Disclosure Information

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

• Provide an update of the drug crisis in Tennessee
• 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
91 Americans die every day from an opioid overdose
Case Studies: Accidental Addiction

- John is a 21 yo who began using opioids at 18 with some friends his freshman year at “Skittles Parties”. He since failed to make required grades and has withdrawn with a 1.5 GPA.

- Mary is a 40 year old who initially took some of her husband’s Percocet for headache. She began seeing a MD when the medicine cabinet supply ran out, asking for increasing doses.

- Kent is a 48 yo construction worker who fell from a ladder, injuring his back. He was given Roxicet through Workers Compensation and has required escalation doses. He has not returned to work.

- Jill is a 67 year old retired domestic worker who has arthritis in both knees. She had a left total knee replacement 12 months ago and has not been able to stop taking MS Contin.
CSMD News Flash!

• Appriss will probably move the CSMD to a new platform next year.
• In order for you to move with it, you MUST have and keep active email address in CSMD that is unique and only you have access.
• If you are required by law to have access to CSMD and do not keep an active email in “My Account” of current platform, you will have an issue with access to the CSMD once the transition occurs.
• This will assure email Clinical Notifications are received successfully
## 2017 Members of the CSMD Committee

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Musil, MD</td>
<td>Board of Medical Examiners</td>
</tr>
<tr>
<td>Katherine N Halls, DDS</td>
<td>Board of Dentistry</td>
</tr>
<tr>
<td>Brent Earwood, APN, CRNA</td>
<td>Board of Nursing</td>
</tr>
<tr>
<td>Brad Lindsay</td>
<td>Board of Optometry</td>
</tr>
<tr>
<td>Shant Garabedian, DO</td>
<td>Board of Osteopathy</td>
</tr>
<tr>
<td>Debra Wilson, D.Ph.</td>
<td>Board of Pharmacy</td>
</tr>
<tr>
<td>David J. Sables, DPM</td>
<td>Board of Podiatry</td>
</tr>
<tr>
<td>Kim Johnson, DVM</td>
<td>Board of Veterinary Medical Examiners</td>
</tr>
<tr>
<td>Omar Nava, PA-C</td>
<td>Committee on Physician Assistants</td>
</tr>
<tr>
<td>Julianne Coles</td>
<td>Public Member Board of Medical Examiners</td>
</tr>
<tr>
<td>Lisa Tittle</td>
<td>Public Member Board or Pharmacy</td>
</tr>
</tbody>
</table>
Recent understanding of the drug abuse crisis in Tennessee
6 Key Indicators

1. Mandatory Prescriber Education
2. Opioid Prescribing Guidelines
3. Eliminating Pill Mills
4. Prescription Drug Monitoring Programs (PDMPs)
5. Increased Access to Naloxone
6. Availability of Opioid Use Disorder (OUD) Treatment
Nationwide Implementation

A Roadmap for Strengthening Laws & Regulations

- 47 States Need to Improve!
- 28 States are “Failing”
- 4 States are “Making Progress”

Source: Legislative Report 2017

Total Number

- 2011: 1062
- 2012: 1094
- 2013: 1166
- 2014: 1263
- 2015: 1451

14% Increase
33% of people dying from opioids had *also* taken benzodiazepines, a lethal combination.
75-85% have used prescription drugs

Drug agents seized 10 kilos of the deadly, potent painkiller Fentanyl during a traffic stop on Tuesday.

The estimated lethal dose of fentanyl is just 2 milligrams.
Alprazolam or Fentanyl?

COUNTERFEIT
FENTANYL LACED

ALPRAZOLAM 2 mg
Can You Tell the Difference?

COUNTERFEIT FENTANYL LACED

OXYCODONE 30MG

DR. MUTTER/ TN DOH - USED WITH PERMISSION
Mobile Pharmaceutical Plant
Officer Nearly Dies from Fentanyl Overdose After Ohio Traffic Stop

May 14, 2017 9:01 PM

EAST LIVERPOOL, Ohio (KDKA/AP) — Police say an Ohio officer suffered an accidental overdose after a drug arrest when he touched powder on his shirt without realizing it was the powerful opioid fentanyl...

A total of four doses of Narcan had to be administered to completely revive him.

http://CBS story link/
April 19, 2017

Acting on a tip that carfentanil was concealed in a seemingly legitimate parcel, detectives and agents took it out of circulation in Nashville and executed a search warrant. Inside was a packet containing 140 milligrams of carfentanil, enough for thousands of lethal human doses.
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.”
Number of Registrants of the CSMD, 2010-2016*

*VA registrants were included in 2013 - 2016.
Ratio of Number of Prescriptions to a Requests in the CSMD, 2010-2016*

*Data include all prescriptions reported to CSMD. From 2015 forward vendor included all roles, all report types and also data request from other states.
Why is it important to check the Controlled Substance Monitoring Database?

Despite the rise in opioid abuse, during the fall of 2015, a single patient was able to procure **89 prescriptions in a 90 day period** by visiting a large number of dentists throughout the state of Tennessee.

*Additional information*
- No single prescription would have hit the mandatory check requirement
- Patient used multiple pharmacies

Prescribing history may show specific trends in prescriptions filled

- Doctor Shopping could have been avoided
- Prevention of potential overdose
- Pharmacist intervention as another mode of defense
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
  - Adds a professional duty to check the database before prescribing to someone exhibiting drug seeking behavior for any controlled substance
  - Adds requirement for dispensers to check patients with prescriptions for opioids and benzodiazepines similar to prescribers
- Add CRNAs as providers that can have access
- Effective upon the Governor’s signature on April 27, 2016
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)
- Prescription Safety Act of 2016 maintains this requirement BUT Note that Prescription Safety Act of 2016 changed this requirement for Veterinarian dispensers to every 14 days (Signed April 27, 2016)
New Medical Examiner Role

- New role in production
- This role is for state and county medical examiners that may not be physicians that prescribe with a DEA
Considerations with use of the Tennessee CSMD
Patient Request Page: Optional Question Added for Users to Indicate Suspected Overdose or Poisoning
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>
<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>Devian</td>
<td>Underwood</td>
<td>5/26/1958</td>
<td>420 College Street</td>
<td>38464</td>
<td>TN</td>
</tr>
</tbody>
</table>

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.
**Patient RX History Report**

**Search Criteria:**
- D.O.B. = 05/08/1977 And ( Last Name Contains · doe Or First Name Contains jan Or First Name Contains jane ) 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.

---

### 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>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 End Johnson City TN 376042680</td>
</tr>
<tr>
<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 3765900000</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 Johnson City TN 376512717</td>
</tr>
</tbody>
</table>

### Active Cumulative Morphine Equivalent

40

---

### 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>02/18/2015</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 00400020</td>
<td>-</td>
<td>Y</td>
<td>N</td>
<td>AR00300080 04</td>
<td></td>
<td></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 0300090</td>
<td>40.00</td>
<td>Y</td>
<td>N</td>
<td>FF00300100 04</td>
<td></td>
<td></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 10040</td>
<td>-</td>
<td>N</td>
<td>N</td>
<td>BW0080070 04</td>
<td></td>
<td></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 0010008</td>
<td>40.00</td>
<td>N</td>
<td>N</td>
<td>FW00700090 04</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical Risk Indicators (high risk patients) on CSMD Reports

\[
\begin{align*}
Y &= 4 \text{ Practitioners in last 90 days} \\
Y &= 4 \text{ Pharmacies in last 90 days} \\
Y \geq 90 \text{ but } < 120 \text{ Active Cumulative Morphine Equivalents per day} \\
R \geq 5 \text{ Practitioners in last 90 days} \\
R \geq 5 \text{ Pharmacies in last 90 days} \\
R \geq 120 \text{ Active Cumulative Morphine Equivalents per day}
\end{align*}
\]
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.”
## 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>
Prescriber Dashboard in CSMD
(CSMD production date 8/6/2017)

- Available in the past
- Turned off due to alert fatigue
- Recently reengineered to avoid alert fatigue
The top 25 (patient IDs) identified who meet thresholds for Clinical Risk Indicator categories will be populated to the dashboard.

An email communication to CSMD users will be sent weekly to make user aware patients have been identified and on the dashboard.

The dashboard will be refreshed weekly.

Once a CSMD user views a Clinical Risk Indicator notification that notification will no longer be bold and will move to the bottom of the list.

Order of Notifications and color:
- Correlates to indicators on patient reports with slight variation as no symbols on dashboard but if you click view all notifications the symbols will appear:
  - Multiple Practitioners ≥ 5
  - Multiple Dispensers ≥ 5
  - Multiple Practitioners = 4
  - Multiple Dispensers = 4
  - MME ≥ 120
  - MME ≥ 90 <120
CSMD User Dashboard (Clinical Risk Indicator Notifications)
CSMD User Dashboard (Clinical Risk Indicator Notifications)
# Practitioner vs. Peer Report

TENNESSEE CONTROLLED SUBSTANCE MONITORING
PROGRAM: BOARD OF PHARMACY - DEPARTMENT OF HEALTH
665 MAINSTREAM DRIVE 
NASHVILLE, TENNESSEE 37243

Phone: (615) 253-1305 Fax: (615) 253-8782 Email: CSMD.admin@tn.gov

## Practitioner Vs Peers 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>

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.
Proposed CSMD Prescriber Report

- # Patients Receiving Opioids
- # Rxs for Opioids
- MME < 50, 51-90, 91-200, >200
- Treatment Duration: <7, 7-28, 29-90, >90 days
- MME by drug
- # Rxs for non MME drugs
- Requests for You / Your Delegates
- Patient volumes receiving dangerous combination therapy

Multiple provider and dispenser thresholds exceeded

# Patients Receiving Opioids

# Rxs for Opioids

MME < 50, 51-90, 91-200, >200

Treatment Duration: <7, 7-28, 29-90, >90 days

MME by drug

# Rxs for non MME drugs

Requests for You / Your Delegates

Patient volumes receiving dangerous combination therapy

Proprietary and Confidential
PROPOSED

PMP Gateway Solution

This example provided to TN CSMD by Appriss for educational purposes.
Remove Linked Patients within Gateway Report

You have the ability to remove linked patients in the Patient Information section.

Linked Records are any patient records that were linked to make up this Patient Report. To the far right is an interactive column labeled Mark X to Remove.

Each record in this list can be clicked and selected for removal from this Patient’s report.

(The ability to remove records within PMP Gateway will be available in Q3/Q4 of 2017.)

This example provided to TN CSMD by Appriss for educational purposes.
Remove Linked Patients within Gateway Report

To remove one or more linked record from a patient report:

1. Mark the patient(s) to be removed from the patient report by clicking Remove. A red “X” will appear marking the record for removal. To unmark it, click remove again. When you mark the first patient for removal, two action buttons will automatically appear. TIP: Mark all patients you want removed from the report before you click Remove X Marked.

2. Click the Remove X Marked button to process the marked record(s) and re-run the report.

This example provided to TN CSMD by Appriss for educational purposes.
Remove a Linked Patient from a Gateway Report (continued)

3. You will be prompted to enter a reason for removing the records from this patient report.

After reason entry, click **Re-run Report**. This will produce a new Patient Report that excludes the record(s) you’ve chosen for removal.
# Remove Linked Patients within Gateway Report

### Sample Gateway Report integrated into an EMR System

**TESTPATIENT, DAVE**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>DOB</th>
<th>Rx Count</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>Mark X to Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROB</td>
<td>TESTPATIENT</td>
<td>1969-01-01</td>
<td>3</td>
<td>100 FABRICATED ST</td>
<td>WICHITA</td>
<td>KS</td>
<td>67200</td>
<td>Remove</td>
</tr>
<tr>
<td>ROBERT</td>
<td>TESTPATIENT</td>
<td>1969-01-01</td>
<td>2</td>
<td>03 SIMULATION LN</td>
<td>WICHITA</td>
<td>KS</td>
<td>67200</td>
<td>Remove</td>
</tr>
<tr>
<td>ROB</td>
<td>TESTPATIENT</td>
<td>1969-01-01</td>
<td>3</td>
<td>100 SUBSTITUTE RO</td>
<td>WICHITA</td>
<td>KS</td>
<td>67200</td>
<td>Remove</td>
</tr>
</tbody>
</table>

### Clinical Risk Indicators

- **State:** Description
  - **TN:** This patient has been identified as having obtained controlled substance prescriptions of the same or similar nature from multiple practitioners and multiple pharmacies.
  - **TN:** This patient’s current Daily Active MME use equals or exceeds the Daily Active MME Threshold values set in the system.

Clinical Risk Indicators are not meant to implicate patients, but to provide practitioners with supplemental information to enhance the treatment and care of their patients.

### Prescriptions

<table>
<thead>
<tr>
<th>Fill Date</th>
<th>Drug</th>
<th>Total Prescriptions: 11</th>
<th>Active Daily MME: 0.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/23/2016</td>
<td>HYDROCODON-ACETAMINOPHIN 10-325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/16/2016</td>
<td>HYDROCODON-ACETAMINOPHIN 10-325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/16/2016</td>
<td>HYDROCODON-ACETAMINOPHIN 10-325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/30/2016</td>
<td>HYDROCODON-ACETAMINOPHIN 10-325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05/30/2016</td>
<td>HYDROCODON-ACETAMINOPHIN 10-325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/30/2016</td>
<td>TRAMADOL HCL 50 MG TABLET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/30/2016</td>
<td>TRAMADOL HCL 50 MG TABLET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/29/2016</td>
<td>HYDROCODON-ACETAMINOPHIN 10-325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02/29/2016</td>
<td>HYDROCODON-ACETAMINOPHIN 10-325</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/03/2015</td>
<td>FENTANYL TS MOD IR PATCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/30/2015</td>
<td>TRAMADOL HCL 60 MG TABLET</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*This example provided to TN CSMD by Appriss for educational purposes.*
Why do prescribers and dispensers check the CSMD?

Source: 2016 CSMD Prescriber and Dispenser Survey
The CSMD is useful for decreasing the incidence of doctor shopping

Source: 2016 CSMD Prescriber and Dispenser Survey
Key Findings

The number of doctor/pharmacy shoppers *declined* 63% between 2011 and 2016.
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.

~ 71% of Prescribers have changed their treatment plan.

~ 84% of Dispensers are less likely to fill a prescription as written.

Source: 2016 CSMD Prescriber and Dispenser Survey
Number of Prescriptions Reported to TN CSMD, 2010-2016*

*Excluding prescriptions reported from VA pharmacies.
The MME of opioids dispensed *decreased* for the fourth straight year, down 22% overall and patients receiving high doses of opioids (>120 MME) *decreased* 40% from 2012 to 2015.
Number of Prescriptions Dispensed Among TN Patients and Reported to the CSMD by the Class of Controlled Substances, 2010-2016*

* 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.
Number of Stimulant Prescriptions Dispensed Among TN Patients and Reported to the CSMD, 2010-2016*

* Excluding stimulant prescriptions reported from VA pharmacies.
Number of Benzodiazepine Prescriptions Dispensed Among TN Patients by Age Group and Reported to the CSMD, 2010-2016*

* Excluding the prescriptions reported from VA pharmacies.
MME of Opioids Reported to TN CSMD, 2010-2016*

* 1) Excluding prescriptions reported from VA pharmacies. 2) Excluding buprenorphine for opioid use disorders.
Percent Change In Opioids Dispensed*, 2011 to 2016

<table>
<thead>
<tr>
<th>Age Group in Years Old</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 - 19</td>
<td>-20</td>
</tr>
<tr>
<td>20 - 29</td>
<td>-65</td>
</tr>
<tr>
<td>30 - 39</td>
<td>-51</td>
</tr>
<tr>
<td>40 - 49</td>
<td>-39</td>
</tr>
<tr>
<td>50 - 59</td>
<td>-18</td>
</tr>
<tr>
<td>60 - 69</td>
<td>13</td>
</tr>
<tr>
<td>70 - 79</td>
<td>28</td>
</tr>
</tbody>
</table>

* Opioids in Morphine Milligram Equivalents
# MME for Long Acting Drugs Reported to the TN CSMD, 2010-2016*

<table>
<thead>
<tr>
<th>Year</th>
<th>Type of Acting</th>
<th>Overall</th>
<th>TN patients</th>
<th>Change among TN patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Long-Acting</td>
<td>3,186,455,763</td>
<td>3,052,920,656</td>
<td>-</td>
</tr>
<tr>
<td>2011</td>
<td>Long-Acting</td>
<td>3,254,028,523</td>
<td>3,119,841,822</td>
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</tr>
<tr>
<td>2012</td>
<td>Long-Acting</td>
<td>3,287,433,361</td>
<td>3,150,223,683</td>
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<tr>
<td>2013</td>
<td>Long-Acting</td>
<td>3,242,479,165</td>
<td>3,110,153,338</td>
<td>-1.3</td>
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<tr>
<td>2014</td>
<td>Long-Acting</td>
<td>2,932,341,008</td>
<td>2,813,217,581</td>
<td>-9.5</td>
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<tr>
<td>2015</td>
<td>Long-Acting</td>
<td>2,560,885,499</td>
<td>2,462,353,973</td>
<td>-12.5</td>
</tr>
<tr>
<td>2016</td>
<td>Long-Acting</td>
<td>2,132,943,995</td>
<td>2,053,726,339</td>
<td>-16.6</td>
</tr>
</tbody>
</table>

*1) The classes of controlled substances were defined based on a CDC document;  
2) Excluding prescriptions reported from VA pharmacies;  
3) Excluding buprenorphine categorized by the CDC for treatment of opioid use disorder.
# MME for Short Acting Drugs Reported to the TN CSMD, 2010-2016*

<table>
<thead>
<tr>
<th>Year</th>
<th>Type of Acting</th>
<th>Overall</th>
<th>TN Patients</th>
<th>Change among TN Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>Short-Acting</td>
<td>5,036,887,881</td>
<td>4,861,004,258</td>
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<td>2011</td>
<td>Short-Acting</td>
<td>5,725,646,055</td>
<td>5,465,747,211</td>
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<td>2012</td>
<td>Short-Acting</td>
<td>5,888,387,772</td>
<td>5,642,075,715</td>
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<td>2013</td>
<td>Short-Acting</td>
<td>5,673,038,750</td>
<td>5,456,223,343</td>
<td>-3.3</td>
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<td>2014</td>
<td>Short-Acting</td>
<td>5,492,782,260</td>
<td>5,280,663,533</td>
<td>-3.2</td>
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<tr>
<td>2015</td>
<td>Short-Acting</td>
<td>5,368,447,663</td>
<td>5,165,603,001</td>
<td>-2.2</td>
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<td>2016</td>
<td>Short-Acting</td>
<td>5,040,069,113</td>
<td>4,857,252,785</td>
<td>-6.0</td>
</tr>
</tbody>
</table>

* 1) The classes of controlled substances were defined based on a CDC document;  
2) Excluding prescriptions reported from VA pharmacies;  
3) Excluding buprenorphine categorized by the CDC for treatment of opioid use disorder.
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.

39% of prescribers are more likely to refer patients for substance abuse treatment.

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

Source: 2016 CSMD Prescriber and Dispenser Survey
MME of Buprenorphine for Opioid Use Disorders Dispensed among TN Patients and Reported to the CSMD by Age Group, 2010-2016*

* Excluding prescriptions reported from VA pharmacies; No prescriptions from methadone opioid treatment programs.
Public Chapter 430

• Requires the development of the TN Chronic Pain Guidelines
  ▫ 1st edition 2014
  ▫ 2nd edition 2017
  ▫ Annual review
Recommendations

**Tennessee Chronic Pain Guidelines**

- Prior to initiating opioid therapy for chronic non-malignant pain
- Initiating opioid therapy for chronic non-malignant pain
- Ongoing opioid therapy for chronic non-malignant pain

**CDC Guidelines**

- Determining when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use
I. Prior to Starting Opioids

- Non-opioid prescriptions with or without opioids
- H & P, testing, old records
- All women tested for pregnancy and discuss birth control
- Co-morbid conditions/risks
- Urinary drug test
- **No telemedicine**
- Goals for prescriptions
- **Diagnosis***

I. When to Initiate Opioids

- Opioids with non-opioids when non-opioids are not enough; Risk vs Benefit
- Establish treatment goals for pain and function
- Risks vs Benefits
II. Initiating Opioid Therapy

- Short acting – lowest dose
- **90/120 MME**
- No benzodiazepine
- **No methadone/buprenorphine**
- Therapeutic trial
- Treatment agreement
- Informed consent
- Continuous monitor: UDT (2x/yr), PDMP, Signs 5A
- Women’s Health (See appendix)

II. Opioid Selection – Dosage, Duration, Follow Up, and Discontinuation

- Immediate release not LA/ER
- Lowest effective dose – 50/90
- Long term DU begins with acute pain
- New prescription or increase dose – follow up in 1-4 weeks
III. Ongoing Therapy

- Single provider/dispenser
- Lowest dose – 90/120 MEDD
- UDT 2x/yr or more frequently in increased risk
- CSMD/UDT, 5A → continued Rx
- Communication with ED and/or PCP

III. Follow Up – Risk and Harms

- Continuously check risks for opioids harms- consider dose, naloxone, benzodiazepine
- Check PDMP at start of onset and every 3 months
- UDT at onset and a minimum annually
- Avoid opioids and benzodiazepines
- Offer MAT for OUD
Changes in Number of Pain Clinics

Number of Pain Clinics from 2012 to Current

- Feb 2013: 294
- Sep-13: 319
- Jan 2014: 327
- Jan 2015: 307
- Dec 2016: 187
- March 2017: 182

July 1, 2016 – PC 475 (Medical Director = Pain Specialist)

Source: Tennessee Department of Health
Certified Pain Clinics in TN

- Peak 333 in 2014
- 174 in July 2017
Quality Improvement

- Assure your data is making it to the CSMD in a timely manner
- Appriss Helpdesk support
- Know who is reporting prescriptions for your practice site (such as central reporter for a Chain Community Practice)
- Confirm and update data on patient profile and DEA of prescriber for each prescription
- Use proper first and last name on prescriptions
New Naloxone Pharmacy Partnership
How Can Pharmacists Dispense Naloxone?

Collaborative Pharmacy Practice Agreement

- Collaborative Pharmacy Practice Agreement (CPPA) for Naloxone pursuant to TN Public Chapter 596 (enacted 2016)
- Allows pharmacists to enter a CPPA with the Chief Medical Officer of the Tennessee Dept. of Health,
- Allowing a pharmacist to initiate a prescription for naloxone
- The agreement, approved training and other resources located on the Tennessee Dept. of Health website http://tn.gov/health/topic/information-for-naloxone

- The CPPA for naloxone provides information on:
  - Patient/recipient indications
  - Product and quantity to be dispensed
  - Recipient education
  - Information required to be documented
  - Term of the agreement (2 years)
Accidental Addiction

We cannot arrest our way out...
We cannot treat our way out...

We must *prevent* our way out of this epidemic

What can we do now?
• Tennessee Controlled Substances Monitoring Database (CSMD) is a powerful tool to help protect your patients and your community

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

• Major improvements of the CSMD Program are coming soon!

• Pharmacist and Pharmacies in your area can increase access to Life Saving Naloxone so discuss the new Collaborative Practice Agreement with THD Chief Medical Officer with them to serve your patients and community!