



CURES: California Prescription Drug Monitoring Program

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Are you healing or are you dealing?



Goals:

1. Learn how to use
2. Motivate you to save it

"Nobody will laugh long who deals much with opium: its pleasures even are of a grave and solemn complexion."

Thomas de Quincey

(1785 - 1859)

Confessions of an English Opium-Eater

Possible uses of PDMPs

- Identify or prevent drug abuse and diversion
- Support access to controlled substances for legitimate medical use
- Outline use and abuse trends to inform public health initiatives
- Reconcile scheduled medications for pts

Possible uses of PDMPs

- This is only one data point (not pathognomonic)
- Make this part of a comprehensive exam
- A history and physical is always important
- Risk screening questionnaires (ORT, SOAPP, DIRE)
- Imaging and lab results
- UDT
- A diagnosis consistent with the need for an opioid
- Your clinical experience/comfort

Prescribers reasons for not using

- 11% have not applied for access (~6% in CA)
- 9% reported lack of a computer
- 28% forgetting password
- 73% the time required to access
- 29% difficult navigation of the web portal
- 39% felt that accessing info would not change prescribing behavior
- *New England Journal of Medicine*, vol. 366, no. 25 (2012), p. 2341-2343



Tools & Resources

Health Information Privacy (HIPAA Guidelines)
FAQ's

PDMP (CURES)

User Agreement

The California Prescription Drug Monitoring Program (PDMP), CURES, is committed to assisting in the reduction of pharmaceutical drug diversion without affecting legitimate medical practice and patient care. The CURES system is designed to identify and deter drug abuse and diversion through accurate and rapid tracking of Schedule II through IV controlled substances. The role of the PDMP entrusts that well informed prescribers and pharmacists can and will use their professional expertise to evaluate their patients care and assist those patients who may be abusing controlled substances.

The information obtained herein is only made available to Practitioners, Pharmacists, Law Enforcement, and Regulatory Boards as specified under Health and Safety (H&S) Code Section 11165(a) by the Department of Justice, Bureau on Narcotic Enforcement. All users of the PDMP system shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients as specified under H&S Code Section 11165(c). Any request for or release of controlled substance history shall be made in accordance with the Department of Justice guidelines, and is subject to the provisions of the Confidentiality of the Medical Information Act (Civil Code 56 et seq.).

Dissemination or distribution of this information to anyone other than the registered user is strictly prohibited. Disciplinary, civil or criminal actions will be taken by the Department of Justice and/or appropriate Regulatory Board.

HIPAA and all confidentiality and disclosure provisions of California Law cover the information contained in this database. All users must comply with HIPAA Privacy Rule Requirements when using the Prescription Monitoring Program System. US Department of Health and Human Services, HIPAA guidelines are located at <http://www.hhs.gov/ocr/privacy/>

By Logging into the PDMP system you understand and agree to the above terms.

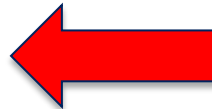
Login Information

Username

Password

Login

[Forgot password](#) | [New users register here](#)



<https://pmp.doj.ca.gov/pdmp/index.do>

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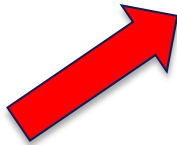


Tools & Resources

Patient Activity Report

Theft or Loss of Prescriptions

FAQ's



Welcome to the PDMP Application

CURES

The California Prescription Drug Monitoring Program, **CURES**, is committed to assisting in the reduction of pharmaceutical drug diversion without affecting legitimate medical practice and patient care. The CURES program, restructured in 2003 and evolved from the California Triplicate Prescription Program following numerous legislative enactments.

The CURES system is designed to identify and deter drug abuse and diversion through accurate and rapid tracking of Schedule II through IV controlled substances. It is a valuable investigative, preventive and educational tool for law enforcement, regulatory boards, educational researchers, and the healthcare community.

The Prescription Drug Monitoring Program system allows pre-registered users including licensed healthcare prescribers and pharmacists authorized to dispense controlled substances, law enforcement, and regulatory boards to access timely patient prescription history information to better identify and prevent the abuse of prescription drugs. The role of the Prescription Drug Monitoring Program entrusts that well informed prescribers and pharmacists can and will use their professional expertise to evaluate their patients care and assist those patients who may be abusing controlled substances.

Dissemination or distribution of this information to anyone other than the registered user is strictly prohibited. Disciplinary, civil or criminal actions will be taken by the Department of Justice and/or appropriate Regulatory Board.

Notifications & Alerts

Date	Notification
08-02-2011	Counterfeit Prescriptions San Diego Alert 15
08-02-2011	Fraudulent Prescriptions San Diego Alert 16
08-02-2011	Fraudulent Prescriptions San Diego Alert 17
08-02-2011	Fraudulent Prescriptions San Diego Alert 18
08-28-2011	Fraudulent Prescriptions Los Angeles Alert 14



Tools & Resources

- [Patient Activity Report](#)
- [Theft or Loss of Prescriptions](#)
- [FAQ's](#)

Patient/Client Activity R

Date of Birth format should be mm/dd/yyyy

* Indicates Required Fields

Date of Birth was entered with invalid characters.

Client

Last Name* First Name*

Date of Birth* mm/dd/yyyy Gender

Address

City State Zip

Period in Months*

Search Mode

Search Mode Partial match Exact match

I certify, under the penalty of perjury, that I am a licenced healthcare provider and I am authorized to obtain the above mentioned patient's dispensed controlled substance history.



Tools & Resources

[Patient Activity Report](#)

[Theft or Loss of Prescriptions](#)

[FAQ's](#)

Patient/Client Activity Report

[Revise Search](#)

Search Results

	<u>Last Name</u>	<u>Middle Initials</u>	<u>First Name</u>	<u>DOB</u>	<u>Address</u>
X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] SPRINGVALLEY, CA, 91977
X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] SPRING VALLEY, CA, 91977





Patient/Client Activity Report

List of Patients selected (Click on Last Name to see prescription details)

Last Name	First Name	DOB	Address
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Patient Details

Report Date	Last Name	First Name	DOB	Gender	Address	# Hits
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	SPRINGVALLEY, CA, 91977	1

Patient Activity History

Date Filled	Drug Name	Form	Strength	Qty.	Pharmacy #	DEA #	Rx #	Refill #
12-13-12	HYDROCODONE BITARTRATE AND ACETAMIN	TAB	750 MG-7.5 MG	90	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Comments

Suspicious Activity?

Confidential Comments

[Save Comments](#)

[View/Print Report](#)

[View/Print Consolidated Report](#)

[Reset](#)



PDMP (CURES)

<https://pmp.doj.ca.gov/pdmp/index.do>



Department of Justice - Bureau of Narcotic Enforcement
Controlled Substance Utilization Review & Evaluation System

11/01/2011 9:24

**CONFIDENTIAL
DOCUMENT**

PATIENT/CLIENT ACTIVITY : CONSOLIDATED REPORT

Prescription Drug Transaction Details :

Number of Hits: 5		Start Date: 11/01/2010				End Date: 11/01/2011								
Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
07/11/2011	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] SAN DIEGO, CA, 92117	APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	120	RITE AID 5450	[REDACTED]	[REDACTED]	[REDACTED] MD	0666020	0
08/05/2011	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] SAN DIEGO, CA, 92117	APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	120	UC SAN DIEGO STUDENT HEALTH SVC PHY	[REDACTED]	[REDACTED]	[REDACTED] MD	237769	0
08/12/2011	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] SAN DIEGO, CA, 92117	APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	120	RITE AID 5450	[REDACTED]	[REDACTED]	[REDACTED] MD	0670755	0
09/02/2011	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] SAN DIEGO, CA, 92117	APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	120	UC SAN DIEGO STUDENT HEALTH SVC PHY	[REDACTED]	[REDACTED]	[REDACTED] MD	238923	0
09/29/2011	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED] SAN DIEGO, CA, 92117	HYDROCODONE BITARTRATE AND ACETAMIN	TAB	500 MG-5 MG	120	THE EDITH & WILLIAM PERLMAN AMB CARE	[REDACTED]	[REDACTED]	[REDACTED] MD	P1049988	0

Disclaimer: The Patient Activity Report (PAR) is compiled from information maintained in the Department of Justice's Controlled Substance Utilization Review and Evaluation System (CURES). The CURES maintains Schedule II, Schedule III and Schedule IV prescription information that is received from California Pharmacies and is therefore only as accurate as the information provided by the Pharmacies. If data was submitted with errors or have unknowns within a field, it will not be displayed within this report.

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1st Opium War 1839-1842

Impact On Individual Patient Care

- Impact of PMP on ER doctors
- Pts filled up to 128 opioid scripts from up to 40 clinicians and 20 pharmacies in the 12 months prior to ER visit
- 41% of prescriptions changed after access
- 2/3 got less or none
- 1/3 got more or stronger

Ann Emerg Med. 2010;56(1):19–23

Population Impacts

- 2006 DOJ compared states w and w/o PMP concluded that the programs reduced the per capita supply of Schedule II and proactive programs better than passive programs
- 2003-9 review of poison centers to identify “intentional exposures” to Schedule II opioids
 - Events incr 8% in states w/o and 0.8% with
 - Admissions for SUD incr 20% w/o 11% with

Pain Med. 2012;13(3):434–42

Profiling multiple provider prescribing of opioids, benzodiazepines, stimulants, and anorectics

B.L. Wilsey^{a,b,*}, S.M. Fishman^b, A.M. Gilson^c, C. Casamalhuapa^d, H. Baxi^d, H. Zhang^e, C.S. Li^f

- Period of study 2007
- Individual received prescription for the same medication from two or more practitioners filled by two or more pharmacies within a 30-day period.
- Excludes VA, military, prison facilities, out of state, or international prescriptions
- Does not tell if use legitimate or aberrant

Profiling multiple provider prescribing of opioids, benzodiazepines, stimulants, and anorectics

B.L. Wilsey^{a,b,*}, S.M. Fishman^b, A.M. Gilson^c, C. Casamalhuapa^d, H. Baxi^d, H. Zhang^e, C.S. Li^f

- Incidence of doctor shopping was (8.4%)
- Opioid (12.8%) Benzodiazepines (4.2%)
Stimulants (1.4%), and Anorectics (0.9%)
- 2x risk if another class prescribed with opioid
- 13x incr with opioid if both a stimulant and benzo were prescribed
- Greatest assc was simultaneously receiving scripts for different controlled substances.

Results

Table 1
Controlled substances in 2007 CURES database.

	Rx count
Opioids	
Hydrocodone	11,888,536
Codeine	1,908,222
IR Oxycodone	1,090,311
CR Oxycodone	543,190
Fentanyl Patch	517,618
CR_Morphine	455,026
Methadone	328,917
Hydromorphone	210,708
IR Morphine	80,286
Fentanyl lozenges or tablets	32,562
Meperidine	13,837
Levorphanol	2,800
Benzodiazepines	
Alprazolam	2,344,024
Lorazepam	2,299,623
Clonazepam	1,404,641
Diazepam	1,168,350
Temazepam	1,056,685
Triazolam	178,543
Flurazepam	109,164
Oxazepam	73,830
Chlordiazepoxide	55,625
Clorazepate & Comb.	28,916
Estazolam	10,858
Quazepam	497
Stimulants	
Methylphenidate	657,515
Amphetamine & Comb.	590,601
Modafinil	189,957
Dexmethylphenidate	83,145
Dextroamphetamine	81,465
Lisdexamfetamine	19,100
Methamphetamine ^a	2,438
Anorectics	
Phentermine	297,135
Diethylpropion	32,029
Phendimetrazine	17,356
Benzphetamine	2,803

^a Methamphetamine hydrochloride (Desoxyn), a Schedule II amphetamine for ADHD.

- Hydrocodone had low assc
- Hydromorphone/Fentanyl lozenges and tabs highest
- Younger age assc with opioids and benzos
- Older age assc with stimulants/anorectics
- Duration/amount “clinically inconsequential”
- “Controlled substance polypharmacy...warrants heightened vigilance”

Population Impacts

- May ↓ Schedule II, only to ↑ Schedule III
“substitution effect”
- More drug abusers will shift to illicit drugs
- No differences in mortality between states with and without monitoring programs
- Schedule II drugs, such as oxycodone, was lower in states with programs, but those same states had greater use of hydrocodone, a Schedule III drug.

"...I possess a secret remedy which I call laudanum and which is superior to all other heroic remedies." Paracelsus





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January 3, 2013

<http://www.fas.org/sgp/crs/misc/R42593.pdf>

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