Tennessee Controlled Substances Monitoring Database Update

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Director of the Tennessee Controlled Substance Monitoring Database

Vanderbilt University
October, 6, 2016
Disclosure Information

- I have no financial relationships to disclose.
- I will not discuss off label use and/or investigational use in my presentation.
Objectives

• Review how the Tennessee Controlled Substances Monitoring Database (CSMD) Program empowers healthcare providers
• Explain how clinicians value and respond to their assessment of the CSMD
• Review recent outcomes from the use of the CSMD Program
In 2015, approximately 94% of overall Controlled Substances Prescriptions in TN were dispensed by licensed pharmacies and reported to the TN CSMD.

Special thanks to pharmacy practice, human prescriber dispensers, and veterinarian prescriber dispensers across Tennessee for helping build a powerful tool that allows us to better fight the Prescription Drug Crisis!
TN PUBLIC CHAPTER 1011: Controlled Substance Reporting

- Changed the required timeframe for reporting to the Controlled Substance Database to once per business day (effective January 1, 2016)
- Note that Prescription Safety Act of 2016 changed this requirement for Veterinarian dispensers to every 14 days (Signed April 27, 2016)
Required Data Elements for Reporting

For full data manual:
Do all Healthcare Providers have to Register?

“If you provide direct care and prescribe controlled substances to patients in Tennessee for more than 15 days per year or you are a dispenser in practice providing direct care to patients in Tennessee for more than 15 days per year, you are required to register with the CSMD.”
Prescription Safety Act 2016
(Public Chapter 1002)

- CSMD FAQ of website has been updated
- http://www.tn.gov/health/article/CSMD-faq
- Requirements for Prescribers and dispensers are now similar
- Add CRNAs as providers that can have access
- Effective upon the Governor’s signature on April 27, 2016
Number of Registrants of the CSMD, 2010-2015*

*VA registrants were included in 2013, 2014, and 2015.

By 2015, there were 42,835 registrants.

Increased by 10.2% in 2015
## Registrants in the CSMD by Role (as of December 31, 2015)

<table>
<thead>
<tr>
<th>Role</th>
<th>Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner</td>
<td>18,237</td>
</tr>
<tr>
<td>Practitioner Extender</td>
<td>5,536</td>
</tr>
<tr>
<td>Residents/VA</td>
<td>2,738</td>
</tr>
<tr>
<td>Advance Practice Nurse</td>
<td>6,026</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>1,400</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>7,598</td>
</tr>
<tr>
<td>Pharmacist Extender</td>
<td>1,257</td>
</tr>
</tbody>
</table>
PA/APN must assure Supervisor Relationships are documented in the CSMD (See Questions 35 – 37 Frequently Asked Questions on CSMD Website http://tn.gov/health/article/CSMD-faq)

If APN or PA changes supervisor they have 30 days to make that change within the CSMD and their regulatory board (as directed).

The supervisor has the right to revoke

Entering your supervisor in the CSMD does not relieve APN or PA from notifying regulatory board of their board specific requirements.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Profession</th>
<th>Status</th>
<th>License Number</th>
<th>Original Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jane Doe, APRN</td>
<td>Advanced Practice Registered Nurse</td>
<td>Licensed</td>
<td>00000</td>
<td>04/09/2010</td>
<td>11/30/2017</td>
</tr>
</tbody>
</table>

Qualifications:
NP with CF
Considerations with Use of the Tennessee CSMD

Request

Patient Details
- Last Name: 
- First Name: 
- Middle Name: 
- Birth Date: 
- Gender: 

Contact Details
- Street: 
- City: 
- State: TN 
- Zip: 

Aliases

Prescription Range
- Set default to last 12 months date range [ ] 
- Date Filled From: 08/27/2014 
- Date Filled To: 08/27/2015

Options
- Format: PDF [ ]

Request To State(s)
- [ ] Michigan 
- [ ] South Carolina 
- [ ] Kentucky 
- [ ] Minnesota 
- [ ] Indiana 
- [ ] Iowa

The interstate request may take longer for response.

I certify that I am authorized to access this database pursuant to Tenn. Code Ann. § 53-10-306 and view all confidential information obtained during this session. Unauthorized access, unauthorized searches, or improper use or disclosure of the information contained in this database is a violation of state law and subject to criminal prosecution.
Interstate Data Sharing Patient Requests for 2015

AR: 188,576
KY: 616,412
MS: 214,264
MI: 104,589
SC: 128,420
VA: 275,031

TN to Other States
Other States to TN

TN Department of Health
Please select the patients to be shown on the report

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date Of Birth</th>
<th>Street</th>
<th>Zip</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devin</td>
<td>Underwood</td>
<td>5/26/1958</td>
<td>420 College Street</td>
<td>38464</td>
<td>TN</td>
</tr>
<tr>
<td>Dev</td>
<td>Underwood</td>
<td>5/26/1958</td>
<td>420 College Street</td>
<td>38464</td>
<td>TN</td>
</tr>
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<td>Devin</td>
<td>Underwood</td>
<td>5/26/1958</td>
<td>420 College Street</td>
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</table>

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<table>
<thead>
<tr>
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<th>Date Of Birth</th>
<th>Street</th>
<th>Zip</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Devin</td>
<td>Underwood</td>
<td>5/26/1958</td>
<td>420 College Street</td>
<td>38464</td>
<td>TN</td>
</tr>
<tr>
<td>Dev</td>
<td>Underwood</td>
<td>5/26/1958</td>
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<td>38464</td>
<td>TN</td>
</tr>
<tr>
<td>Devlin</td>
<td>Underwood</td>
<td>5/26/1958</td>
<td>420 College Street</td>
<td>38464</td>
<td>TN</td>
</tr>
<tr>
<td>Devlan</td>
<td>Underwood</td>
<td>5/26/1958</td>
<td>420 College Street</td>
<td>38464</td>
<td>TN</td>
</tr>
</tbody>
</table>
Easy Request

Note: Upload the patient details in 'CSV' or in 'Text' format. Each patient request must be in a new line. Please see the sample CSV file format. First row in the file is the column header and do not alter it. Sample file Download.

View Request

Last Name: 
First Name: 
Birth Date: 
Requested Type: 
Date Filled From: 08/24/2015
Date Filled To: 08/31/2015

Search  Clear

No Records Found
Clinical Risk Indicators (high risk patients) on CSMD Reports

\[ Y = 4 \text{ Practitioners in last 90 days} \]

\[ Y = 4 \text{ Pharmacies in last 90 days} \]

\[ \geq 90 \text{ but } < 120 \text{ Active Cumulative Morphine Equivalents per day} \]

\[ R \geq 5 \text{ Practitioners in last 90 days} \]

\[ R \geq 5 \text{ Pharmacies in last 90 days} \]

\[ \geq 120 \text{ Active Cumulative Morphine Equivalents per day} \]
**See explanation at end of report.**

Search Criteria: D.O.B. = 05/08/1977 And ( Last Name Contains · doe Or First Name Contains jan Or First Name Contains anne ) And Request Period '02/24/2014 To '02/24/2015'

Disclaimer: Information contained in the report results from the search criteria entered and incorporated by the user and from the data entered by the dispenser. Any clinical notifications incorporated into this report are the result of information submitted by the dispenser. Therefore, the Tennessee Department of Health and the Board of Pharmacy do not express or imply any warranty regarding the accuracy, adequacy, completeness, reliability, or usefulness of the data provided. Additionally, neither the Tennessee Department of Health nor the Board of Pharmacy make recommendations, or give any legal advice, to the user as to actions, if any, that might be required as a result of viewing the report or the information contained in the report.

For more information about a prescription, please contact the dispenser or prescriber identified in the report.

<table>
<thead>
<tr>
<th>Pt ID</th>
<th>Name</th>
<th>DOB</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000</td>
<td>DOE, JANE</td>
<td>05/08/1977</td>
<td>100 Main Bark Dr Jonesborough TN 376596198</td>
</tr>
<tr>
<td>9999</td>
<td>DOE, JANE</td>
<td>05/08/1977</td>
<td>99 Wrong Bnd Johnson City TN 376042660</td>
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<td>8888</td>
<td>DOE, JANE</td>
<td>05/08/1977</td>
<td>100 MAIN BARK DR JONESBOROUGH TN 37659</td>
</tr>
<tr>
<td>1111</td>
<td>DOE, JANE</td>
<td>05/08/1977</td>
<td>100 MAIN BARK DR JONESBOROUGH TN 376590000</td>
</tr>
<tr>
<td>5555</td>
<td>DOE, JANE</td>
<td>05/08/1977</td>
<td>100 MAIN BARK DRIVE Jonesborough TN 37659</td>
</tr>
<tr>
<td>3333</td>
<td>DOE, JANE A</td>
<td>05/08/1977</td>
<td>120 CSMD DR Johnsonson City TN 376152717</td>
</tr>
</tbody>
</table>

**Active Cumulative Morphine Equivalent**
**See explanation provided at the end of the report**

40

<table>
<thead>
<tr>
<th>Fill Date</th>
<th>Product, Str, Form</th>
<th>Quantity</th>
<th>Days</th>
<th>Pt ID</th>
<th>Prescriber</th>
<th>Written</th>
<th>Rx #</th>
<th>Daily MED</th>
<th>Active</th>
<th>N/R</th>
<th>Pharm</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/18/2015</td>
<td>ALPRAZOLAM, 2 MG, TAB</td>
<td>90.00</td>
<td>30</td>
<td>3333</td>
<td>ABC DE11</td>
<td>02/18/2015</td>
<td>00400020</td>
<td>-</td>
<td>Y</td>
<td>N</td>
<td>AR0030080</td>
<td>04</td>
</tr>
<tr>
<td>02/13/2015</td>
<td>HYDROCODONE BITARTRATE AND ACETAMIN, 325 MG-10 MAG</td>
<td>120.00</td>
<td>30</td>
<td>0000</td>
<td>ABC DE11</td>
<td>01/13/2015</td>
<td>030090</td>
<td>40.00</td>
<td>Y</td>
<td>N</td>
<td>FF0030010</td>
<td>04</td>
</tr>
<tr>
<td>01/20/2015</td>
<td>CARISOPRODOL, 350 MG, TAB</td>
<td>90.00</td>
<td>10</td>
<td>0000</td>
<td>ABC DE11</td>
<td>01/20/2015</td>
<td>100400</td>
<td>-</td>
<td>N</td>
<td>N</td>
<td>BW0080070</td>
<td>04</td>
</tr>
<tr>
<td>01/13/2015</td>
<td>HYDROCODONE BITARTRATE AND ACETAMIN, 325 MG-10 MAG</td>
<td>120.00</td>
<td>30</td>
<td>0000</td>
<td>ABC DE11</td>
<td>01/13/2015</td>
<td>001008</td>
<td>40.00</td>
<td>N</td>
<td>N</td>
<td>FW0070090</td>
<td>04</td>
</tr>
</tbody>
</table>
Considerations When Reading CSMD Report

<table>
<thead>
<tr>
<th>Payment Type</th>
<th>Identifying Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Pay</td>
<td>01</td>
</tr>
<tr>
<td>Medicaid</td>
<td>02</td>
</tr>
<tr>
<td>Medicare</td>
<td>03</td>
</tr>
<tr>
<td>Commercial Ins.</td>
<td>04</td>
</tr>
<tr>
<td>Military Inst. and VA</td>
<td>05</td>
</tr>
<tr>
<td>Workers Comp</td>
<td>06</td>
</tr>
<tr>
<td>Indian Nations</td>
<td>07</td>
</tr>
<tr>
<td>Other</td>
<td>99</td>
</tr>
</tbody>
</table>
Converting Opioids to Morphine Milligram Equivalents

Formula for MME per day:

\[
\text{Strength (in mg)} \times \text{Morphine Equivalent} \times \text{Quantity (Number of days)}
\]

<table>
<thead>
<tr>
<th>Opioid name</th>
<th>Milligrams (mg) of opioid</th>
<th>Equivalent milligrams (mg) of morphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine (Oral)</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>1</td>
<td>7.2</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Methadone</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Morphine</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Codeine</td>
<td>1</td>
<td>0.15</td>
</tr>
<tr>
<td>Tramadol</td>
<td>1</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Example: 80 MME

US Department of Health and Human Services, Center for Disease Control
Clinical Risk Indicators (high risk patients) on CSMD Reports

Female and child bearing age (15-45 years of age)

“Please remember that narcotic prescriptions for women of child bearing age could result in Neonatal Abstinence Syndrome (NAS) should pregnancy occur; please discuss with your patient methods to prevent unintended pregnancy.”
**Patient RX History Report**

**Search Criteria:** D.O.B. = 12/24/1981 And (Last Name Contains doe Or First Name Contains jan) And Request Period ‘02/23/2014’ to ‘02/23/2015’

Please remember that narcotic prescriptions for women of child bearing age could result in Neonatal Abstinence Syndrome (NAS) should pregnancy occur; please discuss with your patient methods to prevent unintended pregnancy.

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For more information about a prescription, please contact the dispenser or prescriber identified in the report.

### Patients that match search criteria

<table>
<thead>
<tr>
<th>Pt ID</th>
<th>Name</th>
<th>DOB</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000</td>
<td>DOE, JANE</td>
<td>12/24/1981</td>
<td>000 Help Me Tr! Columbia TN 384012495</td>
</tr>
<tr>
<td>1111</td>
<td>DOE, JANE</td>
<td>12/24/1981</td>
<td>000 HELP METR! COUMBIATN 38401</td>
</tr>
</tbody>
</table>

### Prescriptions

<table>
<thead>
<tr>
<th>Fill Date</th>
<th>Product, Str, Form</th>
<th>Quantity</th>
<th>Days</th>
<th>Pt ID</th>
<th>Prescriber</th>
<th>Written</th>
<th>Rx #</th>
<th>Daily MED*</th>
<th>Active*</th>
<th>N/R</th>
<th>Pharm</th>
<th>Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/21/2015</td>
<td>ACETAMINOPHEN-HYDROCODONE BITARTRAT, 325 MG-10MG, 120.00</td>
<td>30</td>
<td>120.00</td>
<td>0000</td>
<td>ABC DE00</td>
<td>02/03/2015</td>
<td>2008002</td>
<td>-</td>
<td>Y</td>
<td>N</td>
<td>BW0050010</td>
<td>04</td>
</tr>
<tr>
<td>02/12/2015</td>
<td>AMPHETAMINE SALT COMCO,30 MG, TAB</td>
<td>60.00</td>
<td>30</td>
<td>0000</td>
<td>FGH UL11</td>
<td>02/12/2015</td>
<td>2003000</td>
<td>-</td>
<td>Y</td>
<td>N</td>
<td>BW0050010</td>
<td>04</td>
</tr>
<tr>
<td>02/11/2015</td>
<td>ALFRAZOLAM, 1 MG, TAB</td>
<td>15.00</td>
<td>15</td>
<td>0000</td>
<td>KLM NO22</td>
<td>02/11/2015</td>
<td>20010010</td>
<td>-</td>
<td>N</td>
<td>N</td>
<td>BW0050010</td>
<td>04</td>
</tr>
<tr>
<td>02/04/2015</td>
<td>MIXED AMPHETAM SALT, 30 MG, CER</td>
<td>14.00</td>
<td>7</td>
<td>0000</td>
<td>FGH UL11</td>
<td>02/03/2015</td>
<td>2008001</td>
<td>-</td>
<td>N</td>
<td>N</td>
<td>BW0050010</td>
<td>04</td>
</tr>
<tr>
<td>01/30/2015</td>
<td>PROVIGIL, 100 MG, TAB</td>
<td>11.00</td>
<td>30</td>
<td>0000</td>
<td>FGH UL11</td>
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<td>N</td>
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<td>02</td>
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<tr>
<td>01/23/2015</td>
<td>ACETAMINOPHEN-HYDROCODONE BITARTRAT, 325 MG-10MG, 120.00</td>
<td>30</td>
<td>120.00</td>
<td>0000</td>
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<td>01/06/2015</td>
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<td>-</td>
<td>N</td>
<td>N</td>
<td>BW0050010</td>
<td>02</td>
</tr>
</tbody>
</table>
## Practitioner vs. Peer Report

**Search Criteria:** DEA# = 'BJ1234567' and Rx Written between '02/25/2013' and '03/25/2014'

<table>
<thead>
<tr>
<th>Practitioner Name &amp; Address</th>
<th>DEA Number</th>
<th>Occupation</th>
<th>Specialty Care</th>
<th>No Of Rx</th>
<th>Rank</th>
<th>Total No. Of Peers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner 1</td>
<td>BJ1234567</td>
<td>Medical Doctor</td>
<td>Physician - General, Internal, or Family Medicine</td>
<td>11513</td>
<td>27</td>
<td>3243</td>
</tr>
</tbody>
</table>

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Number of Requests from Law Enforcement to the CSMD, 2012-2015

- 2012: 2565
- 2013: 1938
- 2014: 2115
- 2015: 2138

Year

Number of Requests
Why do prescribers and dispensers check the CSMD?

Prescribers

- Mandatory check: 67%
- New Patient: 52%
- Other: 36%
- ED Visit: 15%
- Planned Surgery: 4%

Dispensers

- New Patient: 82%
- Suspected Doctor Shopping: 72%
- Suspected Pharmacy Shopping: 79%
- Suspected Alteration of Prescription: 27%
- Other: 30%

Source: 2015 CSMD Prescriber and Dispenser Survey
Ratio of Number of Prescriptions to Number of Requests in the CSMD, 2010-2015*

* Includes all Prescriptions and all requests

Prescribers / dispensers requirement to be registered in CSMD by 1/1/13
Mandatory CSMD check before prescribing opioid / benzodiazepine after 4/1/13

* Indicates year of implementation of specific requirements.
After viewing information found in the CSMD, I changed the treatment plan for a patient.

After viewing information found in the CSMD, I refused to fill a prescription as written.

70% of Prescribers have changed treatment plan

81% of Dispensers Less Likely to Fill Prescription as Written

Source: 2015 CSMD Prescriber and Dispenser Survey
Total Prescriptions Reported to CSMD, 2010-2015

*Excluding prescriptions reported from VA pharmacies.
All Prescriptions Dispensed to TN Patients and Reported to the CSMD by Age Group, 2010-2015*

*Excluding prescriptions reported from VA pharmacies.
Distribution of the Top 10 Controlled Substances Reported in the CSMD, 2015*

* Including all prescriptions reported to CSMD in 2015.

2015 vs. 2013
Number of prescriptions of hydrocodone decreased 16.8% with MME of hydrocodone decreasing 13.1%
Number of oxycodone prescriptions increased 11.5%, but the MME of oxycodone decreased 7.5%.
Prescriptions Dispensed to TN patients and Reported to the CSMD by the Class of Controlled Substances, 2010-2015*

* 1) The class of controlled substances was defined based on a CDC document. If a drug was not on the document, the drug was grouped into the 'Other'; 2) Excluding prescriptions reported from VA pharmacies.
There was a 7.8% decline of opioid prescriptions (with indication for pain) and a 14.3% decrease in MME from 2012 to 2015 for Patients in Tennessee.
Morphine Milligram Equivalents of Opioids (Indication for Pain) Dispensed among TN Patients and Reported to the CSMD by Age Group, 2010-2015*

There was a decrease from 2011 – 2015 by certain age groups for Tennessee patients. 54.7% (20 to less than 30 years) / 38.8% (30 to less than 40 years) / 28.8% (40 to less than 50 years)

*Excluding prescriptions reported from VA pharmacies.
<table>
<thead>
<tr>
<th>Year</th>
<th>Type of Acting</th>
<th>Overall</th>
<th>TN patients</th>
<th>Change to TN patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Long-Acting</td>
<td>3,186,385,458</td>
<td>3,052,878,206</td>
<td>-</td>
</tr>
<tr>
<td>2011</td>
<td>Long-Acting</td>
<td>3,253,854,793</td>
<td>3,119,682,192</td>
<td>2.2</td>
</tr>
<tr>
<td>2012</td>
<td>Long-Acting</td>
<td>3,287,394,931</td>
<td>3,150,187,053</td>
<td>1.0</td>
</tr>
<tr>
<td>2014</td>
<td>Long-Acting</td>
<td>2,927,815,436</td>
<td>2,808,701,848</td>
<td>-9.6</td>
</tr>
<tr>
<td>2015</td>
<td>Long-Acting</td>
<td>2,497,959,986</td>
<td>2,402,401,384</td>
<td>-14.5</td>
</tr>
<tr>
<td>2010</td>
<td>Short-Acting</td>
<td>5,036,736,534</td>
<td>4,860,899,728</td>
<td>-</td>
</tr>
<tr>
<td>2011</td>
<td>Short-Acting</td>
<td>5,725,154,422</td>
<td>5,465,311,704</td>
<td>12.4</td>
</tr>
<tr>
<td>2012</td>
<td>Short-Acting</td>
<td>5,888,215,731</td>
<td>5,641,928,064</td>
<td>3.2</td>
</tr>
<tr>
<td>2013</td>
<td>Short-Acting</td>
<td>5,670,635,828</td>
<td>5,453,878,046</td>
<td>-3.3</td>
</tr>
<tr>
<td>2014</td>
<td>Short-Acting</td>
<td>5,485,395,966</td>
<td>5,273,358,124</td>
<td>-3.3</td>
</tr>
<tr>
<td>2015</td>
<td>Short-Acting</td>
<td>5,335,576,556</td>
<td>5,133,797,282</td>
<td>-2.6</td>
</tr>
</tbody>
</table>

* 1) The classes of controlled substances were defined based on a CDC document; 2) Excluding prescriptions reported from VA pharmacies.
Survey: Discuss CSMD Report with Patient

Prescribers
- 27% Very Often
- 18% Sometimes
- 12% Somewhat Often
- 16% Rarely or Never
- 70% Sometimes or more often

Dispensers
- 20% Very Often
- 18% Sometimes
- 12% Somewhat Often
- 16% Rarely or Never
- 72% Sometimes or more often

Source: 2015 CSMD Prescriber and Dispenser Survey
The CSMD is useful for decreasing the incidence of doctor shopping.

Strongly Agree or Somewhat Agree = 87%

Strongly Agree or Somewhat Agree = 90%

Source: 2015 CSMD Prescriber and Dispenser Survey
Decrease of 50.1% 2011 - 2015

* 1) Patients filled controlled substance prescriptions obtained from 5 or more different prescribers at 5 or more dispensers within 3 months; 2) Excluding prescriptions reported from VA pharmacies.
Tennessee’s Bordering States

Source: Netstate.com website:
http://www.netstate.com/states/geography/mapcom/tn_mapscom.htm
Recent Evaluation of How States Quantify Doctor Shopping by TN CSMD Program

5-5-3
5-5-12
15-15-12
3-3-2
4-4-6
4-4-12
6-6-3
6-6-6
7-7-3
10-10-6
10-10-12
15-15-6

6+ /12 mo.
10+/12 mo.

Other

OR
WY
SD
KS
IA
AR
TN
WV
VA
FL
MI
OH
NY
WV
VA
OH
NY
MA
RI
Has checking the CSMD changed your practice of referring patients for substance abuse treatment?

CSMD has changed my practice of communicating with the physician regarding a patient whom I believe needs referred for substance abuse treatment.

35% of prescribers are more likely to refer patients for substance abuse treatment.

56% of dispensers are more likely to communicate with the prescriber regarding a patient with potential for referral to substance abuse treatment.

Source: 2015 CSMD Prescriber and Dispenser Survey
FDA Approved Buprenorphine Products Indicated for Treatment of Opioid Dependence and Associated MMEs Dispensed to TN Patients and Reported to CSMD, 2010-2015*

*Excluding prescriptions reported from VA pharmacies.
FDA Approved Buprenorphine Products Indicated for Treatment of Opioid Dependence Dispensed to TN Patients and Reported to the CSMD by Age Group, 2010-2015*

* Excluding prescriptions reported from VA pharmacies
Find a Facility in Your State

To locate the drug and alcohol abuse treatment programs nearest you, find your State on the map below and click on it.
Find Facilities Near You

To search for a drug and alcoholism treatment program, the Locator needs a starting point. A starting point can be a city, street and/or zip code.

To find facilities nearest you enter your city, street or zip code.

Street Address
City
State
Zip Code
Distance from Address
Distance Units
SEARCH
SELECT SERVICES

NOTE: To protect your privacy, the information you entered will be permanently erased after your search is completed.
Regulatory and Controlled Substance Update (cont.)

TN PUBLIC CHAPTER 983 (Restriction on Prescriber Dispensing see § 63-1-154)

• Except as provided in § 63-1-313, a health care prescriber licensed under this title may not dispense an opioid or benzodiazepine. This Section shall not apply to: See § 63-1-154 effective January 1, 2015

• TN PUBLIC CHAPTER 973 (April 27, 2016)
   Edits subdivision (a)(8) of § 63-1-154
Tennessee Board of Pharmacy Policy on Medication Take Back Program

• **Allowed If** DEA Regulations are “STRICTLY FOLLOWED”

• Recent changes in federal regulations allow licensed retail pharmacies, hospital pharmacies, manufacturers, wholesalers, distributors, and reverse distributors that have a valid DEA registration to accept returns of unused legend drugs from end-users. These registrants may do so by modifying their DEA registration to serve as collectors of unused legend drugs, and by further complying with all DEA regulations pertaining to this activity.

• Therefore, any retail pharmacy, hospital pharmacy, manufacturer, wholesaler, distributor, or reverse distributor that is licensed by the Board and complies with all applicable DEA regulations pertaining to drug disposal **MAY accept returns of unused legend drugs pursuant to DEA rules.**
Tennessee Board of Pharmacy Policy on Medication Take Back Program (cont.)

- **If DEA regulations are not strictly followed**, Board of Pharmacy Rule 1140-03-.04(8) will apply. Rule 1140-03-.04(8) prohibits pharmacy practice sites, pharmacists, pharmacist interns, technicians, or any other place involved in the compounding and dispensing of prescription drugs and devices (except institutional pharmacies pursuant to Rule 1140-04-.10) from accepting returns of any order that has been taken from the premises of that pharmacy practice site or any other place of business.

- DEA resources pertaining to drug disposal, including a complete text of the applicable DEA rules, are available at: [http://www.deadiversion.usdoj.gov/drug_disposal/](http://www.deadiversion.usdoj.gov/drug_disposal/)

- See TN Board of Pharmacy website or call board office for questions
Regulatory and Controlled Substance Update

- CONTROLLED SUBSTANCE ISSUES
- Title 21 Code of Federal Regulations
- PART 1306 — PRESCRIPTIONS
- GENERAL INFORMATION
- §1306.04 Purpose of issue of prescription.
- (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances
Top 10 States for Pharmacy Robberies
DEA 2013 Statistics

1. Arizona
2. Indiana
3. California
4. Pennsylvania
5. Tennessee
6. North Carolina
7. Massachusetts
8. Ohio
9. Texas
10. Washington

http://drugtopics.modernmedicine.com/drug-topics/content/tags/arizona/top-10-states-pharmacy-robberies?page=0,0
Armed Robbery

*Thoughts to supplement your practice site policies to aid surviving the robbery and assisting law enforcement*

- Cooperate with robber
- Be a good witness and study what is touched or moved
- If a weapon is displayed, note the type and color
- Keep the note if used to make robbery demands for police
- Stay as calm as possible (Indicate you and your team will comply with demands)
- If possible, get the escape vehicle description, license number, and escape direction for police
- Lock the building down after the event and call police
- Wait for police and cooperate fully

http://drugtopics.modernmedicine.com/drug-topics/news/7-tips-surviving-pharmacy-robbery?page=0,0
Quality Improvement

• Update you email and other information in CSMD (My Account)
• Protect you password and assure your extenders do the same
• Assure Supervisor Relationships are documented in the CSMD (See Frequently Asked Questions (#35 – #37) on CSMD Website http://tn.gov/health/article/CSMD-faq)
• Best Process for correction of Wrong Prescriber name in CSMD (Prescribers may contact the pharmacy and discuss prescription(s) in question with pharmacist to reconcile correct prescriber name)
• Talk with those doing prescription entry to assure correct prescriber and best patient name, address, birthdate
DON'T
LET YOUR STRUGGLE
BECOME YOUR
IDENTITY
For more information visit www.tn.gov/health
Conclusion

• Recent outcomes from the use of the Tennessee Controlled Substances Monitoring Database (CSMD) Program are encouraging

• Clinicians value and respond to their assessment of TN CSMD Patient Reports

• Prescribers, Dispensers and Practice Site partnerships are needed and valued by the CSMD Program