

## West Virginia

PDMP name: WV CSMP  
 Agency Responsible: West Virginia Board of Pharmacy  
 Agency Type: Pharmacy Board  
 PDMP Website: <https://www.csapp.wv.gov>  
 PDMP Email: [support@rxdatatrack.com](mailto:support@rxdatatrack.com) PDMP region: South

### Contact Information

|  |   |
|--|---|
| Goff, Michael - PMP Administrator<br>2310 Kanawha Blvd. East<br>Charleston WV 25311<br>Office: (304) 558-0558<br>Fax:<br>Email: <a href="mailto:michael.l.goff@wv.gov">michael.l.goff@wv.gov</a> | Potters, David E. - Executive Director<br>2310 Kanawha Blvd. East<br>Charleston WV 25311<br>Office: (304) 558-0558<br>Fax:<br>Email: <a href="mailto:david.e.potters@wv.gov">david.e.potters@wv.gov</a> |
|--|---|

### Statistics

|                             |                                   |
|-----------------------------|-----------------------------------|
| Statistics Year: 2015       | DEA Registered Prescribers: 6,625 |
| State population: 1,844,128 | DEA Registered Dispensers: 608    |

### Technological Capabilities

#### ASAP Versions Accepted

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> ASAP 1995   | <input type="checkbox"/> ASAP 4/2007              |
| <input type="checkbox"/> ASAP 1997   | <input type="checkbox"/> ASAP 4-1/2010            |
| <input type="checkbox"/> ASAP 3/2005 | <input checked="" type="checkbox"/> ASAP 4-2/2011 |

#### Data Transmission Methods Allowed

- |  |  |
|--|--|
| <input type="checkbox"/> Electronic data transmissio | <input type="checkbox"/> Mail data transmission  |
| <input type="checkbox"/> Fax data transmission       | <input type="checkbox"/> Media data transmission |
| <input type="checkbox"/> Other                       |  |

#### Required Data Transmitters

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> Pharmacy in-state | <input checked="" type="checkbox"/> Pharmacy out-state/mail order | <input checked="" type="checkbox"/> Pharmacy out-state other | <input checked="" type="checkbox"/> Dispensing doctor |
| <input checked="" type="checkbox"/> Veterinarian      | <input type="checkbox"/> Veterans Administration                  | <input type="checkbox"/> Indian Health Services              |   |
- Other:

#### Data Collection, Storage, Generation and Access

|  |                                    |
|--|------------------------------------|
| Data Collection Entity: Vendor         | Vendor name: Mahantech Corporation |
| Data Storage Entity: Vendor            | Vendor name: Mahantech Corporation |
| Report Generation Entity: Vendor       | Vendor name: Mahantech Corporation |
| Data Access Entity: Vendor             | Vendor name: Mahantech Corporation |
| Data Access Method: Web Portal/On-Line |                                    |

### Data Sharing

- ☒ PMPi Hub      List of states involved in sharing:  
☐ RxCheck Hub      [AZ, CO, CT, IN, KS, KY, MD, MA, MN, NV, NM, NY, ND, OH, SC, TN, VA](#)  
☐ HIE method

### Data Access

- ☐ via Health Information Exchange  
☐ via Electronic Health Record  
☐ via Pharmacy Dispensing System

### Patient Matching

- ☒ Exact Match  
☐ Probabilistic Match  
☐ Probabilistic/Manual Match  
☐ Other Match for queries

## Policies and Procedures

### Controlled Schedules Monitored

- ☒ Schedule II monitored  
☒ Schedule III monitored  
☒ Schedule IV monitored  
☐ Schedule V monitored

### Other Substances Monitored

- ☒ Monitor other authority  
opioid antagonists  
☐ Remove from Monitoring

### Data Collection and Pertinent Dates

Legislation enacted: [July 1995](#)      PDMP operational: [July 1995](#)  
Collection frequency: [1](#)      Require zero-reporting? ☐      Zero-reporting frequency:

### Relevant Statutes and Rules

Law/Rule Website: [http://www.wvbop.com/index.php?option=com\\_content&view=article&id=54&Itemid=84](http://www.wvbop.com/index.php?option=com_content&view=article&id=54&Itemid=84)  
Law/Statute citation: [WV Code §§60A-9-1 to -7; 16-1-4](#)  
Regulation/Rule citation: [WV Code Regs §§15-8-1 to -8; 15-11-2; -4; 64-90-40](#)  
Dr Shopper law/statute:  
Pill Mill law/statute:  
Pain Clinic law/statute:  
Disclosure law/statute: [WV Code §60A-9-7](#)

### Data Retention

Data Retention Time:

- ☐ Data Retention Policy    ☐ Prescriber Information Purged    ☐ Patient Information Purged    ☐ Retain De-Identified Data  
☐ All Information Purged    ☐ Dispenser Information Purged    ☐ Drug Information Purged

### Select Data Fields Available

- ☒ Payment method captured  
☒ Patient Identification captured  
☐ Person dropping off captured  
☒ Person picking up captured  
☐ Ability to id prescriber specialty

### Miscellaneous Capabilities and Policies

- ☒ Authority to release de-identified data  
☒ Ability to de-identified data  
☒ Authority to release for epidemiological or educational purposes  
☒ Engaged in release for epidemiological or educational purposes  
☒ Required Notification to consumers  
☒ Mandated Use of Advisory Group  
☐ Patient Access to Query List  
☒ Collection of naloxone prescriptions

### PDMP Required Enrollment and Patient Query

- ☒ Required Enrollment - Prescriber      ☒ Required Enrollment - Dispenser

all practitioners who prescribe or dispense Schedule II – IV controlled substances must register with the PMP and obtain and maintain online access to the PMP; all practitioners must register within 30 days of obtaining a new license and prohibits a licensing board from renewing a practitioner’s license without proof of the practitioner’s registration.

- ☒ Required Patient Query - Prescriber      ☐ Required Patient Query - Dispenser

Upon initially prescribing or dispensing any pain-relieving controlled substance for a patient and at least annually thereafter should the prescriber or dispenser continue to treat the patient with controlled substances.....for whom they are providing pain-relieving controlled substances as part of a course of treatment for chronic, nonmalignant pain but who are not suffering from a terminal illness. Prior to dispensing or prescribing medication-assisted treatment medications, the treating physician must access the PMP to ensure the patient is not seeking medication-assisted treatment medications that are controlled substances from multiple sources and shall review the PMP no less than quarterly and at each patient’s physical examination

### PDMP Requestor Training

Training Website:

#### Available Training

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Prescriber       | <input type="checkbox"/> Attorney General |
| <input checked="" type="checkbox"/> Dispenser        | <input type="checkbox"/> Patient          |
| <input checked="" type="checkbox"/> Law Enforcement  | <input type="checkbox"/> Research         |
| <input checked="" type="checkbox"/> Regulatory Board |   |

#### Training Required Before PDMP Use

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input checked="" type="checkbox"/> Dispenser  | <input type="checkbox"/> Patient          |
| <input type="checkbox"/> Law Enforcement       | <input type="checkbox"/> Researcher       |
| <input type="checkbox"/> Regulatory Board      | <input type="checkbox"/> Other            |

### Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal? ☐

Prescriber: To register, practitioners must have a current DEA license as well as a current practicing license and must be prescribing medication for a WV resident.

Dispenser: DEA registration and practitioner license

### PDMP Available Reports

#### Available Reports to Selected Requestors

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input checked="" type="checkbox"/> Licensing Board Access to Patient History    |
| <input checked="" type="checkbox"/> Prescriber Access to Own History     | <input checked="" type="checkbox"/> Licensing Board Access to Licensee History   |
| <input checked="" type="checkbox"/> Dispenser Access to Patient History  | <input checked="" type="checkbox"/> Law Enforcement Access to Patient History    |
| <input type="checkbox"/> Dispenser Access to Own History                 | <input checked="" type="checkbox"/> Law Enforcement Access to Prescriber History |
|  | <input checked="" type="checkbox"/> Law Enforcement Access to Dispenser History  |

## Requestors and Reports Authorized to Generate

| <u>Requestor Type</u>                | <u>Solicited Reports</u>            |                                     | <u>Unsolicited Reports</u>          |                                     |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                      | <u>In-State</u>                     | <u>Out-of-State</u>                 | <u>In-State</u>                     | <u>Out-of-State</u>                 |
| Prescriber                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dispenser/Business (i.e., pharmacy)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Dispenser/Person (i.e., pharmacist)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Midlevel - Physician Assistant       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Midlevel - Nurse Practitioner        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Prescriber Delegate (licensed)       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dispenser Delegate (licensed)        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Prescriber Delegate (unlicensed)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Dispenser Delegate (unlicensed)      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Patient                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Law Enforcement - Federal            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Law Enforcement - State              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Law Enforcement - Local              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Prosecutorial Authority              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Correctional Supervision             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Medical Examiner/Coroner             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Drug Court                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Licensing/Regulatory Board           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| State Health Department              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Medicaid Fraud and Abuse             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Medicaid Drug Utilization and Review | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Medicare                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Workers Compensation - State         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Workers Compensation - Insurance     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Peer Review Committee                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Drug Treatment Provider              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Third-party Payer                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Researchers                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other PDMP                           |                                     | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            |
|                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

## Requestors and Reports Being Generated

| <u>Requestor Type</u>                | <u>Solicited Reports</u>            |                                     | <u>Unsolicited Reports</u>          |                                     |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                      | <u>In-State</u>                     | <u>Out-of-State</u>                 | <u>In-State</u>                     | <u>Out-of-State</u>                 |
| Prescriber                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dispenser/Business (i.e., pharmacy)  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Dispenser/Person (i.e., pharmacist)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Midlevel - Physician Assistant       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
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| Prescriber Delegate (licensed)       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Dispenser Delegate (licensed)        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Prescriber Delegate (unlicensed)     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Dispenser Delegate (unlicensed)      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Patient                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Law Enforcement - Federal            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Law Enforcement - State              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Law Enforcement - Local              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Prosecutorial Authority              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Correctional Supervision             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Medical Examiner/Coroner             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Drug Court                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Licensing/Regulatory Board           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| State Health Department              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Medicaid Fraud and Abuse             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Medicaid Drug Utilization and Review | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Medicare                             | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Workers Compensation - State         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Workers Compensation - Insurance     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Peer Review Committee                | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Drug Treatment Provider              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Third-party Payer                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Researchers                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other PDMP                           |                                     | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            |
|                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |