**Education:** critical for the public and for healthcare providers to increase awareness about the dangers of prescription drug abuse, and about ways to appropriately dispense, store, and dispose of controlled substance medications.

**Tracking and Monitoring:** the enhancement and increased utilization of prescription drug monitoring programs will help to identify “doctor shoppers” and detect therapeutic duplication and drug-drug interactions.

**Proper Medication Disposal:** the development of consumer-friendly and environmentally-responsible prescription drug disposal programs may help to limit the diversion of drugs.

**Enforcement:** provide law enforcement agencies with support and the tools they need to expand their efforts to shut down “pill mills” and to stop “doctor shoppers” who contribute to prescription drug trafficking.

*Epidemic: Responding to America’s Prescription Drug Abuse Problem. Office of National Drug Control Policy, 2011, Pages 2-8*
CDC Prevention Strategies

Prescription Monitoring...
   to stop users of multiple providers for the same drug. Insurers can contribute substantively.

Improve legislation and enforcement of existing laws...
i.e., anti-doctor shopping and pill mill

Improve medical practice in prescribing opioids...
to update prescribers on under-appreciated risks of high-dosage therapy and provide evidence-based guidelines

Centers for Disease Control and Prevention, CDC Grand Rounds:
1939  The California Triplicate Prescription Program (TPP) was created in 1939, capturing Schedule II prescription information.

1997  CURES was initiated, operating in parallel with the TPP’s Automated Triplicate Prescription System (ATPS) to evaluate the comparative efficiencies between the two systems.

1999  CURES replaced the TPP/ATPS and began capturing Schedules II through IV prescription information.

2005  TPP/ATPS decommissioned after Senate Bill (SB) 151 eliminated the triplicate prescription requirement for Schedule II controlled substances, making CURES permanent.

2009  PDMP introduced as a searchable, client-facing component of CURES.

2015  **CURES 2.0**
CURES stores and reports Schedule II, III and IV prescription dispensation data reported by dispensers to DOJ.

Pharmacies and Direct Dispensers are required to report dispensations of Schedules II through IV controlled substances at least weekly.

CURES receives about one million prescription reports per week.
CURES data reflects dispensing information exactly as it is reported to DOJ.

The pharmacy or direct dispenser creates and owns the prescription record submitted to DOJ. DOJ is a custodian (and not editor) of these aggregated prescription records.

DOJ does not validate the accuracy or truthfulness of the data.

DOJ does not add, modify, or delete prescription data reported to CURES.
CURES/PDMP Program

Provides registered prescribers and dispensers with a Patient Activity Report (PAR) up to one year patient prescription history to assist health practitioners prescribe safely and to identify patients at risk of addiction.

All California licensed pharmacists and all California licensed prescribers who are authorized to prescribe scheduled drugs are required to register with CURES by January 1, 2016.

Use of the PDMP by prescribers and dispensers is not a statutory requirement.
Relevant Provisions of Law

Health Insurance Portability and Accountability Act (HIPAA) & Attendant Regulations
42 U.S.C. §§ 1320d to 1320d-8, and 45 CFR 164, et seq.

California Confidentiality of Medical Information Act
CA Civil Code §§ 56 to 56.16

California Information Practices Act
CA Civil Code § 1798, et seq.

CURES Legislation
CA Health and Safety Code § 11165, et seq.
Health and Safety Code section § 11165. (a)

To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall . . . maintain the Controlled Substance Utilization Review and Evaluation System (CURES) . . .
Prescriber and Dispenser User Restrictions

Health and Safety Code § 11165.1. (a) (1) (A) (i) & (ii)

(i) ... The department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care...

(ii) ... The department shall release to that pharmacist the electronic history of controlled substances dispensed to an individual under his or her care...
§ 11165.1. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before July 1, 2016 . . . submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient...

(ii) A pharmacist shall, before July 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient ...
CURES 2.0 provides a vastly improved user interface featuring intuitive navigation and ease of use. Fast, robust performance is presented to the large registered user base mandated by Health and Safety Code section 11165.1.
### User Profile

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- **Edit**

- **Address**

- **DEA**

- **Email Address**

- **Delegations**
CURES 2.0 User Features

Delegation Authority
Prescribers and dispensers can easily assign delegates who can initiate CURES 2.0 patient inquiries on their behalf.

Compact Flagging
Prescribers can easily notate their patients with treatment exclusivity compacts, forewarning other providers that additional prescribing to these patients can be potentially counter-productive to their existing treatment regimen.
CURES 2.0 User Features

Peer-to-Peer Communication
Prescribers and dispensers can instigate alert messages to fellow doctors and pharmacists about mutual patients of concern.

Patient Safety Alerts/Messaging
Prescribers are alerted daily with information regarding their patients who reach various prescribing thresholds.
Patient Safety Alerts

1. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who are Currently Prescribed More than 100 Morphine Milligram Equivalency Per Day

2. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Have Obtained Prescriptions from 6 or More Prescribers or 6 or More Pharmacies During Last 12 Months

3. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Are Currently Prescribed More than 40 Milligrams Methadone Daily
Patient Safety Alerts

4. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Are Currently Prescribed Opioids More Than 90 Consecutive Days

5. For Each Individual Prescriber, a List of That Prescriber's Rx Recipients Who Are Currently Prescribed Both Benzodiazepines and Opioids
De-Duplicated / De-Identified Data

CURES 2.0 systematically de-duplicates and de-identifies county and statewide data sets for County Health Officers and researchers.

Quarterly and annual de-identified data sets are produced for County Health Officers.

This data enables counties to calculate current rates of prescriptions, examine variations within the state, and track the impact of safe prescribing initiatives.
https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml

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