

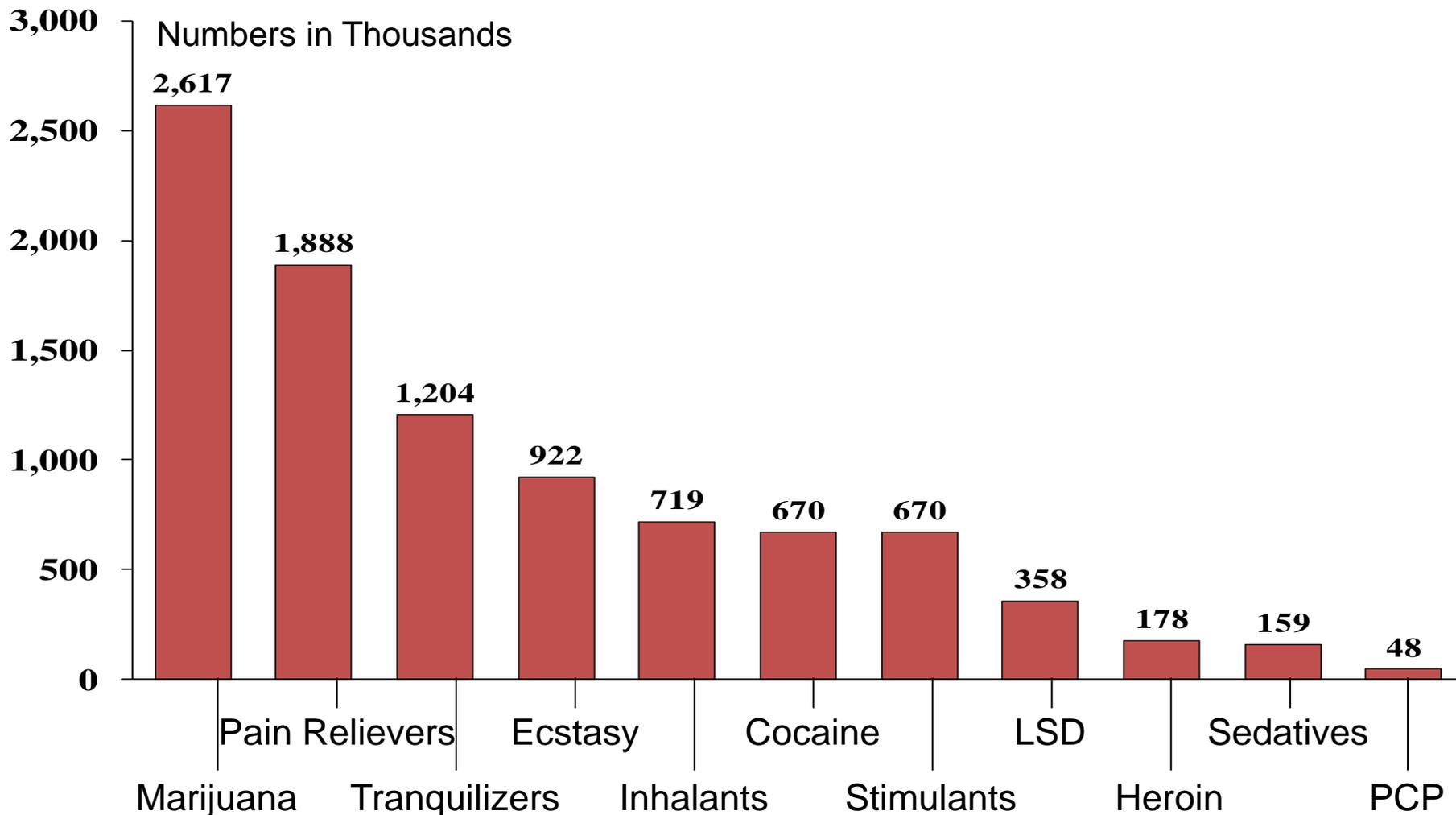


Department of Health Professions

VIRGINIA'S PRESCRIPTION MONITORING PROGRAM

A Resource for Patient
Management

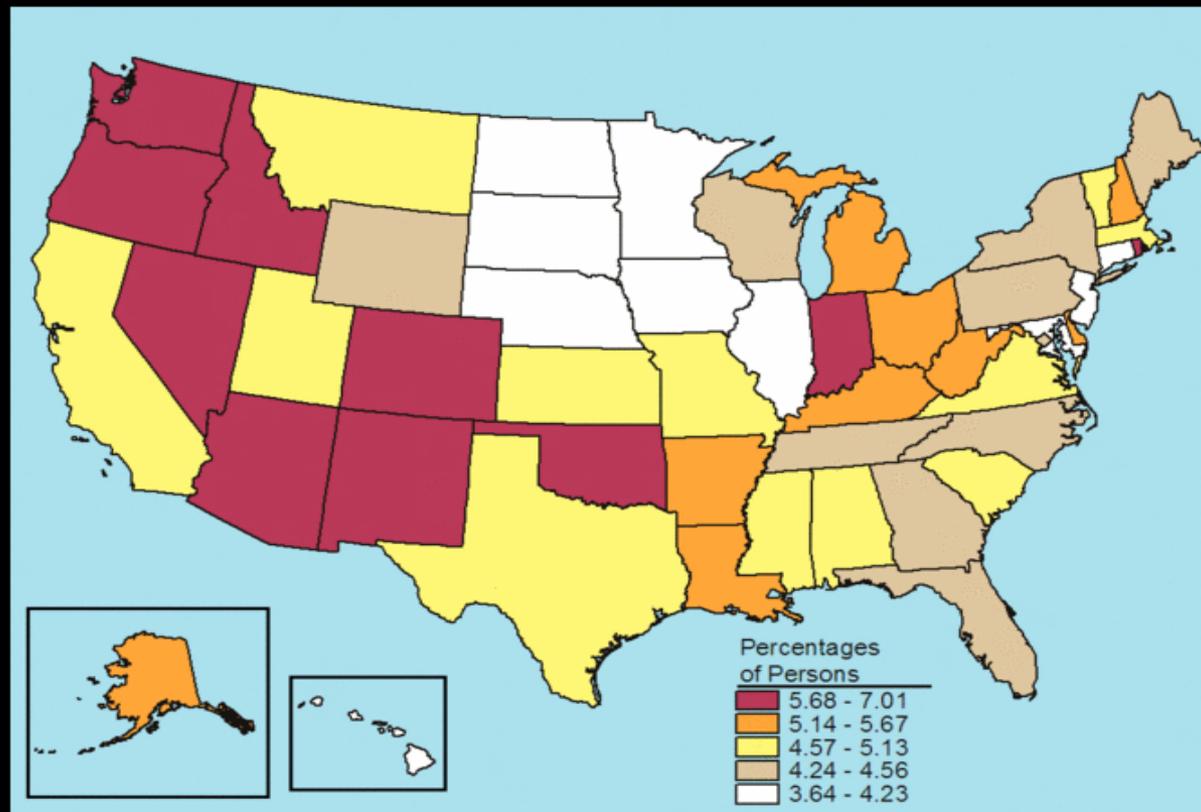
Past Year Initiates of Specific Illicit Drugs among Persons, Aged 12 or Older: 2011



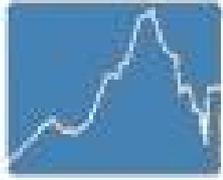
Note: Numbers refer to persons who used a specific drug for the first time in the past year, regardless of whether initiation of other drug use occurred prior to the past year. Source: SAMHSA 2011 NSDUH

Non Med Use Pain Relievers-2009-10

(OK highest, SD lowest)

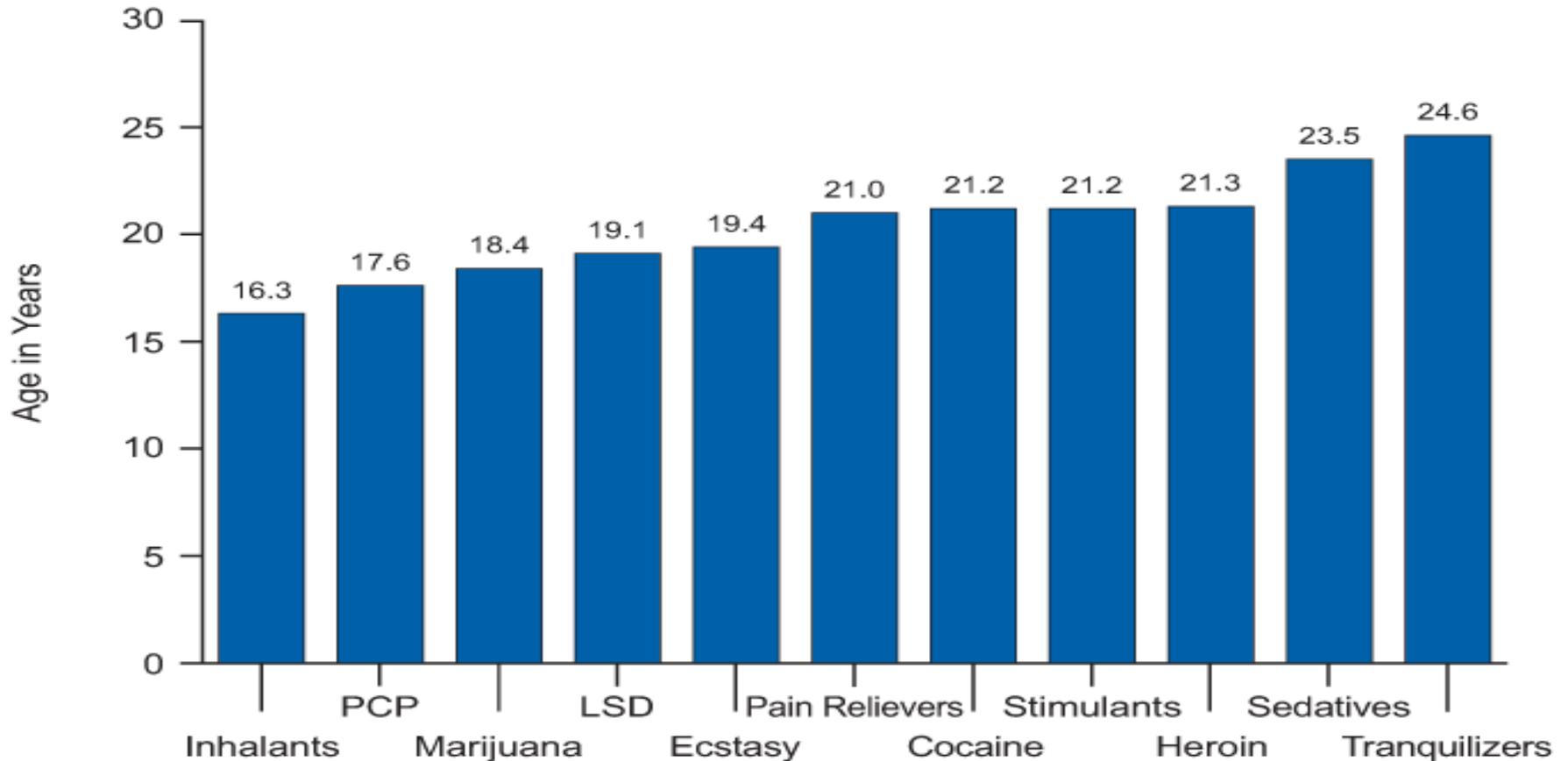


SOURCE: SAMHSA 2012 Presentation at NASCSA Annual Conference



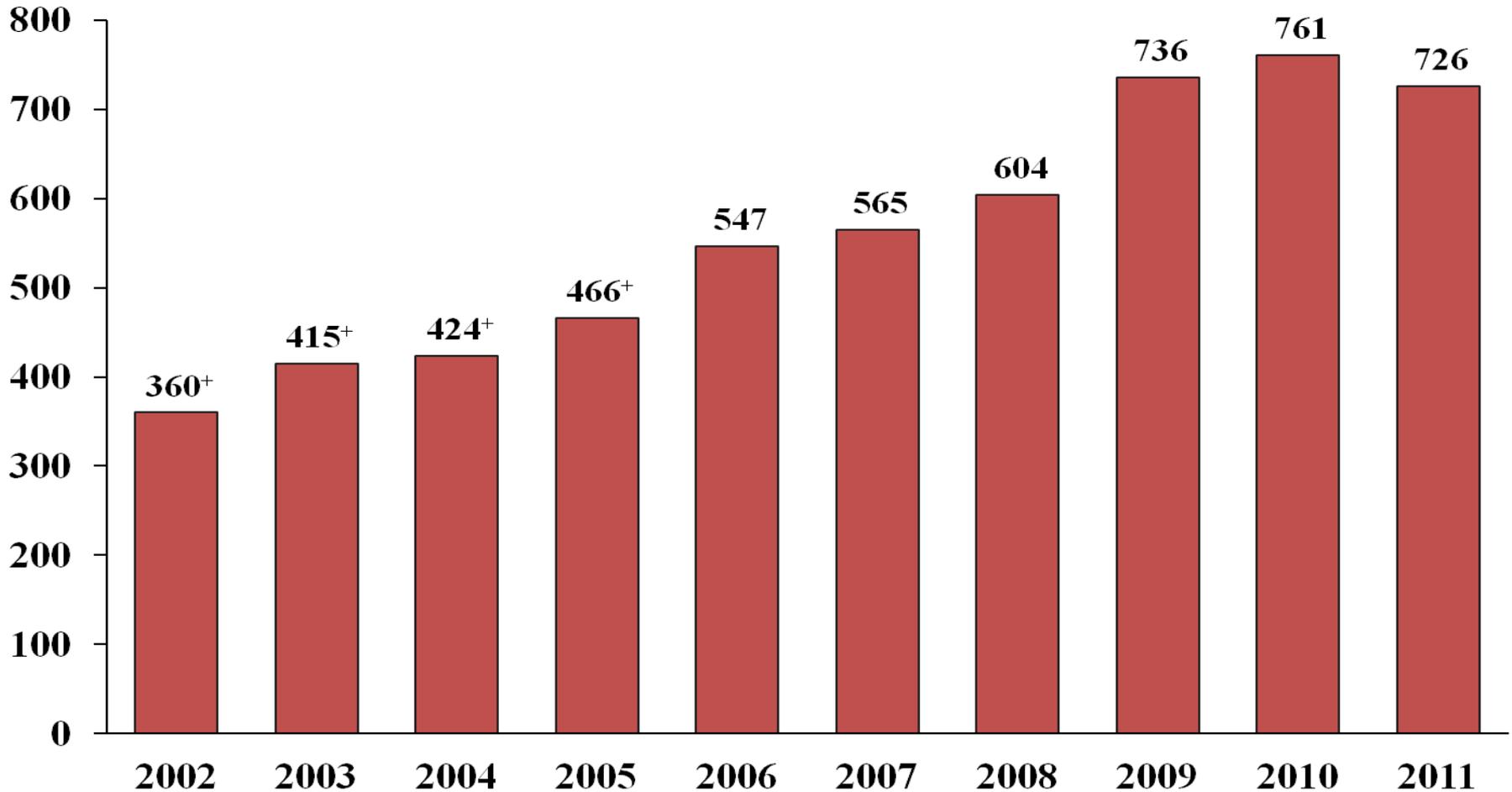
Department of Health Professions

Figure 5.3 Mean Age at First Use for Specific Illicit Drugs among Past Year Initiates Aged 12 to 49: 2010



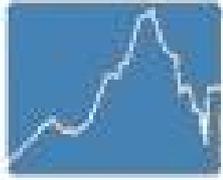
Source: SAMHSA 2010 NSDUH

Received Most Recent Treatment in the Past Year for the Use of Pain Relievers among Persons Aged 12 or Older: 2002-2011



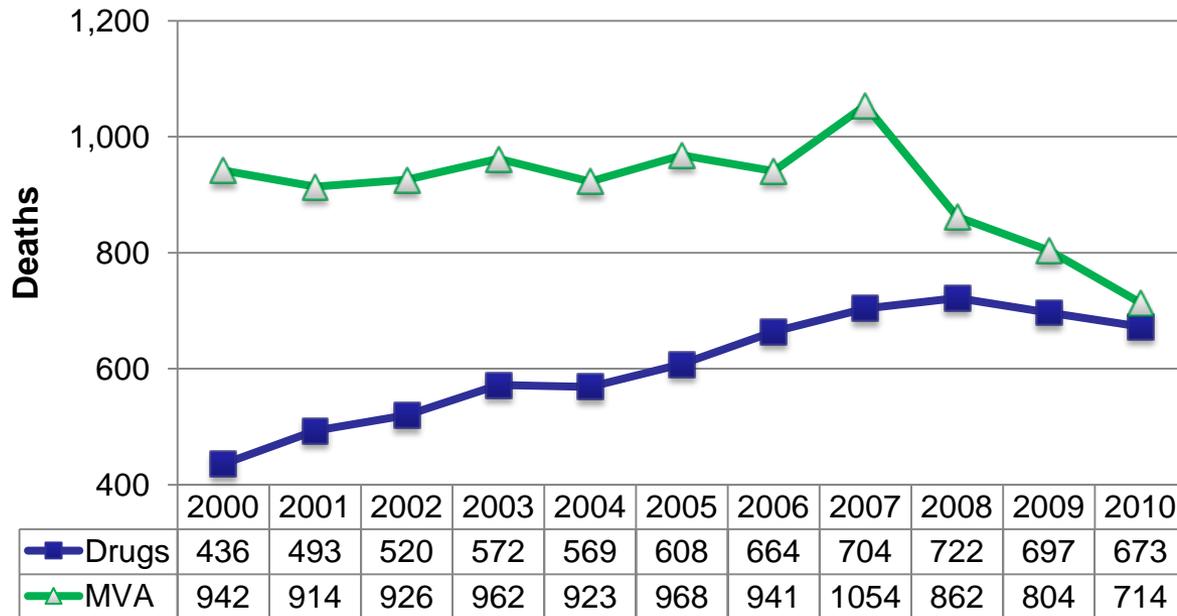
Source: SAMHSA NSDUH
2011

⁺ Difference between this estimate and the 2011 estimate is statistically significant at the .05 level.



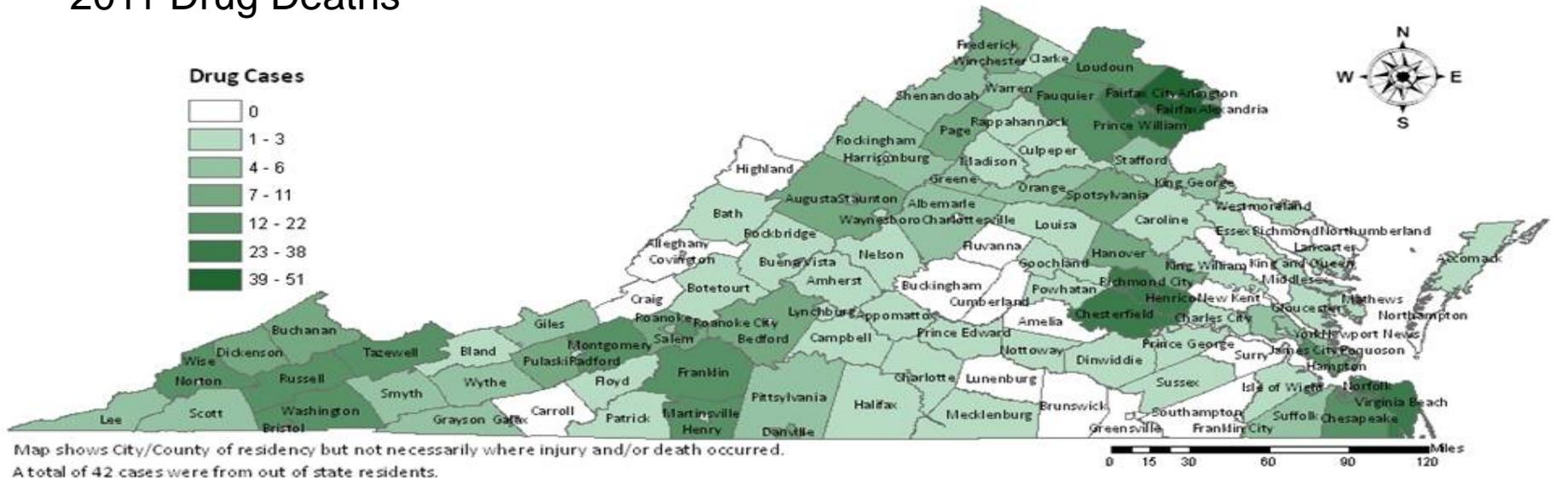
Department of Health Professions

Drug and Motor Vehicle Deaths of Virginia Residents: 2000-2010

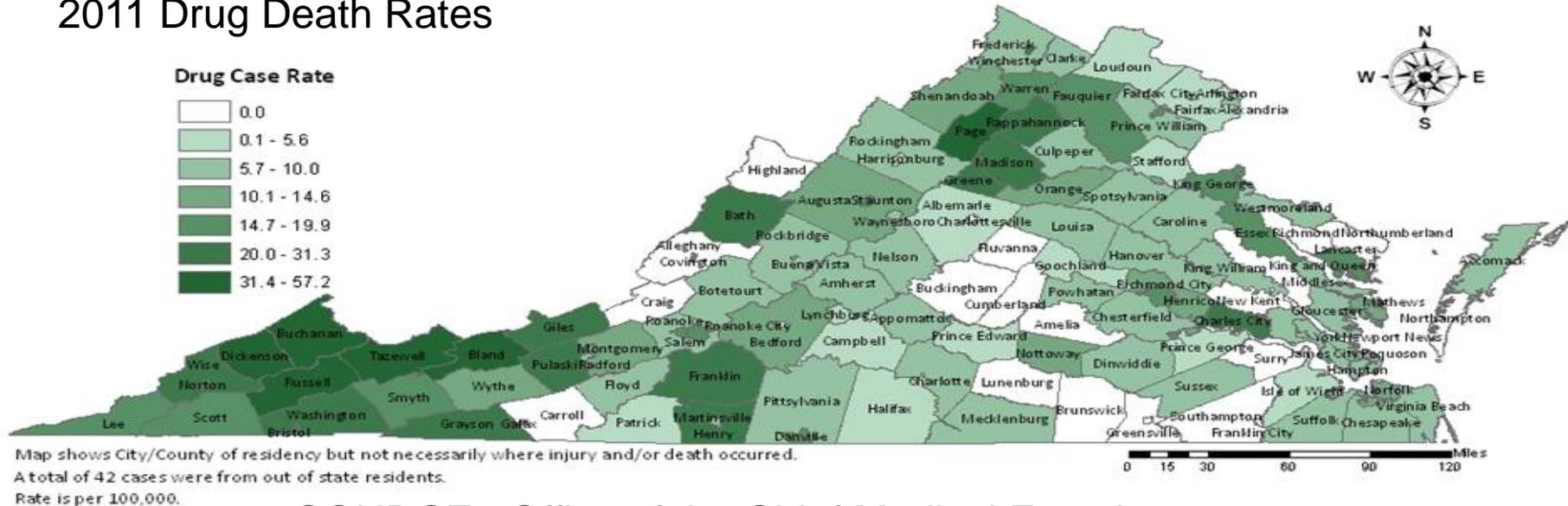


Dr. Anna Noller, Forensic
Epidemiologist, OCME

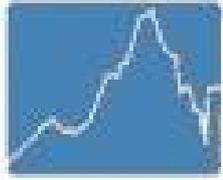
2011 Drug Deaths



2011 Drug Death Rates

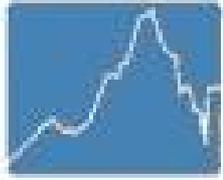


SOURCE: Office of the Chief Medical Examiner



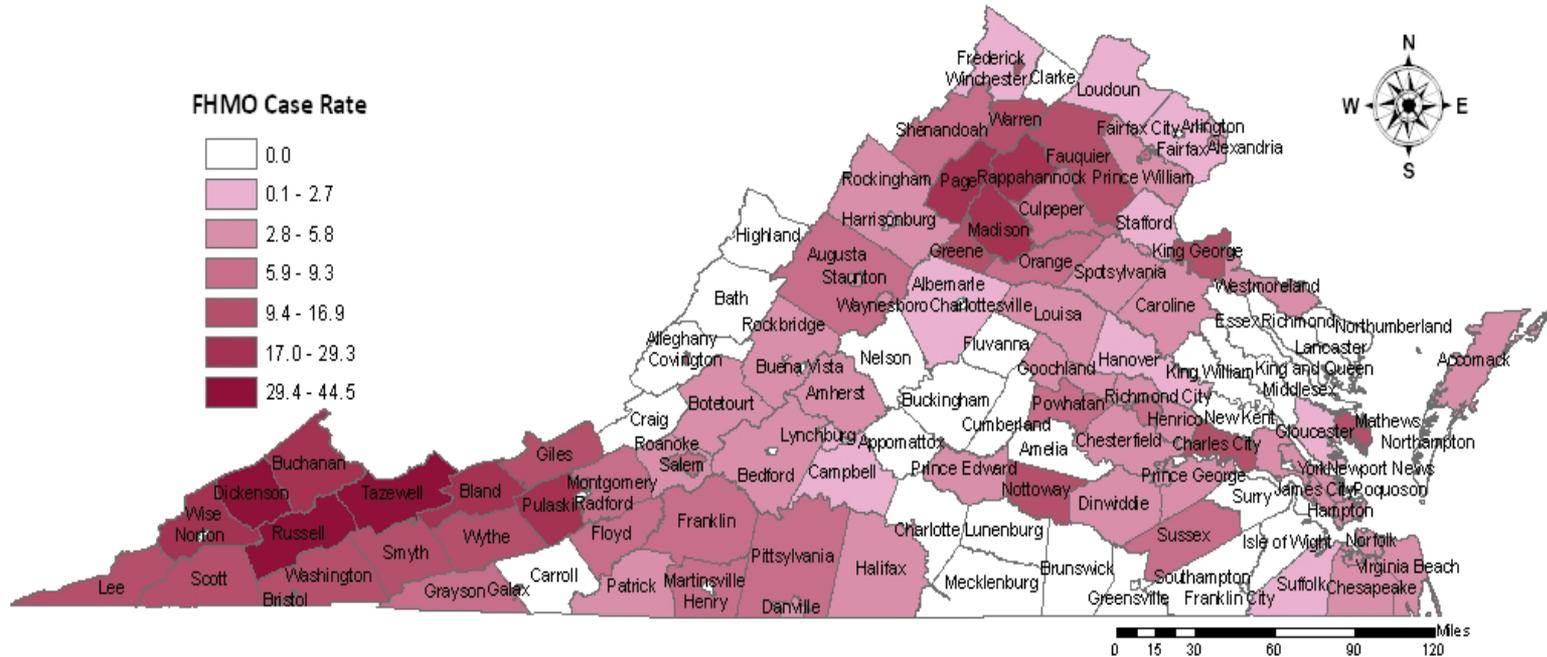
Department of Health Professions

Cause of Death	Central	Northern	Tidewater	Western	Total
Ethanol Poisoning	4	7	2	2	15
Prescription Drug Poisoning	106	115	72	212	505
Illegal (Street) Drug Poisoning	50	30	41	22	143
Mixed Category Drug Poisoning	14	37	29	33	113
Inhalant Poisoning	3	1	2	0	6
OTC Poisoning	6	9	3	2	20
Ethylene Glycol Poisoning	1	1	2	0	4
Not Otherwise Specified Poisoning	0	0	2	3	5
Other Poisons (Heavy Metals, etc.)	3	2	2	0	7
Total	187	202	155	274	818



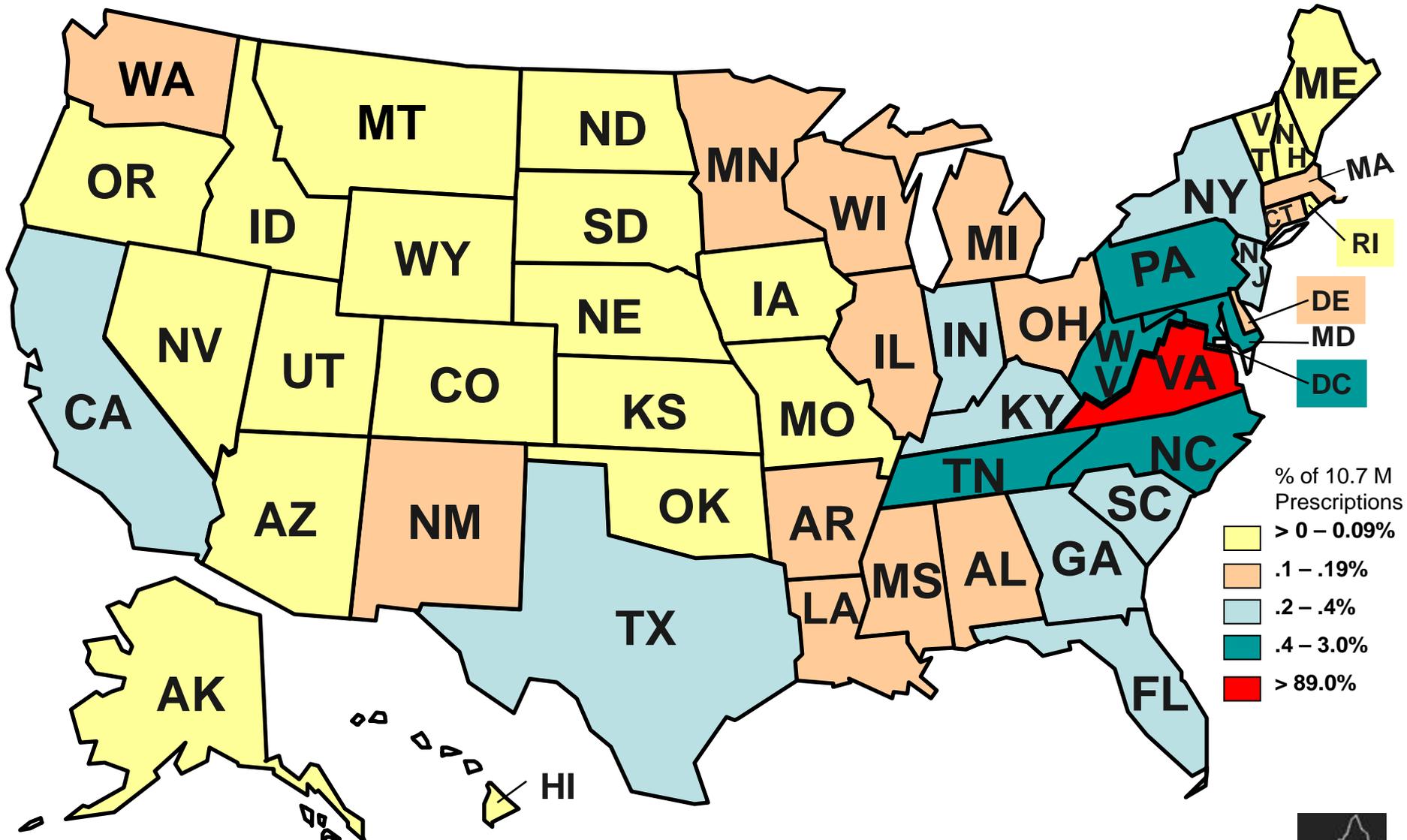
Department of Health Professions

FENTANYL, HYDROCODONE, METHADONE & OXYCODONE DEATHS (N=394)

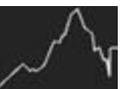


Rxs from Prescribers in VA PMP

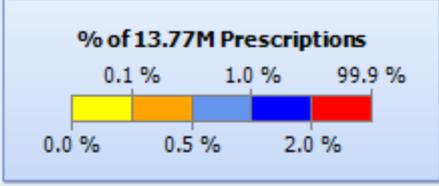
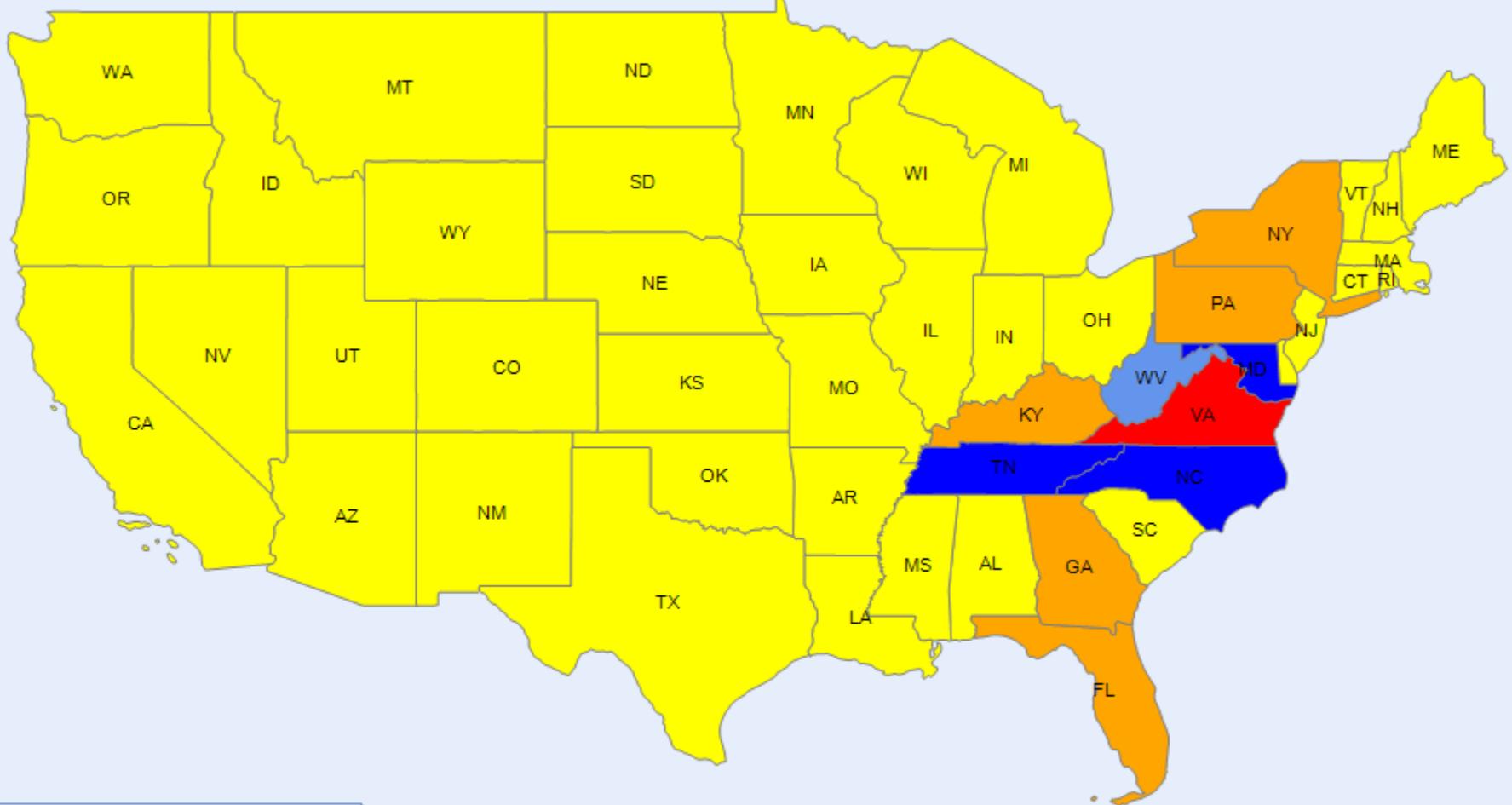
2007 Data



Location of prescriber is based on zip code on DEA Registration data.

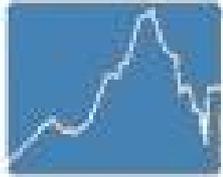


Rx's from Prescribers in VA PMP 2012 Data



Location of prescriber is based on zip code on DEA Registration data.

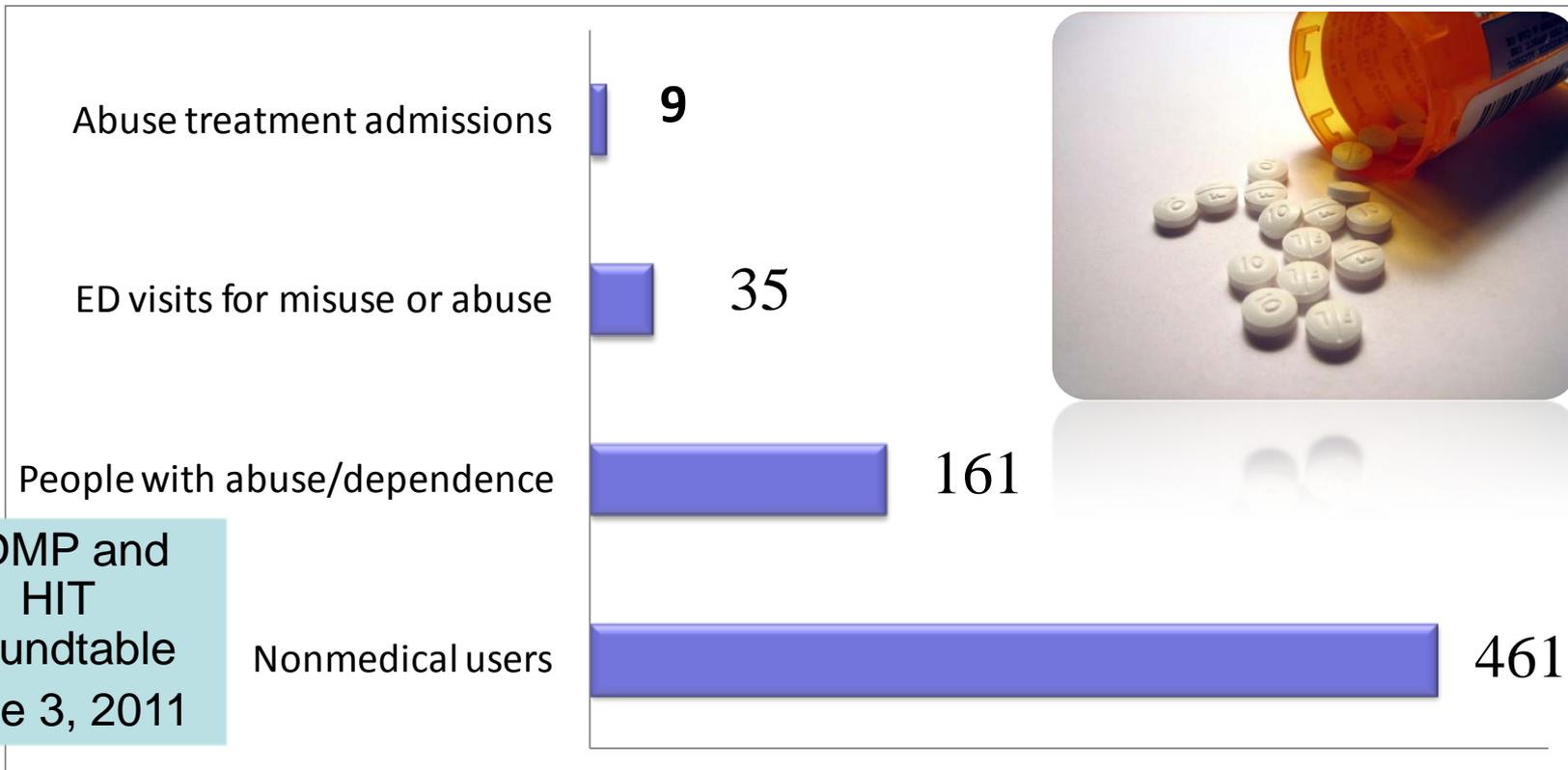




Department of Health Professions

Public Health Impact of Opioid Analgesic Use

For every 1 overdose death there are

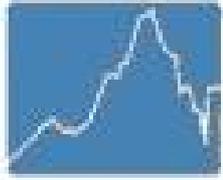


PDMP and
HIT
Roundtable
June 3, 2011

Treatment admissions are for primary use of opioids from Treatment Exposure Data set

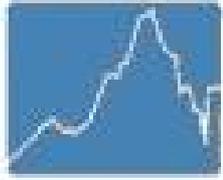
Emergency department (ED) visits are from DAWN, Drug Abuse Warning Network, <https://dawninfo.samhsa.gov/default.asp>

Abuse/dependence and nonmedical use in the past month are from the National Survey on Drug Use and Health



Economic Costs

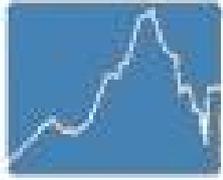
- Estimated \$193 billion in economic costs for illicit drug abuse in the U.S. in 2007
- Hansen et al estimate costs of non-medical use of prescription opioids was \$53.4 billion in 2006¹
 - Oxycodone, hydrocodone, propoxyphene, and methadone accounted for two-thirds of costs
- Opioid abusers generate, on average, annual direct health care costs 8.7 times higher than nonabusers²



Legitimate Patients?

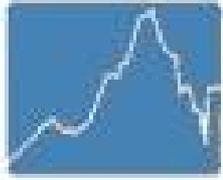
- 25% of all prescription opiates are diverted
–Includes stolen / traded / malprescribed
- 10% of patients in a good practice are not legitimate (but we don't know which 10%)
- Addicts usually become apparent in 3 -6 months
- Professional diverters appear to be great patients

Roger Cicala, MD Pain Medicine / Addiction Medicine Assistant Medical Director, Tennessee Medical Foundation



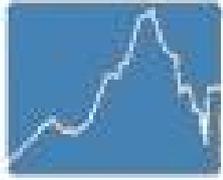
ONDCP DECLARES AN EPIDEMIC

- Prescription drug abuse is the Nation's fastest growing drug problem
- Response plan focuses on four major areas
 - Education
 - Tracking and Monitoring
 - Proper Medication Disposal
 - Enforcement



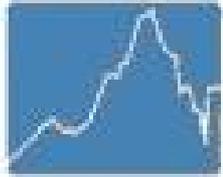
EDUCATION

- Partnership with VCU School of Medicine for online Pain Management Course
- Substance Abuse Forums
- Newsletter Articles
- Other presentations



PAIN MANAGEMENT EDUCATION: A COOPERATIVE EFFORT-BACKGROUND

- Managing Pain is challenging
 - Spans professions and specialties
 - Variation in chronic pain syndromes
 - Limited evidence-based guidelines
 - Limited provider training
 - Provider fears of legal ramifications



Department of Health Professions

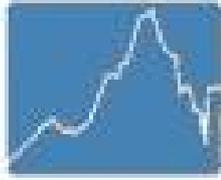
Chronic Non-Malignant Pain Management

[Home](#)[Pharm Tables](#)[Summary Tables](#)[Tools](#)[References](#)[Key Points](#)

Course Home Page

[Overview and Assessment](#)[Enter Module](#)[Treatment Goals](#)[Take Pre-Test](#)[Common Pain Diagnoses: Fibromyalgia](#)[Take Pre-Test](#)[Common Pain Diagnoses: Neuropathic Pain](#)[Enter Module](#)[Identifying and Meeting Challenges](#)[Enter Module](#)[Legal and Regulatory Aspects](#)[Enter Module](#)[Virginia](#)[Enter Module](#)[Post-Test Assessment](#)[Take Post-Test](#)

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y



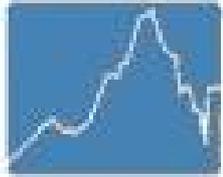
Department of Health Professions

Table: Safeguards when Prescribing Controlled Substances

Office visit documentation template*	<ul style="list-style-type: none"> • Thorough history, particularly of pain and prior treatment • Examination and appropriate diagnostic testing if indicated • Multi-modal treatment approach • Defined outcome goals 	References
Office practice standards	<ul style="list-style-type: none"> • Office-wide controlled substance policy • Office visit documentation templates • Opioid risk stratification tools <ul style="list-style-type: none"> ◦ Keep prescription blanks in secure locations ◦ Screening Instrument for Substance Abuse Potential (SISAP)¹ ◦ Opioid Risk Tool² ◦ The Screener and Opioid Assessment for Patients with Pain (SOAPP)³ ◦ Opioid dependence or abuse based on DSM-IV criteria ◦ CAGE questionnaire (Cut down, Annoyed, Guilt, and Eye-opener)⁴, adapted to include drugs (CAGE-AID)⁵ ◦ Drug Abuse Screening Test (DAST)⁶ ◦ Rapid Drug Problems Screen (RDPS)⁷ ◦ Pain Assessment and Documentation Tool (PADT)^{8,9,10} ◦ The Pain Medication Questionnaire (PMQ)¹¹ ◦ The Current Opioid Misuse Measure (COMM)¹² • Controlled substance agreement • Safe prescribing practices <ul style="list-style-type: none"> ◦ Keep prescription blanks in secure locations ◦ Do not leave in patient-accessible areas such as waiting rooms or examination rooms ◦ If appropriate, choose long-acting opioids and opioids of lesser street value ◦ Hand write prescriptions on watermark paper or prescription blanks ◦ Do not use adhesive labels; hand write patient name and date of birth ◦ Limit the quantity to no more than a 30-day supply or provide exactly enough medication until next follow-up appointment ◦ Use numbers and letters to document quantity and strength of medication ◦ Do not sign incomplete prescriptions ◦ Copy all controlled substance prescriptions for chart documentation ◦ If possible, allow only the patient to pick-up prescriptions ◦ Assist the pharmacist when they telephone to verify information 	
Monitoring tools	<ul style="list-style-type: none"> • Office visits for monitoring and periodic reassessment • Pharmacy records • Prescription monitoring program data • Urine drug screening 	

1. Coombs RB, Jarry JL. The SISAP: A new screening instrument for identifying potential opioid abusers in the management of chronic nonmalignant pain in general medical practice. *Pain Res Manage.* 1996;1:155-162.
2. Webster LR, Webster RM. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. *Pain Med.* 2006;6:432-442.
3. Butler SF, Budman SH, Fernandez K, Jamison RN. Validation of a screener and opioid assessment measure for patients with chronic pain. *Pain.* 2004;112:66-75.
4. Ewing JA. Detecting alcoholism. the CAGE questionnaire. *JAMA.* 1984;252:1905-1907.
5. Brown UL, Rounds LA. Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in a primary care practice. *Wis Med J.* 1995;94:135-140.
6. Skinner HA. The drug abuse screening test. *Addict Behav.* 1982;7:363-371.
7. Cherpitel CJ, Borges G. Screening for drug use disorders in the emergency department: Performance of the rapid drug problems screen (RDPS). *Drug Alcohol Depend.* 2004;74:171-175.
8. Fassik SD, Kirsh KL, Whitcomb L, et al. A new tool to assess and document pain outcomes in chronic pain patients receiving opioid therapy. *Clin Ther.* 2004;26:552-561.
9. Fassik SD, Kirsh KL, Whitcomb L, et al. Monitoring outcomes during long-term opioid therapy for noncancer pain: Results with the pain assessment and documentation tool. *J Opioid Manag.* 2006;1:257-266.
10. Fassik SD, Weinreb HJ. Managing chronic nonmalignant pain: Overcoming obstacles to the use of opioids. *Adv Ther.* 2000;17:70-83.
11. Holmes CP, Gatchel RJ, Adams LL, et al. An opioid screening instrument: Long-term evaluation of the utility of the pain medication questionnaire. *Pain Pract.* 2006;6:74-88.
12. Butler SF, Budman SH, Fernandez KC, et al. Development and validation of the current opioid misuse measure. *Pain.* 2007;130:144-156.

* Documentation according to Federation of State Medical Boards' Model Policy.



Department of Health Professions

Chronic Non-Malignant Pain Management

[Home](#)[Pharm Tables](#)[Summary Tables](#)[Tools](#)[References](#)[Key Points](#)

[Home](#) > [Virginia](#)



Virginia

Objectives

1. Describe the epidemiology of prescription drug abuse in Virginia.
2. Identify Virginia requirements for controlled substance prescribing.
3. Recall the elements of Virginia's model policy on opioid use for the treatment of pain.
4. Utilize Virginia's Prescription Drug Monitoring Program to support treatment decisions in pain management.
5. Identify treatment options for opioid dependence in Virginia.

ACGME Competencies

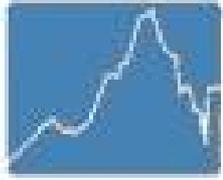
Medical Knowledge
Systems-Based Practice
Systems-Based Practice
Systems-Based Practice
Medical Knowledge

[Review Pre-Test Assessment](#)[Course Home](#)

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

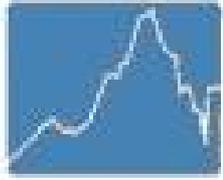
[Privacy Statement](#)
[Accreditation Information](#)

[School of Medicine](#)
[Credits & Contacts](#)



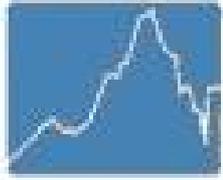
PRESCRIBING IN VIRGINIA

- Authority to prescribe Schedule II-VI controlled substances
- DEA Registration for Schedules II-V
- Practice Agreements



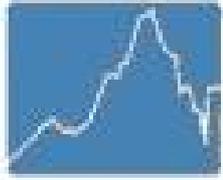
LAWS AND REGULATIONS

- Board of Medicine, Board of Nursing, Board of Dentistry, Board of Optometry, Board of Veterinary Medicine
- Pharmacy Act
- Drug Control Act
- Federal Law and Regulation



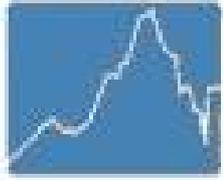
BONA FIDE RELATIONSHIP

- Section 54.1-3303 applies to:
 - Doctors, Podiatrists, Dentists, and Veterinarians
 - Nurse Practitioners, Physician Assistants
 - TPA-certified optometrists
 - Pharmacists
- Must be for Medicinal or Accepted Therapeutic Purposes



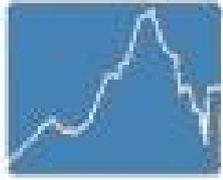
REQUIREMENTS

- No prescription shall be filled unless there is a bona fide practitioner-patient-pharmacist relationship.
- A prescription not issued in the usual course of treatment or for authorized research is not a valid prescription



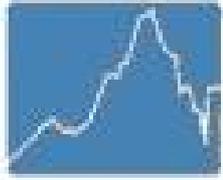
BOARD OF MEDICINE GUIDANCE ON PAIN MANAGEMENT

- Federation of State Medical Boards
Model Policy for the Use of Controlled
Substances for the Treatment of Pain



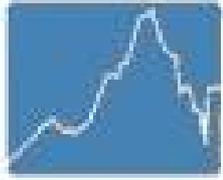
TRACKING AND MONITORING

Prescription Monitoring Programs (PMPs) are systems in which controlled prescription drug data are collected in a database, centralized by each state, and administered by an authorized state agency **to promote the appropriate use of controlled substances for legitimate medical purposes**, while deterring the misuse, abuse, and diversion of controlled substances.



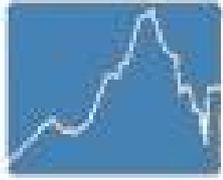
PRESCRIPTION MONITORING PROGRAMS

- 49 states have authorizing legislation
- 44 state programs are operational
- Programs may vary as to drugs collected and who has access
- Some standardization is occurring due to minimum eligibility requirements for federal funding



VIRGINIA'S PRESCRIPTION MONITORING PROGRAM

- Began as a pilot program in Sep 2003
- Went statewide in June 2006
- Implemented 24/7 auto response software for prescribers and pharmacists in September 2009
- Implemented capability for interoperability with other state programs in August 2011



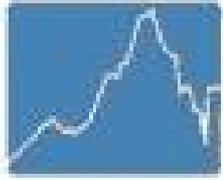
RISK MANAGEMENT TOOL

Protection for the patient

- provides the practitioner with information needed to make informed decisions about prescribing or dispensing i.e. avoiding overlaps or counter indications in drug therapy

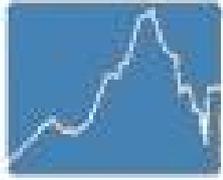
Protection for the practitioner

- Provides an alert for possible abuse, misuse, or diversion that can protect against “duping” that can lead to disciplinary action or prosecution



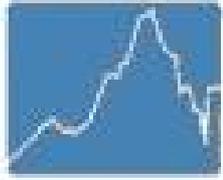
WHAT KIND OF DRUGS ARE REPORTED TO THE PMP?

- Oxycontin, methadone, morphine, Ritalin (SCHEDULE II)
- Lortab, Vicodin, testosterone, Tylenol with Codeine (SCHEDULE III)
- Valium, Xanax, Ambien (SCHEDULE IV)



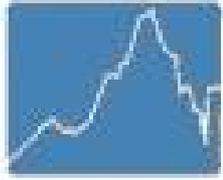
WHO MUST REPORT?

- Pharmacies
- Non-resident pharmacies (mail order)
- Dispensing physicians
- REPORTING IS REQUIRED WITHIN 7 DAYS OF DISPENSING



EXEMPTIONS

- Dispensing of manufacturer's samples
- Dispensing pursuant to a manufacturer's indigent patient program
- Dispensing in a bona fide medical emergency
- Administering of covered substances
- Dispensing within an appropriately licensed narcotic maintenance treatment program
- Dispensing to inpatients in hospitals or nursing homes (does not include assisted living)
- Dispensing to inpatients in hospices
- Dispensing by veterinarians to animals



WHO MAY GET INFORMATION?

- Prescribers and Pharmacists for their patients
- Delegates of Prescribers*
- Investigators for licensing boards
- Certain law enforcement agents if they have an open investigation
- Patients for their own prescription history*
- Office of the Chief Medical Examiner



Virginia Department of Health Professions



DHP Home Page > Dhp Programs > Pmp > Home

Contact Us | Search DHP

GO

- PMP Home
- About PMP
- Laws and Regulations
- Forms
- Reports and Statistics
- Presentations
- HIPAA Applicability
- Reporting Requirements
- Committee Members
- Committee Calendar
- Staff Directory
- Board of Pharmacy
- Board of Medicine

Virginia Prescription Monitoring Program

Program Interoperability with other State Prescription Monitoring Programs

Virginia's Prescription Monitoring Program, in partnership with several states, has leveraged advances in technology to enable the sharing of prescription information across state lines. The implementation of this technology comes at a time when prescription drug abuse is the fastest growing drug problem in the United States. Please click the link below for the current map of interoperable state programs.

[PMPInterConnect Map](#)

The PMP Data Center

The PMP Data Center is now available with 24/7 access and auto-response capabilities for prescribers and pharmacists.

If you are a prescriber or pharmacist and have not registered to use the program please do so today by clicking on "Access the PMP Data Center". Click on "Not a user? Register to become a user", Fill out the form and click the SUBMIT button. Print the form out, sign and date it, and fax to 804-527-4470.

Once your registration request is verified and approved you will receive information about how to use the program.

[Access the PMP Data Center.](#)

Pain Management Course offering

The Virginia Department of Health Professions has partnered with the VCU School of Medicine in the development of *VCU Pain Management: An Online Curriculum*. This curriculum emphasizes the assessment and management of pain through a case-based format with evidence-based content, tables, tools, and practice resources. Seven modules cover topics from assessment, treatment including opioid management, legal issues, and specific concerns for pain management in Virginia. A module on Pediatric Pain Management was added in 2010.

Registration is free. If accepted by your specific board, you may claim up to 6.5 hours of CE credit. [Click here to register for the course.](#) There are also numerous tools, tables and other resources available for providers at www.paineducation.vcu.edu. Questions and comments can be directed to Leanne M. Yanni, MD, Creator and Editor, at Leanne_yanni@bshsi.org.

Important Program Information

[Description of Program](#)

[Who is required to report?](#)

[How to Report](#) (Contractor information)

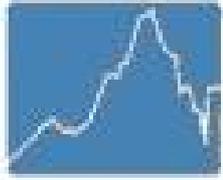
[How to Request Information](#)

Prescription Monitoring Program

Perimeter Center
9960 Mayland Drive, Suite
300
Henrico, Virginia 23233-1463
[Directions](#)

Email pmp@dhp.virginia.gov
Telephone: 804-367-4566
Fax number: 804-527-4470

Hours: Mon-Fri 8:15 to 5:00
except [Holidays](#)



Department of Health Professions

DATACENTER LOG-IN SCREEN

VIRGINIA PMP

Welcome to Virginia's Prescription Monitoring Program. Please login to continue.



Not a member? [Register](#)

Username

Password

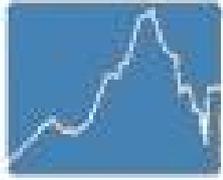
[Forgot/Reset Password?](#)

If you've lost your password, please contact the Support Line at either (804)367-4566 or pmp@dhp.virginia.gov

If you've lost your password, please contact the Support Line at either (804)367-4566 or pmp@dhp.virginia.gov

© 2010, Optimum Technology Inc. All rights reserved

Done Internet 100%



Department of Health Professions

SUBMIT REQUEST SCREEN

VIRGINIA PMP Welcome, DR TEST [MY ACCOUNT](#) [LOGOUT](#)

Request Alert

Home > Request > New Request

[View Request](#)
[New Request](#)

Other Links

- [Alerts \(2\)](#)
- [Info Center](#)
- [FAQ](#)
- [Related Links](#)

Latest News

- [New Software Go-Live Date](#)
New PMP Software will go-live on November 13, 2011.

Request

Patient

Patient Details

Last Name: First Name: Middle Name:
Birth Date: Gender:

Contact Details

Street: City: State: Zip:

Family Members [Add](#)

Prescription Range

Set default to last 12 months date range Begin Date: End Date:

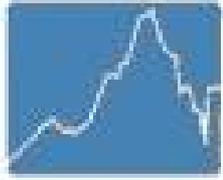
Options

Format:

I certify that the information I have entered above is accurate.

[Create](#)

Home | [Related Links](#) | [Info Center](#) | [FAQ](#) |



Department of Health Professions

HOW TO LOCATE REPORTS

VIRGINIA PMP Welcome, DR TEST [MY ACCOUNT](#) [LOGOUT](#)

Request Alert

Home > Request > View Request

View Request

First Name: Last Name: Requested Type:

Submitted date From: Submitted date To: Requests that are:

Request Status: Submitted By:

Showing 1-1 of 1

	Name	Type	Submitted By	Submitted On	Status
<input type="checkbox"/>	[REDACTED]	Patient	DR TEST	11/6/2011 2:22:00 PM	Auto Fulfilled

Items Per Page

Home | Related Links | Info Center | FAQ |
© 2010, Optimum Technology Inc. All rights reserved

Click on Patient's name to view request screen and obtain report

Virginia Prescription Monitoring Program

Website: http://www.dhp.virginia.gov/dhp_programs/pmp/default.asp

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

Patient Rx History Report

DATE : 2/10/09

Page 1 of 1

Search Criteria:
12:00:00AM' to '2/10/2009 12:00:00AM'

And D.O.B. = '12/12/1968' And State = 'VA' and Request Period = '2/1/2008

Prescriptions

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	Rx #	N/R	Pharm	Pay
10/24/2008	ALPRAZOLAM TABLETS 0.5 MG TABLET	60	30	4957	STI GR	10/24/2008	4556018	N	4825735	U
3/27/2008	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS USP 500 MG;5 MG TABLET	20	3	1595	CAM DA	3/27/2008	4551452	N	4825735	U

N/R: N=New R=Refill

Pay: I=Insurance C=Cash M1=Medicare M2=Medicaid WC=Workers Comp CI=Commercial PBM Insurance U-Unknown

Total Prescriptions:

2

Prescribers for prescriptions listed

STI GR--Prescriber name and address for each prescription will be listed here.

CAM DA—Prescriber name and address for each prescription will be listed here.

Pharmacies that dispensed prescriptions listed

4825735—Pharmacy name and address for each prescription will be listed here.

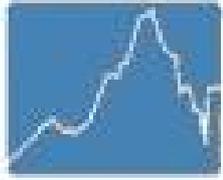
Patients that match search criteria

4957—Patient name, DOB, and address for each prescription will be listed here.

1595—Patient name, DOB, and address for each prescription will be listed here.

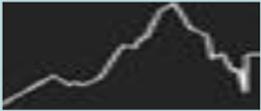
Please read the reports carefully. If you have questions, contact the program at pmp@dhp.virginia.gov or 804-367-4566

Disclaimer: The State 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.



READING PMP REPORTS

- Patient Reports: Please take time to READ!
- Contact the pharmacy that dispensed prescription if there is a question first
- If that does not resolve issue, please contact the PMP



Patient RX History Report

Date: 09-17-2012
 Page: 1 of 1

Search Criteria: First Name = pXXXXXX And Last Name = wXXXXXX And D.O.B. = xx/xx/1977 And Request Period '08/17/2011' To '09/17/2012'

Patients that match search criteria

Pt ID	Name	DOB	Address
8854	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	246511506
2641	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	24651
9538	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	246510000
8177	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	246309317
6566	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	246309369
3201	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	24651
0904	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	24630
1535	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	24651
6449	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	24630
9021	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	246309317
0546	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	246511506
7227	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	24651
7862	WXXXXXXXX, PXXXXXXXX	xx/xx/1977	24651

Prescriptions

Fill Date	Product, Str, Form	Quantity	Days	Pt ID	Prescriber	Written	Rx #	N/R	Pharm	Pay
09/11/2012	OXYCODONE HYDROCHLORIDE, 5 MG, TABLET	180.00	30	8177	53	09/11/2012	02009062	N	92	04
09/11/2012	OXYCODONE HYDROCHLORIDE, 15 MG, TABLET	180.00	30	8177	53	09/11/2012	02009063	N	92	04
09/06/2012	ZOLPIDEM TARTRATE, 5 MG, TABLET, FILM COATED	30.00	30	8854	36	09/06/2012	04474070	N	5	04
08/28/2012	CLONAZEPAM, .5 MG, TABLET	21.00	7	8177	12	08/27/2012	04419624	N	4	
08/24/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	546	27	08/24/2012	04104201	N	15	
08/21/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	8177	27	07/24/2012	04018997	R	92	
08/11/2012	OXYCODONE HYDROCHLORIDE, 30 MG, TABLET	120.00	30	8854	53	08/11/2012	00722052	N	12	
08/11/2012	OXYCODONE HYDROCHLORIDE, 5 MG, TABLET	120.00	30	8854	53	08/11/2012	00722053	N	12	
08/04/2012	ALPRAZOLAM, 5 MG, TABLET	30.00	5	8177	89	08/04/2012	04419371	N	4	
07/25/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	8177	27	07/24/2012	04018997	N	92	
07/17/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	8854	27	06/21/2012	837796	R	95	01
07/15/2012	OXYCODONE HYDROCHLORIDE, 30 MG, TABLET	120.00	30	6566	22	07/14/2012	0926544	N	56	04
07/15/2012	OXYCODONE HYDROCHLORIDE, 5 MG, TABLET	120.00	30	6566	22	07/14/2012	0926545	N	56	04
07/15/2012	ALPRAZOLAM, 1 MG, TABLET	32.00	14	6566	22	07/14/2012	0926546	N	56	04
06/21/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	8854	27	06/21/2012	837796	N	95	01
06/05/2012	ALPRAZOLAM, 1 MG, TABLET	30.00	7	8854	89	06/05/2012	836139	N	95	01
05/23/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	546	27	04/25/2012	04103006	R	15	
05/15/2012	OXYCODONE HYDROCHLORIDE, 30 MG, TABLET	120.00	30	9021	53	05/15/2012	02008205	N	92	
05/15/2012	OXYCODONE HYDROCHLORIDE, 5 MG, TABLET	120.00	30	9021	53	05/15/2012	02008206	N	92	
05/15/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	9021	53	05/15/2012	04017819	N	92	
04/25/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	546	27	04/25/2012	04103006	N	15	
04/16/2012	OXYCODONE HYDROCHLORIDE, 5 MG, TABLET	120.00	30	8177	53	04/16/2012	02007971	N	92	
04/16/2012	OXYCODONE HYDROCHLORIDE, 15 MG, TABLET	120.00	30	8177	53	04/16/2012	02007972	N	92	
04/16/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	8177	53	04/16/2012	04017301	N	92	
03/26/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	546	27	02/28/2012	04102362	R	15	
03/16/2012	OXYCODONE HYDROCHLORIDE, 15 MG, TABLET	150.00	30	8177	53	03/16/2012	02007747	N	92	
03/16/2012	OXYCODONE HYDROCHLORIDE, 5 MG, TABLET	210.00	30	8177	53	03/16/2012	02007748	N	92	
03/16/2012	ALPRAZOLAM, 1 MG, TABLET	120.00	30	8177	53	03/16/2012	04016781	N	92	

N/R: N=New R=Refill

Pay:01=Private Pay 02=Medicaid 03=Medicare 04=Commercial Ins. 05=Military Inst. and VA 06=Workers Comp 07=Indian Nations 99=Other

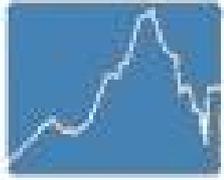
Total Prescriptions: 70

Prescribers for prescriptions listed

- 12 WV 24740
- 36 WV 26554
- 53 WV 25801
- 27 VA 24641
- 22 WV 24870
- 89 VA 24651

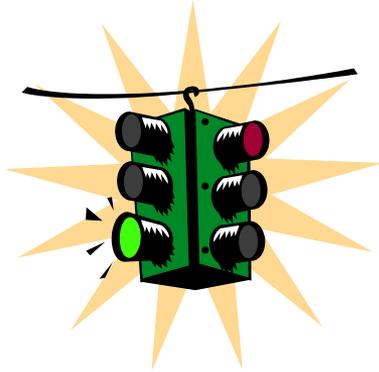
Pharmacies that dispensed prescriptions listed

- 15 VA 24651, PHONEXXXXXXXX71
- 4 VA 24630, PHONEXXXXXXXX00
- 56 VA 24134
- 92 VA 24630, PHONEXXXXXXXX37
- 95 24651, PHONEXXXXXXXX77
- 12 VA 24073, PHONEXXXXXXXX37
- 5 VA 24637, PHONEXXXXXXXX38
- 92 VA 24630, PHONEXXXXXXXX14

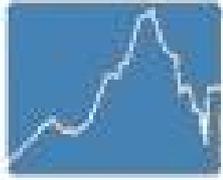


USE OF THE REPORT

- MAY



- MAY NOT

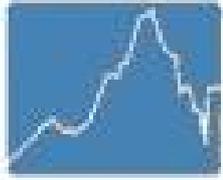


USE OF THE REPORT:

What a prescriber or dispenser can do

You may: (unless otherwise prohibited)

- Discuss the contents of the report with:
 - the patient;
 - another health care provider treating the patient;
 - a dispenser who has dispensed or will dispense medications to the patient
- Make a note in the chart or comment on prescription record to document decision process



USE OF THE REPORT

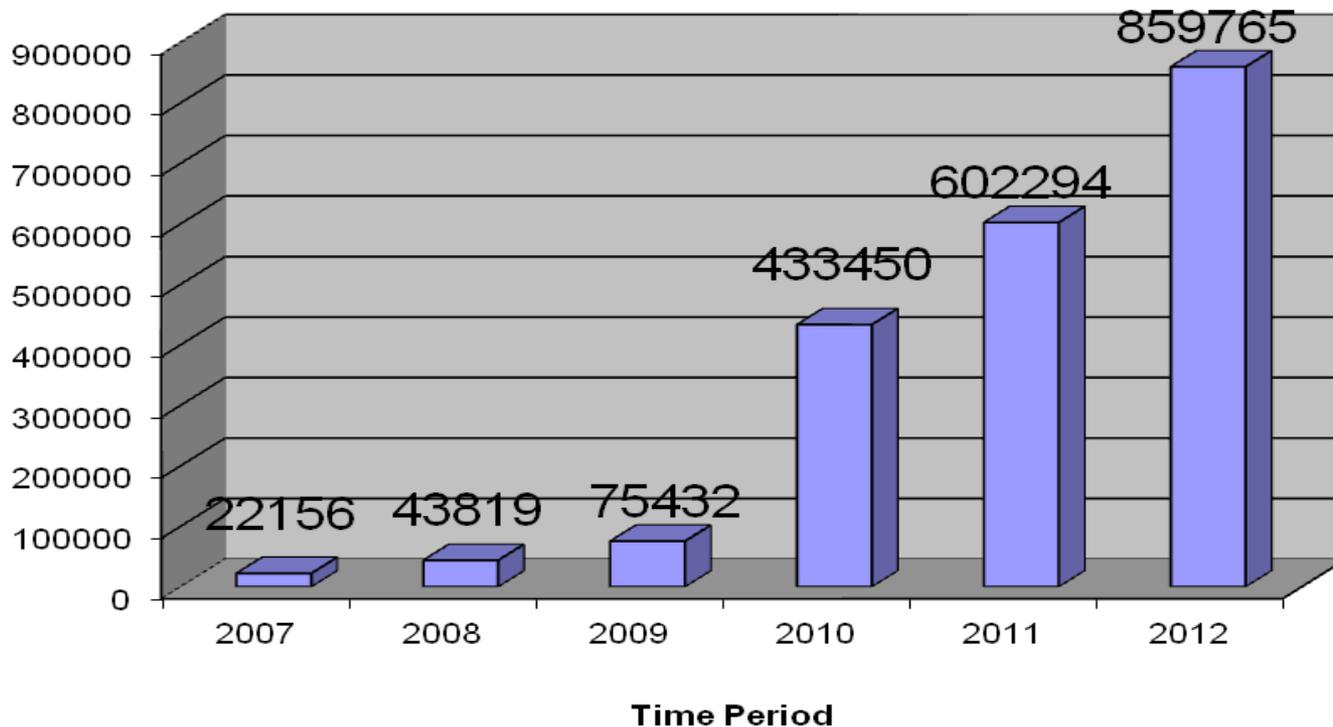
What a prescriber or dispenser can't do:

- May not request a report for any type of employment purpose
- May not use the report for any purpose other than the authorized uses set forth in the Prescription Monitoring Program (and 54.1-2523 in particular)
- If the PMP report is placed in the medical record, indicate restrictions on unauthorized disclosure (54.1-2525 of the Code of Virginia)

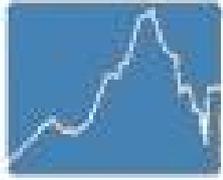


SELECTED STATISTICS

Annual Totals 2007 - 2012

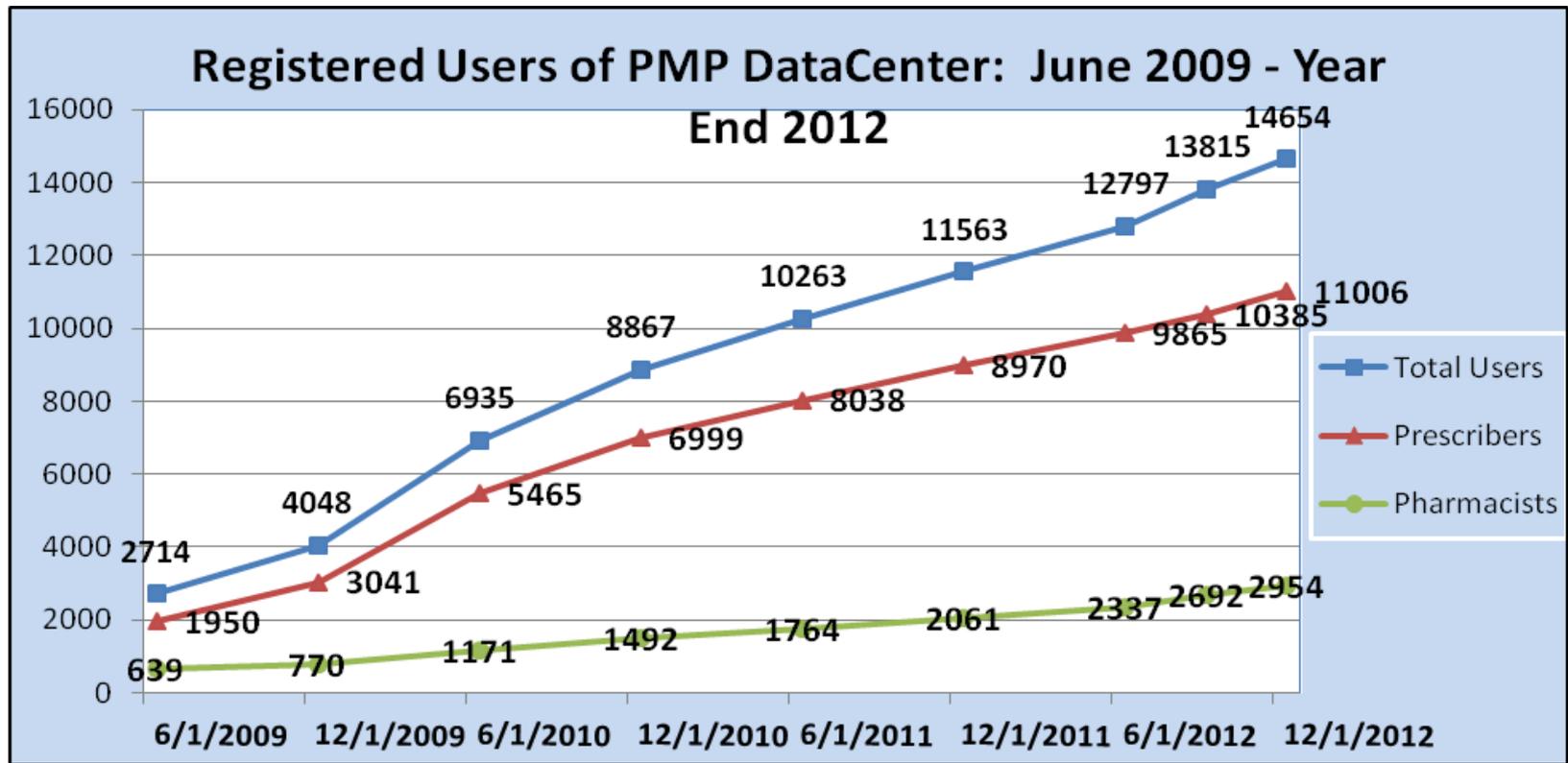


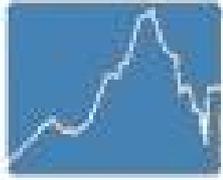
24/7 Access was introduced on October 1, 2009.



Department of Health Professions

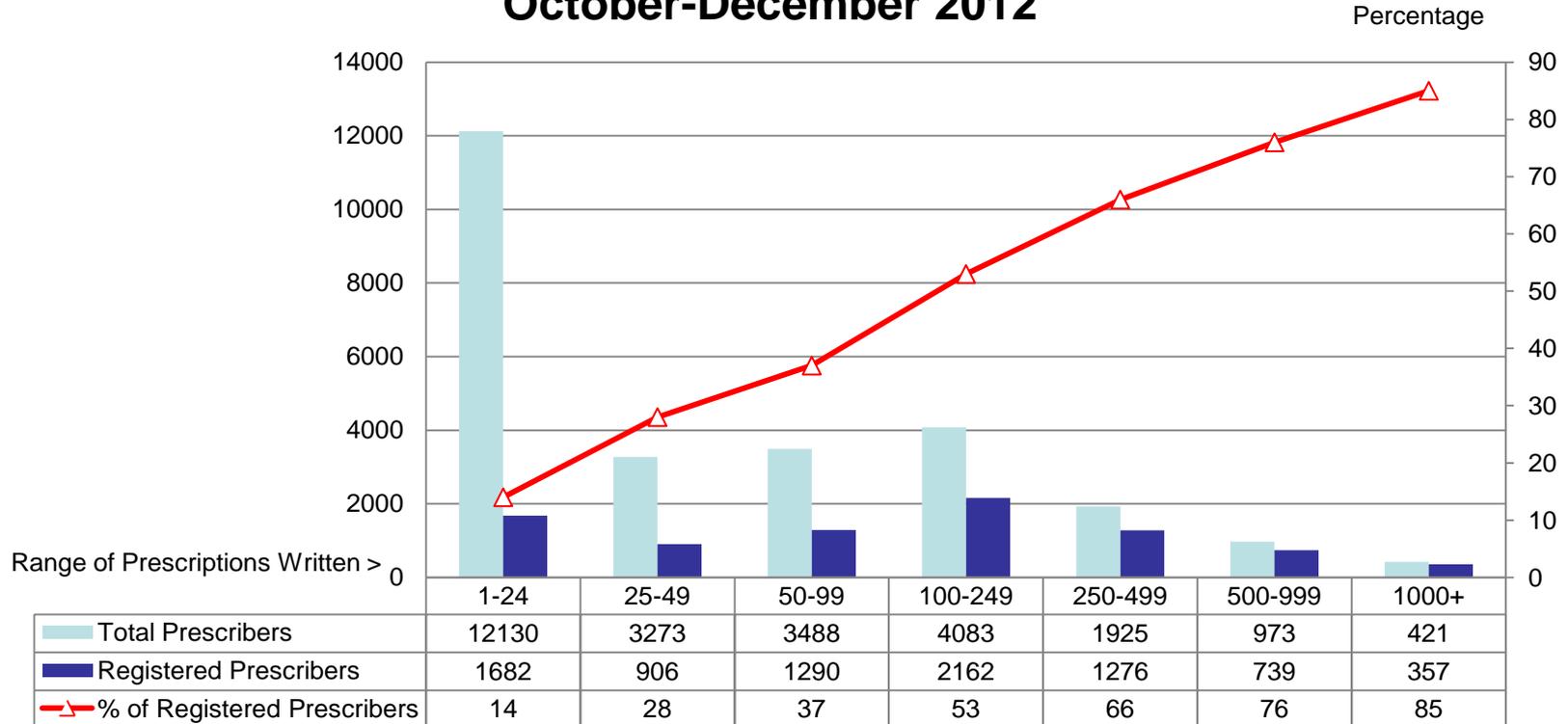
SELECTED STATISTICS

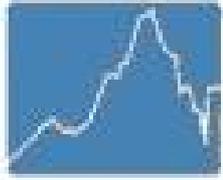




SELECTED STATISTICS

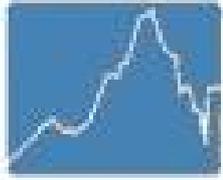
Percentage of Prescribers as Registered Users October-December 2012





PROPER MEDICATION DISPOSAL

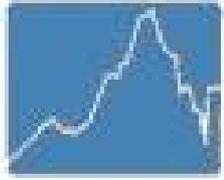
- April 29, 2013 National Drug Take-Back Day
- Attorney General's Prescription Drug Take-Back Task Force
- Safe Drug Disposal Act of 2010
- NADDI: www.rxdrugdropbox.org
- Community sponsored Take Back Events



LAW ENFORCEMENT

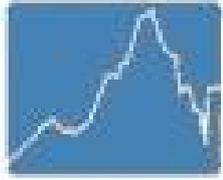
- 44 states specifically allow access to information contained in the PMP by law enforcement and/or judicial authorities.
- There are generally conditions for accessing PMP data in the authorizing legislation

Source: NAMSDL May 2011



LAW ENFORCEMENT: Use of Data

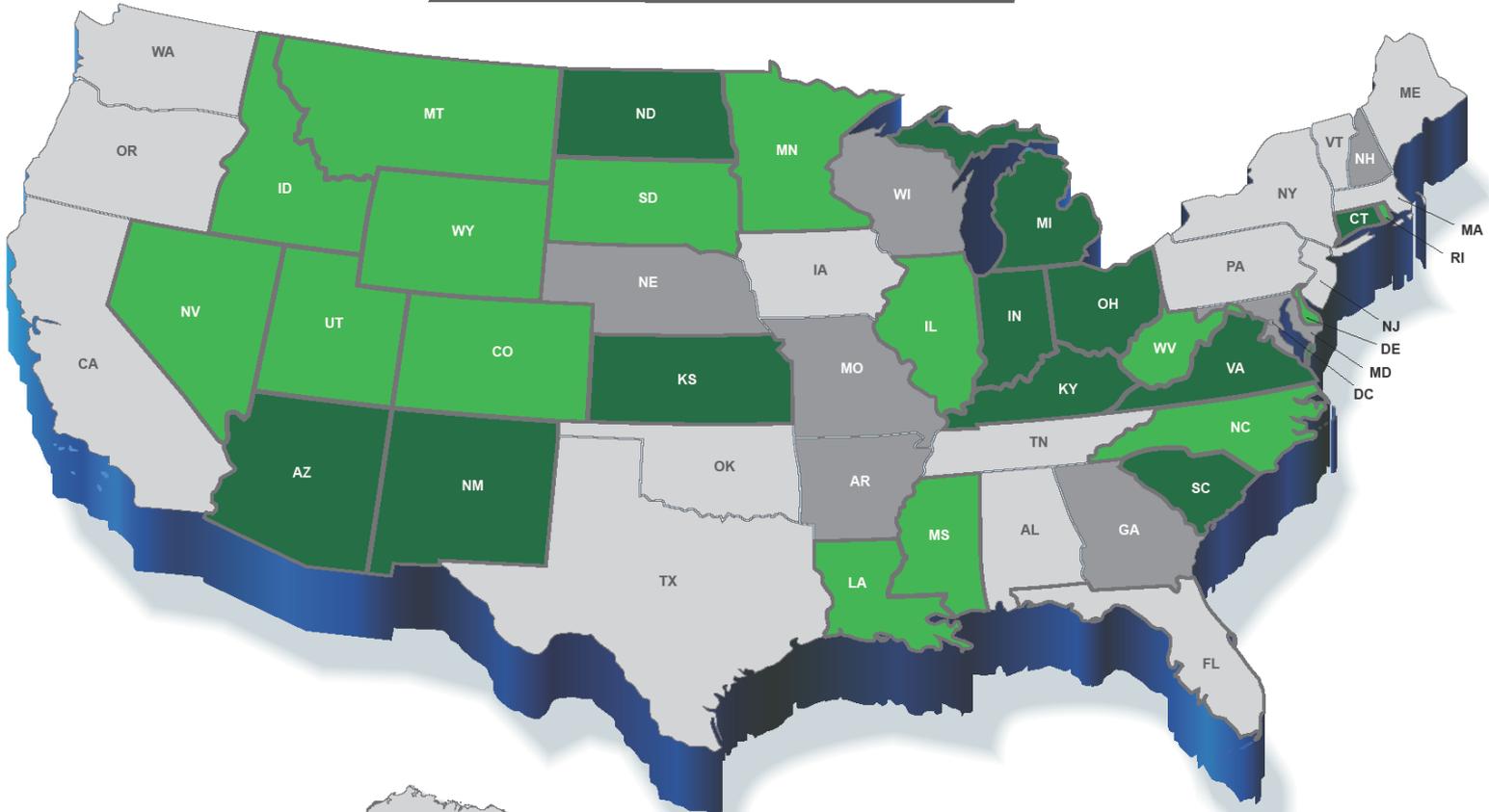
- Investigative tool
- Three types:
 - Recipient (patient) report
 - Practitioner (prescriber)
 - Pharmacy



ACCESS TO OTHER PROGRAMS

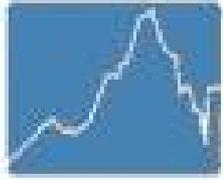
- West Virginia: <https://65.78.228.163>
- Kentucky: <http://chfs.ky.gov/os/oig/KASPER.htm>
- Tennessee:
<https://prescriptionmonitoring.state.tn.us>
- North Carolina
<http://www.ncdhhs.gov/mhddsas/providers/NCcontrolledsubstances/index.htm>

PMP INTERCONNECTSM



Legend

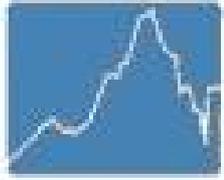
- NABP PMP InterConnect Participant (System Live)
- Pending NABP PMP InterConnect Participant
- Prospective NABP PMP InterConnect Participant
- No PMP in Place



Department of Health Professions

RESOURCES

- Locate substance abuse services in Virginia
www.dbhds.virginia.gov
- Buprenorphine Physician Locator
www.buprenorphine.samhsa.gov/bwns_locator/index.html
- Drug Enforcement Agency-Diversion Control
www.deadiversion.usdoj.gov/
- Virginia State Police
 - www.vsp.state.va.us
 - www.vsp.state.va.us/DARE.shtm
 - State Police Drug Diversion Unit
(804) 674-2779 www.vsp.state.va.us/BCI_SSD_DrugDiversion.shtm



PROGRAM CONTACT INFORMATION

- Program Phone #: 804-367-4566
- Fax 804-527-4470
- Email- pmp@dhp.virginia.gov
- www.dhp.virginia.gov/dhp_programs/pmp/default.asp