

WV BOARD OF PHARMACY

MICHAEL GOFF

EXECUTIVE DIRECTOR

NON-FATAL OVERDOSES

ALL MEDICAL INCIDENTS FROM EMS & ER'S ARE REPORTED CENTRALLY TO STATE HEALTH OFFICE

OD INCIDENTS ARE FILTERED AND SENT TO STAFF EPI'S

NON-FATAL OVERDOSES

DETAILS OF INCIDENT AND PATIENT ID ARE STANDARDIZED **INFORMATION IS TRANSFERRED TO** CSMP VENDOR TO BE PLACED IN PRODUCTION INCIDENT DISPLAYED IF PATIENT **PROFILE IS REQUESTED**

AN BOARD OF		Wes	t Virg	inia Controlle	d Substance Fu	III Name Report	Report Date	6/5/2018		
	From	6/5/2016	То	6/4/2018	Date of Birth	06/06/1966		Prescription Count	6	
	Last Name	Doe			First Name	John	Middle Name			

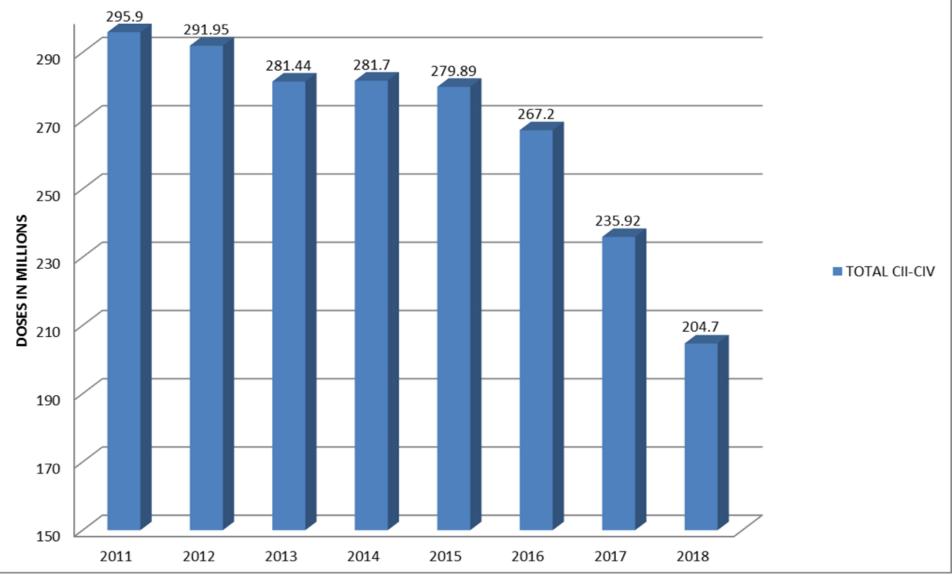
	Patients included in report that appear to match the search criteria.						
	Last Name	First Name	Middle Name	Gender	Address		
D	DE	JOHN		М	123 4th Street, Charleston, WV 25301		

	Suspe	cted Overdose	in the Past 1	2 Months -	As reported	by West \	/irginia medica	l service p	roviders (EMS	, ER, et	tc.)		
		Medical Service	Provider Locatio	n					Date of In	ciden	t			
		Kanawha County	& ZIP Code: 25	301					December 2	25, 20	17			
"If data appear	rs in the text box ir	mmediately above,	information has		regarding an ov e report to <u>supp</u>		ent which may or m <u>rack.com</u> "	ay not relate	to this patie	ent. Ple	ease che	ck furth	er. If it is i	inaccurate,
Prescriber Name	Prescriber DEA & Zip	Dispenser Name	Dispenser DEA & Zip	Rx Written Date	Rx Dispense Date & Date Sold	Rx Number	Product Name	MEDD Status	Strength	Qty	Days	# of Refill	Sched	Payment Type
Edwards, Jas	on,													
Jones, James L.	MJ1234567 50010	Joe's Pharmacy Ic	AJ9876543 21502	04/17/2017	4/17/2017 4/17/2017	71123	Methylphenidate	INACTIVE	10 MG	90	30	0/0	CII	Insurance
Jones, James L.	MJ1234567 50010	Joe's Pharmacy Ic	AJ9876543 21502	04/17/2017	4/17/2017 4/17/2017	62234	Alprazolam	INACTIVE	1 MG	60	30	0/0	CIV	Insurance
Jones, James L.	MJ1234567 50010	Joe's Pharmacy Ic	AJ9876543 21502	03/17/2017	3/17/2017 3/17/2017	53456	Alprazolam	INACTIVE	1 MG	60	30	0/0	CIV	Insurance
Jones, James L.	MJ1234567 50010	Joe's Pharmacy Ic	AJ9876543 21502	03/17/2017	3/17/2017 3/17/2017	4567	Methylphenidate	INACTIVE	10 MG	90	30	0/0	CII	Insurance
Jones, James L.	MJ1234567 50010	Joe's Pharmacy iaavenue	AJ9876543 21502	02/14/2017	2/17/2017	35678	Methylphenidate Hcl	INACTIVE	10 MG	60	30	0/0	CII	Medicare
Jones, James L.	MJ1234567 50010	Joe's Pharmacy iaavenue	AJ9876543 21502	02/14/2017	2/14/2017	26789	Alprazolam	INACTIVE	1 MG	60	30	0/0	CIV	Medicare

NON-FATAL OVERDOSES

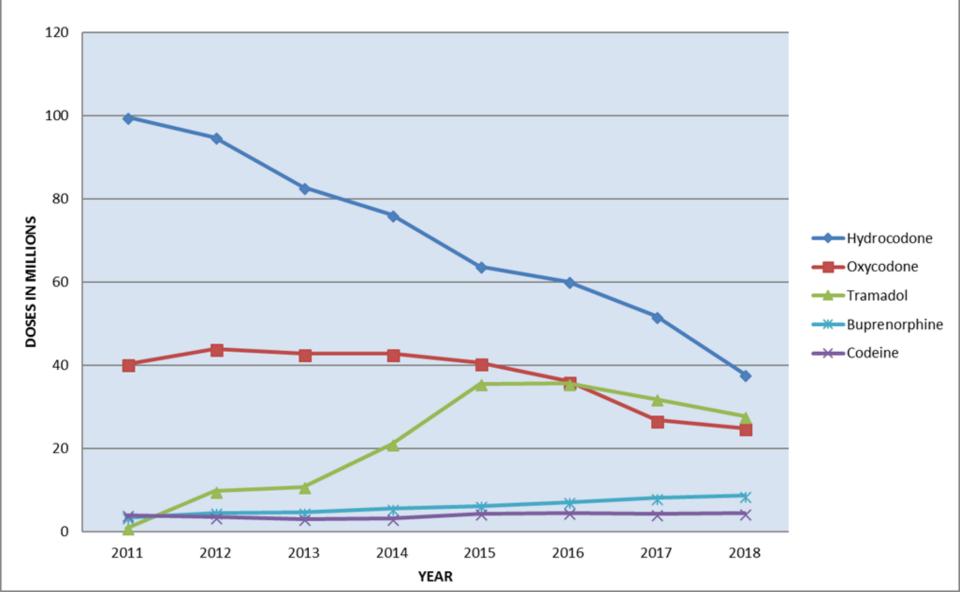
MESSAGES SENT TO PRESCRIBER IF AN OD VICTIM HAD DISPENSING WITHIN PRIOR 60 DAYS

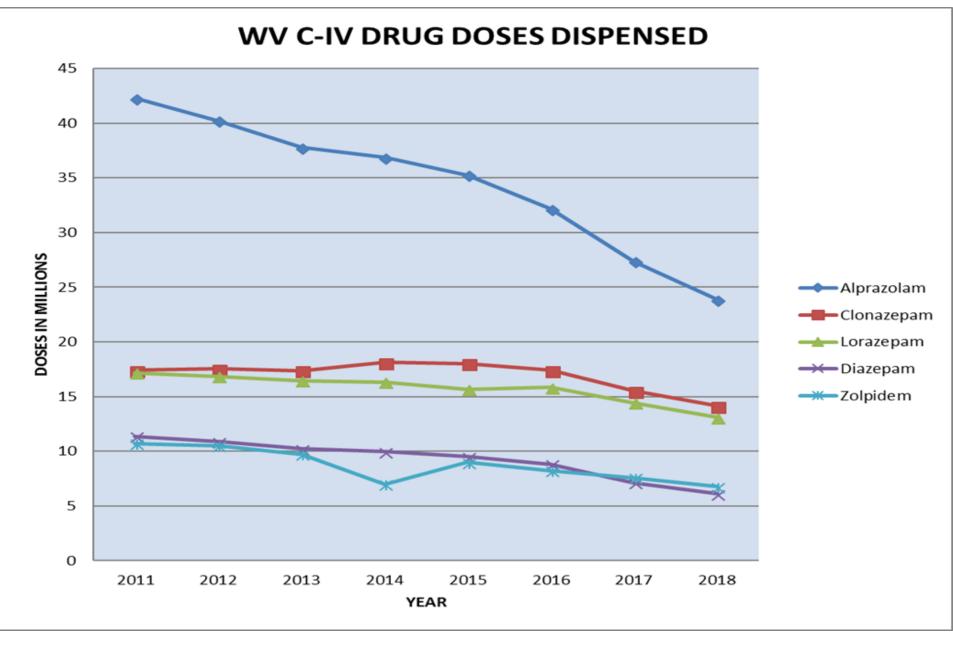
WV TOTAL CONTROLLED SUBSTANCE DOSES DISPENSED



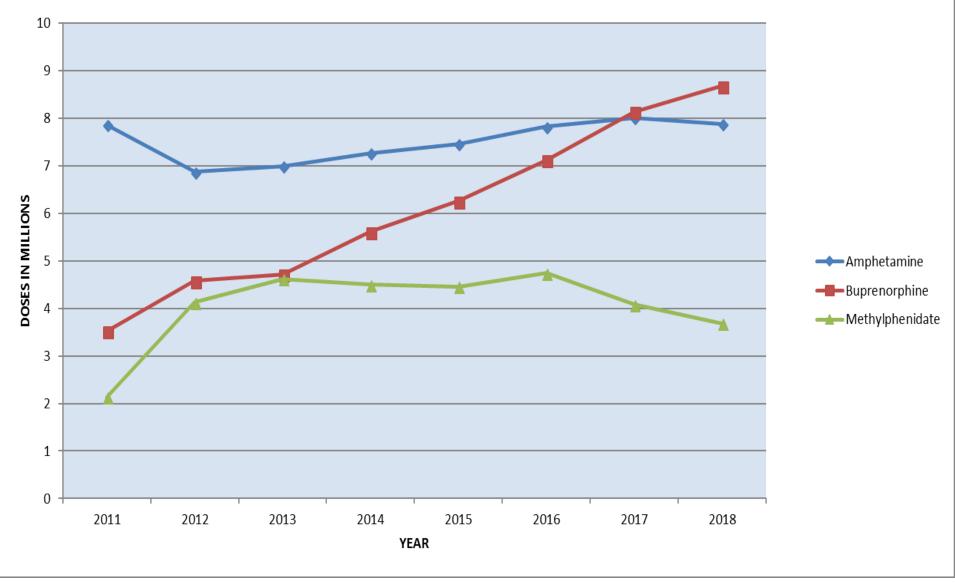
WVBOP CSMP

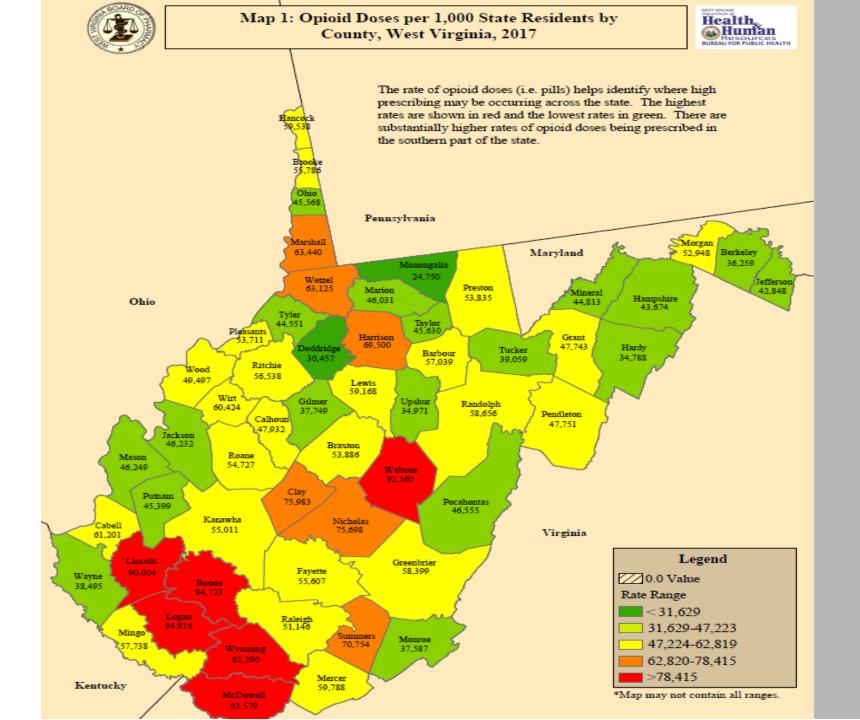
WV OPIOID DRUG DOSES DISPENSED

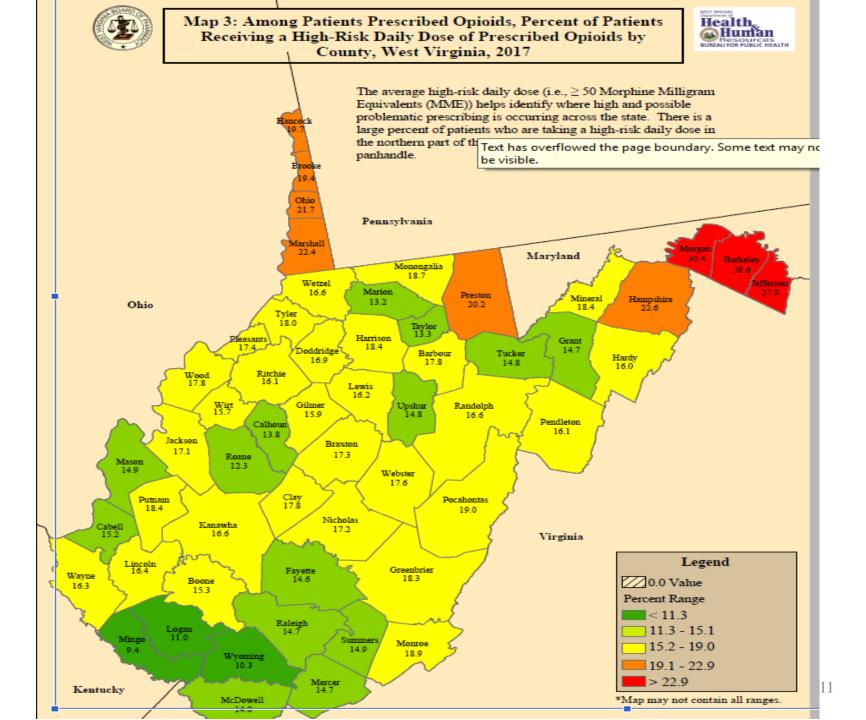


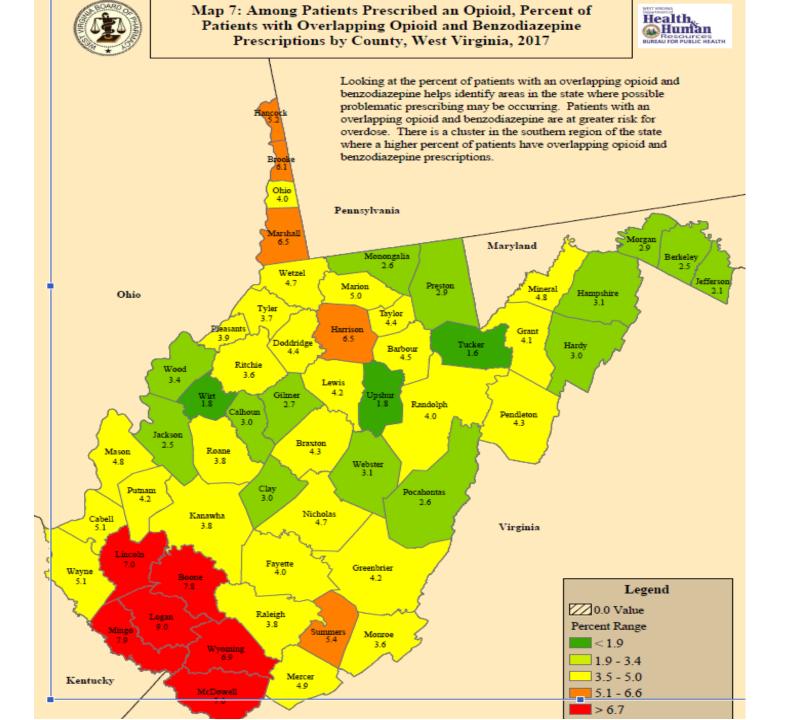


WV MISC. DRUG DOSE DISPENSINGS









PEER REVIEW

 DOCTOR REPORT CARDS
WORKING ON DISPENSER REPORT CARDS
ALSO IDENTIFY ABNORMAL PRESCRIBERS



West Virginia Controlled Substance Quarterly Peer Report Card								
From	10/1/2018 To 12/31/2018							
Prescriber DEA	ZZ0000000		Report Date	2/6/2019				
Prescriber Name	Prescriber Name Doctor Who							
Prescriber Specialty Family Medicine/General Practice								
Address Charleston, WV								
lumber of Prescriptions								

Schedule Type	Prescription Count	Average for Specialty			
CI	877	44			
CIV	825	75			
CIII	36	16			
R	1	0			

Top Drugs Prescribed						
Product Name	Count					
Hydrocodone Bitartrate And Acetaminophen	574					
LORAZEPAM	378					
Alprazolam	350					
Morphine Sulfate	190					
TRAMADOL HCL	170					

Top Drugs Average Prescribed by Specialty					
Product Name	Average Count				
GABAPENTIN	28				
Hydrocodone Bitartrate And Acetaminophen	19				
Alprazolam	16				
TRAMADOL HCL	11				
Zolpidem Tartrate	10				

This report is provided to dispensers by the WV Board of Pharmacy as a tool to complement dispensing and patient services. It represents the number of prescriptions dispensed under your DEA license on a quarterly basis based upon DEA schedule II, III, IV and V, opioid antagonists, as well as non-scheduled drugs that have been designated as Drugs of Concern by the State of West Virginia. This report is generated solely for your personal use and is not provided to, nor utilized by, any other person or entity. It is solely informational in scope and should not be construed as anything other than an additional tool to assist you in the dispensing process.

Dispenser Name	DEA Number	Address
ACME PHARMACY	BA1234567	112 US ROUTE 70 BIRMINGHAM WV 25700

TOTAL NUMBER OF PRESCRIPTIONS REPORTED TO CSAPP IS SHOWN FOR YEAR QUARTER INDICATED TOGETHER WITH OPIOID AND SUBOXONE DISPENSED AS PART OF THIS TOTAL PLUS PEER NUMBERS FOR COMPARISON.

Nun	otal nber of All rriptions	Total Opioid Prescription Count	Opioid Prescription % Of Your Total	Opioid Prescription Average % For All Dispensers*	Total Suboxone Prescription Count
1	991	469	23.56	33.81	498

*who report to the state of West Virginia

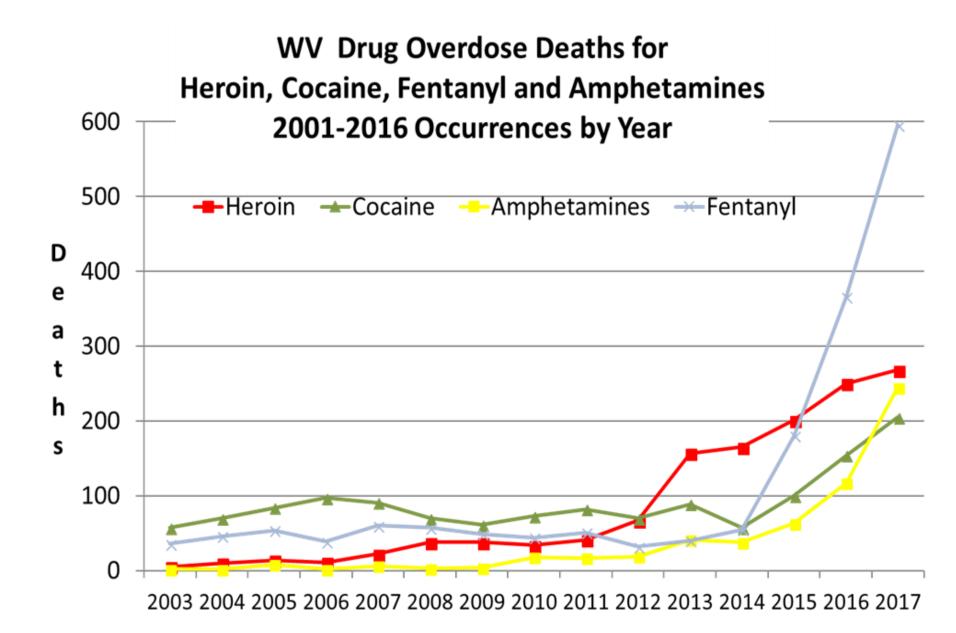
PERCENTAGES FOR TYPES OF PAYMENT METHODS USED FOR OPIOID PRESCRIPTIONS

Payment Type	Opioid Prescription Count	Payment Percentage	Average Payment %
Medicaid	252	53.73	50.33
Insurance	110	10.03	25.43
Medicare	59	12.58	13.42
Private Pay (Cash)	47	23.45	10.02
Workers Comp	1 WVBOP	CSMP 0.21	0.80

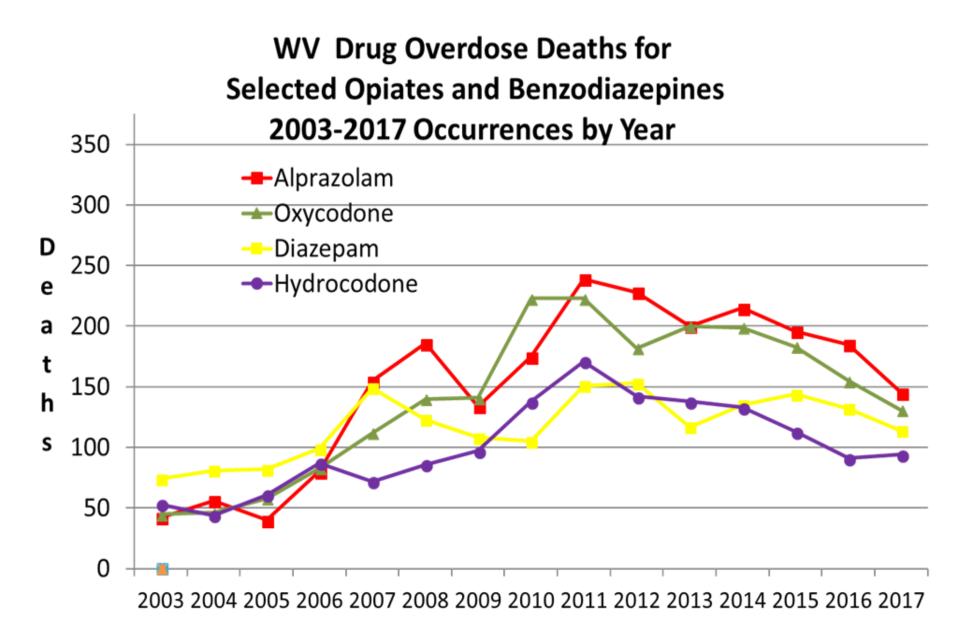
DATABASE REVIEW COMMITTEE

REVIEWS OUTLIERS IDENTIFIED BY ADV. COMMITTEE PARAMETERS **REVIEWS OD DEATH REPORTS** SUBMITTED BY MEDICAL EXAMINER MAKES NOTIFICATIONS CONCERNING PATIENTS, PRESCRIBERS OR DISPENSERS

REVIEWED 1,000'S OF **OVERDOSE DEATHS** SEND NOTICES TO PRACTITIONERS RELATED TO THE DEATHS OF THEIR PATIENTS REFERRALS TO LICENSING **BOARDS AND LE**



WVBOP CSMP



QUESTIONS?

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