California Department of Justice

CURES

Prescription Drug Monitoring Program

August, 2013

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The mission of the California Prescription Drug Monitoring Program (PDMP) is to eliminate pharmaceutical drug diversion in the state while promoting legitimate medical practice and quality patient care.

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Controlled Substance Utilization Review and Evaluation System

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1939 The California Triplicate Prescription Program (TPP) was created in 1939, capturing Schedule II prescription information.

1997 CURES was initiated, operating in parallel with the TPP's Automated Triplicate Prescription System (ATPS) to evaluate the comparative efficiencies between the two systems.

1999 CURES replaced the TPP/ATPS and began capturing Schedules II through IV prescription information.

2005 TPP/ATPS decommissioned after Senate Bill (SB) 151 eliminated the triplicate prescription requirement for Schedule II controlled substances, making CURES permanent.

2009 PDMP introduced as a searchable, client-facing component of CURES.

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Relevant Provisions of Law

Health Insurance Portability and Accountability Act (HIPAA)
& Attendant Regulations
42 U.S.C. §§ 1320d to 1320d-8, and 45 CFR 164, et seq.

California Confidentiality of Medical Information Act
CA Civil Code §§ 56 to 56.16

California Information Practices Act
CA Civil Code § 1798, et seq.

CURES Legislation
CA Health and Safety Code § 11165, et seq.

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Statutory Authority

California Health and Safety Code Section § 11165.1 (a) (1)

A ***licensed health care practitioner*** eligible to prescribe Schedules II through IV controlled substances ***or a pharmacist*** may provide a notarized application . . . to access information stored on the Internet regarding the controlled substance history of a patient maintained within the Department of Justice, and the Department may release to that practitioner or pharmacist, the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program.

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Statutory Authority

California Health and Safety Code Section § 11165 (a)

To assist law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances…the Department of Justice shall…maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

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Statutory Authority

California Health and Safety Code Section § 11165 (d)

For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy or clinic shall provide the . . . information to the Department of Justice on a weekly basis and in a format specified by the Department of Justice: . . .

Statutory Authority

California Health and Safety Code Section § 11165 (c)

CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal persons or public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the Department of Justice, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions.

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Statutory Authority

California Health and Safety Code Section § 11165 (c) [Continued]

Data may be provided to public or private entities, as approved by the Department of Justice, for educational, peer review, statistical, or research purposes, provided that patient information, including any information that may identify the patient, is not compromised. Further, data disclosed to any individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to any third party.

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Current System

- CURES stores and reports Schedule II, III, and IV prescription dispensation data reported by dispensers to DOJ.
- Pharmacists are required to report dispensations of Schedules II through IV controlled substances at least weekly.
- In order to reflect exactly what dispensers report to DOJ, the department does not touch or modify dispenser-reported data.
- Presently, the database contains over 100 million entries of controlled substance drugs that have been dispensed in California.

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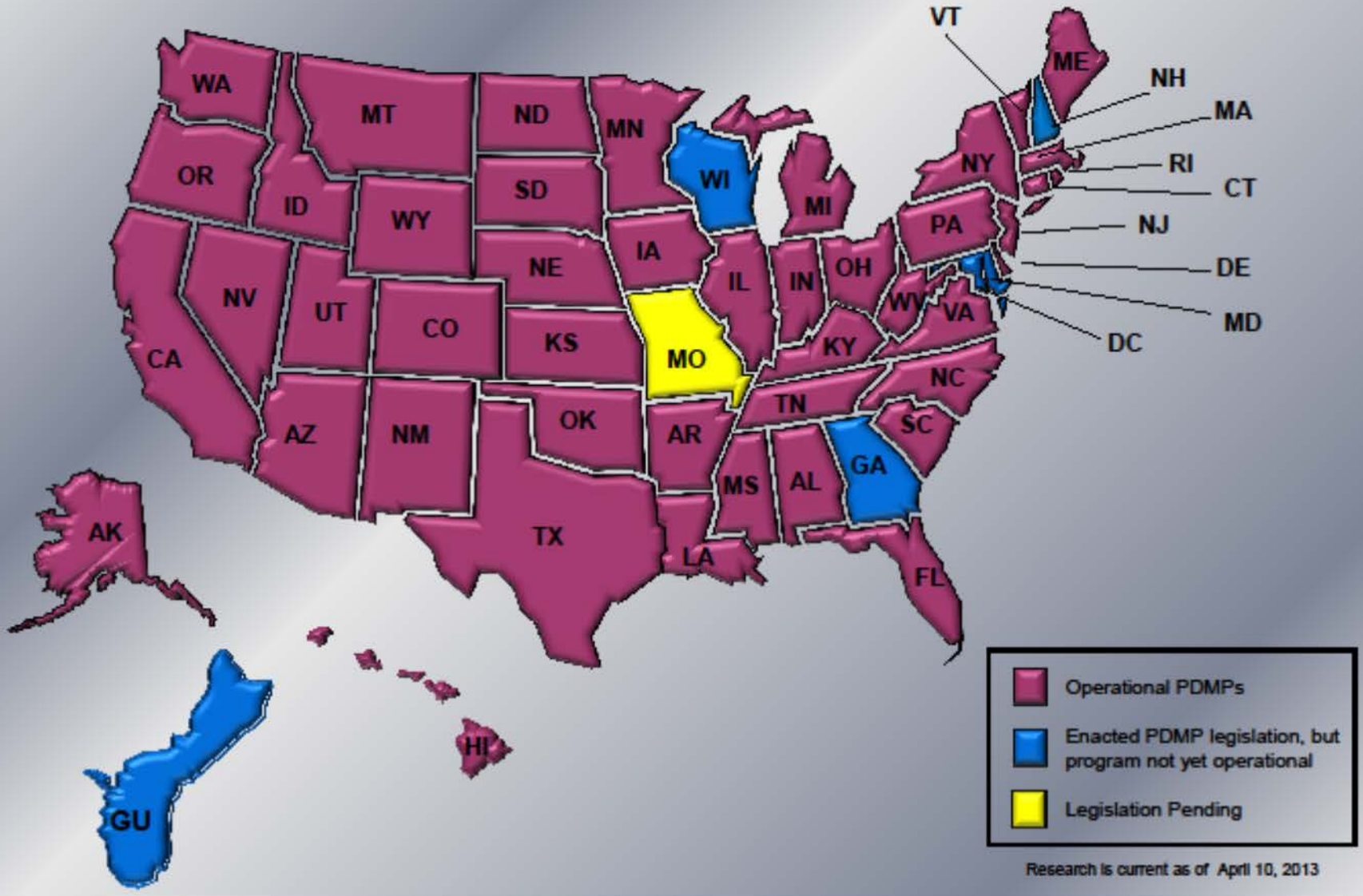
Current System

- Use of the PDMP by prescribers and dispensers for prescription abuse prevention/intervention is *voluntarily*.
- In FY 11/12, the program responded to 1,063,952 requests.
- Provides registered prescribers and dispensers with 12-month Patient Activity Reports (PAR).
- CURES/PDMP information can assist health practitioners identify, intervene, and deter abuse and diversion of Schedule II through IV controlled substances.

PDMP Training & Technical Assistance Center

Status of Prescription Drug Monitoring Programs (PDMPs)

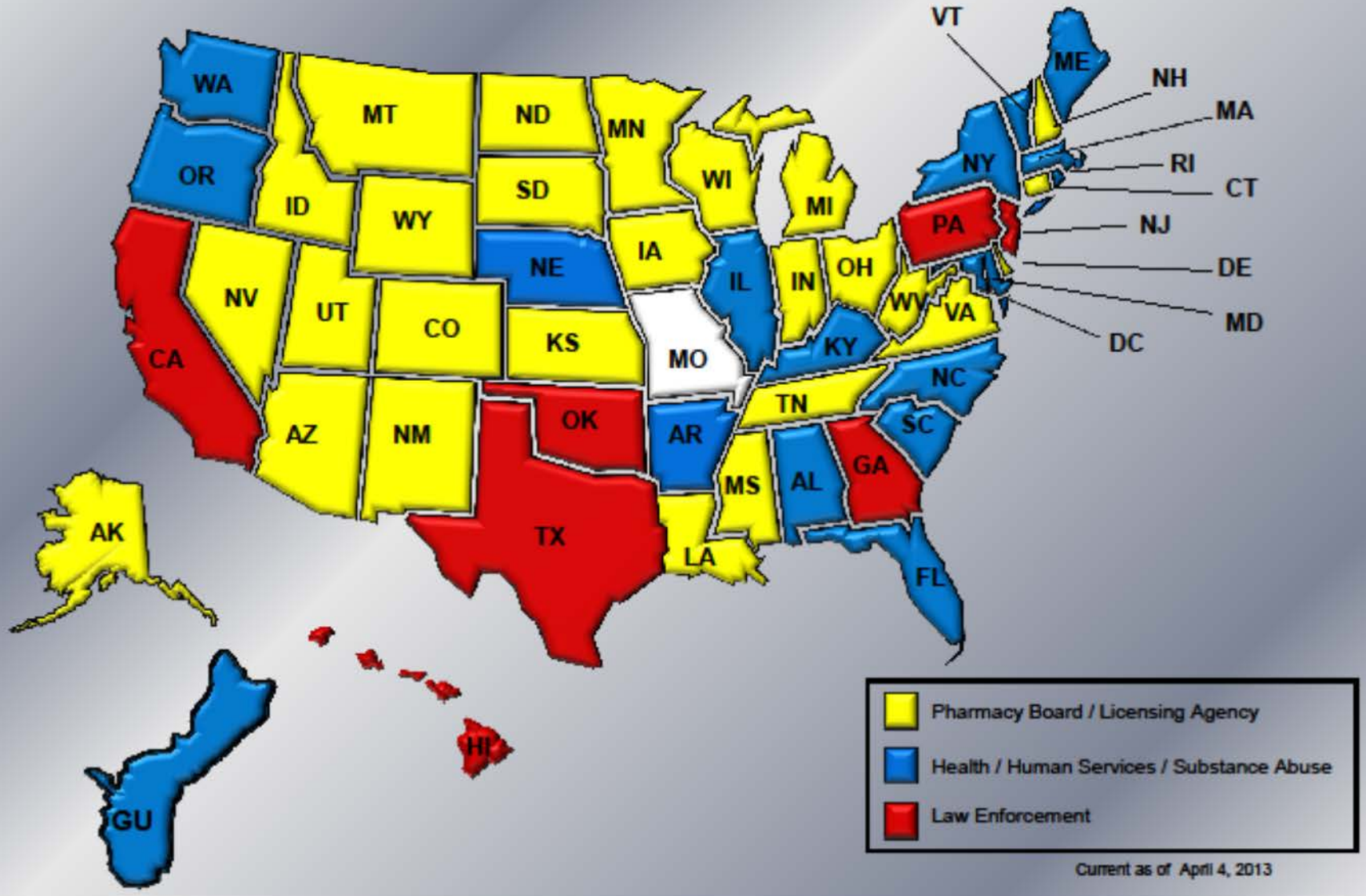
** To view PDMP Contact information, hover the mouse pointer over the state abbreviation*



Research is current as of April 10, 2013

PDMP Training & Technical Assistance Center

Prescription Drug Monitoring Program (PDMP) Agency Types



Current as of April 4, 2013

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Dentists	37,494
Medical Physicians	128,697
Optometrists	4,939
Osteopathic Physicians	6,376
Physician Assistants	8,520
Podiatrists	1,918
Registered Nurse Midwives (Furnishing)	778
Registered Nurse Practitioners (Furnishing)	12,125
Veterinarians	10,985
Prescribers	**174,338**
Pharmacists	**38,293**
TOTAL	**212,631**

PDMP Registrants **17,508**

(as of 8/13/13)

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8.23%

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The NEW ENGLAND JOURNAL of MEDICINE

Perspective

Medication Reconciliation for Controlled Substances — An "Ideal" Prescription-Drug Monitoring Program

Jeanmarie Perrone, M.D., and Lewis S. Nelson, M.D.

N Engl J Med 2013; 368:2061-2063 June 21, 2013 DOI: 10.1056/NEJMp1304193

Share:

Article

The United States is in the midst of an epidemic of misuse of prescription opioids and related deaths. Between 1997 and 2007 the use of prescription opioids more than quadrupled,[1] and it has become clear that the risk of opioid overdose is correlated with the quantity of these drugs being prescribed.[2] This liberalization of opioid prescribing can be attributed to a heightened focus on pain management, reflected in such developments as a Joint Commission mandate that pain be assessed as a "vital sign," the use of pain scores to measure patient satisfaction, and an extension of the indications for long-term opioid treatment to include chronic noncancer-related pain. In this new model, physicians, dentists, and nurse practitioners — rather than drug cartels and street dealers — play prominent roles in escalating drug use. Paradoxically, there are simultaneous pressures to increase opioid prescribing for the benefit of individual patients and to reduce it for the sake of public health. As health care providers attempt to balance these mandates, we must advocate for more informed prescribing.

Since 1993, federal legislation has supported the formation of state-based prescription-drug monitoring programs (PDMPs) to track prescribing of controlled substances. In the pre-Internet era, such programs had limited effects, owing to the lag time inherent in reporting with paper documentation, the absence of off-hours access to the programs, and the voluntary nature of reporting. Now, these programs are benefiting from renewed interest and increased funding. 42 states currently have operational PDMPs, and 6 have enacted legislation to develop programs.[3]

The White House Office of National Drug Control Policy, the Centers for Disease Control and Prevention, and the Food and Drug Administration suggest that state-based PDMPs should be expanded.[4] Yet many clinicians are unaware of these programs, and the use varies among states and specialties.[5] Research examining the effect of these monitoring systems has been limited by the variations and evolution of states' PDMP designs. As states develop, expand, or retool their PDMPs, it is worthwhile to analyze the current thinking regarding the usefulness and successful characteristics of the existing programs so as to enhance their future impact (see table).

Characteristics of an Ideal Prescription Drug Monitoring Program.

Clinical evaluation of a new patient with chronic pain can be difficult without a comprehensive pain-management record. Although relying solely on the patient's history is generally acceptable and well intentioned, it may lead to dangerous misprescribing. Furthermore, primary care providers who embrace the mandate to treat patients with chronic pain are faced with guidelines suggesting the use of patient–provider agreements ("pain contracts") and urine drug screening. Some physicians may feel uncomfortable with the mistrust implied by such confrontational approaches and may find that a highly functional PDMP readily alerts its users to signs of aberrant drug-procurement behavior. A benefit for clinicians and patients is the opportunity to intervene immediately when aberrant behavior is first noted and while the patient is in the medical setting. In addition, a PDMP may identify patients who are receiving multiple legitimate prescriptions for opioids or benzodiazepines and are at risk for complications from polypharmacy.

Web-based PDMPs solve many of the problems that limited earlier, fax-based systems, but they also raise new concerns. In a recent survey of prescribers, respondents cited barriers to use of PDMPs that included "time" and "access issues" but not computer availability (see graph). To facilitate access, a simple log-on with user-specified passwords may

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Drs. Perrone and Nelson noted barriers to today's PDMPs include:

- Time and access issues.
- Complicated application and notarization procedures.
- Prescribers will have to be educated about PDMPs if voluntary compliance is to be improved and routine use encouraged.

CURES Outreach

- CURES staff can assist prescribers and dispensers with the registration process by personally accepting applications directly from individual prescribers and dispensers in lieu of the notarization requirement for groups of ≥20.

- CURES staff can also provide CURES informational presentations and answer questions concerning the CURES program.

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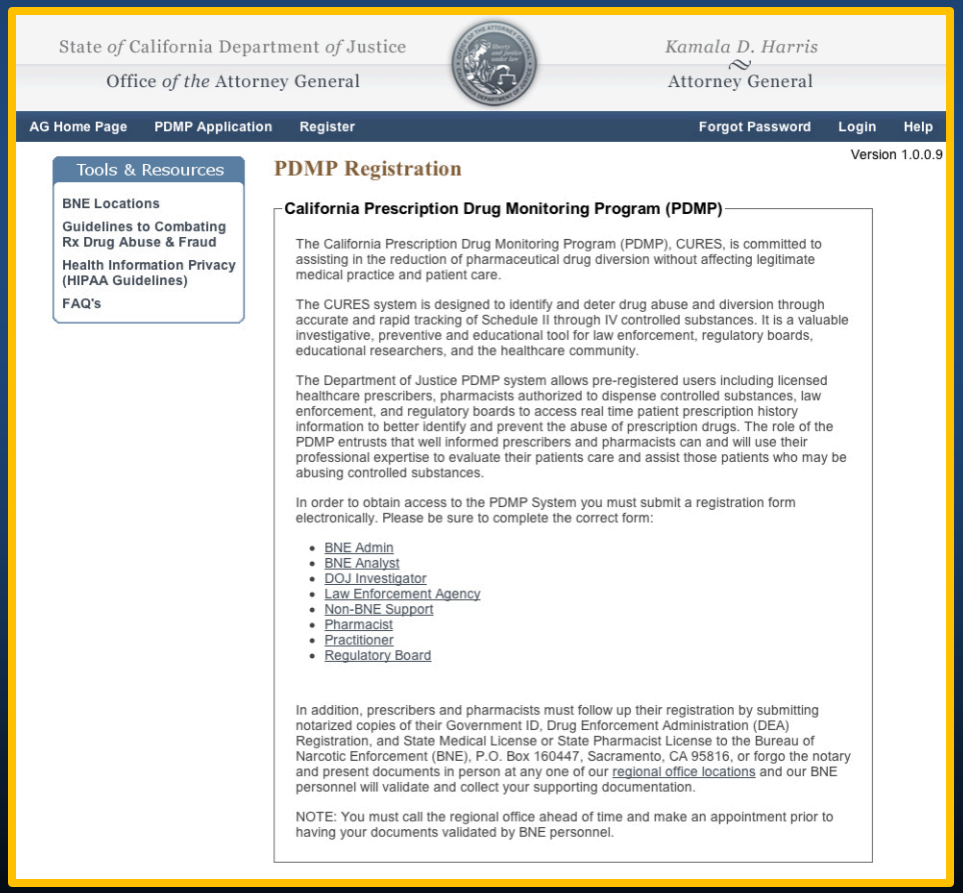
Registration Process

The registration process is initiated electronically via a web-based application form.

HTTP://OAG.CA.GOV/CURES-PDMP



Select the appropriate registration form according to profession:

- BNE Admin
- BNE Analyst
- DOJ Investigator
- Law Enforcement Agency
- Non-BNE Support
- Pharmacist
- Practitioner
- Regulatory Board

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Registration (Continued)

State of California Department of Justice
Office of the Attorney General

Kamala D. Harris
Attorney General

AG Home Page | PDMP Application | Register | Forgot Password | Login | Help

Version 1.0.0.9

PDMP Registration: Practitioner

Application Instructions

To submit this application, complete the following steps:

Step 1: Complete the on-line application form then click the 'Submit' button.

Step 2: Upon successful submission of this form, you will see a confirmation page with additional instructions for completing the registration process.

Important Notes

*Indicates Required Fields

Your E-Mail Address will be used for communicating account information and system notifications. It is therefore very important that this be an E-Mail Address that only you have access to and is not accessible by others. If this condition is not met your registration will be denied.

For assistance, contact the Help Desk at (916) 319-9274 or pmp_registration@doj.ca.gov

Applicant Information:

Last Name * | First Name * | Date of Birth mm/dd/yyyy *

E-Mail Address * | Re-Enter E-mail Address * | Contact Phone *

State Medical License# * | NPI#

Specialty * | Other Specialty

-- Select One --

Degree * | Other Degree

-- Select One --

Address Information

First Address

Business Name * | Street Address * | County *

Phone# * | City * | State * | Zip * | DEA# *

Please check all options that apply to this location *

☐ Business Location ☐ Home Location ☐ Listed on DEA Certificate

Account Information

Would you like to receive Notifications/Alerts?: *

○No ○Yes

Must create your own individual answers and not answers that are agency sanctioned

Question * | Answer *

In what city or town was your first job?

Question * | Answer *

In what city or town was your first job?

Question * | Answer *

In what city or town was your first job?

Question * | Answer *

In what city or town was your first job?

Question * | Answer *

In what city or town was your first job?

Application Validation

The CAPTCHA feature requires that you enter both words exactly as they appear, separated by a space. If you cannot read both words simply click the refresh button, which looks like two arrows in a circle, next to the CAPTCHA words and you will be prompted with two new words.

Application Certification

User Agreements

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.

I certify the facts stated above are true to the best of my knowledge.

I accept the terms and conditions of the User Agreements.

☐ I CERTIFY/AGREE TO THE ABOVE *

For assistance, contact the Help Desk at (916) 319-9274 or pmp_registration@doj.ca.gov

Submit | Reset

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Registration *(Continued)*

ADDITIONAL REGISTRATION PROCESS STEPS:

Print registration confirmation and have notarized.
Respond to e-mail verification request.
Mail notarized application & required supporting documents to CA DOJ.

Required Documentation:

- Notarized application
- Copy of government-issued identification
- Copy of Medical License (Pharmacy or Regulatory License)
- Copy of Drug Enforcement Administration Registration

Approval Notification

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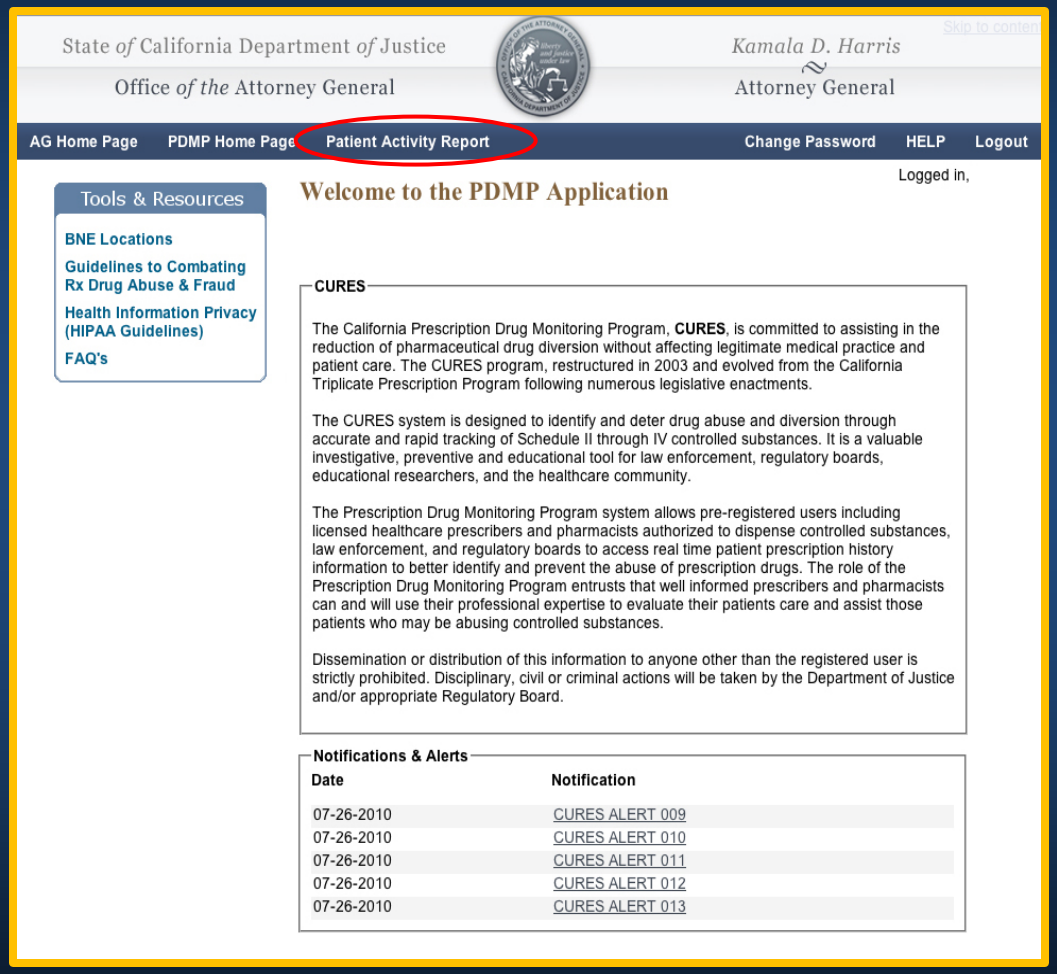
Patient Activity Report (PAR)

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



- Prescribing and dispensing history of Schedule II-IV controlled substances.
- Registered prescribers and dispensers can quickly review a patient's controlled substance history.
- Enables a prescriber to identify and prevent drug abuse through accurate & rapid tracking.

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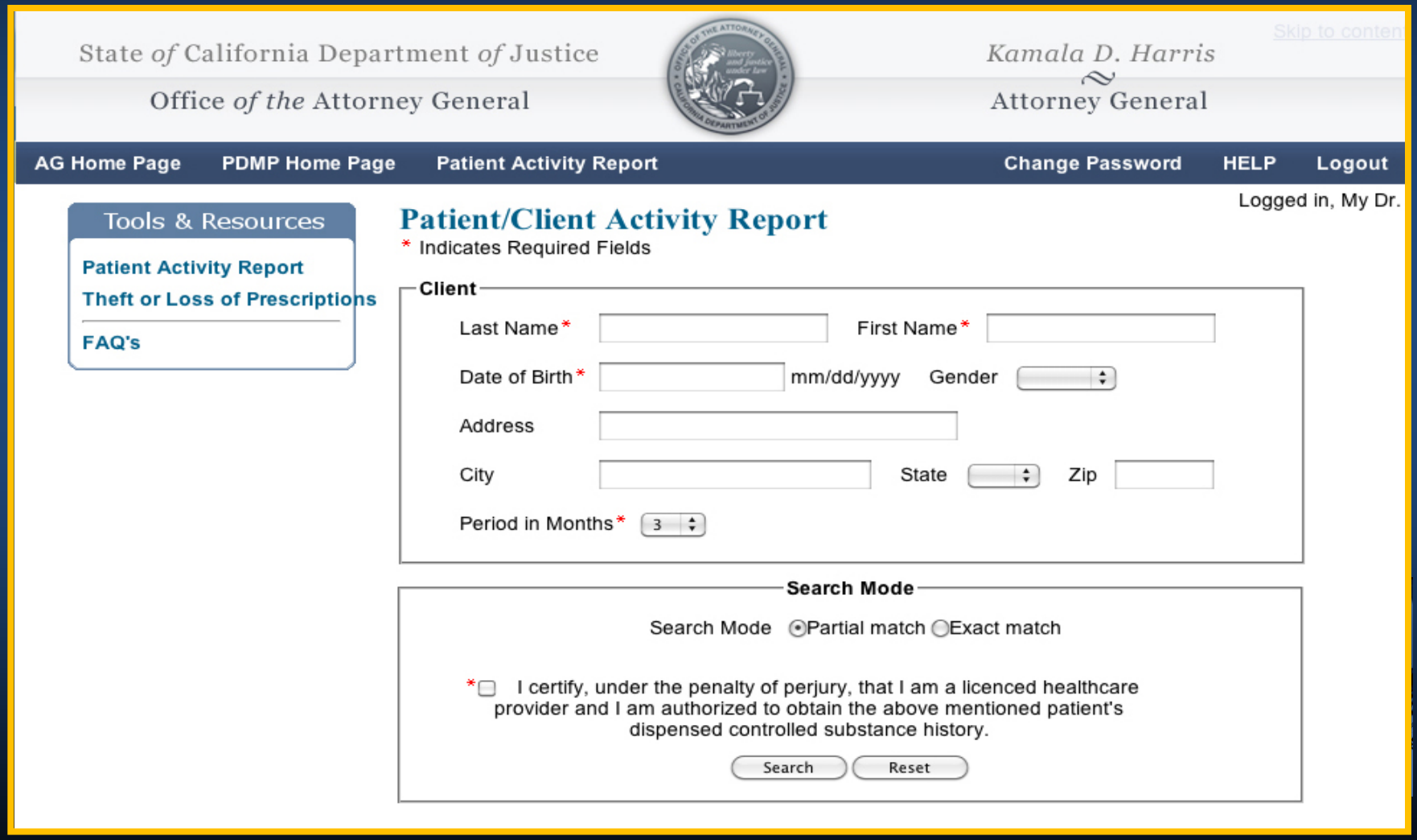
Patient Activity Report (PAR)



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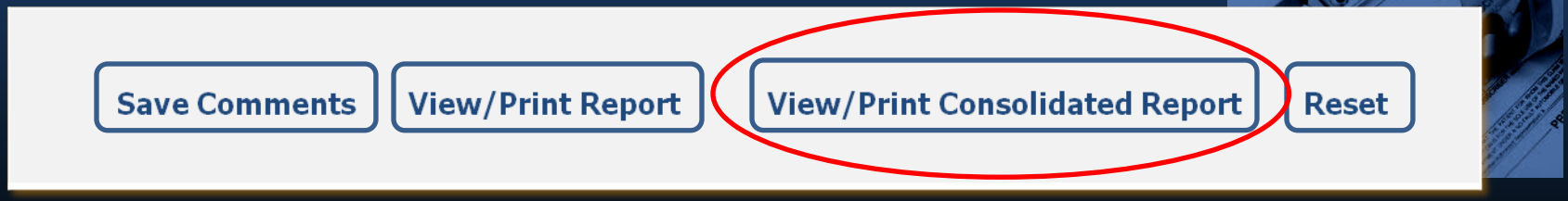
Patient Activity Report (PAR)



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Patient Activity Report (PAR)

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

PATIENT/CLIENT ACTIVITY: CONSOLIDATED REPORT

01/17/2013 11:19

CONFIDENTIAL DOCUMENT

Prescription Drug Transaction Details:

Number of Hits: 9 **Start Date: 01/17/2012** **End Date: 01/17/2013**

Date Filled	First Name	Last Name	DOB	Address	Drug Name	Form	Str	Qty	PHY Name	PHY#	Dr.'s DEA #	Dr.'s Name	RX#	Refill#
01/20/2012	JOHN	DOE	05/23/1960	2560 COLLEGE WAY, SACRAMENTO, CA, 95821	VICODIN	TAB	1000 MG-5 MG	10	WALGREENS #610	PHY12345	AB5678909	SMITH, JOHN	02345678	3
1/23/2012	JOHN	DOE	05/23/1960	2560 COLLEGE WAY, SACRAMENTO, CA, 95821	APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	40	CVS/PHARMACY #110	PHY12345	AB5678909	SMITH, JOHN	02375678	1
02/01/2012	JOHN	DOE	05/23/1960	2560 COLLEGE WAY, SACRAMENTO, CA, 95821	XANAX	TAB	100 MG-5 MG	60	WAL-MART #926	PHY12345	AB5678909	SMITH, JOHN	00284920	1
02/04/2012	JOHN	DOE	05/23/1960	2560 COLLEGE WAY, SACRAMENTO, CA, 95821	VICODIN	TAB	200 MG-5 MG	60	TARGET #261	PHY12345	AB5678909	SMITH, JOHN	09244920	2
03/01/2012	JOHN	DOE	05/23/1960	2560 COLLEGE WAY, SACRAMENTO, CA, 95821	APAP/HYDROCODONE BITARTRATE	TAB	5000 MG-5 MG	60	WALGREENS #100	PHY12345	AB5678909	SMITH, JOHN	04247940	4
03/08/2012	JOHN	DOE	05/23/1960	2560 COLLEGE WAY, SACRAMENTO, CA, 95821	XANAX	TAB	500 MG-5 MG	80	CVS/PHARMACY	PHY12345	AB5678909	SMITH, JOHN	02434960	1
03/07/2012	JOHN	DOE	05/23/1960	2560 COLLEGE WAY, SACRAMENTO, CA, 95821	APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	60	WALGREENS	PHY12345	AB5678909	SMITH, JOHN	02795765	1
03/10/2012	JOHN	DOE	05/23/1960	2560 COLLEGE WAY, SACRAMENTO, CA, 95821	APAP/HYDROCODONE BITARTRATE	TAB	500 MG-5 MG	90	CVS/PHARMACY #934	PHY12345	AB5678909	SMITH, JOHN	02549607	2
01/01/2013	JOHN	DOE	05/23/1960	2560 COLLEGE WAY, SACRAMENTO, CA, 95821	VICODIN	TAB	1000 MG-5 MG	30	TARGET #234	PHY12345	AB5678909	SMITH, JOHN	02649603	3

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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Patient Activity Report (PAR)

REPORT INFORMATION

- Patient name
- Patient date of birth
- Patient address
- Prescriber name/DEA number
- Pharmacy name/pharmacy license number
- Date prescription was filled
- Prescription number
- Drug name
- Drug quantity and strength
- Number of refills remaining

CURES Program Contacts

California Department of Justice
PDMP/CURES
P.O. Box 160447
Sacramento, California 95816

Phone: (916) 227-3843
FAX: (916) 227-4589
Email: PMP@doj.ca.gov

http://oag.ca.gov/cures-pdmp

CURES Program Contacts

Tina Farales, Manager

Phone: (916) 227-3436
Email: Tina.Farales@doj.ca.gov

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QUESTIONS?

Thank You!