



CURES 2.0



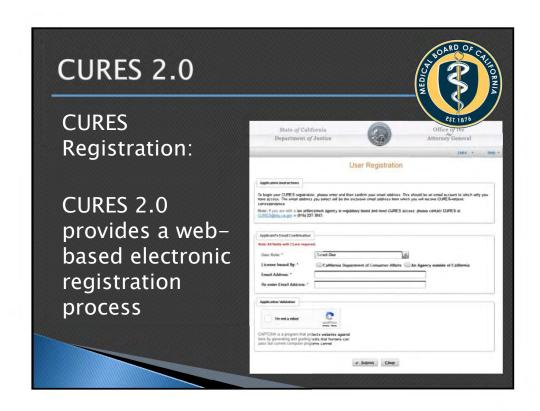
The CURES database contains information about Schedule II, III, and IV controlled substance prescriptions dispensed to patients, as reported by those dispensers.

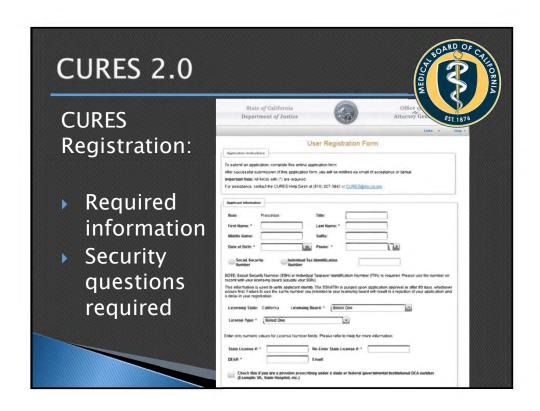
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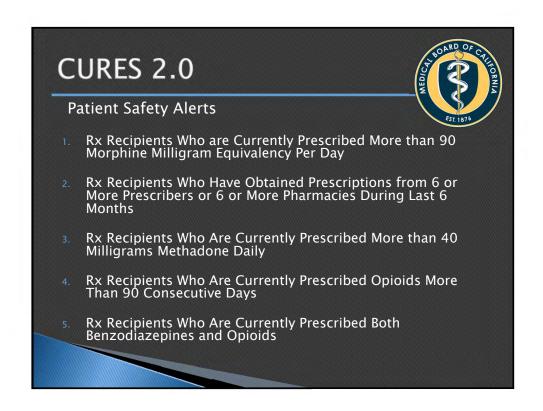
Important Dates:

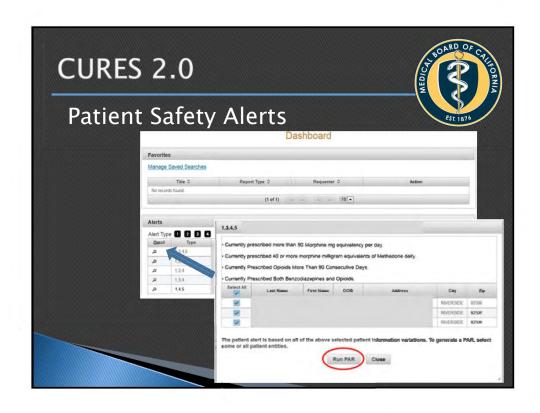
- July 1, 2016 Required registration in CURES for all California licensed prescribers and dispensers
- October 1, 2018 CURES integration availability
- October 2, 2018 Mandatory use of CURES prior to prescribing

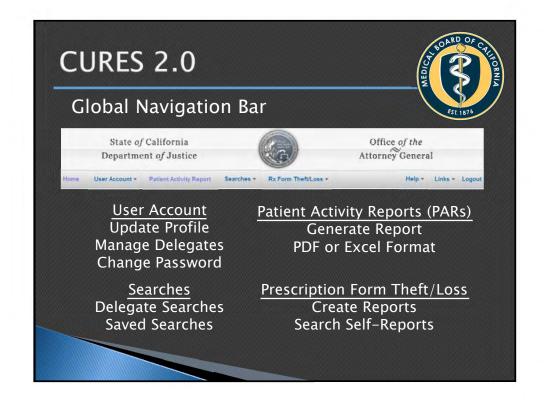












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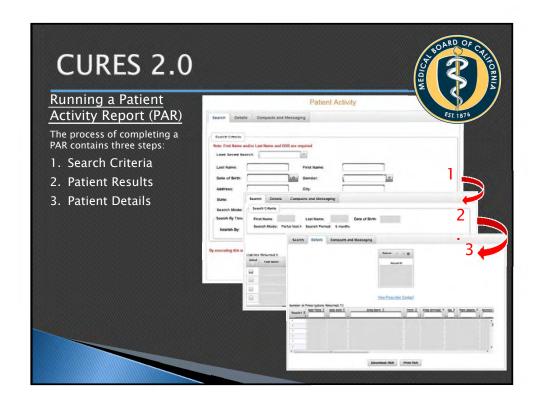


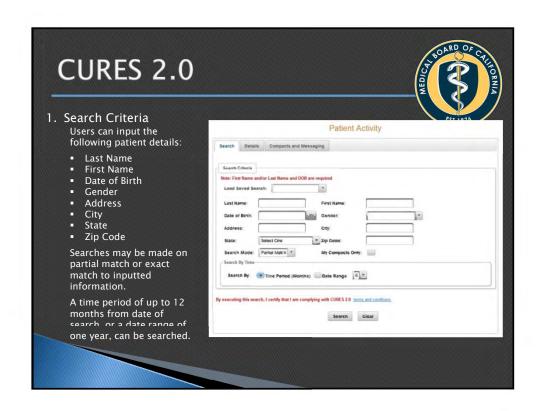
Delegates

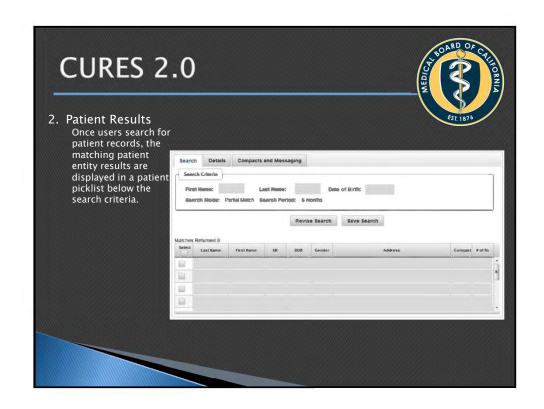
Prescribers and dispensers may register delegates to assist with CURES 2.0.

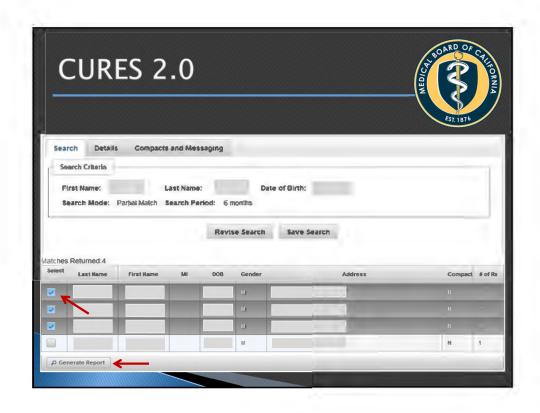
Delegates may initiate PAR searches on behalf of their prescriber or dispenser.

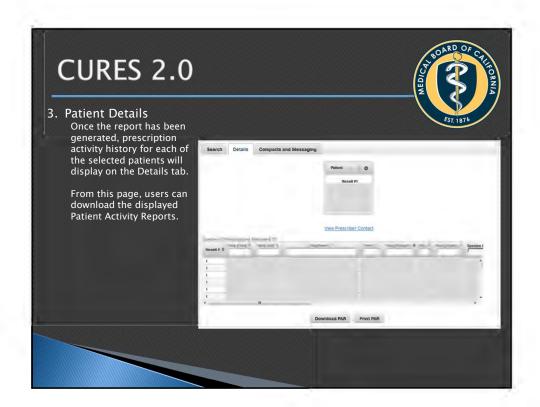
Prescribers and dispensers may have 50 delegates; and delegates can support 50 prescribers and dispensers.

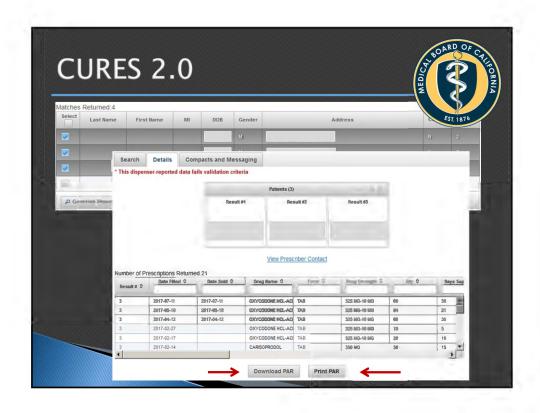


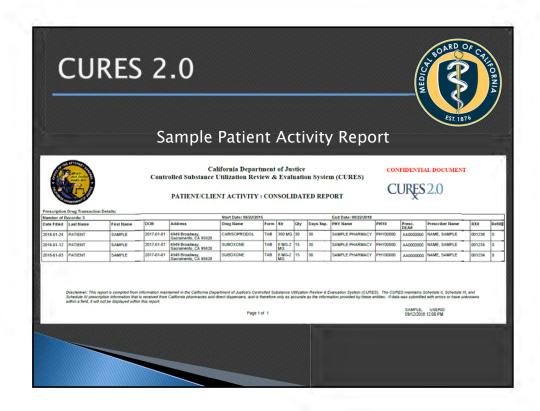


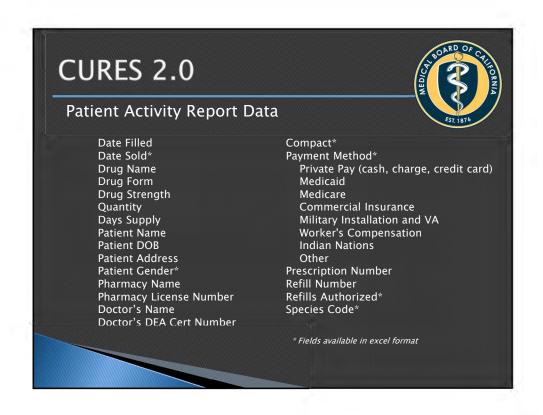


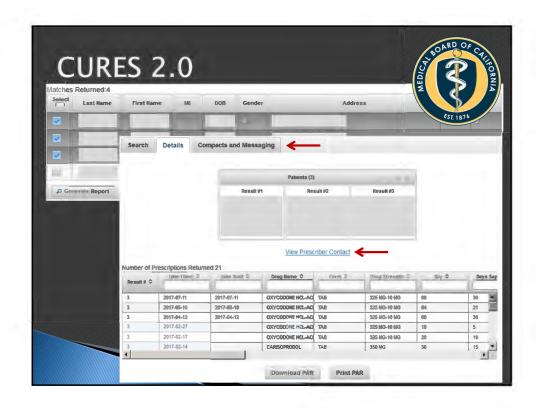


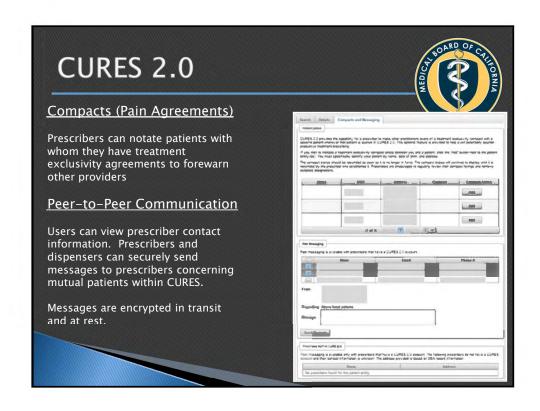


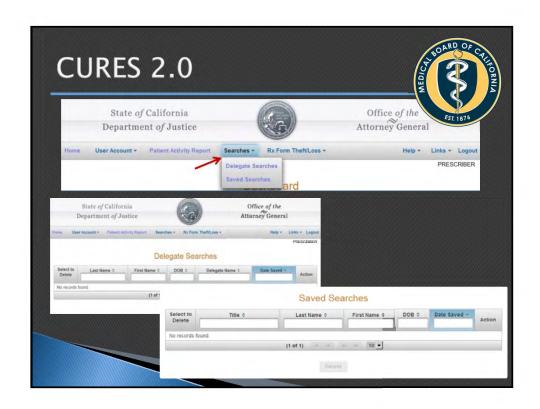












CURES 2.0 – MANDATORY USE

What is the mandatory use requirement of SB-482?

With specified exceptions, a prescriber shall consult the CURES database no earlier than 24 hours, or the previous business day, before prescribing a Schedule II-IV controlled substance to a patient for the first time, and at least every four months thereafter if the substance remains part of the treatment of the patient.

How does the mandatory use requirement of SB-482 define "first time"?

"First time" means the initial occurrence in which a health care practitioner, in his or her role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, III, or IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

When does mandatory use become effective?

Mandatory use of CURES becomes effective on October 2, 2018.

Exemptions

- while the patient is admitted to or during an emergency transfer between a facility as specified in law.
- If the controlled substance is prescribed, ordered, or administered in the ED of a GAC hospital and the quantity does not exceed a nonrefillable 7-day supply.



Exemptions

- If the controlled substance is prescribed, ordered, or administered to a patient as part of a patient's treatment for a surgical procedure in a facility as specified by law and the quantity does not exceed a nonrefillable 5-day supply.
- If the controlled substance is prescribed, ordered or administered to a patient receiving hospice care as specified by law.

Exemptions

If (1) it is not reasonably possible for a physician to access the information in the CURES database in a timely manner,
(2) another physician, who can access the CURES database, is not reasonably available, and (3) the quantity of the controlled substance does not exceed a nonrefillable 5-day supply of the controlled substance.



Exemptions



- If the CURES database is not operational according to DOJ, cannot be accessed due to technological or electrical failure or technological limitation
- If consultation of CURES would result in a patient's inability to obtain a prescription in a timely manner and it will impact the patient's medical condition and the quantity does not exceed a nonrefillable 5-day supply

Administrative Sanctions



- Citation and fine
- 'Cause of Action' in an Accusation requesting disciplinary action
- Disciplinary action
 - Public Reprimand
 - Suspension
 - Probation
 - Revocation



Common Question Topics



- Requirements what do I have to do?
- Documentation
- Auditing
- Consulting at discharge
- Delegates



Common Question Topics



- Who has to check CURES
- Facility exemptions
- Covering physicians
- What to do with the information
- Not practicing or out of state physicians



