

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY PANEL

Tuesday June 10, 2008

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

CALL TO ORDER: A meeting of the advisory panel of the Prescription Monitoring Program was called to order at 11:15 a.m.

PRESIDING: Kenneth Walker, M.D, Chairman

MEMBERS PRESENT: Randall Clouse, Office of the Attorney General, Medicaid Fraud Unit
Amy Tharp, M.D., Office of the Chief Medical Examiner
Brenda Mitchell, President, Virginia Association for Hospices
Mellie Randall, Department of Mental Health, Mental Retardation, and Substance Abuse Services for James Evans, M.D.,
Holly Morris, RPh, Crittenden's Drug
Harvey Smith, 1SG, Virginia State Police

MEMBERS ABSENT: John Barsanti, M.D., Commonwealth Pain Specialists

STAFF PRESENT: Sandra Ryals, Director, Department of Health Professions (DHP)
Emily Wingfield, Chief Deputy Director, DHP
Betty Jolly, Director for Policy Education, DHP
Howard Casway, Senior Assistant Attorney General
Scotti Russell, Executive Director, Board of Pharmacy
Dr. William Harp, Executive Director, Board of Medicine
Ralph A. Orr, Program Manager, Prescription Monitoring Program

INTRODUCTIONS: Ms. Ryals welcomed the committee and thanked Dr. Walker and Dr. Tharp for agreeing to continue serving on the committee for another 4 years. Ms. Ryals announced that Virginia has again been rated as a best managed state for performance management, increasing expectations, including expectations for the Prescription Monitoring Program (PMP). Ms. Ryals discussed organizational changes for the program announcing that the program now falls under the direct supervision of Emily Wingfield, Chief Deputy Director for DHP.

PUBLIC COMMENT: No comments were received.

ELECTION OF CHAIRMAN AND VICE-CHAIRMAN: By unanimous consent, Dr. Kenneth Walker was re-elected as Chairman. Randall Clouse was re-elected as Vice-Chairman.

PROGRAM MANAGER UPDATE: Data and Marketing #1. 2006 National Survey on Drug Use and Health data (Attachment 1) shows past year initiates for nonmedical use of pain relievers exceeded those for marijuana. Youth are abusing pharmaceutical drugs from medicine cabinets, prompting a major media campaign by the Office of National Drug Control Policy and the issuance of guidelines on

disposal of prescriptions drugs (Attachment 2)

#2. PMP records are added to the database at approximately one million records a month. Requests continue to rise with over 17000 requests this year to date compared to just over 22000 requests in 2007. However, the number of registered users still remains below targets with just over 1200 prescribers and 400 pharmacists registered to use the program. Various ways to improve utilization of the program were discussed by the Panel including differentiating between different types of users, one benefit of which would be to allow for more direct marketing of associations and boards.

#3. PMP “unsolicited” reports are increasing due to an increase in the number of patients being identified using the criteria search. The increase is similar to an increase seen in the same time period in 2007. The March reports generated over 800 letters on 135 patients being sent to prescribers and preliminary data for April shows over 1000 letters for 164 patients. A certain percentage of these letters are returned because of bad addresses in the DEA database used to identify the prescriber. The Panel asked about a program move to the National Provider Identifier (NPI) to identify the prescriber or if a crosswalk between the information in the DHP’s licensing system and DEA could be developed. Mr. Casway asked if it was time to consider mandatory registration for the PMP by prescribers and pharmacists.

#4. Online Chronic Nonmalignant Pain Management Course was reviewed. This e-learning CEU opportunity, a partnership with VCU, has been the subject of a number of national presentations.

#5. Educational activities the program has participated in include a one-day seminar in Norfolk sponsored by Sentara Optima Health which was attended by over 160 practitioners and a trip to southwest Virginia in conjunction with Project Remote that reached well over 100 participants including pharmacy students and interns and residents. Responsible Opioid Prescribing was mailed to over 19000 physicians in Virginia in early May. The books were donated to DHP by the Federation of State Medical Boards and sent to these prescribers using federal funds for the PMP. The PMP received a surge in registrations in the weeks immediately following the mailing of the books. The letter that accompanied the book also highlighted the state resources available to them such as the PMP and the online Chronic Nonmalignant Pain Management Course.

#6. The Program Director called on Ms. Jolly who reviewed the marketing plan being designed with the Virginia Office of Graphic Communication in the Department of General Services. Products include brochures for the PMP and the online Chronic Nonmalignant Pain Management Course, certificates for registered users of the PMP, PowerPoint templates and other communication tools. A fall conference in northern Virginia in conjunction with INOVA Health System with a November target date is planned.

PROGRAM MANAGER
UPDATE: Planned System
Improvements

#6. PMP database to Virginia Information Technology Agency's (VITA) Chesterfield centralized computer facility is in the works, the reason for the move is the current servers the PMP is operating on are no longer sufficient for the needs of the program with over a million records being added each month and over 24 million records already in the database. Additionally, the program has been approached by representatives of Portsmouth Naval Hospital and surrounding military treatment facilities about the possibility of sending prescription data to the PMP. This will require additional data storage space. Ms. Ryals explained that all state agencies are in the process of moving computer systems to the Chesterfield centralized facility but the need to enhance the PMP moves it up on the schedule.

Ms. Ryals also announced that approval for the purchase of PowerSearch software had just been received. This software will give the program the capability to provide 24/7 access to the database. The upgrade will make this crucial information for making informed treatment decisions on prescribing controlled substances available to those prescribers working in Emergency Departments, pharmacists working in 24 hour pharmacies or any provider needing fast and reliable prescription history on their patients. Enhancements will include a new report format to help identify prescriber and pharmacy names and address easier; request status can be reworded to be more user friendly and some users will be able to determine whether they would like their reports in pdf or Excel format which will be very useful for law enforcement and regulatory personnel.

PROGRAM MANAGER
UPDATE: Review
Legislative Proposals

#7. Data from DEA shows that several of our bordering states are very high on the list for several drugs of concern in Virginia. Additionally, news reports seem to show that people are routinely crossing borders to obtain controlled substances fraudulently and return with those drugs to Virginia. Currently, if a prescriber in Kentucky would like to receive PMP information from Kentucky and Virginia, he would have to register with both programs and submit 2 separate requests which are very time consuming. This is promoting an effort for state PMPs to become "interoperable". The centerpiece of this project will be the creation of a "data hub" that would route requests for information to the appropriate PMP program for processing and then route the completed reports back to the originating program. For example, a prescriber would access the Virginia PMP portal to make a request for information on a patient. Since the patient lives in extreme southwest Virginia, the prescriber would like PMP information from Kentucky, Tennessee, and North Carolina and would check those boxes. The request is sent to the Virginia program and then forwarded to the "data hub" for further routing to each selected states' PMPs. Based on a Memorandum of Agreement or other mechanism between each state, the request is processed and returned to the "data hub" to the originating program and then back to the requestor. This "data hub" is in its infancy with a pilot of the technology slated to take place this year between Kentucky and Ohio PMPs. The current consent

requirement for prescribers to use the Virginia program would be a roadblock for optimal utilization of an interoperability project if authorized by legislation. Ms. Russell asked if this would require a change in the current reporting format used by pharmacies to report dispensing data to the program. Mr. Orr stated that according to information obtained from members of the working group a change to a format other than ASAP 95 would not be required to participate in the “data hub” project. If, in the future, a change to a newer format is required, it would fall under the regulatory process as prescribed by law.

The current effort with unsolicited reports appears to meet the goal for which the reports were authorized originally. Most of the patients that are identified by the criteria do not show back up on the list for further mailings. It appears that in these cases the prescribers are intervening; the patients are ceasing the behavior that caused them to show up on the list. However, there are some patients that continually show up on the list month after month no matter how many prescriber letters and reports have been sent. These patients continue to find new prescribers for controlled substances. The Panel was polled to determine if sending unsolicited reports to current authorized law enforcement agents of the State Police would be recommended. Mr. Clouse remarked that it may also be worthwhile to send this information to Virginia’s Medicaid program for possible fraud investigation. It was suggested this merited a follow up.

The committee was also asked if it would recommend changing the requirement for a prescriber to have consent to the prescriber providing notification similar to what pharmacies currently do now. Ms. Morris stated that there is confusion as to what type and how much communication can take place between health care professions that have received a PMP report. Mr. Orr pointed out that the current brochure does provide information as to what a prescriber can disclose or discuss with another provider including a pharmacist and vice versa. However, it is not permissible to send or share actual copies of the PMP report with other health care professionals. An unforeseen issue with the current regulation for access to the program by pharmacist in other states exists. The regulation allows access for pharmacists outside Virginia that have a current active Non-resident Pharmacy permit with the Virginia Board of Pharmacy. The problem is that there are many pharmacies that are near the border with Virginia that really have no need to have a Virginia Non-resident Pharmacy permit. The law would seem to allow access to a dispenser such as these pharmacies but the regulation prevents that access. The Panel suggested that changing the registration for access from a pharmacist to the pharmacy and using the pharmacy’s DEA registration number similar to what is required for prescribers would solve this problem.

Committee recommendations as a result of Panel discussions on increasing usage of PMP:

DRAFT/UNAPPROVED

- Establish mandatory registration for prescribers.
- Adopt language to allow the program to enter into interoperability agreements with other state PMPs.
- Remove specific consent requirement for prescribers. Change to notification requirement identical to what pharmacies provide now.
- Explore possible language to clarify allowed health-care professional communication in reference to PMP reports
- Explore regulatory relief to allow pharmacies outside Virginia to have access to the PMP without requiring a Non-resident Pharmacy permit from the Board of Pharmacy

NEXT MEETING:

The next meeting date was not determined at this time.

ADJOURN:

With all business concluded, the committee adjourned at 2:30 pm.

Kenneth Walker, M.D, Chairman

Ralph A. Orr, Program Manager

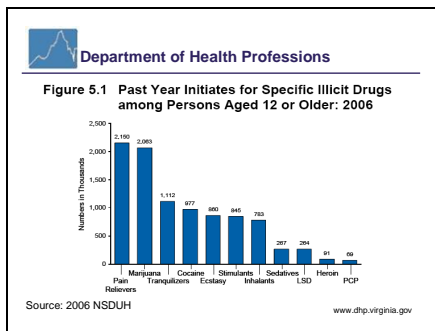
Slide 1

Department of Health Professions

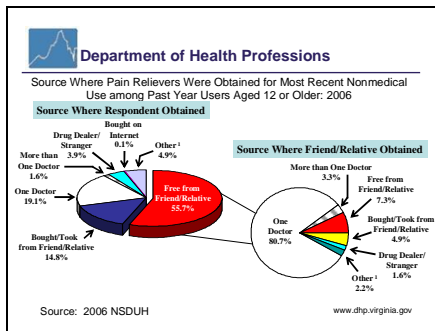
PRESCRIPTION MONITORING PROGRAM


ADVISORY COMMITTEE MEETING
JUNE 10, 2008

Slide 2



Slide 3



 Department of Health Professions

Risk Management Tool


Protection for the patient

- provides the practitioner with information needed to make informed decisions about prescribing

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


www.dhp.virginia.gov

 Department of Health Professions

ACCESS TO OTHER PROGRAMS

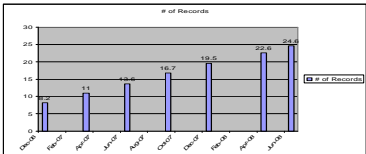
- West Virginia: <https://65.78.228.163>
- Kentucky: <https://ekasper.chfs.ky.gov/accessrequest>
- www.chfs.ky.gov/kasper
- Tennessee: <https://prescriptionmonitoring.state.tn.us>
- North Carolina: <http://www.ncdhhs.gov/mhddsas/controledsubstance/index.htm>

www.dhp.virginia.gov

 Department of Health Professions

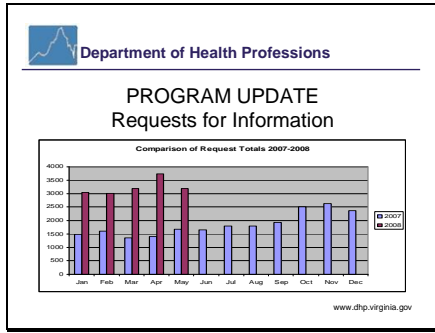
PROGRAM UPDATE

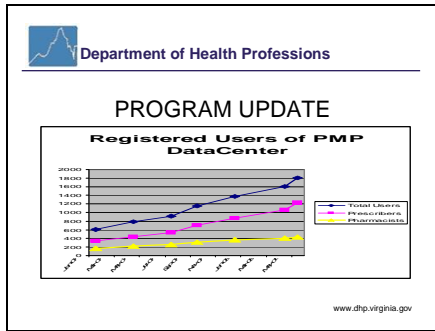
Prescriptions in Database

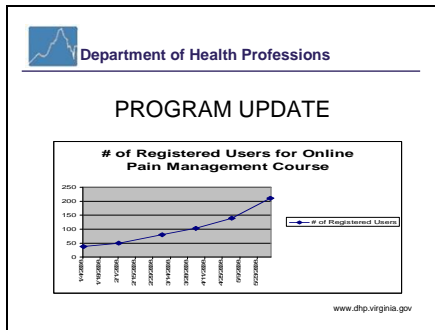


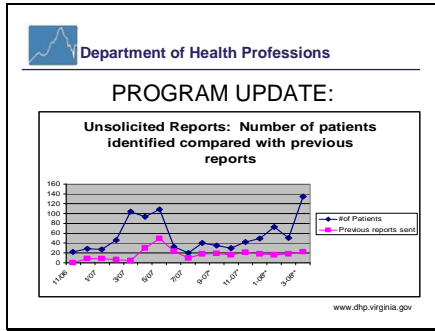
Month	# of Records (in Millions)
Dec 08	8.5
Mar 09	11
Jun 09	13.6
Sept 09	16.7
Dec 09	18.5
Mar 10	22.8
Jun 10	23.5

www.dhp.virginia.gov









Department of Health Professions

THE NEED FOR PAIN MANAGEMENT EDUCATION

- 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

Upshur et al 2006; Chen et al 2006; Adams et al 2001
www.dhp.virginia.gov

Virginia Department of Health Professions

Virginia Prescription Monitoring Program

As of February 1, 2008 there are over 10.7 million records in the prescription monitoring program database.

Pain Management Course offering

The Virginia Department of Health Professions has partnered with the VCU School of Medicine in the development of an online pain management curriculum called VCU Chronic Pain Management. This curriculum addresses current issues in the management of pain through a case-based format and offers ongoing access to practice resources in pain management.

PMP Data Center

Physicians, Pharmacists, and other authorized users may make requests for data from the Prescription Monitoring Program via a secure web page. This web page will assist authorized users in organizing their requests and the reports that are generated by the program.

The screenshot shows the 'Chronic Non-Malignant Pain Management' course home page. At the top, there is a navigation bar with 'Home', 'Pharm Tables', 'Summary Tables', 'Tools', 'References', and 'Key Points'. Below this is a 'Course Home Page' section with several links: 'Overview and Assessment', 'Treatment Guide', 'Common Pain Diagnosis: Fibromyalgia', 'Common Pain Diagnosis: Neuropathic Pain', 'Identifying and Meeting Challenges', 'Legal and Regulatory Aspects', and 'Virginia'. A 'Post-Test Assessment' link is also present. The page footer includes 'Virginia Commonwealth University', 'Department of Health Professions', 'Accreditation Information', and 'www.dhp.virginia.gov'.

The screenshot displays the 'Identifying and Meeting Challenges' section of the course. It features a numbered list of five objectives related to understanding prescription drug misuse and diversion, recognizing consistent behaviors, recalling office behaviors, identifying risks, and knowing treatment options. On the right side, there is a 'Medical Knowledge' table listing 'Patient Care' and 'Systems-Based Practice' for two different scenarios. Below the list are buttons for 'Previous Test Assessment' and 'Course Home'. The footer is identical to Slide 13.

The screenshot shows 'Objective 3 of 5' in the 'Identifying and Meeting Challenges' section. The objective text reads: 'Identify specific office behaviors and practice tools that avert misuse and diversion consistently in practice.' Below this is an 'Introduction' section with a sub-image of a hand holding a pill, and a 'Case 1' scenario. The case involves a patient with chronic pain who has a '30-day supply of medication'. There are checkboxes for 'C1' and 'C2' related to the case. A 'Previous' button is visible at the bottom. The footer is identical to Slide 13.

Department of Health Professions

Chronic Non-Malignant Pain Management

Home | Pharm Tables | Summary Tables | Tools | References | Key Points

Home > Identifying and Meeting Challenges > Objective 3 of 5

Practice Objective: Review literature on interventions and practice tools that have evidence and address consistency in practice.

Introduction: Review literature on interventions for patients dependent on chronic non-malignant pain medications and "best practice" for chronic non-malignant pain management.

Evidence-Based Predictors of Prescription Drug Misuse (PDM): Other predictors have been identified such as: age, gender, comorbid chronic medical conditions without the supporting psychological treatment, history of substance abuse, family history of substance abuse, family history of chronic pain, history of psychiatric illness, and history of chronic pain. It is appropriate to determine chronic pain history, review medical history and previous misuse using the tools described below.

Feedback: Case 2

A. CORRECT: These prescription pads can be used in management of chronic pain and are the preferred tool by a patient that may lead to history of misuse prescriptions.

B. INCORRECT: This may not always be provided for every patient in every state.

C. INCORRECT: This practice is allowed by the DEA, but is discouraged. Use of multiple pain relievers may lead to history of misuse prescriptions, but does not prevent prescription pad use.

D. INCORRECT: This is a good prescription, but does not prevent prescription pad use.

www.dhp.virginia.gov

Department of Health Professions

Table: Safeguards when Prescribing Controlled Substances

Category	Item
Patient Assessment	• Thorough history, physical exam and pain management
	• Use of validated pain assessment tool
Clinical Practice Guidelines	• Practice evidence-based pain management
	• Practice with interdisciplinary team
	• Use of pain management tools
	• Use of patient-centered approach
	• Practice with evidence-based pain management
	• Use of pain management tools
	• Practice with interdisciplinary team
	• Use of patient-centered approach
	• Practice with evidence-based pain management
	• Use of pain management tools
	• Practice with interdisciplinary team
	• Use of patient-centered approach
Monitoring	• Monitor patient response and safety
	• Monitor patient response and safety
	• Monitor patient response and safety

www.dhp.virginia.gov

Department of Health Professions

Chronic Non-Malignant Pain Management

Home | Pharm Tables | Summary Tables | Tools | References | Key Points

Home > Virginia

Objectives:

1. Describe the epidemiology of prescription drug abuse in Virginia.
2. Identify Virginia requirements for controlled substance prescribing.
3. Analyze the effectiveness 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 strategies to support safe prescribing in Virginia.

ACGME Competencies:

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

www.dhp.virginia.gov

Department of Health Professions

Chronic Non-Malignant Pain Management


Home Pharm Tables Summary Tables Tools References Key Points

Home > Virginia > Objective 4 of 8

Update Virginia's Prescription Drug Monitoring Program to support treatment decisions in pain

primary objective next objective >

Background



Individuals with chronic pain often seek relief through the use of prescription opioids. Unfortunately, overuse of these medications can lead to addiction and overdose. Monitoring programs like PDMP can help providers identify high-risk patients and intervene appropriately. PDMP systems can also help providers identify high-risk patients and intervene appropriately.

PDMP enable providers and pharmacists to:

- Access patient-specific drug information to assist in medical decision-making.
- Be notified when patients receive controlled substances from multiple prescribers or providers, and
- Identify high-risk patients who are at increased risk for misuse and diversion of opioids, including controlled substances, and
- Identify high-risk patients who are at increased risk for misuse and diversion of opioids, including controlled substances, and

Goals

In part, the Prescription Monitoring Program in Virginia will:

- Prevent patients from obtaining multiple prescriptions for controlled substances from different providers or providers, and
- Identify high-risk patients who are at increased risk for misuse and diversion of opioids, including controlled substances, and
- Identify high-risk patients who are at increased risk for misuse and diversion of opioids, including controlled substances, and

Over 10 states have legislation that requires PDMPs (see <https://www.ncsl.org/research/transportation/PDMP-state-legislation.aspx>). However, implementation of these programs may differ. Some states require PDMPs to provide enhanced support only in response to specific requests for assistance. PDMPs that require enhanced support only in response to specific requests for assistance may not be able to identify high-risk patients or intervene appropriately. PDMPs that require enhanced support for all patients may be able to identify high-risk patients and intervene appropriately. The Department of Health Professions is currently reviewing legislation to support treatment decisions in pain.

www.dhp.virginia.gov



Department of Health Professions

Chronic Non-Malignant Pain Management


Home Pharm Tables Summary Tables Tools References Key Points

Home > Virginia > Objective 4 of 8

Update Virginia's Prescription Drug Monitoring Program to support treatment decisions in pain

primary objective next objective >

Background



Individuals with chronic pain often seek relief through the use of prescription opioids. Unfortunately, overuse of these medications can lead to addiction and overdose. Monitoring programs like PDMP can help providers identify high-risk patients and intervene appropriately. PDMP systems can also help providers identify high-risk patients and intervene appropriately.

PDMP enable providers and pharmacists to:

- Access patient-specific drug information to assist in medical decision-making.
- Be notified when patients receive controlled substances from multiple prescribers or providers, and
- Identify high-risk patients who are at increased risk for misuse and diversion of opioids, including controlled substances, and
- Identify high-risk patients who are at increased risk for misuse and diversion of opioids, including controlled substances, and

Goals

In part, the Prescription Monitoring Program in Virginia will:

- Prevent patients from obtaining multiple prescriptions for controlled substances from different providers or providers, and
- Identify high-risk patients who are at increased risk for misuse and diversion of opioids, including controlled substances, and
- Identify high-risk patients who are at increased risk for misuse and diversion of opioids, including controlled substances, and

Over 10 states have legislation that requires PDMPs (see <https://www.ncsl.org/research/transportation/PDMP-state-legislation.aspx>). However, implementation of these programs may differ. Some states require PDMPs to provide enhanced support only in response to specific requests for assistance. PDMPs that require enhanced support only in response to specific requests for assistance may not be able to identify high-risk patients or intervene appropriately. PDMPs that require enhanced support for all patients may be able to identify high-risk patients and intervene appropriately. The Department of Health Professions is currently reviewing legislation to support treatment decisions in pain.

www.dhp.virginia.gov



Department of Health Professions

Table: Accessing the Virginia Prescription Monitoring Program

Home Pharm Tables Summary Tables Tools References Key Points

Table: Accessing the Virginia Prescription Monitoring Program

Accessed via:	Accessed via:
<ul style="list-style-type: none"> Prescribers with patient access Pharmacists with patient access Providers with patient access Providers with patient access 	<ul style="list-style-type: none"> Providers with patient access Pharmacists with patient access Providers with patient access Providers with patient access
<p>Registration</p> <ul style="list-style-type: none"> Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia 	<p>Registration</p> <ul style="list-style-type: none"> Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia Licensee (prescriber or pharmacist) must be currently licensed in Virginia
<p>Registration is:</p> <ul style="list-style-type: none"> Free Free Free Free Free Free Free Free 	<p>Registration is:</p> <ul style="list-style-type: none"> Free Free Free Free Free Free Free Free
<p>Registration:</p> <ul style="list-style-type: none"> Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text 	<p>Registration:</p> <ul style="list-style-type: none"> Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text
<p>Registration:</p> <ul style="list-style-type: none"> Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text 	<p>Registration:</p> <ul style="list-style-type: none"> Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text Providers and pharmacists can be notified by email or text

www.dhp.virginia.gov



Department of Health Professions

Chronic Non-Malignant Pain Management

Home | **Practice Patterns** | Summary/Content | About | Performance | **Drug Patterns**

Virginia

Objectives

- 1. Reduce the dependency on prescription drugs used in Virginia. **AGIME Competencies**
- 2. Identify Virginia requirements for controlled substance prescribing. **Practice-Based Practice**
- 3. Evaluate controlled substance prescriptions and identify any patterns in the way they are written. **Practice-Based Practice**
- 4. Update Virginia's Prescription Drug Monitoring Program to support treatment of pain. **Practice-Based Practice**
- 5. Identify treatment options for opioid dependence in Virginia. **Medical Knowledge**

Key Points:

- 1. Virginia is committed to drug abuse and its associated problems. Prescribing controls are in place in the state health system.
- 2. Virginia has one of the best codes to report the underused and concerning abuse of Opioids.
- 3. The Virginia Board of Health, under the leadership of Virginia Department of Health Professions, continues to be committed to significant efforts related to the monitoring of Opioids.
- 4. Local State Health Department representatives (City/County and State Police Drug Detection Units (SDDU)) are responsible for the control of the controlled substances.
- 5. The Virginia Board of Pharmacy has created related laws from the Code of Virginia into a document entitled "Drug Laws for Prescription Opioids".
- 6. Prescription Opioids are controlled substances that are used to treat pain. Opioids are used for acute and chronic pain. Opioids are a group of medicines that relieve pain by acting on the brain.
- 7. The Virginia Board of Pharmacy, under the leadership of Virginia Department of Health Professions, has issued a new regulation to ensure the safety and efficacy of controlled substances. The new regulation requires that all controlled substances be monitored and reported to the Prescription Drug Monitoring Program (PDMP).
- 8. The PDMP is a database that contains information on the prescribing of controlled substances. The PDMP is used to identify and prevent potential abuse of controlled substances. The PDMP is also used to identify and prevent potential abuse of controlled substances.

www.dhp.virginia.gov

Department of Health Professions

PRESENTATIONS AND OTHER EDUCATIONAL ACTIVITIES

- Project Remote—SW Virginia
- May conference in Norfolk
- **Responsible Opioid Prescribing** mailing
- Contact with Portsmouth Naval Hospital and Hampton VA Medical Center


www.dhp.virginia.gov

Department of Health Professions

MARKETING PLAN

- Brochures
- Certificates
- Mailings
- Other items


www.dhp.virginia.gov

 Department of Health Professions

2008 Fall Conference

- Northern Virginia
- November: Date to be determined


www.dhp.virginia.gov

 Department of Health Professions

PLANNED SYSTEM IMPROVEMENTS

- Database move to Chesterfield facility
- PowerSearch enhancement to program software
- Update to Version 4.1

www.dhp.virginia.gov

 Department of Health Professions

LEGISLATIVE/REGULATORY PROPOSALS

- Interoperability with other state programs
- Data access issues

www.dhp.virginia.gov



Proper Disposal of Prescription Drugs

Federal Guidelines:

Take unused, unneeded, or expired prescription drugs out of their original containers and throw them in the trash.

Mixing prescription drugs with an undesirable substance, such as used coffeegrounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags; will further ensure the drugs are not diverted.

Flush prescription drugs down the toilet *only* if the label or accompanying patient information specifically instructs doing so (see box).

Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Some communities have pharmaceutical take-back programs or community solid-waste programs that allow the public to bring unused drugs to a central location for proper disposal. Where these exist, they are a good way to dispose of unused pharmaceuticals.

The FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash: **Actiq** (fentanyl citrate)**Daytrana Transdermal Patch** (methylphenidate)**Duragesic Transdermal System** (fentanyl)**OxyContin Tablets** (oxycodone)**Avinza Capsules** (morphine sulfate)**Baraclude Tablets** (entecavir)**Reyataz Capsules** (atazanavir sulfate)**Tequin Tablets** (gatifloxacin)**Zerit for Oral Solution** (stavudine)**Meperidine HCl Tablets****Percocet** (Oxycodone and Acetaminophen)**Xyrem** (Sodium Oxybate)**Fentora** (fentanyl buccal tablet)Note: Patients should always refer to printed material accompanying their medication for specific instructions.

