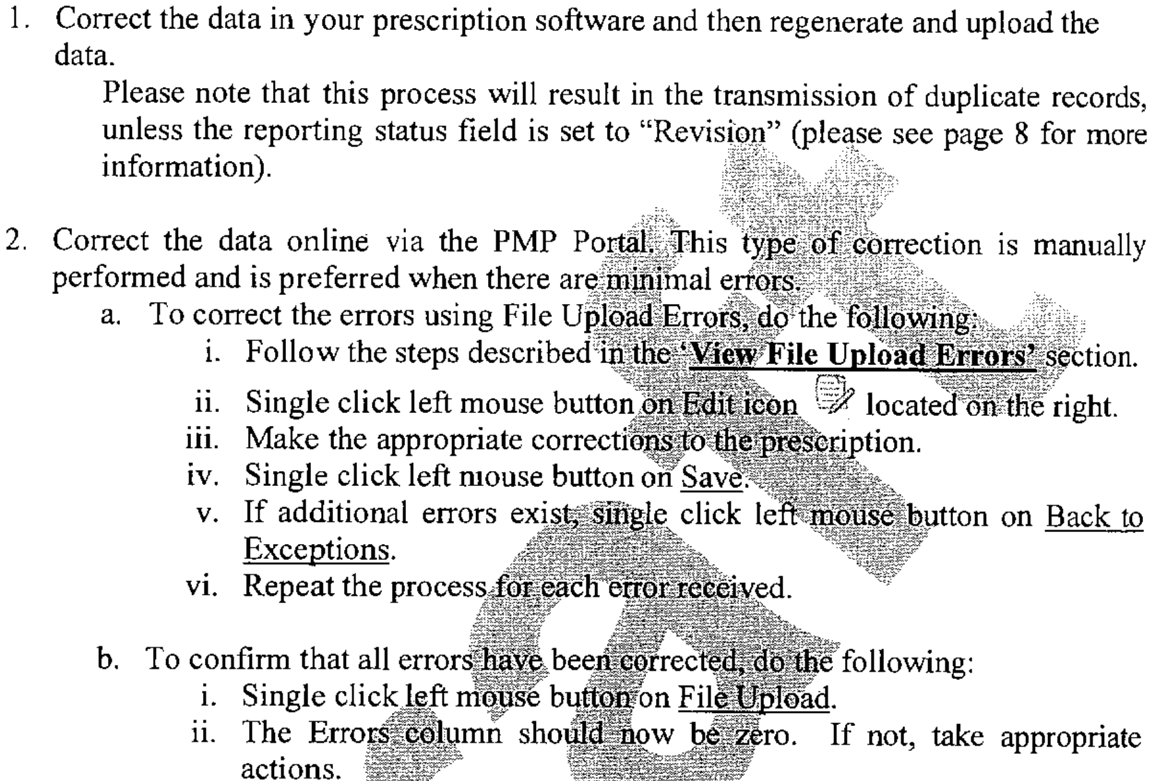
Items Per Page 10

Back To File Upload

Prescription Corrections:

There are two options to correct the data as detailed below.

1. Correct the data in your prescription software and then regenerate and upload the data.
   Please note that this process will result in the transmission of duplicate records, unless the reporting status field is set to "Revision" (please see page 8 for more information).



2. Correct the data online via the PMP Portal. This type of correction is manually performed and is preferred when there are minimal errors.
   a. To correct the errors using File Upload Errors, do the following:
      i. Follow the steps described in the **'View File Upload Errors'** section.
      ii. Single click left mouse button on Edit icon located on the right.
      iii. Make the appropriate corrections to the prescription.
      iv. Single click left mouse button on Save.
      v. If additional errors exist, single click left mouse button on Back to Exceptions.
      vi. Repeat the process for each error received.

   b. To confirm that all errors have been corrected, do the following:
      i. Single click left mouse button on File Upload.
      ii. The Errors column should now be zero. If not, take appropriate actions.

NOTE: Duplicate errors cannot be edited. A duplicate error means the prescription record has already been added to the database. Duplicate error messages are an FYI only and require no action.

ASSISTANCE AND SUPPORT

Optimum is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Technical support is available to meet the program requirements. Questions concerning interpretation of technical and compliance matters may be referred to Optimum. Pharmacies are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Optimum directly for assistance.

DHP will act as the final interpreter of regulations. Unresolved disagreements between a dispenser and the vendor will be resolved by the Commonwealth.

Prescription Monitoring Program Contact Information:
For questions: call (804) 367-4566 or email pmp@dhp.virginia.gov

WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

Controlled Substance Schedule II →Summary of ASAP 2009 v4.1 Data Elements Required
Note: ASAP Version 4 • Release 1 is used
Bold = Mandatory Field
Grey = Optional Field

Please Note: This is a character-delimited format. For details and examples please consult the ASAP Rules Based Standard Implementation Guide for the Prescription Monitoring Programs, Version 4, Release 1. This document is available for American Society for Automation in Pharmacy (www.asapnet.org or phone 610-825-7783).

Ref. Code	Data Element Name	Format
	HEADER SEGMENT	
	TH TRANSACTION HEADER - REQUIRED	
TH01	**Version/Release Number**	**4.1**
TH02	**Transaction Control Number**	**Must be used in TT01**
TH03	Transaction Type	
TH04	Response ID	
TH05	**Created Date**	**CCYYMMDD**
TH06	**Creation Time**	**HHMMSS or HHMM**
TH07	**File Type**	**"P" = Production; "T" = Test**
TH08	Routing Number	
TH09	**Data Segment Terminator**	**Examples: ~ or || or ::**
	IS INFORMATION SOURCE - REQUIRED	
IS01	**Unique Information Source**	
IS02	**Information Source Entity Name**	
IS03	Message	
	PHA DISPENSING PHARMACY – REQUIRED	
PHA01	National Provider Identifier (NPI)	
PHA02	NCPDP/NABP Number ID	
PHA03	**DEA Number**	
PHA04	Pharmacy Name	
PHA05	Address Information – 1	
PHA05	Address Information – 2	
PHA07	City	
PHA08	State	
PHA09	ZIP Code	
PHA10	Phone Number	

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Ref. Code	Data Element Name	Format
PHA11	Contact name	
PHA12	Chain Site ID	
DETAIL SEGMENTS		
PAT - PATIENT DETAIL SEGMENT - REQUIRED		
PAT01	ID Qualifier of Patient Identifier	
PAT02	ID Qualifier	"01" Military ID or "02" State Issued ID or "03" Unique System ID or "05" Passport ID or "06" Driver's License ID or "07" Social Security Number or "08" Tribal ID or "99" Other
PAT03	ID of Patient	Patient identification number from the ID
PAT04	ID Qualifier of Additional Patient Identifier	
PAT05	Additional Patient ID Qualifier	See qualifiers in PAT02
PAT06	Additional ID	
PAT07	**Last Name**	
PAT08	**First Name**	
PAT09	Middle Name	
PAT10	Name Prefix	
PAT11	Name Suffix	
PAT12	**Address Information – 1**	
[illegible]	Address Information – 2	
PAT14	**City Address**	
PAT15	**State Address**	
PAT16	**ZIP Code Address**	**"00000" Non-US**
PAT17	Phone Number	
PAT18	**Date of Birth**	**CCYYMMDD**
PAT19	**Gender Code**	**"F" or "M" or "U"**
PAT20	Species Code	"01" Human or "02" Veterinary Patient
PAT21	Patient Location Code	
PAT22	Country of Non-US Resident	Free-form text field
PAT23	Name of Animal	Used by Veterinarians
DSP01	**Reporting Status**	**"00" New record; "01" Revised; "02" Void**
DSP02	**Prescription Number**	
DSP03	**Date Written**	**CCYYMMDD**
DSP04	**Refills Authorized**	
DSP05	**Date Filled**	**CCYYMMDD**
DSP06	**Refill Number**	
DSP07	**Product ID Qualifier**	**"01" NDC# or "02" UPC or "06" compound**
DSP08	**Product ID**	**NDC# or UPC# or "99999999999" for compound; If a compound the CDI segment is required**
DSP09	**Quantity Dispensed**	**Metric decimal format**
DSP10	**Days Supply**	
DSP11	**Drug Dosage Units Code**	**"01" Each (solid dosage units or indivisible packages), or "02"**

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Ref. Code	Data Element Name	Format
		ml, or "03" gm (must be converted to the liter/ mg equivalent)
DSP12	Transmission Form of Rx Origin Code	"01" Written Rx or "02" Telephone Rx or "03" Telephone Emergency Rx or "04" Fax Rx or "05" Electronic Rx or "99" Other
DSP13	Partial Fill Indicator	"01"-partial fill, "02" – not partial
DSP14	Pharmacist National Provider ID (NPI)	
DSP15	Pharmacist State License Number	
DSP16	Classification Code for Payment Type	"01" Private Pay (Cash, Charge, Credit Card) or "02" Medicaid or "03" Medicare or "04" Commercial insurance or "05" Military installations and VA or "06" Workers' compensation or "07" Indian Nations or "99" Other
DSP17	Date Sold	
DSP18	RxNorm Code	
DSP19	Electronic Rx Reference number	
PRE - PRESCRIBER DETAIL SEGMENT - REQUIRED		
PRE01	National Provider Identifier (NPI)	
PRE02	**DEA Number**	
PRE03	DEA Number Suffix	
PRE04	Prescriber State License Number	
PRE05	Last Name	
PRE06	First Name	
PRE07	Middle Name	
CDI - COMPOUND DRUG INGREDIENT DETAIL SEGMENT - If DSP07 is "compound"- all segments required		
CDI01	Compound Drug Ingredient Number	1st reportable ingredient is "1"; each additional ingredient is incremented by 1
CDI02	Product ID Qualifier	"01" NDC# or "02" UPC or "06" compound
CDI03	Product ID	NDC# or UPC# or "99999999999" compound
CDI04	Compound Ingredient Quantity	
CDI05	Compound Drug Dosage Units Code	"01" # of units or "02" ml or "03" gm
AIR ADDITIONAL INFORMATION REPORTING - SITUATIONAL		
AIR01	State Issuing Rx Serial Number	
AIR02	State Issued Rx Serial Number	
AIR03	Issuing Jurisdiction	
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	
AIR05	ID of Person Dropping Off or Picking Up Rx	
AIR06	Relationship of Person Dropping Off or Picking Up Rx	
AIR07	Last Name of Person Dropping Off or Picking Up Rx	
AIR08	First Name of Person Dropping Off or Picking Up Rx	

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Ref. Code	Data Element Name	Format
AIR09	Last Name or Initials of Pharmacist	
AIR10	First Name of Pharmacist	
SUMMARY SEGMENT		
TP - PHARMACY TRAILER – REQUIRED		
TP01	**Detail Segment Count**	**Includes PHA & TP segments**
TT01	**Transaction Control Number**	**Must match TH02**
TT02	**Segment Count**	**Total # of segments, including header and trailer segments**

*** AN-Alphanumeric, N-Numeric, D-Decimal, DT-Date, TM-Time (24hr clock)**

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Attachment 1
Program Transmittal Form

File Name: ______________________ Date: ______________________
The file name should be the Board of Pharmacy license number followed by .DAT (example: 0201123456.DAT)

Pharmacy/Dispenser Name: ______________________

Board of Pharmacy License Number: ______________________

Number of Prescriptions in File: ____________

Name of person submitting report: ______________________

Phone Number: ______________________ Fax Number: ______________________

External/diskette label must contain: Pharmacy/Submitter Name, Board of Pharmacy License Number and Number of Prescriptions

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Attachment 2
Universal Claim Form

VIRGINIA

Pharmacy NCPDP# or Dispenser BOP# ____________________.

Last Name	First Name	DOB	Gender	Address	City	State	Zip
ID Type *	ID # *	Issuing State*	Prescriber DEA #	New/Change/Purge	RX #	DT written	Auth Refills
Date Filled	Days Supply	Refill #	Qty	Product ID (NDC/UPC/CMPD #)	Gm/ml		

Last Name	First Name	DOB	Gender	Address	City	State	Zip
ID Type *	ID # *	Issuing State*	Prescriber DEA #	New/Change/Purge	RX #	DT written	Auth Refills
Date Filled	Days Supply	Refill #	Qty	Product ID (NDC/UPC/CMPD #)	Gm/ml		

Last Name	First Name	DOB	Gender	Address	City	State	Zip
ID Type *	ID # *	Issuing State*	Prescriber DEA #	New/Change/Purge	RX #	DT written	Auth Refills
Date Filled	Days Supply	Refill #	Qty	Product ID (NDC/UPC/CMPD #)	Gm/ml		

Last Name	First Name	DOB	Gender	Address	City	State	Zip
ID Type *	ID # *	Issuing State*	Prescriber DEA #	New/Change/Purge	RX #	DT written	Auth Refills
Date Filled	Days Supply	Refill #	Qty	Product ID (NDC/UPC/CMPD #)	Gm/ml		

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NOTE : The above form serves as an example only. Do not submit this form for reporting purposes.

Attachment 3

COMMONWEALTH OF VIRGINIA
Department of Health Professions
Prescription Monitoring Program

6603West Broad Street, 6th Floor
Richmond, VA 23230-1712
Phone: (804) 662-9129
Fax: (804) 527-4470

REQUEST FOR A WAIVER OR AN EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name not initials

Name of Dispenser	License or Permit Number	
Street Address	City	
State	Zip Code	Area Code and Telephone Number
Name of PIC (Pharmacy only)	Virginia License Number of PIC (Pharmacy only)	
Signature:	Date:	

Reason for approval of exemption/waiver request: (Check one box below)

☐ Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:

☐ Dispensing in a controlled research project approved by a regionally accredited institution of higher education or under the supervision of a governmental agency. Please attach a description of the research project.

☐ This pharmacy or practitioner dispenses no Schedule II, III, or IV controlled substances.

☐ This pharmacy or practitioner is exempt from reporting according §54.1-2522 of the Code of Virginia. State exemption(s)

☐ Other: Please provide description below or provide information as a separate attachment.

For Department Use Only			
Date Received	☐ Approved ☐ Disapproved	Director or Designee Signature	Date of action

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FREQUENTLY ASKED QUESTIONS:

Passwords and sign-in information:

Does my password expire?
For security purposes, passwords will expire every 180 days. You do not need to remember to update your password, as the system will automatically prompt you to change your password after 180 days.

Please note that your account will require you to update your password upon your initial sign-in. At this time, please answer the security questions provided. This will allow you to change/update your password during the evening/weekend hours.

I have entered my password numerous times, I am sure that it is correct? Why is this happening?
Please consider the type of information that you are attempting to locate? If you are attempting to submit records of your dispensed controlled substances, please go to the link 'Forgot my password'. If you have answered the security questions provided, you will be able to reset your password using this function.

If you are attempting to view patient information, or prescription history, please verify that you are accessing the correct website. The website required to view this information is www.pmp.dhp.virginia.gov. If you have a login ID and password, you should be able to access the information available at this site. If not, you will need to use the link provided to register for access.

Prescription Data and Reporting requirements:

What is the NDC Code?
The National Drug Code is an 11 digit number used to identify drug strength, name, quantity etc. This number is found on the medication bottle.

What drugs should be reported?
The Virginia Prescription Monitoring Program collects drug schedules II-V.

How often should I submit data?
You are required to submit data at least weekly, but reporting may also be done more frequently. There is no limit to how frequently data is reported. The more often you submit data, the more current patient history reports will be.

How are compounded prescriptions to be recorded?
Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. The NDC number of the schedule II, III or IV ingredient in the compounded product must appear in the NDC field. The actual metric quantity of the controlled substance used in the compounding is reported in the quantity field. If more than one controlled substance is used in the compounded prescription, the quantities of each covered ingredient are added together and the sum is reported in the quantity field. The NDC number for the combined sum of controlled substances in the compounded prescription is reported as eleven "9"s (99999999999).

I am a veterinarian, and our location does not assign prescription numbers. What number should I use?
You may begin with the number 1 (or any number) and continue forward. Please keep a record of this Rx number, so that the prescription monitoring program and your location have coinciding records. Rx numbers are typically 7 digits in length.

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Why is the system rejecting the input metric quantity?
The metric quantity should be the number of metric units dispensed in metric decimal format.

Due to unforeseen problems, I need an extension for the reporting period deadline; what should I do?
If for some reason you are experiencing difficulty, please contact your program's administrator at: **pmp@dhp.virginia.gov** or by calling 804-367-4566.

What should I do if the pharmacy / doctor I am reporting for will no longer dispense controlled substances? OR I believe I am exempt from reporting?
If you believe you are exempt from reporting, or the pharmacy you are reporting for will be closing, please fill out the program waiver (attachment 3) and follow the instructions listed.

I use a common login for multiple locations (FTPs), but one location did not dispense any controlled substances. How do I submit a Zero Report?
Zero Reports should be submitted using the account which uses the DEA number as the username. If you do not know the password, please email varxreport@otech.com for assistance. Zero reports may also be submitted electronically via FTPs protocol using the ASAP 2009 v4.1 format only. (Please see the section titled zero reports for more detailed information.) Complete information can be found about formatting requirements at www.asap.net , the document is titled ASAP Zero Reports Standard - version 1, release 0.

I received a Delinquency Letter; what should I do?
If you received a Delinquency letter and would like to check the status of your data, please send an email to varxreport@otech.com with the following information (If you are unsure if your data was submitted, resubmit the time period in question. This data will take one day to process, before we are able to review the data):

1. Username
2. Reporting period(s) in question

If a confirmation is required, you may forward our email response to the Administrator as confirmation your data was received.

<u>File issues and Error Corrections:</u>

What should the filename be?
The filename should be the DEA number, followed by the date of submission, followed by **.dat**. Chain pharmacies may use the chain name, followed by the date of submission. If multiple files are uploaded on the same day, you may add additional numbers/words to the end of the filename (ex: 2, March 1-15, etc.). The filename is less important than the contents of the file.

What does the file status 'Pending' mean?
Uploaded files will process overnight by a batch processor, therefore they will be in 'Pending' status until the day following an upload.

I do not work with a software vendor; how should I submit controlled substance data?
If you do not work with a software vendor, you will need to manually enter controlled substance data. To do this, go to the Data Collection Menu > Manual Entry. Complete all required fields and click save; no further action is required.

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I accidentally sent the incorrect reporting period. Should the file be deleted?
If the wrong reporting period was uploaded, the file does not need to be deleted. Records that have already been processed by the system will be rejected as duplicate records. To remedy this issue, simply create a file with the correct reporting period and upload again.

What should I do if my file was rejected?
If your file was rejected, do a Test Run Upload. To do this, go to the Data Collection Menu > Test Run Upload and submit your file. The bottom of the screen will list file format problems. Missing or invalid fields should be corrected by your software vendor.

The file I uploaded states there are errors, but when I try to view them there are no records listed. What are the errors?
Errors are viewed by going to the Data Collection Menu > File Upload > View uploaded files. Then click on the number of errors. If there are no errors listed on the page, click the box 'Show Duplicate Record Error Messages,' and this should display any errors. Duplicate records are records that have already been processed by the system. *Duplicate records cannot be edited.*

When I try to edit 'Unable to Parse Record' errors, there is no data on the page. How do I edit these errors?
'Unable to Parse Record' errors occur when files contain a blank or unreadable line of data. These also occur when a prescription record has a special character such as * or # in a field. If after pushing edit, no data displays, you may disregard this error message, as there is no data to correct.

How do I know if my file uploaded?
To receive a confirmation after your file has processed, you will need to change your response type. Go to 'My Account' and enter your email address in the appropriate field. Change the notification method to 'Email' and click Save. You will also receive all file status notifications in the section of your account titled 'messages'.

You will receive a message regarding the upload status immediately following your submission.

An email will be sent (the following day) confirming the file's actual processing status and any errors contained within that file.

I accidentally submitted incorrect information. Can I delete a record/entry?
The ASAP 2009 v4.1 formatting requirements allow for changes and deletions to previously submitted files. For those sending electronic files, please refer to DSP01 in the formatting table.

For users that submit manual entries, you are also able to update previously submitted information. Please refer to the "Prescription Details" section on the manual entry page.

Why are there no menus displayed on the web page?
For the Data Collection menus to appear, please verify you are using Internet Explorer version 6.0 or higher. To check which version you are currently using go to Help > About Internet Explorer. If you are using a version less than 6.0, you may download the latest version from www.microsoft.com/downloads

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If you are using Internet Explorer version 6.0 or higher, please verify that 'Active Scripting' is enabled. To do this go to Tools > Internet Options > Security > Custom Level. Make sure all three scripting options are enabled; these options are found at the bottom of the menu.

How do I fix "duplicate" error messages?
A duplicate error message displays when a data record is received and processed more than once. This normally occurs when a file is uploaded after correcting errors in your prescription software or when a file is uploaded twice in error for a different reporting period. *The duplicate records occurring as a result of duplicate file uploads require no action on the part of the pharmacy or dispenser.*

OTHER QUESTIONS:

How do I setup an FTP account?
FTP account requests should be sent to varxreport@otech.com. Please provide the following information:
Company Name
Contact Name
Contact Number
Contact Email Address

You will be contacted with login credentials.

Should a suffix be included in the Last Name Field?
No. Just the last name of the patient is to be included in the "last name" field when reporting controlled substance data to the Virginia Prescription Monitoring Program (PMP).

How should the address for a patient not from the U.S. be entered to be accepted by the program?
Non-US zip codes or residents should have the value '00000' placed into the zip code category.

EXEMPTIONS TO REPORTING:

Exemptions:

- Dispensing of manufacturer's samples
- Dispensing pursuant to a manufacturer's indigent patient program
- Dispensing by a prescriber in a bona fide medical emergency pursuant to §54.1-2914 of the Code of Virginia
- Administering of covered substances
- Dispensing within an appropriately licensed narcotic maintenance treatment program
- Dispensing to inpatients in hospitals or nursing homes (exemption does not apply to assisted living)
- Dispensing to inpatients in hospices (exemption does not apply to home hospice or hospice in an assisted living facility)
- Dispensing by veterinarians to animals

Nursing homes:
Pharmacies dispensing to nursing homes are exempt from reporting. However, prescriptions dispensed to assisted living facilities <u>must</u> be reported.

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Hospitals:

Inpatient prescriptions dispensed are exempt from reporting. All outpatient prescriptions and employee prescriptions must be reported.

If you consider that you are exempt from reporting or wish to submit a request for a waiver from reporting please fill out the attached exemption/waiver request form (attachment 3) and mail to:

Department of Health Professions
Prescription Monitoring Program
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233

Or submit by FAX to (804) 527-4470, or submit by email to pmp@dhp.virginia.gov

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Recommendations for Enhancement of the Prescription Monitoring Program

The Director of the Virginia Department of Health Professions respectfully submits the following recommendations for enhancing the Virginia Prescription Monitoring Program (VPMP) with guidance from the Advisory Committee of the VPMP. The recommendations will enable the program to meet minimum eligibility requirements for the federal grant funding as well as provide more complete information to registered users of the program to assist them in making treatment and dispensing decisions. The recommendations also assist in aligning the program with other state programs to ensure compatibility enabling interoperability between state programs.

RECOMMENDATIONS
Add tramadol and carisoprodol to Schedule IV in the Drug Control Act
Add authority to add additional drugs of concern as covered substances utilizing the regulatory process of the Virginia Board of Pharmacy
Expand access to include additional federal law enforcement to include authorized agents of FBI, FDA, and HHS with the requirement of having an open investigation. (Based on NASPER)
Expand access to include authority for medical reviewers for workman's compensation programs (Reviewer would be a prescriber)
Add authority to provide unsolicited reports to law enforcement and regulatory agencies
Change reporting requirement to "within 7 days of dispensing"
Change reporting format to ASAP version 2007, provide mechanism for Director to change reporting format by providing timeframe to come into compliance
Add requirement of notarized application for prescribers, dispensers, and delegates
Add requirement of notarized application for Law Enforcement and Regulatory personnel
Add method of payment to reporting requirements (Cash, Medicaid, other)
Require dispensers to report the DEA registration of the dispenser (Note: change from NCPDP#, cost savings for program, align with other state programs)
Require dispensers to report the number of refills ordered
Require dispensers to report whether the prescription was a new or refill
Require the dispenser to report the date the prescription was written
Require estimated number of days for which prescription should last (Days Supply)

Excerpted from:

Strategic Plan

Commonwealth of Virginia Health Information Exchange (COV-HIE)

Commonwealth of Virginia

Introduction

The Commonwealth of Virginia's Health Information Exchange (COV-HIE) is a collaborative endeavor, involving public and private stakeholders from across the Commonwealth. Virginia is deeply committed to having the most effective and efficient healthcare available for its citizenry: the ultimate goal of the COV-HIE is to utilize health information technology to improve health care and the health of all Virginians. Much has been accomplished in laying the foundation for Health Information Technology (HIT) and Health Information Exchange (HIE) in recent years – a period of intense planning, policy, and program development in HIT in the Commonwealth. Virginia is now widely recognized as a leader in the field of HIT and has implemented a portfolio of strategic projects and programs specifically targeted to identify and address priority health issues within the Commonwealth. At the same time Virginia has been an active participant in national HIT initiatives and collaborations.

Virginia has fostered both medical and administrative data exchange. Virginia is the only state with two participants (MedVirginia and CareSpark) in the Nationwide Health Information Network (NHIN) Trial Implementation. MedVirginia became the first and remains the only HIE in production on the NHIN through its partnership with the Social Security Administration (SSA) to automate the disability determination process, the first production-level exchange through the NHIN-CONNECT gateway. CareSpark is now in the process of implementing the same process with SSA. Additionally, Virginia has strong representation on the Health Information Security and Privacy Collaboration (HISPC), a state and federal-sponsored, multi-year, public-private organization, whose primary mission is to develop tools, services and support to resolve privacy and security interoperability issues between health information organizations (HIO). Virginia was one of only twelve communities in the U.S. selected to participate in the Centers for Medicare & Medicaid Services (CMS) electronic health record (EHR) demonstration. Virginia was recently designated as a Chartered Value Exchange (CVE), one of several initiatives undertaken by the U.S. Department of Health & Human Services (HHS) to implement a vision for health care reform built on four cornerstones, which are:

- An electronically connected system
- Quality measurement and reporting
- Comparable costs
- Incentives for people to choose higher quality and lower costs

With respect to the exchange of administrative data, the Commonwealth has the Virginia Health Exchange Network (VHEN), a privately-run collaboration of involving most Virginia health plans, health systems, hospitals and the state dedicated to lowering transaction costs and improving the efficiency of administrative systems in health care.

Virginia has developed this Strategic Plan for the COV-HIE by garnering stakeholder input and building a collaborative model for a statewide HIE through the Governor's Health Information Technology Advisory

Commission (HITAC). HITAC was created by Executive Order 95 in 2009, and was charged with ensuring broad stakeholder engagement and providing guidance to the Governor on the most effective use of American Recovery and Reinvestment Act (ARRA) funds designated for HIT. HITAC is chaired by the Secretary of Health and Human Resources and enlists a broad range of stakeholders including hospital and insurance executives, clinicians and healthcare professionals, and HIE and privacy experts. With staff leadership and support from the Office of Health Information Technology, the strategic planning process was guided by the following principles:

1. **"Thin" State Layer**: The Commonwealth should only fill gaps that have not been or cannot be filled by private endeavors.
2. **Adhere to National Standards**: Health data should be available across the country in addition to across town. With the guidance of the Virginia Health Information Technology Standards Advisory Committee (HITSAC), established statute to define Health IT standards for the Commonwealth of Virginia, all relevant standards will be incorporated to achieve interoperability.
3. **Leverage Existing Work**: With two of the NHIN HIEs and VHEN's excellent collaborative work in the private sector, the Commonwealth will leverage existing efforts in a statewide expansion.
4. **Enable Access to Data:** When medically relevant data is available at the point of care, everyone wins. Clinicians make better decisions, hospitals avoid errors, payers are not charged for unnecessary care, and patients exhibit better health outcomes. Virginia believes that no consumer should be left behind in the endeavor.
5. **Foster a Business Case**: Sustained exchange requires that the exchange leads to cost savings and participants in health information exchange should be made aware of this inherent financial incentive.

This COV-HIE strategic plan will address the evolution of capabilities supporting HIE, as well progress in the five domains of HIE activity, the role of partners and stakeholders, and high-level project descriptions for planning, implementation, and evaluation.

1.1 Environmental Scan

This section describes Virginia's current state with respect to HIE and utilizes many sources of information, including stakeholder and key informant interviews as well as primary and secondary data collection methods. This section includes an assessment of current HIE capacities that will be leveraged, HIT resources that will be used, and describes relevant collaborative opportunities that already exist in the Commonwealth.

1.1.1 Virginia's Landscape

The Commonwealth is unique in its demographic diversity, and Virginia's population continues to grow and change. It reached 7.77 million in 2008, maintaining the Commonwealth's position as the 12th largest state population in the country. In 2007, among people reporting one race alone, 70 percent were non-Hispanic White, 20 percent were non-Hispanic Black, and five percent were Asian. Compared to the nation, Virginia had a slightly higher proportion of Black or African American population. The proportion of Hispanics in Virginia (6.5%) was significantly lower than the national average (15.1%). The majority of the minority populations in Virginia reside in the three major metropolitan areas of the state. Within Virginia, two metropolitan areas are clearly much more densely populated and developed than other areas of the state: The Northern region has the largest number of housing units and people per square mile, followed closely by Hampton Roads. In 2000, 73 percent of Virginia's population lived in urban areas, lower than the national average of 79 percent. Urban populations within Virginia are largest in Hampton

Roads, with 92 percent, and the Northern Region, with 91 percent. The Southwest and Southside regions had the largest rural populations, at 75 percent and 65 percent respectively. The state's 11 metropolitan areas contained about 86 percent of the total population in 2007 and almost 69 percent of all Virginians lived in just three metropolitan areas: Northern Virginia, Richmond, and Virginia Beach. These three metropolitan areas accounted for more than 83 percent of state population growth from 2000 to 2007. The Commonwealth's 1.12 percent annual growth rate between 2000 and 2008 was 15th highest among states, and higher than the nation's rate of .94 percent.

Virginia's population will also continue to age. About 21.9 percent of all households in 2007 had one or more persons age 65 years and older and 39.4 percent of persons aged 65 years and older had a disability. The average age of the population will continue to increase as the baby boom generation enters retirement age. The population of Virginians age 60 and over will grow from 14.7 percent of the total population in 1990 to almost 25 percent by 2025 when there will be more than 2 million Virginians in this age group. By 2030, nearly one in every five Virginians is projected to be 65 years or older. Some 70 percent of Virginia's seniors today live in metro areas, especially Northern Virginia, Hampton Roads and Richmond. But the localities with the highest proportion of seniors tend to be rural localities, as young people have left or retirees have moved in.

In Virginia today, older adults comprise 11 percent of people receiving Medicaid services yet drive nearly 25 percent of Virginia's total Medicaid spending and 50 percent of Medicaid spending on long-term care services. As the population grows and ages in the next 20 years, many more people will become dependent on Medicare and Medicaid for health insurance coverage.[1]

With respect to health, Virginia is faced with opportunity for improvement. According to the Centers for Disease Control, Virginia ranks 30th among the states for its age-adjusted annual cancer death rate and 29th, for cardiovascular deaths and 35th for stroke and cerebrovascular deaths. In 2007 Virginia's infant mortality rate was the 12th highest in the nation. In 2008, 62% of Virginia adults were obese or overweight. Thirty-one percent of Virginia's children were overweight or obese in 2007 ranking the state 23rd highest in the country. In 2009, Virginia's adult smoking rate of 19 percent was above the national average of 17.9 percent, the 19th highest smoking rate among the states. Eight percent of the population report having diabetes, and nine percent report having asthma. Fourteen percent of the population does not have health insurance coverage, almost nine percent are covered by Medicaid and 12 percent are covered by Medicare. Almost 9% of the population in Virginia resides in a primary care health professional shortage area, lower than the US rate of 11.8%. Almost 12% of Virginians report not being able to see a doctor during the past year because of the cost. [2]

In 2008, Virginians utilized 571 hospital inpatient days and 1,708 hospital outpatient visits per 1,000 population. Virginia has 90 hospitals, a majority of which are acute care general hospitals. There are seven designated critical access hospitals (CAH) in Virginia. Virginia has about 2.3 hospital beds per 1,000 population. A majority of hospitals (72.2%) are non-profit. Four hospitals are government-owned. There are 54 Medicare certified Rural Health Clinics and 22 Federally Qualified Health Centers. Virginia has about 24,091 Nonfederal physicians for a rate of 3.1 per 1,000 population. About 40% of these physicians are primary care providers.

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[1] Source: Virginia's Demographic Profile: Population Trends in the Commonwealth retrieved from http://vaperforms.virginia.gov/extras/profileSummary.php July 9, 2010

[2] Source: http://statehealthfacts.org retrieved July 16, 2010

<u>Comments resulting from a list serve email query on use of PMP:</u>

Subject: prescription monitoring program utilization
Of those of you with access to an electronic/web-based Prescription Monitoring Program (PMP)...
1. how widely is your on-line PMP being used?
2. what are the perceived and actual barriers to using your on-line PMP?
3. are there any decision support/educational tools that are linked to your on-line PMP? if so, what are the tools?

I access mine probably.. daily/every other day to look at patients
Only barrier is to try to remember the complicated login/password
No decision/support tools
I like the fact we can export to pdf/print it out.. helps us keep track of things to our EMR if needed and/or discuss things with patients on the print out

The format/information of ours in VA i think is nice and easy to read..
it's date: drug: #, prescriber: date writte/pharmacy filled all on one line/in a table
ex: 3/2 , vicodin 5/500, #60, IC 3/1/11 , #6052

The last pages have a 'key'
ic Ian Chen, 825 fairfax ave, suite 410, norfolk VA
#6052: walgreens, Norfolk, va 23507

I have access to the north carolina one as well, which I don't think is as easy to read...
Also, some states seem to be updated more than others (VA>NC)

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thoughts from Virginia:

1. We are lucky to have it (I was just in Arkansas and they have had a heck of a time getting one passed and they are one of the state's with the biggest problem)
2. I use it every day
3. We are getting the .... History back soon through our EHR (they took it away because it broke something important on the inpatient documentation) which in some ways is better than the PMP and if your institution is e-prescribing you should look into this access
4. Our benefits are that it is 24-7 (didn't start this way) and it is easily accessible and easily readable
5. A sign has to be posted (we created an institutional sign for clinics/pharmacy to post) - this used to be we had to get written patient consent which made the program cumbersome/almost useless
6. Registration involves signing up online but then you have to print and fax the form - this is a bit cumbersome
7. We can't link it directly with the EHR patient record (meaning it can't pull up right into the specific patient's report) but we did put a link within our EHR so providers don't have to search for the site on

google or the intranet to find the site
8. There is about a 2 week pharmacy reporting delay (i.e. may not see the most recent scripts filled) - this is a problem for the urgent/ED setting in particular
9. Delegates (i.e. nurses) can sign up under the providers (doc, pa, or np) and access for them but only 2 delegates are allowed per provider

How it should be:
1. Providers should get access codes when they renew their license within the SAME web based pass word protected site
2. The program should be national (I think it should partner with whatever national program there is that allowed SureScript pharmacy access)
3. As prescribers, I don't think patient consent should be needed because it is about SAFETY and TRANSPARENCY in prescribing. For example, if new patients are coming in and I need to review it before I see them, I should be able to review this information even before they walk in the clinic and see the posted sign.
4. All schedules should be reported including tramadol which isn't on ours
5. There should be an "office" access - because of nurse and provider teams - nurses need to have access for more than 1 provider and providers may need more than 2 delegates particularly if they work in more than 1 setting. This is a barrier to office use.

Other thoughts:
It has taken a HUGE effort to get providers signed up in our institution and aware of the program. With such a good program, it should be easier to educate regarding it. Because it is outside the health system - it takes a lot of effort to get providers using it and working it into the work flow. Our board has sent letters and brochures and emails out about it but even so, to sign up and to use it takes effort and time. I did a huge institutional sign up at … during our Flu Week when providers came to get their flu shot. I got about 200 signed up, but then even after that they get an email and they have to confirm by email and then use their code within 30 days, which many haven't, so they will have to do the process over. So the sign up piece to me needs to be integrated with license renewal and should be automatic.

The other piece is education about what the reports may mean and what to do with them. This really hasn't happened yet. They tried to pass legislation this year in Virginia that would require all providers to check it if prescribing opioids for > 90 days but this failed, luckily. Mainly the concern is that providers shouldn't be held liable for not checking it when there is not any data on the effect/utility of the program yet (though I could name several instances of its utility) or much data on how to interpret the information and use it in an action plan.

I do believe though that this has helped promote "safer" prescribing. One of the things I use this for is the DATE OF FILL. Many times we will fill the next script based on when the script was written rather than when it was filled, so this practice for me has changed and I either need the bottle or the PMP to confirm the fill date, not the written date for the month's supply.