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MEDICAL SOCIETY
OF VIRGINIA

Opioid Prescriber Resource Guide

MSV Opioid Prescriber Resource Guide

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Virginia Prescription Monitoring Program (PMP)

The prescription monitoring program collects prescription data for Schedule II-IV drugs into a central database which can then be used by limited authorized users to assist in deterring the illegitimate use of prescription drugs. The information collected in this program is maintained by the Department of Health Professions, and strict security and confidentiality measures are enforced. Prescribers and dispensers may query the database to assist in determining treatment history and to rule out the possibility that a patient is “doctor shopping” or “scamming” in order to obtain controlled substances.

As of January 2016, PMP registration is automatic for select licensees of Virginia’s health regulatory boards, and practitioners are required to consult the database before writing an opioid prescription for longer than 14 consecutive days. Practitioners may appoint delegates or alternates in their practice to query the PMP database on behalf of a supervising prescriber or pharmacist. PMP alternates are eligible to have their own accounts in the system.

Frequently Asked Questions

These FAQs are designed to be an at-a-glance reference for providers on the Virginia Prescription Monitoring Program. For additional information, please refer to [Virginia PMP’s website](#) or call MSV (800-746-6768) or Virginia’s PMP (804-367-4409).

Q: What is the purpose of the PMP?

A: PMP is a secure online system that provides licensed healthcare practitioners with 24/7 access to the Schedule II through IV prescription history of patients receiving controlled substances. It is used to determine a patient’s treatment history, minimize the risk of duplicating prescriptions and eliminate potential illegal activity.

Q: Who is required to use the PMP?

A: Any prescriber licensed in the Commonwealth to treat human patients and authorized to issue a prescription for controlled substances. In addition, dispensers are required to report to the PMP.

Q: How do I register to use the PMP?

A: As of July 1, 2015 all prescribers licensed in the Commonwealth are now automatically registered with the PMP.

Q: When do prescribers have to use the PMP?

A: Beginning July 1, 2016, prescribers must query the PMP before issuing an opioid prescription anticipated to last more than fourteen (14) consecutive days. The statute will no longer require prescribers to check the PMP database when prescribing benzodiazepines.

Q: Are there any exceptions to using the PMP?

A: There are six exceptions to the PMP querying requirement:

1. Patients in hospice or palliative care;
2. Prescriptions as part of treatment for surgical or invasive procedures which are not refillable;
3. Prescriptions during inpatient hospital admissions or at discharge;
4. Prescriptions to a patient in a nursing home or assisted living facility that uses a sole-source pharmacy;

5. Situations where the Prescription Monitoring Program database is not operational; and
6. Situations where a prescriber is unable to access the PMP database due to an emergency or disaster and documents such emergency or disaster in the patient's medical record.

Q: Who is required to report to the PMP?

A: Pharmacies, non-resident pharmacies, permitted physicians, and physicians holding a permit to sell controlled substances are required to report all dispensing of any Schedule II, III, and IV controlled substances to the PMP.

The program covers the entire state and requires all dispensers to report prescriptions in Schedules II, III, and IV within seven days. As of January 1, 2017 all dispensers will be required to report within **24 hours or the next business day**.

Q: How do I know what my login and password is to access the PMP?

A: Please contact the Virginia PMP for assistance at 804-367-4409.

Q: Can anyone else check the PMP?

A: Yes. As of 2016, individuals who have routine access to confidential patient and have signed a patient data confidentiality agreement may now serve as a delegate.

In addition, individuals who are employed or engaged at the same facility and under the direct supervision of the prescriber or dispenser are licensed, registered, or certified by a health regulatory board under the Department of Health Professions. All delegates must be registered with the PMP. Sharing of username and passwords is not allowed.

Q: How will delegates be enrolled in the PMP?

A: Delegates will need to register as an authorized delegate to receive information from the prescription monitoring program. For more information, [click here](#).

Q: What if I need technical assistance?

A: If you need PMP technical assistance, you can contact the Virginia Department of Health Professions at: Phone: 804-367-4409 | Fax: 804-527-4470 | Email: pmp@dhp.virginia.gov

Q: I've queried the PMP and have a patient report. What can I do with this information?

A: A prescriber or dispenser may discuss the contents of the report with the patient, another health care provider treating the patient, a dispenser who has dispensed or will dispense medications to the patient. The prescriber may also make a note in chart or comment on prescription record to document decision process.

Click here for a helpful guide to discussing a PMP report with your patients.

Q: Is there anything I can't do with the report?

A: A prescriber or dispenser may not request a report for any type of employment purpose, may not use the report for any purpose other than the authorized uses set forth in the Prescription Monitoring Program and [54.1-2523](#) in particular. If the PMP report is placed in the medical record, indicate restrictions on unauthorized disclosure ([54.1- 2525 of the Code of Virginia](#)).

Q: Are there any “how-to” instructions for using the PMP?

A: The Virginia Prescription Monitoring Program has a variety of information available on their website. To learn more, visit: https://www.dhp.virginia.gov/dhp_programs/pmp

Q: Do I need to query the PMP if I am prescribing a benzodiazepine?

A: Prescribers are no longer required to check the PMP database when prescribing benzodiazepines, however it is encouraged.

Q: What if I suspect a patient of illegal activity?

A: Should drug diversion or criminal behavior be suspected as the result of information provided by PMP, a prescriber or pharmacist may contact law enforcement. The Department of State Police a Diversion Alert Fax System (DAFS) which is designed to provide the pharmaceutical community with critical information needed to aid in the prevention of diversion activities.

If a practitioner discovers a prescription pad stolen, alterations to his/her prescriptions and/or the illegal use of a name or DEA number in order to obtain false telephone prescriptions, the practitioner should contact the State Police, Drug Diversion Unit (DDU).

Please call 804-674-2779 or 1-800-553-DOPE (3673). For more information, [click here](#).

Prescription Drug Misuse Prevention: Patient Discussion Guide

This information is intended for general guidance only and does not constitute legal or medical advice. This document is not intended to replace a clinician's own judgment with regard to the care needed by individual patients or to establish protocols for the care of all patients.

Initial Patient Assessment

The following questions are adapted from [SAMHSA's opioid overdose prevention toolkit](#).

Obtaining a patient history of past use of illicit drugs, alcohol, or prescribed medications with misuse potential is an essential first step in appropriate prescribing. Such a history should include very specific questions. For example:

- “In the past 6 months, have you taken any medications to help you calm down, keep from getting nervous or upset, raise your spirits, or make you feel better?” Have you been using alcohol for this purpose?”
- “Have you been taking any medications to help you sleep? Have you been using alcohol for this purpose?”
- “Have you ever taken a medication to help you with a drug or alcohol problem?”
- “Have you ever taken a medication for a nervous or upset stomach?”
- “Have you taken a medication to give you more energy or to cut down on your appetite?”
- “Have you ever been treated for a possible or suspected opioid overdose?”

Reviewing a Patient's PMP report

When reviewing a patient's PMP report, a clinician should consider:

1. **Verifying prescriptions listed on PMP report with patient.** Consider comparing to initial self-reported intake/history form.
2. **The patient's Morphine Equivalent Daily Dose (MEDD) score.** Consider the current MEDD score and the potential impact of additional prescriptions using the [MEDD score calculator](#).
3. **Check for scenarios that may indicate potential misuse.** See below for considerations and questions to ask.

Patient is receiving prescriptions from multiple prescribers and/or multiple pharmacies

	Pain Agreement in place?	Diversion Monitoring	Is Dosage Appropriate?	Patient Questions	Prescriber Considerations
Questions/Actions to Consider	If yes, does this violate the contract? If not, does it make sense to consider agreement?	Should I increase monitoring actions (visits, urine screen, pill counts) for this patient?	Assess functional progress of patient.	Why are you seeing multiple prescribers? Why are you going to multiple pharmacies? Ask patient about pain control.	Is addiction possible? Does patient need specialized pain management? Should I contact other prescribers?

Patient is consistently refilling prescriptions early.

	Pain Agreement in place?	Diversion Monitoring	Is Dosage Appropriate?	Patient Questions	Prescriber Considerations
Questions/Actions to Consider	If yes, does this violate the contract? If not, does it make sense to consider agreement?	Should I increase monitoring actions (visits, urine screen, pill counts) for this patient?	Assess functional progress of patient.	Why are you filling your prescriptions early? Ask patient about pain control.	Is addiction possible? Does patient need specialized pain management? Should I contact other prescribers?

Patient is paying in cash for prescriptions.

	Pain Agreement in place?	Diversion Monitoring	Is Dosage Appropriate?	Patient Questions	Prescriber Considerations
Questions/Actions to Consider	If yes, does this violate the contract? If not, does it	Does the patient have insurance? If yes, should I increase	Assess functional progress of patient.	If the patient has insurance, ask why patient is paying cash.	Is addiction possible? Does patient need specialized pain management?

	make sense to consider agreement?	monitoring actions (visits, urine screen, pill counts) for this patient?		Ask patient about pain control.	Should I consider additional diversion measures?
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Patient appears to have multiple addresses in PMP.

- Prescriber needs to ask patient about previous residences to confirm report is applicable to patient. If so, consider the appropriate scenario above.

***Scenarios were adapted from [Rhode Island PMP materials](#).*

Opioid and Pain Management Resources

The Medical Society of Virginia's Opioid Misuse Task Force has compiled the following tools and information to help you and your patients. These resources include:

- Virginia Prescription Monitoring Program and State Specific Information for the Commonwealth of Virginia
- Continuing Medical Education (CME)
- Opioid Prescribing Guidelines and Resources
- Patient Education
- Assessment Tools
- Patient/Prescriber Agreements

Opioid Prescribing Guidelines and Resources

<u>Centers for Disease Control (CDC)</u>	CDC Guideline for Prescribing Opioids for Chronic Pain: Provides recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings.
<u>American Society of Addiction Medicine (ASAM)</u>	ASAM developed the National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use to provide information on evidence-based treatment of opioid use disorder.
<u>Substance Abuse and Mental Health Services Administration (SAMHSA) Toolkit</u>	Equips health care providers, communities and local governments with material to develop practices and policies to help prevent opioid-related overdoses and deaths. Addresses issues for health care providers, first responders, treatment providers, and those recovering from opioid overdose. Updated in 2016.
<u>Oregon Pain Guidance</u>	Provides educational information, news, community resources and upcoming events for both the public and healthcare providers.
<u>Institute for Clinical Systems Improvement</u>	Implementation Tool: Assessment and Management of Chronic Pain Guideline Summary and Assessment Algorithm
<u>American Pain Society/American Academy of Pain Medicine</u>	Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Non-cancer Pain
<u>VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain</u>	The guideline describes the critical decision points in the Management of Opioid Therapy (OT) for Chronic Pain and provides clear and comprehensive evidence based recommendations incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems.

Virginia Prescription Monitoring Program and State Specific Information

Virginia Prescription Monitoring Program	The prescription monitoring program collects prescription data for Schedule II-IV drugs into a central database which can then be used by limited authorized users to assist in deterring the illegitimate use of prescription drugs. The information collected in this program is maintained by the Department of Health Professions, and strict security and confidentiality measures are enforced.
VaAware Website	The Department of Health Professions established a state website to serve as a central point for information on drug addiction in the Commonwealth.
Governor's Task Force On Prescription Drug And Heroin Abuse	Virginia Governor Terry McAuliffe signed Executive Order 29 on September 26, 2014, establishing the Governor's Task Force on Prescription Drug and Heroin Abuse. The Task Force was created to recommend immediate steps to address a growing and dangerous epidemic of prescription opioid and heroin abuse in Virginia, with the ultimate goal of improving public safety and public health.
REVIVE!	<i>REVIVE!</i> is the Opioid Overdose and Naloxone Education (ONE) program for the Commonwealth of Virginia. REVIVE! provides training to professionals, stakeholders, and others on how to recognize and respond to an opioid overdose emergency with the administration of naloxone (Narcan®).
Medicaid Addiction Recovery and Treatment Services	In development with the Department of Medical Assistance Services
Virginia Department of Behavioral Health & Developmental Services	Substance Abuse Resource for Pregnant and Parenting Women and Their Families
Handle with C.A.R.E. Initiative	Virginia's Handle with C.A.R.E. Initiative (Coordinating Access, Responding Effectively to Maternal Substance Use) is an interagency effort to identify a coordinated, state level response to maternal substance use.

Continuing Medical Education (CME)

CDC Train	CDC TRAIN provides access to over 1300 courses developed by the Centers for Disease Control and Prevention (CDC) programs, grantees, and other funded partners. Courses offered by CDC course providers have been approved and verified by CDC.
The American Medical Association (AMA)	CME Courses & Webinars on Safe Opioid Prescribing: Physicians can earn CME credit for studying many of the AMA's Task Force-approved resources.
American Society of Addiction Medicine (ASAM)	Through the ASAM online provider portal for addiction medicine education, participants are able to: <ul style="list-style-type: none"> • Explore over 300 hours of online CME • Self-pace courses and study resources • 24/7 On-demand and Live webinars • Board Certification and study tools • Mobile compatible
National Institute on Drug Abuse (NIDA)	Developed by NIDA and Medscape Education, with funding from the White House Office of National Drug Control Policy, these CME courses provide

	practical guidance for physicians and other clinicians in screening pain patients for substance use disorder risk factors before prescribing, and in identifying when patients are abusing their medications. The courses use videos that model effective communication about sensitive issues, without losing sight of addressing the pain.
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Patient Education

The following information is available for patients to refer to learn how to store and dispose of unused medication, find parenting tips on preventing drug abuse and advice for caregivers.

Centers for Disease Control and Prevention	Guideline Information for Patients and Available Poster for Medical Practices
Children’s Safety Network (CSN)	Medication Abuse Prevention: 2016 Resource Guide
California Academy of Family Physicians	Safe Use, Storage, and Disposal of Opioid Drugs Printable Patient Tip Sheet
American Academy of Pain Medicine	Eight Opioid Safety Principles for Patients and Caregivers
Get Naloxone Now	An online resource to train people to respond effectively to an opioid-associated overdose emergency.
National Institute on Drug Abuse	Family Checkup: Positive Parenting Prevents Drug Abuse
American Chronic Pain Association	Video: Storing Medications
U.S. Food and Drug Administration	Disposal of Unused Medicines: What You Should Know

Assessment Tools for Providers

PainEDU	<p>PainEDU offers a series of validated tools to measure the risks associated with prescribing opioids for your chronic pain patients.</p> <ul style="list-style-type: none"> • The Screener and Opioid Assessment for Patients with Pain (SOAPP) is a brief paper and pencil tool to facilitate assessment and planning for chronic pain patients being considered for long-term opioid treatment. • The Current Opioid Misuse Measure (COMM) will help clinicians identify whether a patient, currently on long-term opioid therapy, may be exhibiting aberrant behaviors associated with misuse of opioid medications. • PainCAS is a web-based clinical tool for assessing, tracking and documenting pain and opioid risk. It includes electronic versions of the SOAPP and COMM tools that generate clinician reports presenting assessment scores and risk stratification.
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MD Anderson Cancer Center	Brief Pain Inventory and Brief Pain Inventory Short Form
Boston Medical Center	Controlled Substance Patient-Provider Agreement (PPA)
National Institute on Drug Abuse (NIDA)	Sample Patient Agreement Forms
PainEDU	<p>Brief Pain Inventory (long pdf) This measure was created by the University of Texas MD Anderson Cancer center. It is a single page, nine question survey. The tool asks patients to rate their pain and also assesses the patient's ability to complete daily living activities.</p> <p>PainEDU Sample Pain Assessment This sample pain assessment employs commonly used pain scales and questions. Basic assessment is a critical part of total pain management. This sample pain assessment demonstrates the questions that can aid healthcare practitioners in completing a thorough pain assessment.</p> <p>Brief Pain Inventory (short pdf)</p> <p>Neuropathic Pain Scale This measure was created by Drs. Galer and Jensen. It is a ten question survey assessing the patient's experience of their pain. It measures pain qualities such as intensity, sharpness, and sensitivity.</p> <p>FICA Spiritual History Tool© Spiritual or religious practices often facilitate coping with chronic pain. The four-question FICA Spiritual History Tool, developed by Christina Puchalski, MD and her colleagues, helps clinicians discuss spiritual or religious strengths with their patients.</p>