Using CURES to combat prescription drug abuse/misuse

Speakers
Nathan Painter, PharmD, CDE
Email: npainter@ucsd.edu
Rabia Atayee, PharmD, BCPS
Email: ratayee@ucsd.edu
UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences

Objectives
• Identify prescription drug abuse issues that impact pharmacists’ practice
• Identify red flags of aberrant drug behavior
• Describe CURES 2.0 and its updated features
Epidemiology of Prescription Drug Misuse and Abuse

**National**
- Nearly 1 in 5 teens have used prescription drugs to get high.
- 7 of the top 10 drugs abused by 12th graders are prescription drugs or OTC medications.

**California**
- Prescription drug use is accelerating
- Prescription drug use exceed all other drugs other than marijuana
- Deaths involving opioid prescription medications have increased 16.5 percent since 2006.
- In 2012, there were more than 1,800 deaths from all types of opioids – 72 percent involved prescription opioids

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**Past-Year Nonmedical Use of Psychotherapeutics Among Persons 12 or Older, by Gender and Age Group**

Annual averages based on 2002-2005

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**Epidemiology of Prescription Drug Misuse and Abuse**

- ↑ public health concern for age 18-25 group
- In 1999, roughly 4000 people were killed by an overdose of prescription opioid -> in 2008, increased to nearly 15,000 people
- Increased Emergency Department (ED) visits by 150% in 18-20 year-old group and 24.5% in 21-24 year-old age group
Epidemiology of Prescription Drug Misuse and Abuse

• Broad availability of prescription drugs and misperceptions about their safety make prescription medications particularly prone to abuse
• Among those who abuse prescription drugs, high rates of other risky behaviors, including abuse of other drugs and alcohol, have also been reported

Substance Abuse and Mental Health Services Administration Survey 2009-2010

• The homes of relatives or friends as key sources for people to start misusing powerful painkillers
• Drugs left in home medicine cabinets are prime targets for prescription drug abuse
• Among first-time or occasional users of prescription pain killers, most received them from family or friends
• Among chronic abusers of pain relievers, – 41% obtained pills for free or without asking from friends or relatives
  – 26% got a prescription
Unmet Need

- Only 29% of pharmacists “strongly agreed” that their knowledge of relevant controlled-substance regulation was adequate
- Pharmacists and physicians believe that there are gaps in their education with respect to drug abuse
  - >67% of pharmacists reported that they received 2 hours or less of addiction and substance abuse education in pharmacy school
  - Almost 30% received no addiction education
- Many pharmacists are also unaware of the important distinctions among addiction, physical dependence, and tolerance.
- >50% had never referred a patient to a drug treatment program.


Corresponding Responsibility

- Pharmacist must evaluate patients to ensure the appropriateness of any controlled substance prescription
- California Board of Pharmacy:
  - If a pharmacist believes that a prescription may not have been written for a legitimate medical purpose, the pharmacist must inquire
  - When the results of a reasonable inquiry do not overcome the pharmacist's concern about a prescription being written for a legitimate medical purpose, the pharmacist must not fill the prescription.


Legitimate Medical Purpose

- A prescriber’s prescription pattern is different from that of other prescribers in the area
- Prescriber writes for antagonistic drugs
- A number of people appear within a short time period for the same controlled drug from the same physician
- A large number of previously unknown patrons show up with prescriptions from the same physician
- The patron presents a prescription that shows evidence of possible forgery

Red Flags – Board of Pharmacy

- Irregularities on the face of the prescription itself
- Nervous patient demeanor
- Age or presentation of patient
- Multiple patients at the same address
- Multiple prescribers for the same patient for duplicate therapy
- Cash payments

Red Flags – Board of Pharmacy

- Requests for early refills of prescriptions
- Prescriptions written for an unusually large quantity of drugs
- Prescriptions written for duplicative drugs
- Initial prescriptions written for stronger opiates
- Long distances traveled from the patient's home to the prescriber's office or pharmacy

Red Flags – Board of Pharmacy

- Irregularities in the prescriber's qualifications in relation to the medication(s) prescribed
- Prescriptions that are written outside of the prescriber's medical specialty
- Prescriptions for medications with no logical connection to diagnosis or treatment

http://www.pharmacy.ca.gov/consumers/rx_abuse_prevention.shtml
Case 1

- RA is a 25 yo female that comes to your pharmacy.
- She presents 3 different written prescriptions from 3 different prescribers.
  - Percocet 5/325, Ultram 50 mg, Valium 5 mg
- It is the first time she has come to your pharmacy and she presents her insurance information.
- As you are obtaining her address and phone number you realize her home is about 2 hours from your pharmacy.
- As you run the prescriptions the insurance system flags that all 3 prescriptions are too early (14, 7, 3 days early).
- “Sometimes my roommates borrow my medications. Don’t worry, I will just pay cash for them. My back is really killing me.”

How does a pharmacist find balance?

- Identify red flags
- Establish workflow to allow time to resolve red flags
- Document all your interventions
- Remember…first, do no harm

Case 1-RED FLAGS

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- She presents 3 different written prescriptions from 3 different prescribers.
  - Percocet 5/325, Ultram 50 mg, Valium 5 mg
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- “Sometimes my roommates borrow my medications. Don’t worry, I will just pay cash for them. My back is really killing me.”
Case 1 continued

• You check CURES and notice that she has paid cash 4 other times in the last 6 months for these same medications.
• You call all 3 prescribers and leave a message to call back.
• It’s Sunday and you don’t not anticipate anyone will call you back.

WHAT WOULD YOU DO?

Communication

• Self confidence to:
  – detect RX abuse
  – discuss RX abuse with patients
  – discuss legitimacy of controlled RX with prescriber
• 25% pharmacist fear damaging pharmacist-prescriber relationship
• Communication between the pharmacist and provider would serve to deter prescription drug abuse

CURES 2.0

CURES 2.0: Updated Features

• Dashboard:
  – Potential for communication with other prescribers
  – Notifying prescribers of 5 categories of alerts
• Ability to “save” previous patient search
• 2 different options for view results

CURES 2.0: Updated Features

• CURES reports will provide additional information including
  – Date sold
  – Presence of a pain contract with a provider
  – Payment method
• Assign a delegate to upload CURES reports
• Allow inclusion of CURES reports in patient records
CURES Registration

Update User Profile – required at first use

- The first time you enter the site you will be asked to enter your user profile information.
- Select the phone number and email that you want used by other providers who may want to reach you.
- Update your profile whenever you like by clicking “User Profile” on home screen.
- NEW PASSWORD. You will be required to update to a new password every 6 months or every time you forget your password.

https://oag.ca.gov/cures
Searching
https://cures.doj.ca.gov

User name is often first 2 letter of first name followed by last name

Warning: Authorized Users Only
User ID
Password

State of California
Office of the Attorney General
Dashboard

Enter Search Criteria

Only 3 mandatory entries
- Last Name
- First Name
- Date of Birth
- You can further specify additional criteria
- You can scroll to your SAVED SEARCH
Select and View Details

- To SELECT ALL, Click on top box
- Save Search (if you want)
- Click “View Details” for results

View Results Options

Select How You want to View Results
- Download PAR = Excel file that allows modification to file and you can save work
- Print PAR = Formatted Style that you can print or save (more clinically friendly version)
Payment method

ALERTS

1. > 100 MED per day
2. Obtain >6 providers or >6 pharmacies in 6 months
3. >40 mg/day methadone
4. Opioids >90 consecutive days
5. Opioid + Benzodiazepines

Don’t be alarmed, chances are that if you see lot of patients you will have alerts.
Click on the number in black box to find out cause for alert.
There are 5 categories of alerts.
Data Accuracy

- The data is only as accurate as what pharmacies upload to CURES.
- Pharmacies are required by law to upload data within 7 days (but may be longer…)
  - Some load within 24 hours, others take 7 days.
  - CURES enters the pharmacy data into the system within 4 hours.
  - The VA and Military pharmacies are not required to enter data into CURES.
  - If you notice a data discrepancy, only the pharmacy can make a change (CURES office will not change the data).

CASE 2

- JS comes into the pharmacy for the first time and drops off a prescription for hydromorphone 2 mg tablets to take PO q6h prn pain qty 120.
- Your technician processes the prescription and was able to obtain JS’s medication allergy, insurance information along with phone number and home address. The medication goes through on the insurance.
- JS says “I will come back later today to pick up the prescription.”
- When you review the filled prescription you notice, “JS’s home address is about 200 miles away from our pharmacy.
- Your technician tells you that “I noticed that JS looked worried and tired.”
- How would you proceed?
CASE 2 continued

• Check CURES

CASE 2 Summary

• This case example shows that the pharmacist correctly observed a red flag, and by calling the provider the concern over the red flag was resolved.
• Pharmacists should not interpret a red flag as automatically mean not filling a prescription.
• A red flag means that the prescription should be checked.

Delegate Feature

You can assign a delegate(s) to upload CURES reports for you. The delegate can enter the data and save the search. However, the delegate cannot access the actual report. You must enter the system access data under Saved Search.

• You can add up to 50 delegates
• You can delete delegates
• CURES will automatically delete delegates with no provider use (aka parent) for 30 days or no log in for 12 months
Manage Delegate

Complete all 4 boxes and click “Add”

Documentation

- Each institution is advised to include CURES in the medical documentation
- Print PAR, place patient sticker, and add to medical record
  - In EMR, find a uniform place to file CURES
- Or
  - Dictate CURES results in medical records:
    - “No aberrant drug seeking behaviors identified in CURES”
    - “CURES showed regular opioids by single physician…”
    - “CURES showed last Rx for hydrocodone #60 on 1/1/16…”
- When CURES unavailable, document
  - “CURES system down”
  - “Locked out of account”

CURES Website Resources

- Main web page is at https://oag.ca.gov/cures
- Informational publications and tutorial videos https://oag.ca.gov/cures/publications
- FAQs at https://oag.ca.gov/cures/faqs
Conclusion

- Prescription drug abuse/misuse is a significant public health issue
- Pharmacists have an ethical duty, backed by both federal and state law, to ensure that a prescription for a controlled substance is appropriate
- Pharmacists have the tools to be part of the solution

Thank You!

Speaker Contact Information:
Nathan Painter PharmD, CDE
Email: npainter@ucsd.edu
Rabia Atayee, PharmD, BCPS
Email: ratayee@ucsd.edu
UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences