

*California Department of Justice*

# CURES 2.0

*Prescription Drug Monitoring Program*

*September, 2015*

CURES 2.0  
X

2,390 Pearl Harbor Deaths

2,973 9/11 Deaths

[http://www.cbsnews.com/2100-224\\_162-2035427.html](http://www.cbsnews.com/2100-224_162-2035427.html)

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X

22,767 CY 2013

Prescription Painkiller Overdose Deaths



Every day in the United States, 44 people die as a result of prescription opioid overdose.

*Centers for Disease Control and Prevention. National Vital Statistics System mortality data. (2015)*

*<http://www.cdc.gov/drugoverdose/data/overdose.html>*

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Drug overdose was the leading cause of injury death in 2013. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes.\*

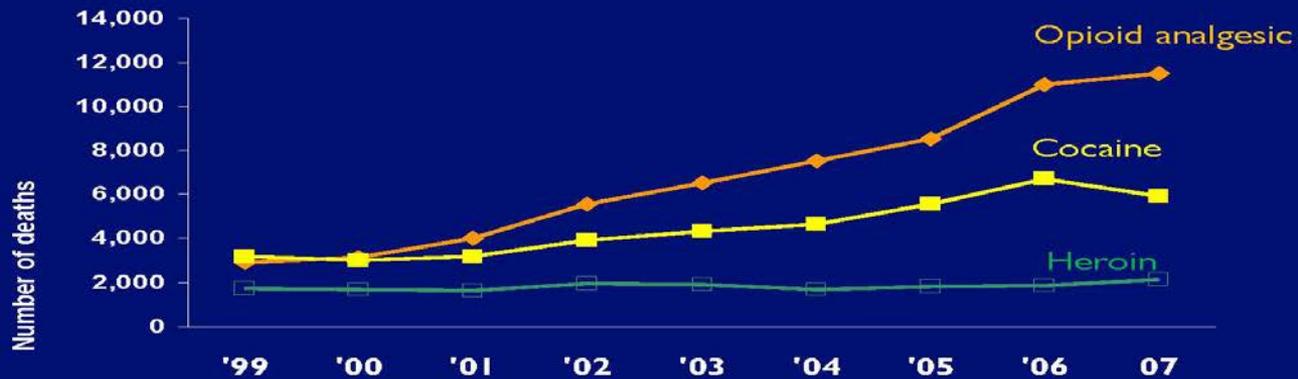
There were 43,982 drug overdose deaths in the United States in 2013. Of these, 22,767 (51.8%) were related to prescription drugs.\*\*

*\* Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2014)*

*\*\* Centers for Disease Control and Prevention. National Vital Statistics System mortality data. (2015)*

<http://www.cdc.gov/drugoverdose/data/overdose.html>

## Unintentional overdose deaths involving opioid analgesics now exceed the sum of deaths involving heroin or cocaine

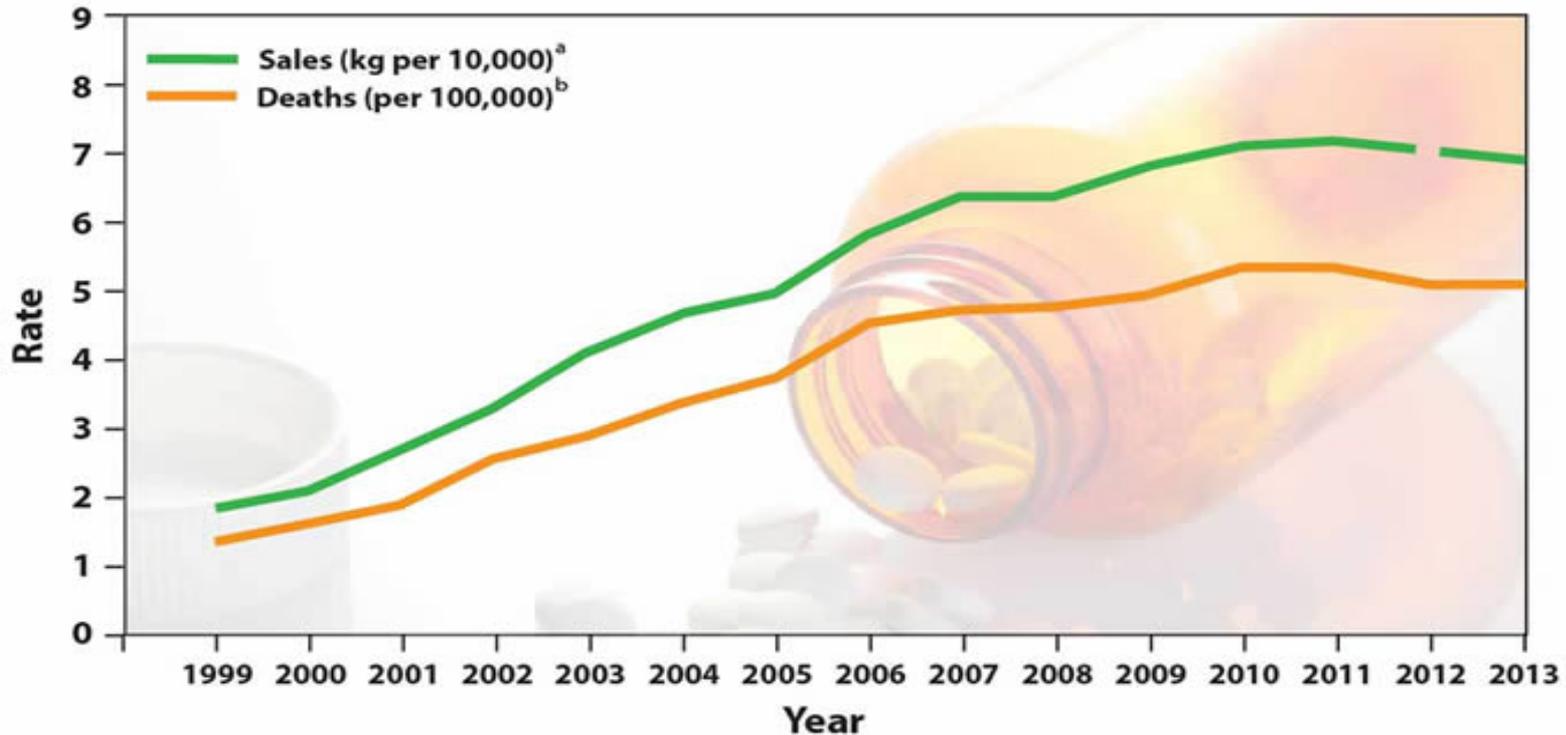


Source: National Vital Statistics system, multiple cause of death dataset

9

*The Prescription Drug Overdose Epidemic and the Role of PDMPs in Stopping It, Len Paulozzi, MD, MPH, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention*

## Prescription Painkiller Sales and Deaths



Sources:

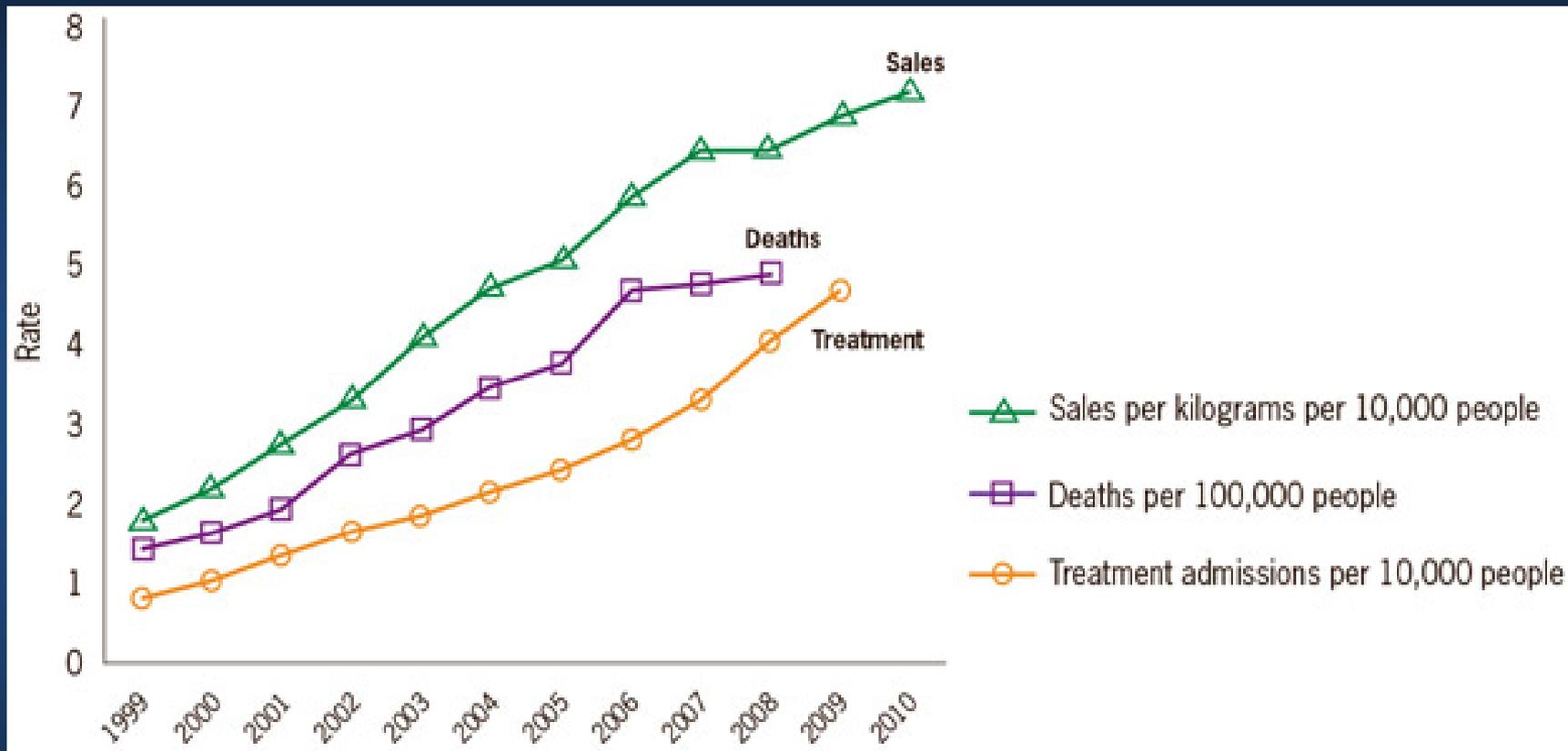
<sup>a</sup>Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2012 data not available.

<sup>b</sup>Centers for Disease Control and Prevention. National Vital Statistics System mortality data. (2015) Available from URL:

<http://www.cdc.gov/nchs/deaths.htm>.

<http://www.cdc.gov/drugoverdose/data/index.html>

## Rates of Prescription Painkiller Sales, Deaths and Substance Abuse Treatment Admissions (1999-2010)

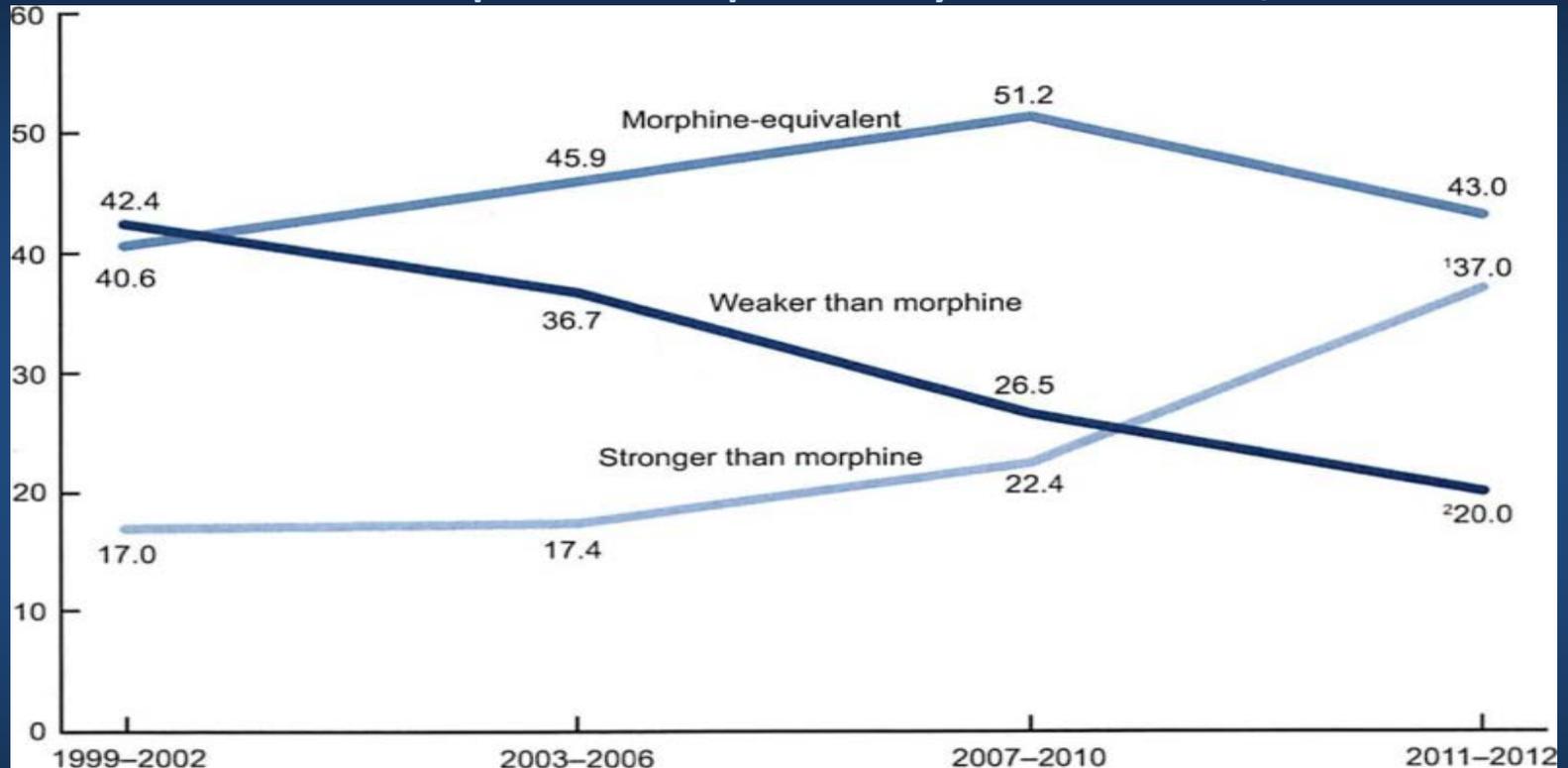


SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009

<http://www.cdc.gov/vitalsigns/PainkillerOverdoses/index.html>

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## Trends in the use of different strength opioid analgesics among adults aged 20 and over who used opioids in the past 30 days: United States, 1999-2012



<sup>1</sup>Significant linear trend for use of stronger-than-morphine opioid analgesics

<sup>2</sup>Significant linear trend for use of weaker-than-morphine opioid analgesics

*Prescription Opioid Analgesic Use Among Adults: United States, 1999-2012, Steven M. Frank, Ph.D.; Kathryn S. Porter, M.D., M.S.; and Leonard J. Paulozzi, M.D., M.P.H., NCHS Data Brief, No. 189, February 2015, Page 2, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics*

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GAO

United States General Accounting Office  
Report to Congressional Requesters

PRESCRIPTION  
DRUGS

OxyContin Abuse and  
Diversion and Efforts to  
Address the Problem

December 2003

GAO-04-110

“Purdue conducted an extensive campaign to market and promote OxyContin using an expanded sales force to encourage physicians, including primary care specialists, to prescribe OxyContin not only for cancer pain but also as an initial opioid treatment for moderate-to-severe noncancer pain.”

# CURES 2.0

GAO

United States General Accounting Office  
Report to Congressional Requesters

## PRESCRIPTION DRUGS

### OxyContin Abuse and Diversion and Efforts to Address the Problem

December 2003

GAO-04-110

“OxyContin prescriptions, particularly those for noncancer pain, grew rapidly, and by 2003 nearly half of all OxyContin prescribers were primary care physicians. The Drug Enforcement Administration (DEA) has expressed concern that Purdue’s aggressive marketing of OxyContin focused on promoting the drug to treat a wide range of conditions to physicians who may not have been adequately trained in pain management.”

**Table 2: Total OxyContin Sales and Prescriptions for 1996 through 2002 with Percentage Increases from Year to Year**

Year	Sales	Percentage increase	Number of prescriptions	Percentage increase
1996	\$44,790,000	N/A	316,786	N/A
1997	125,464,000	180	924,375	192
1998	286,486,000	128	1,910,944	107
1999	555,239,000	94	3,504,827	83
2000	981,643,000	77	5,932,981	69
2001	1,354,717,000	38	7,183,327	21
2002	1,536,816,000	13	7,234,204	7

**GAO** United States General Accounting Office  
Report to Congressional Requesters

## PRESCRIPTION DRUGS

### OxyContin Abuse and Diversion and Efforts to Address the Problem

December 2003

GAO-04-110

Page 51

# CURES 2.0

Most prescription painkillers are prescribed by primary care and internal medicine doctors and dentists, not specialists.

Roughly 20% of prescribers prescribe 80% of all prescription painkillers.

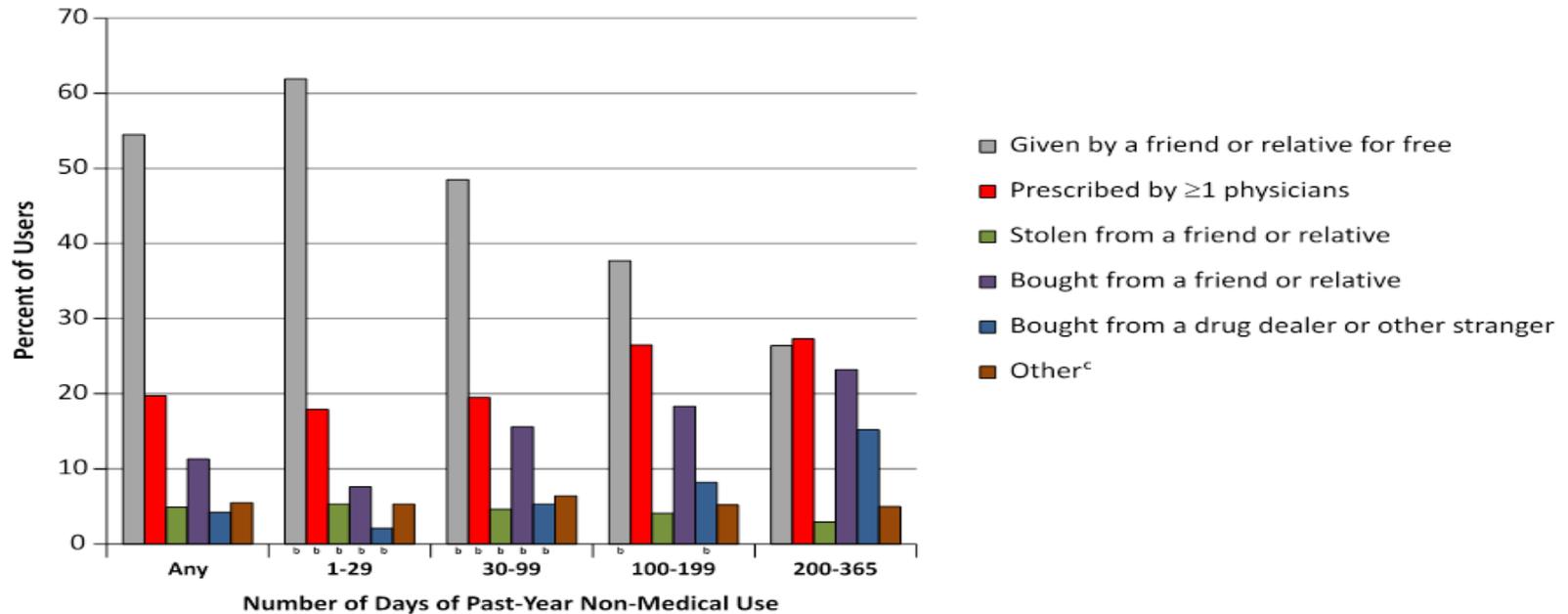
*Policy Impact: Prescription Painkiller Overdoses, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Page 7, November 2011*

# CURES 2.0

A Los Angeles County Department of Public Health article, dated April 1, 2014, stated 24.5% of LA County's prescribers prescribed 90.9% of all opioids in that county.

*Rx for Prevention – Controlled Substance Utilization Review and Evaluation System, A Tool for Judicious Prescribing; Page 2, Volume 4, Number 4; April 1, 2014; Los Angeles County Department of Public Health; Tina Kim, PhD, Mike Small, Catherine Hwang, Shantel Muldrew, MPH*

## Sources of Prescription Painkillers Among Past-Year Non-Medical Users<sup>a</sup>



<sup>a</sup> Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.<sup>5</sup>

<sup>b</sup> Estimate is statistically significantly different from that for highest-frequency users (200-365 days) ( $P < .05$ ).

<sup>c</sup> Includes written fake prescriptions and those opioids stolen from a physician's office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.

SOURCE: Jones C, Paulozzi L, Mack K. Sources of prescription opioid pain relievers by frequency of past-year nonmedical use: United States, 2008–2011. *JAMA Int Med* 2014; 174(5):802-803.

# CURES 2.0 Office of National Drug Control Policy

**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*

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## 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...

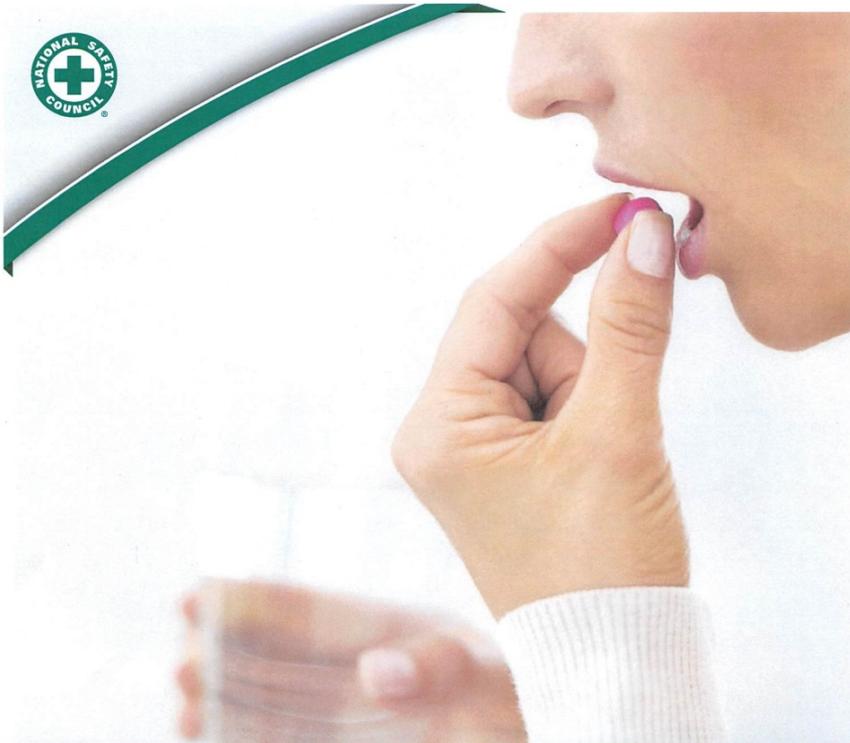
i.e., anti-doctor shopping and pill mill

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:  
Prescription Drug Overdoses – a U.S. Epidemic, January 13, 2012*

# CURES 2.0



Evidence for the efficacy  
of pain medications

**BY: DR. DONALD TEATER, M.D.**  
Medical Advisor, National Safety Council

making our world safer®

“The opioid medications are often referred to as “powerful painkillers.” In fact, the evidence shows that they are mild to moderate painkillers and less effective than over-the-counter ibuprofen. They have, however, powerful side effects that harm hundreds of thousands of individuals every year in the U.S.”

*Evidence for the Efficacy of Pain Medications, Donald Teater, M.D., Medical Advisor, National Safety Council, October 2014, Page 8*

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# CURES 2.0



## The Psychological and Physical Side Effects of Pain Medications

**BY: DONALD TEATER, M.D.**  
Medical Advisor, National Safety Council

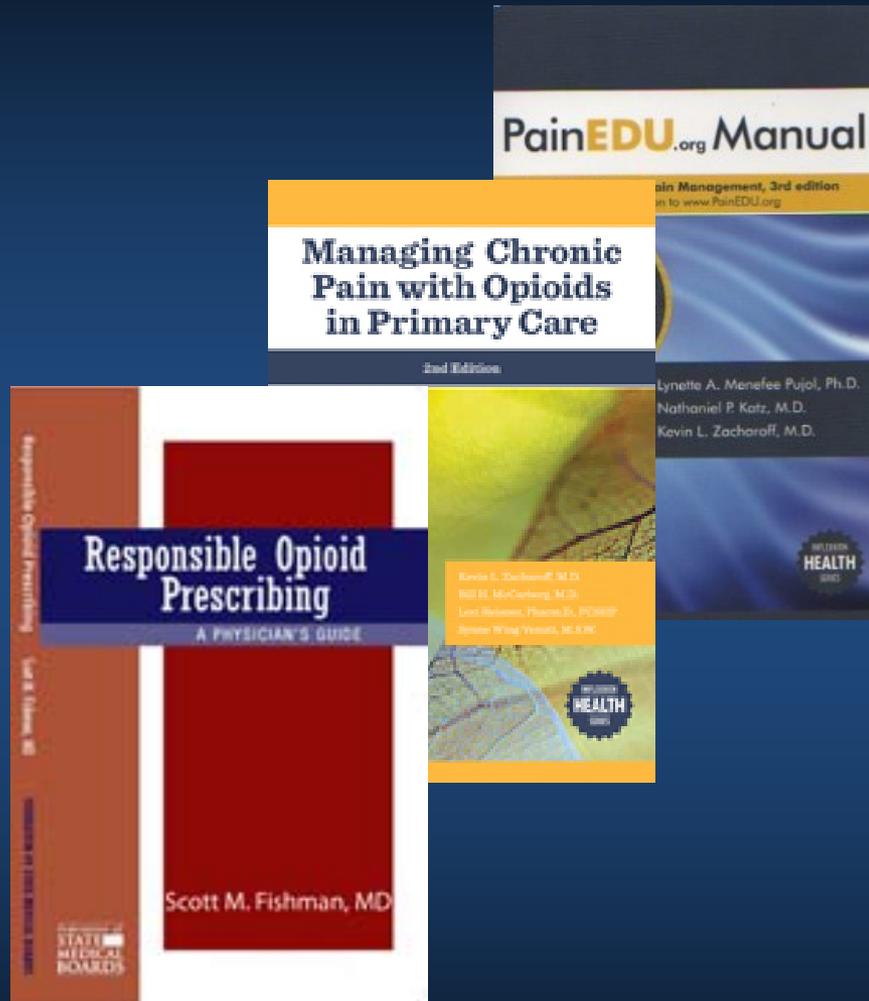
making our world safer®

“We need to change the paradigm of how we treat pain in this country. In the process, we will reduce the suffering from pain, save money, and save lives.”

*The Psychological and Physical Side Effects of Pain Medications, Donald Teater, M.D., Medical Advisor, National Safety Council, March 2015, Page 9*

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CA Department of Justice

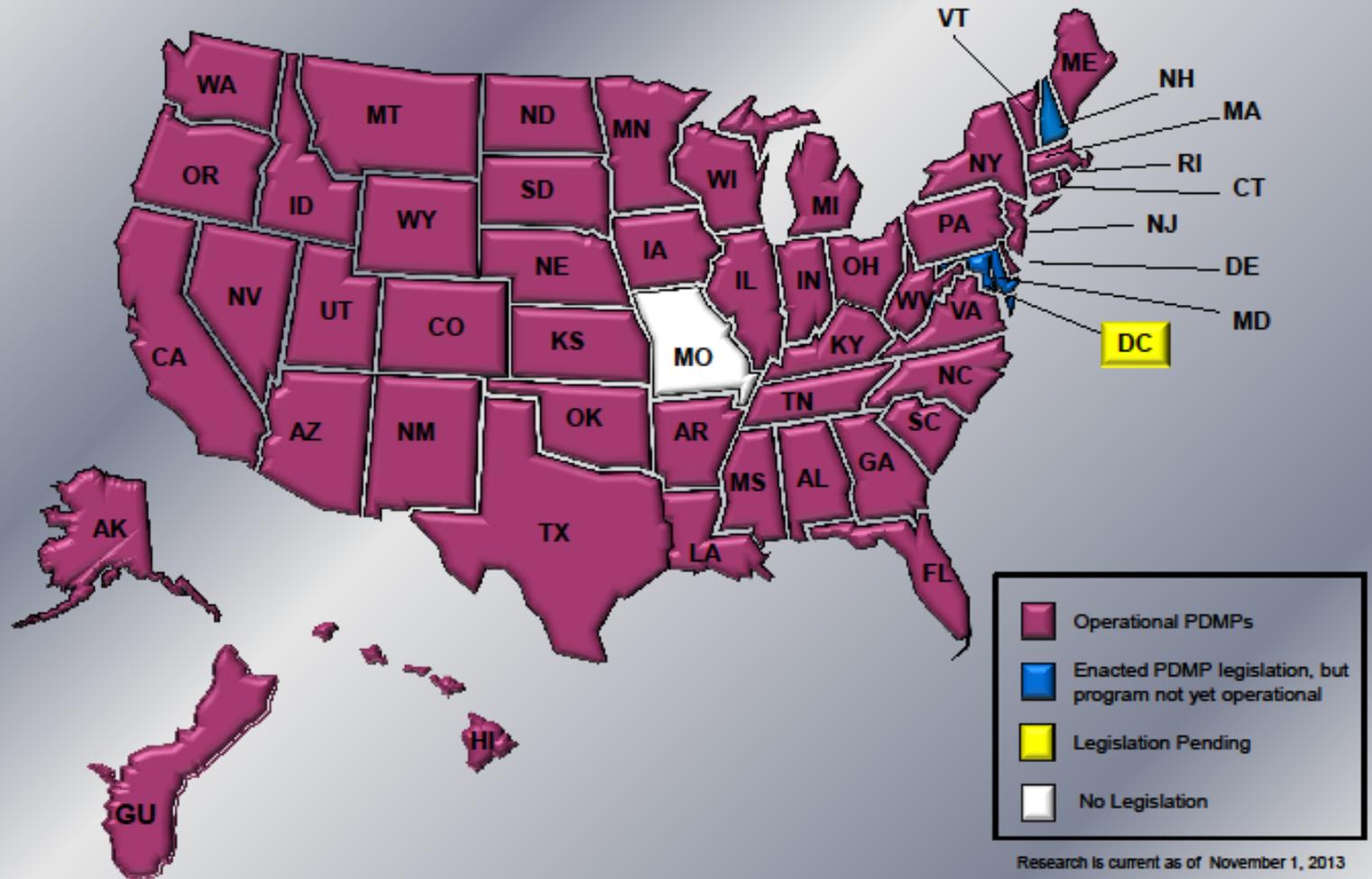
# CURES 2.0



## PDMP Training & Technical Assistance Center

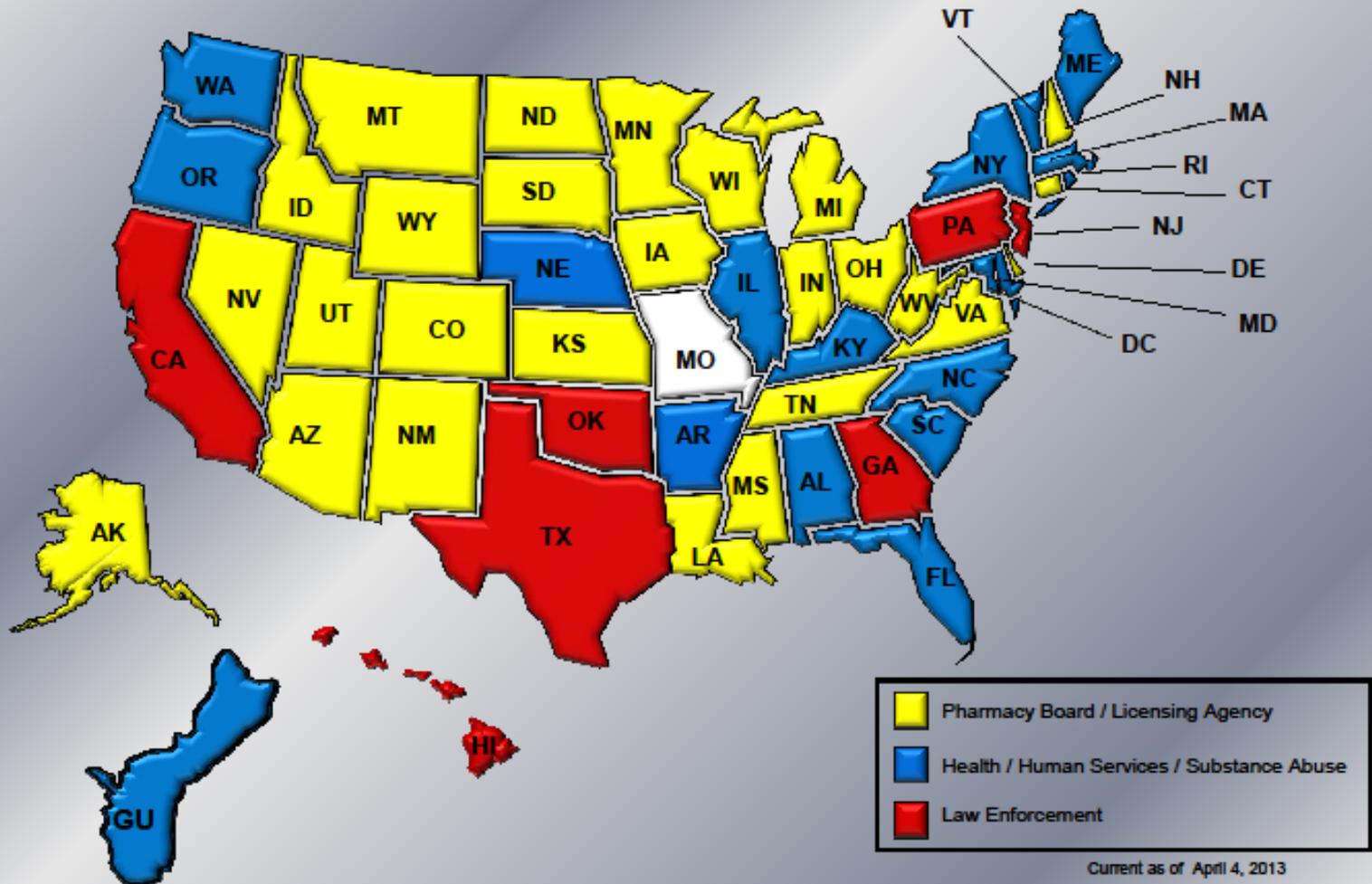
### Status of Prescription Drug Monitoring Programs (PDMPs)

\* To view PDMP Contact information, hover the mouse pointer over the state abbreviation



## PDMP Training & Technical Assistance Center

### Prescription Drug Monitoring Program (PDMP) Agency Types



# CURES 2.0

**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 2.0

## *CURES/PDMP Program*

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 month.

# CURES 2.0

## *CURES/PDMP Program*

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 2.0

## *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.

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## *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)...

# CURES 2.0

## *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...

To assist...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...

# CURES 2.0

## Dispensation Reporting Requirement

**11164.1. (a) (2)** All prescriptions for Schedule II and Schedule III controlled substances dispensed pursuant to this subdivision shall be reported by the dispensing pharmacy to the Department of Justice in the manner prescribed by subdivision (d) of Section 11165.

**11165. (d)** For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy or clinic shall provide the following information to the Department of Justice on a weekly basis...

*Health and Safety Code*

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## DIVISION 10. UNIFORM CONTROLLED SUBSTANCES ACT [11000 - 11651]

### CHAPTER 1. General Provisions and Definitions [11000 - 11033]

#### ***§ 11010.***

“Dispense” means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, furnishing, packaging, labeling, or compounding necessary to prepare the substance for that delivery.

# CURES 2.0

## Prescriber and Dispenser Registration Requirement

**§ 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 January 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 January 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 ...

*Health and Safety Code*

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*CA Department of Justice*

# CURES 2.0

## 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...***

### *Prescription Reporting Prohibition*

The 42 CFR 2 protections of federally-assisted substance abuse program patient records apply to the patient's prescription records.

While disclosure provisions can be waived with a patient's written consent, re-disclosure is generally prohibited. Therefore, opioid treatment programs should not and do not report their dispenses to PDMPs.

### *Accessing PDMP Data*

PDMPs are not federally-assisted substance abuse programs by definition and are not subject to 42 CFR 2.

A request for information by an OTP practitioner, or any practitioner, to a state PDMP does not constitute a disclosure of an OTP patient's health information.

An OTP's patient consent is not required for accessing and reviewing PDMP information.

# CURES 2.0

# CURES 2.0

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.



## Dashboard

### Favorites

[Create New Patient Activity Report](#)

Title	Query Type	Action
No records found.		

### Alerts

Alert Type **1** **2** **3** **4** **5**

1 2 3 4 5		
1 2 3 4 5		
No records found.		
1 2 3 4 5		

### Bulletins & Advisories

#### Bulletins

No records found.

#### Advisories

No records found.

### Statistics

[CURES Statistics and Data Trends](#)



## User Profile

[Expand All](#)

### ▾ Name & IDs

User Role:	PRESCRIBER	Title:	
First Name:	Cures	Last Name:	TestSeven
Middle Name:		Suffix:	
DOB:	01/01/1985		
License State:	CA	License Board:	Medical Board of California
License Type:	Medical Doctor (MD)	State License #:	B12457
Specialty:	Cardiology		
Are You Board Certified?:	No		
DEA #:	AB1234567	NPI #:	
Phone:	(123) 456-7890 (OFFICE)		
	()		

Edit

▸ Address

▸ DEA

▸ Email Address

▸ Delegations



## Patient Activity

**Search** Details Compacts and Messaging

### Search Criteria

Note: First Name and/or Last Name and DOB are required

Load Saved Search:

Last Name:

First Name:

Date of Birth:

Gender:

Address:

City:

State:

Zip Code:

Search Mode:

My Compacts Only:

### Search By Time

Search By:  Time Period (Months)  Date Range

Search

Clear

## DOJ Change My Password

• = Required

User ID

First Name  Last Name

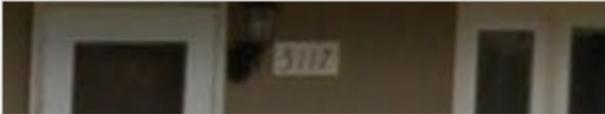
[DOJ Password Policy](#)

- Minimum length - 8
- Can not include first or last name
- Must contain at least 3 of the following 4 categories:
  - English uppercase characters (A through Z)
  - English lowercase characters (a through z)
  - Base 10 digits (0 through 9)
  - Nonalphanumeric characters (e.g., !, \$, #, %)
- Reuse - can not use last 24 passwords
- Expiration - 90 days

•Password

•Confirm Password

•Captcha



[Privacy & Terms](#)



## Manage Delegates

Delegates

Add

Note: All fields with (\*) are required

First Name: \*

Last Name: \*

Email Address: \*

Re-Enter Email Address: \*

Certify

Note: To assign a delegate, please read and accept the following Terms and Conditions

\* I understand the Terms and Conditions governing use of CURES applies equally to delegates. By assigning a delegate, I am responsible for the delegate's use of CURES.

Add

Clear



## Manage Saved Searches

Title	Query Type	Saved to Favorites	Delegate Name	Search Date
Smith, John (12-23-73)	PAR	N	N/A	2015-09-03 11:22:02.0

### Query Details

**Title:** Smith, John (12-23-73) ✎ **Favorite:** N ✎  
**Last Name:** smith **First Name:** john  
**DOB:** 12/23/1973 **Gender:**  
**Search Period:** 12 months **Search Mode:** P  
**Favorite:** N **Address:** marina del rey

[Load Search](#)

[Delete](#)

# CURES 2.0

STATE OF CALIFORNIA  
DEPARTMENT OF JUSTICE

## CURES 2.0

CURES 2.0 Online Help

# CURES 2.0

## *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

## *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.

# CURES 2.0

## *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

# CURES 2.0

## *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

# CURES 2.0

## *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.

# CURES 2.0

## *Public Reports*

- 1 Total Number of Prescriptions for Opioid Drugs by Month, by State, County and Zip Code
- 2 Total Number of Prescriptions for Opioid Drugs by Calendar Year, by State, County and Zip Code
- 3 Total Number of Unique Patients Prescribed Opioids by Month, by State, County and Zip Code
- 4 Total Number of Unique Patients Prescribed Opioids by Calendar Year, by State, County and Zip Code
- 5 Number of Opioid Pills Prescribed by Month, by State, County and Zip Code

# CURES 2.0

## *Public Reports*

- 6 Number of Opioid Pills Prescribed by Calendar Year, by State, County and Zip Code
- 7 Median Number of Opioid Pills Per Prescription by Month, by State, County and Zip Code
- 8 Median Number of Opioid Pills Per Prescribed by Calendar Year, by State, County and Zip Code
- 9 Number of Patients Receiving Opioid Prescriptions by Month, by State, County and Zip Code, by Age as Follows:  $\leq 14$ ; 15-24; 25-44; 45-64;  $\geq 65$

# CURES 2.0

## *Public Reports*

- 10 Number of Patients Receiving Opioid Prescriptions by Calendar Year, by State, County and Zip Code, by Age as Follows:  $\leq 14$ ; 15-24; 25-44; 45-64;  $\geq 65$
- 11 Number of Opioid Pills and Benzodiazepine Pills Prescribed to the Same Patient by Month, by State, County and Zip Code
- 12 Number of Opioid Pills and Benzodiazepine Pills Prescribed to the Same Patient by Calendar Year, by State, County and Zip Code
- 13 Number of Patients, by Month, Prescribed Both Opioids and Benzodiazepine, by State, County and Zip Code

# CURES 2.0

## *Public Reports*

- 14 Number of Patients, by Year, Prescribed Both Opioids and Benzodiazepine Within Any 30 Day Window, by State, County and Zip Code
- 15 Total Morphine Milligram and Morphine Kilogram Equivalents Prescribed by Month, by State, County and Zip Code
- 16 Total Morphine Milligram and Morphine Kilogram Equivalents Prescribed by Calendar Year, by State, County and Zip Code
- 17 Morphine Milligram and Morphine Kilogram Equivalents Prescribed by Month, by State, County and Zip Code for: Oxycodone, Hydrocodone, Morphine, Methadone, Hydromorphone, Buprenorphine, Fentanyl, Oxymorphone, Codeine, Levorphanol, and Zohydro

# CURES 2.0

## *Public Reports*

- 18 Morphine Milligram and Morphine Kilogram Equivalents Prescribed by Calendar Year, by State, County and Zip Code for: Oxycodone, Hydrocodone, Morphine, Methadone, Hydromorphone, Buprenorphine, Fentanyl, Oxymorphone, Codeine, Levorphanol, and Zohydro
  
- 19 Number of Very Frequent Opioid Prescribers (580+ Opioid Rx/Yr), Frequent Prescribers (50-579 Opioid Rx/Yr), Occasional Prescribers (8-49 Opioid Rx/Yr), and Rare Prescribers (1-7 Opioid Rx/Yr), by State, by State, County and Zip Code
  
- 20 Number of Very Frequent Schedule II Drug Prescribers (580+ Sked II Rx/Yr), Frequent Prescribers (50-579 Sked II Rx/Yr), Occasional Prescribers (8-49 Sked II Rx/Yr), and Rare Prescribers (1-7 Sked II Rx/Yr), by State, County and Zip Code

# CURES 2.0

## *Public Reports*

- 21 Total Number of Prescriptions for all Schedule II Drugs by Month, by State, County and Zip Code
- 22 Total Number of Prescriptions for all Schedule II Drugs by Calendar Year, by State, County and Zip Code
- 23 Total Number of Prescriptions for Schedules II, III, and IV Drugs, by Schedule and Total, by Month, by State, County and Zip Code
- 24 Total Number of Prescriptions for Schedules II, III, and IV Drugs, by Schedule and Total, by Calendar Year, by State, County and Zip Code
- 25 Total Number Patients Receiving Schedule II, III and IV Drug Prescriptions, by Month, by State, County and Zip Code

# CURES 2.0

## *Public Reports*

- 26 Total Number Patients Receiving Schedule II, III and IV Drug Prescriptions, by Calendar Year, by State, County and Zip Code
- 27 Median Number of Pills Per Prescription for Schedules II, III, and IV Drugs by Month, by State, County and Zip Code
- 28 Median Number of Pills Prescribed for Schedules II, III, and IV Drugs by Calendar Year, by State, County and Zip Code
- 29 Median Number of Pills Per Prescription for Schedule II Drugs by Month, by State, County and Zip Code
- 30 Median Number of Pills Prescribed for Schedule II Drugs by Calendar Year, by State, County and Zip Code

# CURES 2.0

## *Public Reports*

- 31 Median Pills , by Month, Per Schedule II, III, or IV Prescription by Age as follows:  $\leq 14$ ; 15-24; 25-44; 45-64;  $\geq 65$
- 32 Median Pills , by Year, Per Schedule II, III, or IV Prescription by Age as follows:  $\leq 14$ ; 15-24; 25-44; 45-64;  $\geq 65$
- 33 Number of Prescriber and Dispenser Registrants, by Month, by State, County and Zip Code
- 34 Number of Prescriber and Dispenser Registrants, by Year, by State, County and Zip Code
- 35 Number of Patients Who Obtained 4 or More Schedule II, III, or IV Prescriptions from 4 or More Dispensers During Prior 12 months, by State, County and Zip Code

# CURES 2.0

## *Public Reports*

- 36 Number of Patients Who Obtained 4 or More Schedule II, III, or IV Prescriptions from 4 or More Dispensers During the Calendar Year, by State, County and Zip Code
- 37 Number of Patients with Same Prescription Drug from 3 or More Prescribers, by Month, by State, County and Zip Code
- 38 Number of Patients with Same Prescription Drug from 3 or More Prescribers, by Calendar Year, by State, County and Zip Code
- 39 Number of CURES Inquiries by Prescribers, by Month, by State, County, and Zip Code
- 40 Number of CURES Inquiries by Prescribers, by Year, by State, County, and Zip Code

# CURES 2.0

## *Public Reports*

- 41 Number of CURES Inquiries by Dispensers, by Month, by State, County, and Zip Code
- 42 Number of CURES Inquiries by Dispensers, by Year, by State, County, and Zip Code
- 43 Numbers of Prescribers Prescribing Opioids and Benzodiazepines Concurrently to a Patient, by Month, by State, County, and Zip Code
- 44 Numbers of Prescribers Prescribing Opioids and Benzodiazepines Concurrently to a Patient, by Year, by State, County, and Zip Code

# CURES 2.0

## *Public Reports*

- 45 Number of Patients Currently Prescribed More than 100 Morphine Milligram Equivalency Per Day, by Month, by State, County, and Zip Code
- 46 Number of Patients Currently Prescribed More than 100 Morphine Milligram Equivalency Per Day, by Year, by State, County, and Zip Code
- 47 Number of Patients Who Are Currently Prescribed More than 40 Milligrams Methadone Daily, by Month, by State, County, and Zip Code
- 48 Number of Patients Who Are Currently Prescribed More than 40 Milligrams Methadone Daily, by Year, by State, County, and Zip Code

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