

# WEST VIRGINIA BOARD OF PHARMACY

## CONTROLLED SUBSTANCES MONITORING PROGRAM

2015 Annual Report

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### Executive Summary

The West Virginia Controlled Substances Monitoring Program (CSMP) is a central repository, maintained by the West Virginia Board of Pharmacy, for collected data related to the prescription and dispensing of all Schedule II, III and IV controlled substances. This report is intended to give a brief history of the monitoring program, highlight the accomplishments of the CSMP, provide statistical information as it relates to its usage and outline intended future outcomes. This report will also recommend legislation to enhance the CSMP, in an attempt to: reduce the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit; increase coordination among participating partners; involve stakeholders in achieving improved patient health care and safety; and reduce prescription drug diversion.

### Background

The CSMP is a prescription monitoring program (often referred to as a PMP) established and managed at the state level and can vary considerably from state to state. Some areas of variation include:

- **Substances monitored.** A small number of PMPs monitor only Schedule II drugs (i.e. those with a high potential for abuse), while others monitor Schedules III through V (i.e. those with a lower potential for abuse) in addition to Schedule II drugs. Still others will additionally track other non-controlled drugs that may be of special interest. West Virginia monitors all Schedule II, III and IV controlled substances, but does not currently include schedule V, or any drugs of concern
- **Level of access.** Some PMPs allow indirect access via a report in response to a request from an authorized individual; and others, like West Virginia, allow authorized, registered users to access the database directly.
- **Timeliness of data.** Most PMPs require monthly, bi-weekly or weekly reporting, however a few states (like West Virginia) require daily reporting. One state, Oklahoma, now requires reporting at time of sale, and is still evaluating its efficacy.

### West Virginia's Controlled Substances Monitoring Program Reporting

Contracts with Mahantech Corporation are in place to administer the CSMP and to manage the collection of this data. Board-employed program staff, consisting of an administrator and a clerk, oversees the day-to-day operation of the CSMP, act as liaisons with the software vendor, seek grant funding to support the CSMP, and provide administrative support to the West Virginia Board of Pharmacy.

Each time a controlled substance is dispensed to an individual in West Virginia, it must be reported to the CSMP by the medical services provider as soon as possible, within 24 hours. The CSMP offers direct, internet-based, electronic data transfer, or by others means promulgated by the West Virginia Board of Pharmacy, to report this information. The reporting is done in accordance with the most recent, National Society for the Automation of Pharmacy (ASAP) format (4.2). Each time a controlled substance prescription is dispensed, the following information must be reported as applicable:

- Name of the prescribing practitioner, address and the prescribing practitioner's federal Drug Enforcement Administration (DEA) number;
- Date the prescription was filled/dispensed;
- Number of refills, if any, authorized by the prescription;
- Form of payment;
- Patient's name, address and date of birth;
- Name, address and ID of person picking up if not the patient;
- Name, National Drug Control (NDC) number, quantity and strength of the controlled substance dispensed;
- Name, DEA number and address of the dispensing pharmacy; and
- Other appropriate information as determined by the West Virginia Board of Pharmacy.
- Reporting is not required for a drug administered directly to a patient.

As required by West Virginia Code §60A-9-5(a), information contained in this central repository is confidential, and is open to inspections only by inspectors and agents of the Board of Pharmacy, specific law enforcement members, agents of the Bureau of Medical Services, agents of the Office of the Chief Medical Examiner, agents of medical licensing boards in this state and other states, prescribing practitioners and pharmacists, and persons with an enforceable court order or regulatory agency administrative subpoena. All information released by the Board of Pharmacy must be related to a specific patient or a specific individual or entity under investigation by any of the parties. Practitioners who prescribe or dispense may also receive specific data for purposes of treatment of a patient. To gain access to the CSMP, users must complete a user request form, and have their information validated. Once the identification and other records are confirmed, the user will receive a username and password that they must utilize to log into the CSMP database. With this unique username and password, users can obtain patient/practitioner information for treatment purposes, or as part of an official investigation. All information regarding each login is recorded and can be retrieved in the event of an audit or investigation.

In March of 2014, West Virginia successfully deployed its interface with the Prescription Monitoring Program Interconnect (PMPI). PMPI is a data sharing hub, through which authorized users from one state are permitted to obtain patient information from other participating states through their home PMP. West Virginia is currently sharing data with its border states Virginia, Ohio, Kentucky and Maryland, as well as Connecticut, Indiana, Arizona, Nevada, Kansas and New Mexico. Pennsylvania is reported to be finalizing their program sometime this year. An additional 18 states will be added as soon as all programs are integrated. We see a marked increase in the data exchanges between West Virginia and the other participating states, which will continue as more states are added.

One common criticism of PMP's across the country is that their records are not readily available within the practitioner's workflow. Instead, the user must obtain a patient profile by accessing the PMP website separately from their work system, which takes additional time and effort. We have been looking into various ways to integrate our CSMP data into dispenser/prescriber systems. We have been working on a project with Kroger and the Ohio Board of Pharmacy, to incorporate PMP data into the Kroger pharmacy system by connecting through the PMP Gateway. Kroger has successfully integrated PMP data into their pharmacy system, and has begun production in all WV, OH and VA Kroger stores, including the NarxCheck product. This facility automatically pulls the patient PMP profile directly into Kroger's dispensing software, each time they process a controlled

substance prescription. The extra volume associated with the 200 OH Kroger stores, the 60 Virginia stores and the 40 West Virginia stores initially overwhelmed our system, so we had to temporarily limit the WV searches to only WV stores. We have since expanded our capacity so we can now accommodate the traffic. We are continuing conversations with West Virginia United Health Systems (WVUHS), with regard to a similar project, that will automatically incorporate patient PMP data and NarxCheck scores into their EPIC electronic health record system for prescriber review. The cost for all of these integration projects should be covered by a SAMHSA grant that was received through the Governor's Office.

As created by Senate Bill 437 (Regular 2012 Legislative Session), the Controlled Substances Monitoring Program Advisory Committee and the Controlled Substances Monitoring Program Database Review Committee have been actively trying to address substance abuse issues in this state through use of the CSMP (Committee member list attached). The Advisory Committee has recommended parameters for identifying abnormal or unusual patient patterns, as well as focusing on possible prescribing and dispensing issues with practitioners. They have also suggested a number of rules, and have recommended educational and research topics, in order to try and limit the improper use of prescription drugs, to reduce inappropriate prescribing and dispensing of those drugs, and to facilitate the use of the CSMP.

The Database Review Committee evaluates those who have been identified as outliers to decide appropriate action. Individual patients, prescribers or dispensers that warrant additional scrutiny are being pursued in a number of ways. Thousands of letters have been sent to practitioners concerning patients visiting large numbers of prescribers and pharmacies to get prescriptions. Dozens of these individuals have been referred to law enforcement for further investigation as a result of them visiting large numbers of different doctors and pharmacies in a given period. In the past year, we have seen a 15% reduction in the number of letters being sent.

The Database Review Committee also receives and evaluates CSMP data and Chief Medical Examiner's Office reports, relating to hundreds of West Virginia deaths deemed to be a result of a drug-overdose. On a case-by-case basis, they determine if there is a reasonable cause to believe that there has been a breach of professional standard or a criminal act involving prescribing and/or dispensing of Schedule II –IV Controlled Substances. In some cases, drug overdose death victim information is being referred to licensing boards, law enforcement and county prosecutors for further evaluation. To date, the Review Committee has identified seventeen prescribers that warrant these referrals for further investigation, involving 65 decedents (including those currently being processed from the December 2015 meeting). The committee has also identified a number of dispensers for additional scrutiny, due their large percentage of prescriptions listing cash as the form of payment. The Board of Pharmacy has also distributed dozens of informational letters to prescribers who are associated with drug overdose deaths, but not reaching the level of a referral to law enforcement or their licensing board.

West Virginia is one of only twelve states that participate in the Prescription Behavior Surveillance System (PBSS) by sending de-identified PDMP data to and receiving reports from the Brandeis PDMP Center of Excellence (COE). The CDC and FDA fund the project through an agreement with the Bureau of Justice Assistance. States participating in PBSS can initiate their own data analysis and share reports with state and community prevention and treatment programs. The most recent PBSS Data brief is included.

## **WEST VIRGINIA 2015 CONTROLLED SUBSTANCE DOSES**

(As reported by WV Board of Pharmacy Vendor Mahantech Corporation)

<b>Rank</b>	<b>Drug Category</b>	<b>Schedule</b>	<b>No. Dispensed</b>
1.	Hydrocodone Products	II	63.83 Million
2.	Oxycodone Products	II	40.59 Million
3.	Tramadol Products	IV	35.53 Million
4.	Alprazolam Products	IV	35.25 Million
5.	Clonazepam Products	IV	18.01 Million
6.	Lorazepam Products	IV	15.69 Million
7.	Diazepam Products	IV	9.50 Million
8.	Zolpidem Products	IV	8.98 Million
9.	Amphetamine Products	II	7.46 Million
10.	Buprenorphine Products	III	6.26 Million
11.	Methylphenidate Products	II	4.46 Million
12.	Codeine Products	III	4.37 Million
	All Other Products	II-IV	29.96 Million
	<b>TOTAL</b>	<b>II-IV</b>	<b>279.89 Million</b>

## West Virginia Controlled Substances Monitoring Program Statistics

(As reported by WV Board of Pharmacy Vendor Mahantech Corporation)

<b>2016 Total WV Dispensings</b>	<b>5,028,473 (Estimated)</b>
<b>2015 Total WV Dispensings</b>	<b>4,863,688</b>
<b>2014 Total WV Dispensings</b>	<b>4,869,383</b>
<b>2013 Total WV Dispensings*</b>	<b>4,690,792*</b>
<b>2012 Total WV Dispensings</b>	<b>5,129,031</b>
<b>2011 Total WV Dispensings</b>	<b>5,213,830</b>
<b>2010 Total WV Dispensings</b>	<b>5,217,001</b>
<b>2009 Total WV Dispensings</b>	<b>5,308,365</b>
<b>2008 Total WV Dispensings</b>	<b>5,224,985</b>
<b>2007 Total WV Dispensings</b>	<b>4,788,758</b>
*Major System Upgrade July 1, 2013	
<b>Total # CSMP Queries Processed (2015)</b>	<b>1,010,753</b>
<b>Total # CSMP Queries Processed (2014)</b>	<b>909,508</b>
<b>Total # CSMP Queries Processed (2013)*</b>	<b>840,557*</b>
<b>Total # CSMP Queries Processed (2012)</b>	<b>891,205</b>
<b>Total # CSMP Queries Processed (2011)</b>	<b>663,423</b>
<b>Total # CSMP Queries Processed (2010)</b>	<b>597,479</b>
<b>Total # CSMP Queries Processed (2009)</b>	<b>555,029</b>
<b>Total # CSMP Queries Processed (2008)</b>	<b>436,491</b>
<b>Total # CSMP Queries Processed (2007)</b>	<b>315,715</b>
*Approximation Due to System Upgrade	

<b>CSMP USER TYPE</b>	<b>2014 Active Users</b>	<b>2015 Active Users</b>	<b>2016 Active Users</b>
<b>Prescribers</b>	<b>2537</b>	<b>3814</b>	<b>5227</b>
<b>Dispensers</b>	<b>1515</b>	<b>2214</b>	<b>3045</b>
<b>Dispensing Prescribers</b>	<b>93</b>	<b>153</b>	<b>200</b>
<b>Law Enforcement</b>	<b>43</b>	<b>51</b>	<b>62</b>
<b>Other</b>	<b>22</b>	<b>107</b>	<b>52</b>
<b>Total</b>	<b>4210</b>	<b>6339</b>	<b>8586</b>