1. **BACKGROUND:**

“We have to stop treating addiction as a moral failing, and start seeing it for what it is: a chronic disease that must be treated with urgency and compassion.” – Dr. Vivek H. Murthy, 19th United States Surgeon General

Opioid misuse and addiction have been spreading throughout the United States (US) and have led many governors to declare public health crises in their states. From 1999 to 2015, the number of overdose deaths involving opioids (prescription pain relievers and heroin) has quadrupled. It is estimated that 91 people in the US die every day due to an opioid overdose. The epidemic has affected some states more severely than it has others. Since 2010, WV has reported the highest rate of opioid overdose deaths. In 2015, WV reported the highest rate thus far, at 41.5 per 100,000, compared to the national rate of 16.3 per 100,000 individuals. In addition to mortality, the burden of illness due to opioid use disorders (OUD) incurs a substantial cost to the individual and society. These direct and indirect costs encompass health care costs, substance abuse treatment costs, lost work productivity and wages, impaired role functioning, impaired quality of life, costs borne by the criminal justice system, and the costs of the resultant Hepatitis C epidemic due to increased intravenous opioid drug use.

While multiple factors contributing to the epidemic need to be addressed, it is imperative that individuals with OUD receive evidence-based treatment. In response to the warning signs that began to emerge following the 1996 release of OxyContin onto the US market, congress signed the Drug Addiction Treatment Act of 2000 (DATA 2000) into law, creating a new paradigm for medication-assisted treatment of OUD. Prior to DATA 2000, Schedule II opioid medications used to treat opioid addiction were only legal to be received in federally approved Opioid Treatment Programs, which utilized methadone. However, DATA 2000 provided for additional Schedule III, IV, and V medications for opioid addiction treatment to be prescribed by physicians, who have obtained the proper waiver, in any office, hospital, clinic or other setting in which they practice.
Soon after, the Food and Drug Administration (FDA) approved two opioid partial agonist medications buprenorphine and buprenorphine/naloxone (hereafter referred to as “buprenorphine”), for the treatment of OUD. The paradigm for office-based treatment with buprenorphine was intended to increase the availability and accessibility for the treatment of OUD to meet the growing need. The use of drugs, such as buprenorphine, in conjunction with counseling and behavioral therapy, is referred to as Medication Assisted Treatment (MAT) and is recognized as an evidence-based practice for the treatment of OUD. The effectiveness of buprenorphine-assisted treatment (BAT) for opioid use disorders is comparative to methadone, and far superior to abstinence-based treatment programs. More importantly, a direct inverse relationship has been demonstrated between buprenorphine treatment expansion and opioid overdose deaths.

Despite overwhelming amounts of evidence of both efficacy and safety, BAT is still not as available or accessible enough to meet the urgent need to treat the historic number of individuals with OUD. According to the previous US Surgeon General’s report on addiction, only about 10% of individuals with any form of substance use disorder receive treatment. A recent study assessing national and state levels of treatment need and capacity for opioid agonist medication-assisted treatment, found that WV had the greatest need of all states, with 12.9 per 1,000 individuals greater than 12 years of age having OUD, but the capacity to only provide treatment to 7.0 per 1,000 individuals. However, this was the maximum rate possible if all DATA 2000-waived physicians treated to capacity. Studies have shown that only 44% to 66% of all DATA 2000-waived physicians prescribe buprenorphine, and most of these physicians do not prescribe to their maximum patient limit. Only 57% of waivered physicians in WV chose to be listed on the federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) Buprenorphine Treatment Locator’s website.

Among patients who do manage to locate and obtain BAT, many have difficulty finding a pharmacy that can or will fill their prescription. A recent survey of WV community pharmacists reported that 53% and 75% of pharmacies stock buprenorphine and buprenorphine/naloxone, respectively, approximately 60% reported refusing to fill buprenorphine prescriptions at least 1 to 2 times a week, and up to 74% reported they were not likely to fill prescriptions written by out-of-state physicians.

To meet the urgent need for BAT in WV, it is critical to identify WV-specific barriers and facilitators to BAT at all levels. Published and anecdotal evidence demonstrates that many BAT barriers are present at the (1) individual or patient-level, (2) physician-level, and (3) pharmacist-level that may in part explain the disparities in BAT. However, there are likely contributing factors that are unique to WV.

Individual or patient-level barriers previously reported include: not recognizing drug use as a problem, not ready to give up drug use, negative social support, fear of treatment, fear of stigma, privacy concerns, time conflict, poor treatment availability, lengthy wait time for treatment program admission, lack of knowledge about where to find treatment, lack of insurance coverage, cost of treatment, distance to treatment, lack of childcare, interference with work schedule, and feelings of hopelessness.
Physician-level barriers previously reported include: prior authorization requirements, reimbursement, inadequate resources and staff required to perform all activities necessary and required for patient care, lack of time, mistrust of patient population, stigma, lack of training, lack of self-efficacy to treat a difficult patient population, negative attitudes towards use of opioid agonist pharmacotherapy, lack of mental psychological health support services, and cumbersome regulations and paperwork. Previously reported facilitators include: being mentored by an experienced buprenorphine prescriber, co-location with another buprenorphine prescriber, additional training, referrals, reimbursement, positive perceptions of BAT.23-28

To date, little is known about pharmacist barriers and facilitators to dispensing buprenorphine for the treatment of OUD. While the availability and accessibility of buprenorphine in community pharmacies in WV was recently reported, only antidotal evidence exist regarding the barriers to dispensing buprenorphine. These barriers include, time consuming and cumbersome documentation, lack of time, stigma, fear of legal ramifications, lack of knowledge regarding the provision of BAT, and pharmaceutical wholesaler limits on purchasing buprenorphine-based products utilized for BAT in patients with OUD.

Factors in the state of WV that may contribute to barriers to BAT include: medical provider shortages, especially primary care providers (PCPs), travel distance to treatment centers, large Medicaid population, poverty, low levels of education, and recent legislation, which promotes ineffective treatment driven more by ideology, than evidence-based medicine.

Senate Bill 454 (March, 2016) created provisions for state-level regulations, approval requirements, and fees, in addition to federal requirements. It also enacted a moratorium on the approval of new opioid treatment programs. "... continuing the moratorium on new opioid treatment programs; establishing state authority for medication assisted treatment programs; establishing state oversight authority for medication assisted treatment programs; mandating data collection; granting Office of Health Facility Licensure and Certification access to the West Virginia Controlled Substances Monitoring Program database for use in regulation of health facilities; requiring reporting when an opioid antagonist is dispensed by certain persons;..." 29

Subsequently, House Bill 2428 (April, 2017) then provided the state authority to oversee the creation of state approved bedded opioid treatment facilities using settlement funds obtained through the state lawsuit against several pharmaceutical wholesale distributors. "... shall ensure that beds for purposes of providing substance abuse treatment services in existing or newly constructed facilities are made available in locations throughout the state which the Bureau for Behavioral Health and Health Facilities determines to be the highest priority for serving the needs of the citizens of the state. (b) The secretary shall identify and allocate the beds to privately owned facilities to provide substance abuse treatment services. (c) These facilities shall: (1) Give preference to West Virginia residents; (2) Accept payment from private pay patients, third party payers, or patients covered by Medicaid; (3) Offer long term treatment, based upon need, of up to one year; and (4) Work closely with the Adult Drug Court Program, provided for in article fifteen, chapter sixty-two of this Code. (d) Any facility subject to the provisions of this article must be licensed by this state to provide addiction and substance abuse services." 30
2. **RATIONALE:**
   
   A. In the state of West Virginia, there is currently no established set of guidelines for a pharmacist in this area of pharmaceutical care. The purpose of this document is to serve as a guide to pharmacists, allowing them to provide effective BAT services to patients with OUD in the state of WV, while respectfully observing all state, local, and federal laws, regulations, and rules.

3. **STANDARDS:**
   
   A. Any licensed pharmacist in the state of WV involved with patient care related to the treatment of opioid use disorder, including, but not limited to, care involving buprenorphine based products approved by the FDA for the treatment of OUD must act in accordance to the standards of professional conduct, as set forth by the West Virginia Legislature and Board of Pharmacy, the Oath of a Pharmacist, as approved by the American Pharmacists Association, and must:
      
      i. Comply with all state and federal laws, regulations, and rules.
      
      ii. Be aware of the pharmacology and therapeutics of the medications used in B.A.T.
      
      iii. Collaborate with the BAT physician and other healthcare professionals involved with the care of the patient to optimize patient care.
      
      iv. Communicate any signs and symptoms of adverse reactions, intoxication, withdrawal, as well as potential deviations or discrepancies in therapy to the BAT physician.
      
      v. Create and maintain a personal and confidential environment for patient care.
      
      vi. Establish and maintain a respectful, trustworthy, and professional relationship with each patient.
         1. Effective patient communication will increase the chances of positive patient outcomes from BAT, while hindering diversion.
      
      vii. Educate patients on the importance of discussing all products and substances (prescription and non-prescription, licit or illicit) which he or she may place in his or her body.
      
      viii. Follow appropriate dispensing procedures to assure optimal accuracy in the labeling, packaging, and verification of each prescription.
      
      ix. Be knowledgeable of any changes in local, state, and/or federal law that affect patient care and adjust patient care to comply with these changes.
      
      x. Before simply “discharging” a patient from care, use the opportunity to provide potentially lifesaving information and intervention.
      
      xi. Practice in a manner which protects the safety of the patient and the public.
4. **RESPONSIBILITIES:**

A. Any licensed pharmacist in the state of WV involved with patient care related to opioid use disorder, including, but not limited to, care involving buprenorphine based products approved by the FDA for the treatment of opioid addiction shall:

i. Confirm the identity of each patient, as determined by the rules and laws that govern the practice of pharmacy in the state of West Virginia.

ii. Utilize the “Patient Acknowledgements and Responsibilities” document which contains important information to be used in patient care. The document, at minimum, will:

1. Include all relevant patient expectations.
2. Inform patients that prescriptions must be dropped off and picked up by the patient (no representative)
3. Discuss the importance of proper handling and storage of medication and the risk of sudden death if accidentally ingested by a person, especially a child, who has never taken the medication.
4. Explain to the patient the importance of the use of ONLY one physician and one pharmacy for the provision of medication for BAT (as recommended by SAMHSA Advisory: Vol. 15, Issue 1)
   a. To increase patient safety, request the patient to fill all prescriptions at a one pharmacy.
5. Explain procedure for lost or stolen medications and emergency situations.
   a. Any early prescription fills or refills for lost or stolen medication must be approved by the patient’s treatment physician, and the physician must provide the pharmacy with signed documentation authorizing the early fill.
6. Discuss information relevant to:
   a. All other medications (prescription and non-prescription)
   b. Pregnancy*
   c. Surgeries and Medical Procedures*
      *(BAT physician should provide further guidance and may have clinical preferences; however, the pharmacist should ensure patient understanding of these topics)
7. Require patients to provide the pharmacy with all information required for proper billing of insurance(s).
8. Notify the patient that he or she must return the original labeled medication container, whether or not it contains any remaining medication, to the pharmacy with each refill or new prescription.
9. Discuss the possibility of random urine drug screenings and reporting of results to BAT physician. *
10. Discuss drug diversion issues with the patient and explain the principle of “zero tolerance” of criminal activity related to drug diversion.

iii. Assess the appropriateness of each prescription.

iv. Require all prescriptions for BAT medications be on signed, original prescription forms from the physician. Special exceptions may be made in emergency situations; however, other forms of transmission of the prescription are NOT permitted.

1. If the patient goes to the appointment, sees the physician, participates in group therapy or counseling sessions, there is no reason he or she cannot obtain a signed, original prescription from the physician. Furthermore, this method allows the pharmacy to communicate directly with the office and support staff of the treatment physician, without the need for a special medical treatment information disclosure consent form.

2. According to Title 42 Part 2 of the Code of Federal Regulations (42 CFR Part 2) and the Health Insurance Portability and Accountability Act (HIPAA), any patient-identifying information related to the treatment of substance abuse must be handled with a greater degree of confidentiality than the general healthcare information of the patient. Furthermore, 42 CFR Part 2 states that before a prescriber can disclose any information pertaining to substance abuse treatment of a patient, the prescriber must obtain the signed consent of the patient.

3. 42 CFR Part 2 Subpart B – General Provisions §2.12 Applicability states: “The restrictions on disclosure in the regulations in this part apply to: (C) Individuals or entities who receive patient records directly from a part 2 program or other lawful holder of patient identifying information and who are notified of the prohibition on re-disclosure in accordance with §2.32.”

   a. Direct transmission of a prescription to a pharmacy from a OUD treatment physician requires the pharmacy to obtain the signed consent of the patient before any re-disclosure of information to any third part related to the treatment of OUD can occur.

   b. The federal requirements set forth in 42 CFR Part 2 related to obtaining signed patient consent do NOT apply when the patient directly delivers the prescription to the pharmacy.

v. Request that each physician document the diagnosis code, using current DSM / ICD codes, on each original prescription.

1. Similar to the process used when billing Medicare Part B for a medication.


   a. DSM-5 (ICD-10) Opioid Use Disorder (select code depends on number of symptoms present)

      i. F11.10 or F11.20
vi. Verify that each prescription is issued by a physician certified under the provisions of the Drug Addiction Treatment Act of 2000 and that the physician has an active waiver on file with the Substance Abuse and Mental Health Services Administration (i.e. John Doe is a Buprenorphine Certified Physician).
   1. **Verification can be obtained by way of the SAMHSA Buprenorphine Pharmacy Lookup online website.** If the website cannot provide verification, either due to a technical malfunction or because waived physicians are not required to be listed online, verification can be obtained by:
      a. **Call SAMHSA at 866-BUP-CSAT (866-287-2728)** (make record of the first and last name, and employee identification number if available, of the SAMHSA representative providing verification of the waivered physician)
      b. **Email SAMHSA at info@buprenorphine.samhsa.gov**
      c. **Request a faxed copy of the physician’s DATA 2000 waiver.**

2. **Proof of verification must be retained by the pharmacy for each new prescription.**

vii. Assess the validity of the DEA certificate for each BAT physician, which shall include the DEA number, “DW” number (indicating that the physician has obtained a DATA 2000 waiver), “active” status, and current expiration date, by using the DEA web portal verification system.
   1. **Proof of verification must be retained by the pharmacy for each new prescription.**

viii. Request that each physician provide the pharmacy with a copy of his or her DATA 2000-Waiver documentation. The letter is a two-page document from SAMHSA, validating the ability of the physician to legally prescribe and/or provide medications authorized under DATA 2000.

ix. Upon receipt of each new prescription for a buprenorphine-based medication, a patient prescription fill assessment must be performed using the Controlled Substance Monitoring Program (CSMP).
   1. **Proof of assessment is to be retained by the pharmacy.**
   2. A multi-state patient fill assessment using the CSMP must be conducted for each new patient enrollment, and at least every 3 months thereafter.
   3. If the pharmacist providing patient care identifies any potential therapeutic discrepancies and/or drug interactions, a discussion should be initiated with the BAT physician, the patient, and any other relevant healthcare providers.
      a. **Remember, the goal is positive patient outcomes. Do not create a fearful, stigmatized environment for the patient. Get to know your patient!** (i.e. “keep your patient smiling and breathing.”—MCL)
x. Report all dispensed controlled substances in accordance with the WV rules and regulations pertaining to reporting of the dispensing of controlled substances to the CSMP.

1. *Prescribers with a DATA 2000-Waived “X” DEA number must have the “X” DEA number listed in the primary data field which identifies the DEA number of the physician. The physician’s regular DEA number (i.e. AB9999999) can be listed in a secondary data field or memo location, depending on the computer software utilized by the pharmacy.*

xi. Require the patient to bring his or her labeled medication container, whether empty or with remaining medication, to the pharmacy with each fill of a BAT medication prescription. *(This technique allows the pharmacist to assess adherence to therapy, as well as identify issues of potential diversion of medication).*

1. *If the container is empty, the pharmacy is to dispose of the container and label according the disposal policy of the pharmacy.*

2. *If medication remains in the container, the pharmacist must NOT take the medication back into the pharmacy. The medication will remain with the patient until the time of counseling and dispensing of the next prescription. Based on the previous fill date and day supply of medication, the pharmacist will perform a dosage unit count to assess adherence to therapy. Any discrepancies should be discussed with the patient and reported to the BAT physician.*

xii. Ensure that the prescription label contains verbiage illustrating the importance of proper storage of the medication due to the risk of sudden death if ingested by a child or opioid-naïve patient.

1. *Recommended labeling includes: “Do not share this drug with others. This drug may cause serious harm if taken by someone other than the patient. May be fatal to child or adult.” Or “May be toxic or cause death if ingested by a child or adult other than the intended patient. Accidental ingestion is considered a medical emergency and requires immediate medical attention.”*

xiii. Provide and discuss the Medication Guide relevant to the prescribed drug each time a buprenorphine product is dispensed.

xiv. Use sound professional judgement about the dispensing of a prescription for a buprenorphine based medication. NEVER allow a patient to be “cut-off” or run out of medication. Be aware of holidays, weekends, and days the pharmacy may be closed.
5. USEFUL LINKS:
   A. West Virginia Board of Pharmacy Controlled Substance Monitoring Program
   B. DEA Registration Validation
      i. https://www.deadiversion.usdoj.gov/webforms/validateLogin.jsp
   C. SAMHSA – Buprenorphine Practitioner Verification for Pharmacists
      i. https://www.samhsa.gov/bupe/lookup-form
   D. West Virginia Board of Medicine Licensee Search
      i. https://wvbom.wv.gov/public/search/
   E. West Virginia Board of Osteopathic Medicine License Verification Search
      i. https://www.wvbdoestado.org/verify/
   F. State of Pennsylvania – Pennsylvania Licensing System Verification Service
      i. https://www.pals.pa.gov/-/page/search
   G. SAMHSA Advisory – Sublingual and Transmucosal Buprenorphine for Opioid Use Disorder: Review and Update
      i. http://store.samhsa.gov/shin/content/SMA16-4938/SMA16-4938.pdf
   H. Medication Guides for Buprenorphine Products
References:


APPENDIX:

1. Form: “Patient Acknowledgements and Responsibilities: Buprenorphine Assisted Therapy in a West Virginia Pharmacy.”
2. Examples of verification documents to be attached to each new, original prescription.
   a. Patient CSMP (Board of Pharmacy) report for resident state and multi-state report if new patient.
   b. Printed documentation of insurance claim denial of prescription and/or printed documentation of patient insurance eligibility search.
   c. SAMHSA Practitioner Verification
   d. DEA Registrant Certificate and Dispensing Waiver Verification
   e. State License Verification
Patient Acknowledgments and Responsibilities: 
Buprenorphine Assisted Therapy in a West Virginia Pharmacy* 

Patient: ____________________________________________   Date: __________________

As a patient presenting a prescription for a medication related to Buprenorphine Assisted Therapy (BAT), I agree that I understand and will follow all of the acknowledgements and responsibilities listed in this document.

• I understand that I must drop off and pick up my own prescription (no representatives).

• I understand that I must provide the pharmacy with a form of government issued photo identification for drop-off/pick-up of all new and refilled prescriptions, as required by state and federal regulations.

• I understand that I must provide my current prescription insurance information to the pharmacy, as well as notify the pharmacy of any changes to my prescription insurance in the future.

• I understand that I must NEVER use inappropriate language or inappropriate behavior, either while in the pharmacy or on a phone call. I understand these actions will not be tolerated and may result in my immediate dismissal from pharmacy services.

• I understand that I must disclose and discuss all of my current medications with pharmacy staff. I understand that communication and learning are very important keys to safe and effective medication use.

• I understand that I must fill ALL of my prescriptions, not just my buprenorphine prescription, at ____________________________ pharmacy to ensure my safety.

• I understand that I must use only one clinic for all of my buprenorphine prescriptions.

• I understand that I must tell the pharmacy staff within a reasonable amount of time if I am changing physician care within my BAT clinic or changing BAT clinics.

• I understand that I must use the appropriate day supply of medication, before my next “new” prescription can be filled. I understand that “new” prescriptions are not to be filled “early,” except in emergency situations.

(patient initials):______________
(pharmacist initials):___________

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*This document may be amended at any time with or without prior notice.
- I understand that I must tell the pharmacy of any emergency situation which may cause my prescription to be filled “early.” I understand that the buprenorphine based medication may or may not be dispensed by the pharmacist, based on the situation and his or her professional discretion.

- I understand that prescriptions for quantities outside of typical treatment guidelines will not be filled.

- I understand that I must keep my medication(s) in child-resistant packaging. I also understand the importance of proper storage of my medication(s) because this type of medication can cause death in someone, whether a child or adult, that is not used to taking it.

- I understand that the medication is my responsibility, and that I must take full responsibility for accounting for my medication at all times.

- I understand that I must bring my current labeled buprenorphine based medication prescription container, whether containing remaining medication or empty, with me every time I come to the pharmacy to pick up a new or refill prescription for a buprenorphine based medication.

- I understand that I must immediately report lost or stolen medications to my treatment physician and clinic, my pharmacy, and, if stolen, law enforcement. Also, I understand that any early prescription fills or refills due to lost or stolen medication must be approved by my treatment physician, and my physician must provide the pharmacy with signed documentation authorizing the early fill.

- (Pregnancy): I understand that if I become pregnant, I must provide my BAT physician and the pharmacy staff with documentation from my primary care physician (PCP or OB/GYN) confirming my pregnancy. I understand the information confirming my pregnancy is needed to give me the best medical care possible during my pregnancy.

- (Surgeries and medical procedures): I understand that I must tell all healthcare professionals involved in my healthcare about my prescription of buprenorphine for medication assisted therapy. I understand that I must tell all surgeons, dentists, doctors, and any other person(s) performing a healthcare procedure on me about all of my medications at all times.

- I understand that I will not take any illegal substances or any medication not prescribed to me by a prescriber and/or monitored by my pharmacist.

(patient initials):______________

(pharmacist initials):______________
• I understand that my pharmacist may have me take random urine drug screens and report the results to my physician(s) and other healthcare provider(s).

• I understand that drug diversion is a serious crime. I understand that if I am charged and/or convicted of a crime related to drug diversion that I will be immediately dismissed from pharmacy services.

I understand and agree to the acknowledgements and responsibilities presented in this document. I acknowledge that I have had an opportunity to ask questions and talk about any areas of this document that I may not fully understand. Furthermore, I understand and agree that not adhering to the acknowledgements and responsibilities presented to me in this document may result in my dismissal from pharmacy services.

PATIENT:

Printed Name: ________________________________ Date: ____________________

Signature: ________________________________

PHARMACIST:

Printed Name: ________________________________ Date: ____________________

Signature: ________________________________
Buprenorphine Practitioner Verification for Pharmacists

To verify a physician's DATA waiver, search using his or her last name and DEA registration number.

**Physician Last Name**

**DEA Registration Number**

Each physician's DEA license gives two registration numbers. Search using the first number, which generally starts with A, B, F or M.

If you need to search for a number that starts with "X," replace the X with an asterisk (*).

After populating the above fields, "click" submit to obtain results page.

<--- Type the Last Name of the Physician in this box
<--- Type the DEA Registration Number of the Physician in this box
Buprenorphine Practitioner Verification for Pharmacists

Buprenorphine Practitioner Verification for Pharmacists

To verify a physician's DATA waiver, search using his or her last name and DEA registration number.

Physician Last Name *

DEA Registration Number *

Each physician's DEA license gives two registration numbers. Search using the first number, which generally starts with A, B, F or M.

If you need to search for a number that starts with "X," replace the X with an asterisk (*).

Successful Verification

Dispensing Waiver Number: Either 30, 100, or 275
DEA Registration Validation:
DEA Number to be validated (Required, Not Case Sensitive)

Validate
Logout

DEA Number of MAT/BAT provider to be verified (use regular DEA Number, not 'X' number)
Example of Successful Verification

DEA Registration Validation Result:

DEA Number: [redacted]
This DEA Number is ACTIVE
Name (Last, First): [redacted]
Business Activity: PRACTITIONER-DW/100
Business Address 1: [redacted]
Business Address 2: [redacted]
Business Address 3: [redacted]
City: [redacted]
State: [redacted]
Zip: [redacted]
Schedules: Schedule II Narcotic, Schedule II Non Narcotic, Schedule III Narcotic, Schedule III Non Narcotic, Schedule IV, Schedule V
Fee Status: Paid
Expire Date: [redacted]

<-- (Must contain 'DW' number to be a valid MA/BA provider.)

The U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Division maintains registrant data and is considered the primary source of information on DEA registrants. The website https://www.deadiversion.usdoj.gov is the official location for real time online verification.

DEA Registration Validation:
DEA Number to be validated (Required - Not Case Sensitive)

[Validate]
[Logout]
Welcome to the Pennsylvania Licensing System Verification service. By using this service you are able to search for license information on individuals and businesses regulated by the Bureau of Professional and Occupational Affairs. This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

- Search - Enter one or more fields below.
- Board/Commission
  - Select Board/Commission
- License Type
  - Select License
- License Number
  - License Number
- Name
  - Last Name
  - First Name
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### Person details

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Q  Search - Enter one or more fields below.  

Person  Facility  Disciplinary

Board/Commission
Select Board/Commission

License Type
Select License

License Number
Best to search by state license number of provider. (If not available, search using name and "Board/Commission"

Name
Last Name
First Name
Middle Name

City
City

State
State

Zip
Zip

County
Select County

Country
ALL

*RESULTS*

1 Matched Records Found  Search previous records  Search next records

Full Name  License Number  Board/Commission  License Type  Status  Address

[Redacted]

Medicine  Medical Physician and Surgeon  Active

Showing 1 to 1 of 1 entries

Previous 1 Next

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Disciplinary Action Details

No disciplinary actions were found for this license.

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<td>License Type:</td>
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