

Prescription Drug Monitoring Program Training and Technical Assistance Center

West Virginia

PDMP acronym: [WV CSMP](#)Region: [South](#)Agency Responsible: [West Virginia Board of Pharmacy](#)Agency Type: [Pharmacy Board](#)

PDMP Web Resources/Links

PDMP Website: <https://www.csappwv.com/Account/Login.aspx?ReturnUrl=%2f>PDMP Email: support@rxdatatrack.comPDMP Register Website: <https://65.78.228.163/login.asp>

User Account Manual:

PDMP Query Website:

PDMP Data Upload Website:

Data Upload Manual:

Statute/Regulation Website: <https://www.wvbop.com/laws-rules/pharmacylawsandrules.asp>

Opioid Guidelines Website:

PDMP FAQs:

Integration Guidance:

PDMP Statistics Website:

Opioid Dashboard Website:

Training Website:

PDMP Contact Information

Contact Name: [Goff, Michael - Executive Director](#)Address: [2310 Kanawha Blvd. East](#)City State Zip: [Charleston WV 25311](#)Telephone: [3045580558](#)Fax: [3045580474](#)Email: michael.l.goff@wv.gov

State Population and Number of Registrants

State population: [1,764,786](#)

DEA Prescriber total: [10,977](#)

DEA Dispenser total: [544](#)

Data Transmitter(s)

[Department of Defense](#)

[Dispensing Veterinarians](#)

[Pharmacy \(In-State\)](#)

[Pharmacy \(Mail Order Out of State\)](#)

[Veterans Administration](#)

[Dispensing Practitioner](#)

[Long Term Care Facility Pharmacy](#)

[Pharmacy \(Mail Order In-State\)](#)

[Pharmacy \(Other Out of State\)](#)

Substances Monitored

[Drugs of Concern](#)

[Schedules II - V](#)

Alternate Data Sources

[Naloxone/Narcan Dispensations](#)

[Overdoses - Non-fatal](#)

Available Reports

[Annual PDMP Reports](#)

[Geomapping of Prescription Data](#)

[MME Calculations](#)

[Overdose Reports](#)

[Patient Reports to Dispensers](#)

[Patient Reports to Licensing Boards](#)

[PDMP Evaluation Reports](#)

[Prescriber Reports to Law Enforcement](#)

[Registrant Reports to Prescribers](#)

[Dispenser Reports to Law Enforcement](#)

[Licensee Reports to Licensing Board](#)

[Multiple Provider Episode Reports](#)

[Patient Query Lists to Licensing Boards](#)

[Patient Reports to Law Enforcement](#)

[Patient Reports to Prescribers](#)

[Prescriber Report Cards](#)

[Registrant Query Lists to Licensing Boards](#)

[Statewide Statistics](#)

Statistical Capabilities

- ☒ # of Prescription Filled
 - ☒ # of Prescriptions Filled by CS Schedule
 - ☒ # of Prescriptions Filled by Drug Class
 - ☒ Statistics Filtered by Age or Age Range
 - ☐ Statistics Filtered by Ethnicity or Race
 - ☒ # of Authorized PDMP Users Enrolled
 - ☒ # of Registrants in SDTC
 - ☒ # of Registrants in SDTC by Practice/License Type
 - ☐ # of Data Errors by Error Type
 - ☐ # of Data Errors Corrected
 - ☐ # of At-Risk Patients by Risk Factor
 - ☐ Risk Factor Statistics by Time Frame
 - ☒ # of Solicited Prescriber Reports
 - ☒ # of Solicited Prescriber Reports by Requestor Type
 - ☒ # of Unsolicited Prescriber Reports
 - ☒ # of Unsolicited Prescriber Reports by Recipient Type
 - ☒ # of Solicited Dispenser Reports
 - ☒ # of Solicited Dispenser Reports by Requestor Type
 - ☒ # of Unsolicited Dispenser Reports
 - ☒ # of Unsolicited Dispenser Reports by Recipient Type
 - ☒ # of Solicited Patient Reports
 - ☒ # of Solicited Patient Reports by Requestor Type
 - ☒ # of Unsolicited Patient Reports
 - ☒ # of Unsolicited Patient Reports by Recipient Type
 - ☒ # of Dosage Units Dispensed
 - ☒ # of Dosage Units Dispensed by CS Schedule
 - ☒ # of Dosage Units Dispensed by Drug Class
 - ☒ Statistics Filtered by Gender Identification
 - ☒ Statistics Filtered by Geographic Location
 - ☒ # of Prescribers Enrolled in PDMP by License Type
 - ☒ # of Dispensers Enrolled in PDMP by License Type
 - ☐ # of Prescribers Enrolled in PDMP by Specialty
 - ☒ # of Unique Prescribers
 - ☒ # of In-State Queries
 - ☒ # of In-State Queries by Requestor Type
 - ☒ # of Interstate Queries
 - ☒ # of Interstate Queries by Requestor Type
 - ☐ # of Positive Matches from Interstate Queries
 - ☐ # of Solicited Statistical Reports by Requestor Type
 - ☐ # of Unsolicited Statistical Reports by Recipient Type
 - ☒ # of Unique Requestors for Solicited Reports
 - ☒ # of Unique Requestors by Requestor Type (sol. reports)
 - ☒ # of Unique Requestors for Unsolicited Reports
 - ☒ # of Unique Recipients by Recipient Type (unsol. reports)
- % Out-of-State Patients: <5%
- % Out-of-State Prescribers: <5%
- Data Analysis Resources Available:
[Epidemiologist](#)
-

Authorized PDMP Users

Dispenser Delegates - Licensed/Solicited In-State
Dispenser Delegates - Licensed/Solicited Out-of-State
Dispenser Delegates - Licensed/Unsolicited In-State
Dispenser Delegates - Licensed/Unsolicited Out-of-State
Dispenser Delegates - Unlicensed/Solicited In-State
Dispenser Delegates - Unlicensed/Solicited Out-of-State
Dispensers - Pharmacists/Solicited In-State
Dispensers - Pharmacists/Solicited Out-of-State
Dispensers - Pharmacists/Unsolicited In-State
Dispensers - Pharmacists/Unsolicited Out-of-State
Healthcare Facilities and Institutions/Solicited In-State
Law Enforcement - Federal/Solicited In-State
Law Enforcement - Federal/Unsolicited In-State
Law Enforcement - Local/Solicited In-State
Law Enforcement - Local/Unsolicited In-State
Law Enforcement - State/Solicited In-State
Law Enforcement - State/Unsolicited In-State
Medicaid Drug Utilization and Review/Solicited In-State
Medicaid Fraud and Abuse/Solicited In-State
Medical Examiners and Coroners/Solicited In-State
Medical Examiners and Coroners/Unsolicited In-State
Medical Interns/Solicited In-State
Medical Residents/Solicited In-State
Nurse Practitioners/Solicited In-State
Nurse Practitioners/Solicited Out-of-State
Nurse Practitioners/Unsolicited In-State
Nurse Practitioners/Unsolicited Out-of-State
Physician Assistants/Solicited In-State
Physician Assistants/Solicited Out-of-State
Physician Assistants/Unsolicited In-State
Physician Assistants/Unsolicited Out-of-State
Prescriber Delegates - Licensed/Solicited In-State
Prescriber Delegates - Licensed/Solicited Out-of-State
Prescriber Delegates - Licensed/Unsolicited In-State
Prescriber Delegates - Licensed/Unsolicited Out-of-State
Prescriber Delegates - Unlicensed/Solicited In-State
Prescriber Delegates - Unlicensed/Solicited Out-of-State
Prescribers/Solicited In-State
Prescribers/Solicited Out-of-State
Prescribers/Unsolicited In-State
Prescribers/Unsolicited Out-of-State
Regulatory and Licensing Boards/Solicited In-State
Regulatory and Licensing Boards/Solicited Out-of-State
Regulatory and Licensing Boards/Unsolicited In-State
Regulatory and Licensing Boards/Unsolicited Out-of-State
Researchers/Solicited In-State
Researchers/Solicited Out-of-State

Engaged PDMP Users

Dispenser Delegates - Licensed/Solicited In-State
Dispenser Delegates - Licensed/Solicited Out-of-State
Dispenser Delegates - Licensed/Unsolicited In-State
Dispenser Delegates - Licensed/Unsolicited Out-of-State
Dispenser Delegates - Unlicensed/Solicited In-State
Dispenser Delegates - Unlicensed/Solicited Out-of-State
Dispensers - Pharmacists/Solicited In-State
Dispensers - Pharmacists/Solicited Out-of-State
Dispensers - Pharmacists/Unsolicited In-State
Dispensers - Pharmacists/Unsolicited Out-of-State
Law Enforcement - Federal/Solicited In-State
Law Enforcement - Federal/Unsolicited In-State
Law Enforcement - Local/Solicited In-State
Law Enforcement - Local/Unsolicited In-State
Law Enforcement - State/Solicited In-State
Law Enforcement - State/Unsolicited In-State
Medicaid Drug Utilization and Review/Solicited In-State
Medicaid Fraud and Abuse/Solicited In-State
Medical Examiners and Coroners/Solicited In-State
Medical Examiners and Coroners/Unsolicited In-State
Medical Interns/Solicited In-State
Medical Residents/Solicited In-State
Nurse Practitioners/Solicited In-State
Nurse Practitioners/Solicited Out-of-State
Nurse Practitioners/Unsolicited In-State
Nurse Practitioners/Unsolicited Out-of-State
Physician Assistants/Solicited In-State
Physician Assistants/Solicited Out-of-State
Physician Assistants/Unsolicited In-State
Physician Assistants/Unsolicited Out-of-State
Prescriber Delegates - Licensed/Solicited In-State
Prescriber Delegates - Licensed/Solicited Out-of-State
Prescriber Delegates - Licensed/Unsolicited In-State
Prescriber Delegates - Licensed/Unsolicited Out-of-State
Prescriber Delegates - Unlicensed/Solicited In-State
Prescriber Delegates - Unlicensed/Solicited Out-of-State
Prescribers/Solicited In-State
Prescribers/Solicited Out-of-State
Prescribers/Unsolicited In-State
Prescribers/Unsolicited Out-of-State
Regulatory and Licensing Boards/Solicited In-State
Regulatory and Licensing Boards/Solicited Out-of-State
Regulatory and Licensing Boards/Unsolicited In-State
Regulatory and Licensing Boards/Unsolicited Out-of-State
Researchers/Solicited In-State
Researchers/Solicited Out-of-State
Third Party Insurance Payers/Solicited In-State

Budget

Total Annual Budget:	\$700,000.00	PDMP Staff:	5.5
# of Employees - Operational:	2.5	# of Employees - Other:	0
# of Employees - Technical:	0		
# of Employees - Analytical:	3		

Funding Source(s)

CDC Grant	Licensing Fee
Other Funding	

Technologies

Data Collection Entity:	Vendor	<input checked="" type="checkbox"/> State HIE in place
Data Collection Vendor name:	RxDataSystems	<input checked="" type="checkbox"/> RxCheck Integration Allowed
Data Storage Entity:	Vendor	<input type="checkbox"/> VHA VISTA integration
Data Storage Vendor name:	RxDataSystems	<input type="checkbox"/> HL7 FHIR connectivity
Report Generation Entity:	Vendor	ASAP Version Utilized: 4.2
Report Generation Vendor name:	RxDataSystems	
Data Access Method:	Web Portal/On-Line	
Data Access Entity:	Vendor	
Data Access Vendor name:	RxDataSystems	

Patient Matching

- ☐ Referential Matching
- ☐ Deterministic Matching
- ☐ Manual Matching
- ☐ Other Matching
- ☒ Exact Matching
- ☐ Probabilistic Matching
- ☐ Probabilistic and Manual Matching

☐ Access to patient matching algorithms

Patient Matching Metrics Available: **True positive matches**

Patient matching data elements:

Integration(s) Available

Integration Type	% Providers	Hub Used	Paid by Fed Gov't	Paid by State Gov't	Paid by Facility	Paid by Provider
EHR Integration	50-74%	PMPi	Fixed Cost			
<input checked="" type="checkbox"/> Data Downloaded/Stored			<input type="checkbox"/> Data Manipulated for Analysis			
<input checked="" type="checkbox"/> Data Incorporated with Interstate Data			<input type="checkbox"/> Multistate Integrations Allowed			
Integration Standards:						

Integration Type	% Providers	Hub Used	Paid by Fed Gov't	Paid by State Gov't	Paid by Facility	Paid by Provider
HIE Integration	<10%	PMPi	<input type="checkbox"/> Data Downloaded/Stored	<input type="checkbox"/> Data Manipulated for Analysis		
			<input checked="" type="checkbox"/> Data Incorporated with Interstate Data	<input type="checkbox"/> Multistate Integrations Allowed		
Integration Standards:						

Integration Standards:

Interstate Data Sharing Partner(s)

Arizona	PMPi Hub
Arkansas	PMPi Hub
Colorado	PMPi Hub
Connecticut	PMPi Hub
Delaware	PMPi Hub
District of Columbia	PMPi Hub
Indiana	PMPi Hub
Kansas	PMPi Hub
Kentucky	PMPi Hub
Kentucky	RxCheck Hub
Louisiana	PMPi Hub
Maine	PMPi Hub
Maryland	PMPi Hub
Maryland	RxCheck Hub
Massachusetts	PMPi Hub
Michigan	PMPi Hub
Military Health Service	PMPi Hub
Minnesota	PMPi Hub
Nebraska	RxCheck Hub
Nevada	PMPi Hub
New Hampshire	PMPi Hub
New Jersey	PMPi Hub
New Mexico	PMPi Hub
New York	PMPi Hub
North Carolina	PMPi Hub
North Dakota	PMPi Hub
Ohio	PMPi Hub
Oklahoma	PMPi Hub
Oklahoma	RxCheck Hub
Pennsylvania	PMPi Hub
Pennsylvania	RxCheck Hub
Rhode Island	PMPi Hub
South Carolina	PMPi Hub
Tennessee	PMPi Hub
Virginia	PMPi Hub
Washington	PMPi Hub
Wisconsin	PMPi Hub
Wyoming	PMPi Hub

PDMP Policies

Enabling legislation enacted: [1995](#)

PDMP operational: [1995](#)

User access date (any method):

User electronic access date: [2004](#)

Date received electronic data: [2002](#)

Interstate sharing start date: [2013](#)

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: [WV Code §§ 60A-4-403, 60A-4-410, 60A-4-401](#)

Pill Mill law/statute:

Pain Clinic law/statute: [Sec. 16-15h-1 to -10; ADC 69-8-1 to -20](#)

Unauthorized Use or Disclosure: [WV Code §60A-9-7](#)

Enacted 42 CFR Part 2:

42 CFR Part 2 Details:

- ☒ Required Notification to consumers
- ☒ Mandated Use of Advisory Group
- ☒ Payment method captured
- ☒ Ability to id prescriber specialty
- ☐ Patient consent required before PDMP data release
- ☐ Ability for users to set thresholds for alert notices
- ☐ Ability for users to do user-led alert notices
- ☐ Mandatory E-Prescribing (EPCS)
- ☒ Compliance Process for Enrollment Mandates
- ☐ Compliance Process for Query Mandate
- ☐ ICD-10 Codes Collected
- ☐ Deceased Patient Field
- ☐ Engaged in Academic Detailing
- ☐ Patient ID Required to be Presented to Dispenser
- ☒ Ability to de-id data

- ☒ Authority to release de-id data

De-identified data sharing conditions:

De-Identified Data Retention Details:

- ☐ Retain De-Identified Data

Record Retention Details:

- ☐ Patient Notification of Breach

Patient Breach Notification Method:

Patient Breach Notification Method Other:

E-prescribing required substances:

E-prescribing exemptions/waivers:

Authority to enforce PDMP mandates: [Regulatory/Licensing Board](#)

Data collection frequency: [Daily or next business day](#)

☒ Requirement for zero-reporting

Frequency of zero-reporting: [Daily](#)

☒ Data Retention Policy

Data Retention Time: [5 years](#)

- ☐ All Information Purged
- ☐ Patient Information Purged
- ☐ Prescriber Information Purged
- ☐ Dispenser Information Purged
- ☐ Drug Information Purged
- ☐ HIPAA Covered Entity
- ☐ Identifiable Data to State Health Dept
- ☐ Identifiable Data to local Health Dept
- ☐ Certified as CMS Specialized Registry
- ☒ PDMP Disaster Recovery Plan

ID Types Reported: [Patient](#)

[Person Picking Up Prescription](#)

- ☐ Written Notification of Breach

Enrollment and Accounts

☐ Supervisor Review/audit of Delegate Accounts Number of Delegates allows: [not limited](#)

☐ Auto Enroll with License Renewal or App

Enrollment Method:

[Online application, requiring DEA and NPI verifications. Once complete, they must submit copies of DEA registration and practitioner license for confirmation.](#)

Practitioner IDs for PDMP Account:

[DEA controlled substance registration number; Licensing Board number; National Provider Identifier;](#)

2 Factor Authentication:

[Allowed to use 2 factor authentication](#)

Criteria for Dispensers to get account to upload data

[DEA registration and practitioner license and must work with vendor to confirm upload capabilities.](#)

Criteria for Prescriber delegates to get account:

[master account holder must create the account](#)

Criteria for Dispenser delegates to get account:

[master account holder must create the account](#)

Criteria for PAs to get account:

[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.](#)

Criteria for Nurse Practitioners to get account:

[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.](#)

Criteria for other users to get account:

[All "other" account must be approved by PMP Administrator](#)

Requirements for Patients to get PDMP Report:

[Not allowed](#)

Requirements for others to get PDMP Report

Criteria for Online Non-healthcare accounts:

PDMP Data for Epidemiological Purposes: [Authority to Release](#)

☒ Law Enforcement On-line access to PDMP

☐ Law Enforcement Written Request access to PDMP

Law Enforcement Access Method:

Law Enforcement Access Requirements: [Active Investigation](#)

☐ PDMP users validated with DEA Registration File

☐ PDMP Access without DEA Number

☐ PDMP users validated with NPI File

Validation Process for

☐ PDMP users validated with State Licensing Board File users without DEA #:

Enrollment Mandates

Dispenser - Mandatory PDMP Enrollment

Prescriber - Mandatory PDMP Enrollment

Effective Date(s): May 6, 2013 (physicians); May 15, 2013 (osteopaths); June 1, 2014 (dentists); November 18, 2022; April 21, 2023

Details:

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.

1.1. Scope. -- W. Va. Code §60A-9-5A(a) provides that all practitioners who prescribe or dispense Schedule II, III, IV or V controlled substances shall register with the Controlled Substances Monitoring Program and obtain and maintain online or other electronic access to the program database: Provided, That compliance with the provisions of this subsection must be accomplished within 30 days of the practitioner obtaining a new license: Provided, however, That the Board of Pharmacy may renew a practitioner's license without proof that the practitioner meet the requirements of this subsection. W. Va. Code §60A-9-5A(b) provides that all persons with prescriptive or dispensing authority and in possession of a valid Drug Enforcement Administration registration identification number and who are licensed by the Board of Registered Nurses upon initially prescribing or dispensing any pain-relieving substance for a patient, any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner or dispenser continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient's medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of Chapter 16 of this code. A pain-relieving controlled substance shall be defined as set forth in §30-3A-1 of this code. W. Va. Code §60A-9-5A(b) provides that emergency and legislative rules are to be promulgated to effectuate the provisions of W. Va. Code §60A-9-5A.

Effective Date(s): May 6, 2013 (physicians); May 15, 2013 (osteopaths); June 1, 2014 (dentists); October 29, 2021; telehealth 12-17-2021; 4-22-2022; November 18, 2022; April 21, 2023

Details:

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.

WV ADC s 11-10-3. Practitioner Requirements for Obtaining and Maintaining Access to the CSMP.

3.1. A practitioner who prescribes or dispenses Schedule II, III, IV, or V controlled substances shall register with the CSMP and obtain and maintain online or other electronic access to the program database. Compliance with the provisions of this section must be accomplished within 30 days of the practitioner obtaining a new license or registration.

3.2. Licensees shall be required to certify compliance with the provisions of this section when renewing a license. The Board may conduct an audit to verify compliance therewith.

WV ADC s 11-15-8. Prescribing Authority and Limitations.

8.3. A telehealth providers who prescribes any medication listed in Schedules II through V of the Uniform Controlled Substance Act pursuant to a telehealth encounter with a patient at an originating site in West Virginia shall:

8.3.1. Obtain and maintain online or other electronic access to the CSMP

1.1. Scope. -- W. Va. Code §60A-9-5A(a) provides that all practitioners who prescribe or dispense Schedule II, III, IV or V controlled substances shall register with the Controlled Substances Monitoring Program and obtain and maintain online or other electronic access to the program database: Provided, That compliance with the provisions of this subsection must be accomplished within 30 days of the practitioner obtaining a new license: Provided, however, That the Board of Pharmacy may renew a practitioner's license without proof that the practitioner meet the requirements of this subsection. W. Va. Code §60A-9-5A(b) provides that all persons with prescriptive or dispensing authority and in possession of a valid Drug Enforcement Administration registration identification number and who are licensed by the Board of Registered Nurses upon initially prescribing or dispensing any pain-relieving substance for a patient, any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner or dispenser continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient's medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of Chapter 16 of this code. A pain-relieving controlled substance shall be defined as set forth in §30-3A-1 of this code. W. Va. Code §60A-9-5A(b) provides that emergency and legislative rules are to be promulgated to effectuate the provisions of W. Va. Code §60A-9-5A.

Use Mandates

Dispenser - Mandatory PDMP Use

Prescriber - Mandatory PDMP Use

Effective Date(s): June 8, 2012; March 10, 2021; November 18, 2022; April 21, 2023

Details:

Upon initially prescribing any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient’s medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of chapter 16 of this code.. 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. Requires opioid treatment programs to query the PMP upon admission of the patient, at least quarterly to determine if controlled substances other than those prescribed medication assisted treatment medications are being prescribed for the patient, and at each patient’s physical assessment.

Provides that the initial physical assessment of a patient seeking admittance to a medication assisted treatment program shall include an inquiry to and report from the PMP. Further provides that program physicians shall access the PMP at the patient's intake, before administration of MAT medications or other treatment in a MAT program, after the initial 30 days of treatment, prior to any take-home medication being granted, after any positive drug test, and at each 90-day treatment review. Pharmacists must access the PDMP database upon initially dispensing any Schedule II controlled substance, any opioid, or any benzodiazepine to a patient who is not suffering a terminal illness.

1.1. Scope. -- W. Va. Code §60A-9-5A(a) provides that all practitioners who prescribe or dispense Schedule II, III, IV or V controlled substances shall register with the Controlled Substances Monitoring Program and obtain and maintain online or other electronic access to the program database: Provided, That compliance with the provisions of this subsection must be accomplished within 30 days of the practitioner obtaining a new license: Provided, however, That the Board of Pharmacy may renew a practitioner's license without proof that the practitioner meet the requirements of this subsection. W. Va. Code §60A-9-5A(b) provides that all persons with prescriptive or dispensing authority and in possession of a valid Drug Enforcement Administration registration identification number and who are licensed by the Board of Registered Nurses upon initially prescribing or dispensing any pain-relieving substance for a patient, any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner or dispenser continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient's medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of Chapter 16 of this code. A pain-relieving controlled substance shall be defined as set forth in §30-3A-1 of this code. W. Va. Code §60A-9-5A(b) provides that emergency and legislative rules are to be promulgated to effectuate the provisions of W. Va. Code §60A-9-5A.

Effective Date(s): June 8, 2012; March 10, 2021; October 29, 2021; telehealth 12-17-2021; 5-13-2022; MAT 4-1-2022; November 18, 2022; April 21, 2023

Details:

Upon initially prescribing any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient's medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of chapter 16 of this code.. 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. Requires opioid treatment programs to query the PMP upon admission of the patient, at least quarterly to determine if controlled substances other than those prescribed medication assisted treatment medications are being prescribed for the patient, and at each patient's physical assessment. Provides that the initial physical assessment of a patient seeking admittance to a medication assisted treatment program shall include an inquiry to and report from the PMP. Further provides that program physicians shall access the PMP at the patient's intake, before administration of MAT medications or other treatment in a MAT program, after the initial 30 days of treatment, prior to any take-home medication being granted, after any positive drug test, and at each 90-day treatment review. Pharmacists must access the PDMP database upon initially dispensing any Schedule II controlled substance, any opioid, or any benzodiazepine to a patient who is not suffering a terminal illness.

4.1. The provisions of this section only apply to a practitioner's prescribing, administering or dispensing of Schedule II controlled substances, opioids, or benzodiazepines to a patient that the practitioner does not consider to be suffering from a terminal illness.

4.2 A practitioner shall apply for and receive capability to access the CSMP providing a patient any Schedule II controlled substance, any opioid, or any benzodiazepine.

4.3. Before initially providing any Schedule II controlled substance, any opioid, or any benzodiazepine to a patient a current practitioner shall access the CSMP to determine whether the patient has obtained any controlled substance reported to the CSMP from any source other than the current practitioner within the twelve month period immediately preceding the current practitioner's encounter with the patient.

4.4. The practitioner shall promptly document the initial CSMP data review in the patient's medical record. Documentation must include the date the practitioner accessed the patient's CSMP record, a dated copy of the CSMP report or a list of all controlled substances reported to the CSMP as dispensed to the patient within the preceding twelve months, and the practitioner's rationale for providing the patient Schedule II controlled substance(s), opioid(s), and/or benzodiazepine(s).

4.5. If a practitioner-patient relationship continues and the course of treatment includes the continued prescribing, dispensing or administering of any controlled substance, the practitioner shall access the CSMP at least annually to determine whether the patient has obtained any controlled substances reported to the CSMP from any source other than the current practitioner within the twelve month period immediately preceding the date of access. The date of access and any controlled substances from any other source other than the current practitioner reported to the CSMP within such twelve month period immediately preceding the date of access shall be then promptly documented in the patient's medical record by the current practitioner, with rationale for continuing provision of the controlled substance by the current practitioner.

4.6. A practitioner may review a patient's CSMP data more frequently than annually. However, a practitioner must document each CSMP data review in the patient medical record. Documentation must include the date the practitioner accessed the patient's CSMP record, a dated copy of the CSMP report or a list of all controlled substances reported to the CSMP for the patient from any source other than the practitioner, and the practitioner's rationale for discontinuing or continuing to provide controlled substances to the patient.

4.7. A practitioner who is providing a patient controlled substance medication shall review a patient's CSMP data whenever the provider has a specific concern regarding controlled substance abuse, misuse, or diversion of controlled substances by the patient.

Prescribing Authority and Limitations.

8.1. When prescribing to a patient via telemedicine, a telehealth provider shall prescribe within the prescriptive authority of the provider's profession in this state.

8.2. A telehealth provider who provides health care to a patient solely through the use of telemedicine technologies is

prohibited from prescribing a controlled substance listed in Schedule II of the Uniform Controlled Substance Act except under the following circumstances, which are authorized by W. Va. Code § 30-3-13a: 8.2.1. The patient is an established patient of the prescribing telehealth provider's group practice;

8.2.2. The provider submits an order to dispense a Schedule II controlled substance to a hospital patient, other than in the emergency department, for immediate administration in a hospital; or

8.2.3. The telehealth provider is treating patients who are minors, or if 18 years of age or older, who are enrolled in a primary or secondary education program and are diagnosed with intellectual or developmental disabilities, neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance with guidelines as set forth by organizations such as the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, or the American Academy of Pediatrics. The provider must maintain records supporting the diagnosis and the continued need of treatment.

8.3. A telehealth provider who prescribes any medication listed in Schedules II through V of the Uniform Controlled Substance Act pursuant to a telehealth encounter with a patient at an originating site in West Virginia shall:

8.3.1. Obtain and maintain online or other electronic access to the CSMP;

8.3.2. Comply with all preconditions to prescribing identified in W. Va. Code § 60A-9-5a and the requirements set forth in 11 CSR 10;

8.3.3. Maintain a record of the controlled substance prescribed and the diagnosis or basis for the prescription in the patient medical record;

8.3.4. Comply with all prescribing protocols and prescribing limitations established in the Opioid Reduction Act, W. Va. Code § 16-54-1 et seq; and

8.3.5. Comply with all state and federal laws which govern the prescribing of controlled substances.

8.4. A telehealth provider may not prescribe any drug with the intent of causing an abortion.

17.11. The program shall check the Controlled Substances Monitoring Program database upon admission of the patient, at least quarterly to determine if controlled substances other than those prescribed medication-assisted treatment medications are being prescribed for the patient, and at each patient's physical assessment. The patient's record shall include documentation of the check of the Controlled Substances Monitoring Program database and the date upon which it occurred.

23.1. Each MAT program shall comply with policies and procedures developed by the designated state oversight agency and the West Virginia Board of Pharmacy to allow physicians treating patients through a MAT program access to the Controlled Substances Monitoring Program database maintained by the West Virginia Board of Pharmacy.

23.2. The program physician shall access the Controlled Substances Monitoring Program database in order to ensure that the patient is not seeking prescription medication from multiple sources. The results obtained from the database shall be maintained with the patient records.

23.3. Program physicians shall access the database:

23.3.a. At the patient's intake;

23.3.b. Before the administration of medication-assisted treatment medications or other treatment in a MAT program;

23.3.c. After the initial 30 days of treatment;

23.3.d. Prior to any take-home medication being granted, if applicable;

23.3.e. After any positive drug test; and

23.3.f. At each 90-day treatment review.

1.1. Scope. -- W. Va. Code §60A-9-5A(a) provides that all practitioners who prescribe or dispense Schedule II, III, IV or V controlled substances shall register with the Controlled Substances Monitoring Program and obtain and maintain online or other electronic access to the program database: Provided, That compliance with the provisions of this subsection must be accomplished within 30 days of the practitioner obtaining a new license: Provided, however, That the Board of Pharmacy may renew a practitioner's license without proof that the practitioner meet the requirements of this subsection. W. Va. Code §60A-9-5A(b) provides that all persons with prescriptive or dispensing authority and in possession of a valid Drug Enforcement Administration registration identification number and who are licensed by the Board of Registered Nurses upon initially prescribing or dispensing any pain-relieving substance for a patient, any Schedule II controlled substance, any opioid or any benzodiazepine to a patient who is not suffering from a terminal illness, and at least annually thereafter should the practitioner

or dispenser continue to treat the patient with a controlled substance, shall access the West Virginia Controlled Substances Monitoring Program Database for information regarding specific patients. The information obtained from accessing the West Virginia Controlled Substances Monitoring Program Database for the patient shall be documented in the patient's

medical record maintained by a private prescriber or any inpatient facility licensed pursuant to the provisions of Chapter 16 of this code. A pain-relieving controlled substance shall be defined as set forth in §30-3A-1 of this code. W. Va. Code §60A-9-5A(b) provides that emergency and legislative rules are to be promulgated to effectuate the provisions of W. Va. Code §60A-9-5A.

Training on Enrollment and Use

Prescriber - Training Required

Licensing Board - Training Provided

Law Enforcement - Training Provided

Dispenser - Training Required

PDMP Queries

☐ Ability to search for multiple patients in one query

Maximum number of patients in one query:

Patient Query Date Range: [>3 years](#)

Other Query Date Range:

Minimum data elements to query for healthcare user:

[Last Name, DOB, date range](#)

Query by partial data elements by healthcare user:

[First Name](#)

Optional data elements to query by healthcare user:

Minimum data elements to query for non-healthcare user: [Last Name, DOB, date range](#)

Query by partial data elements by non-healthcare user:

Optional data elements to query by non-healthcare user:

Unsolicited Reports/Push Notifications

Frequency unsolicited alerts/reports generated:

[after approval by Advisory Committee](#)

Delivery method for unsolicited alerts/reports:

[Report mailed, Notification sent via email, Report sent via email](#)

Delivery method for unsolicited alerts/reports - LE:

[Report mailed, Notification sent via email, Report sent via email](#)

Delivery method for unsolicited alerts/reports - Boards:

[Report mailed, Notification sent via email, Report sent via email](#)

☐ Unsolicited alerts/reports to practitioners not enrolled in PDMP

Veterinary Policies

Data transmission frequency for Veterinarians: [Daily](#)

Criteria for veterinarian queries: [Animal Owner's Name](#)

☒ Veterinarian access to owner's prescription history

☐ Veterinary Icon on PDMP Report

☒ Reporting Specifications

Reporting Method: [Electronic, Web Portal](#)

Reporting Specifications:

Data Fields: [PAT07 - Last Name, PAT08 - Animal's First Name, PAT18 - Animal's Date of Birth, PAT19 - Animal's Gender, PAT20 - Species Code](#)

Reporting Description: [Veterinarians are required to report](#)

☐ Reporting Mandate Compliance

Reporting Compliance Details:

Reporting Mandate Actions:

Reporting Issues: [Veterinarian's software does not allow electronic submission of data, Veterinarian's software s not able to report data in ASAP format,](#)

Reporting Misc Information:

☐ Enrollment Mandate Compliance

Enrollment Description: [Veterinarians are required to enroll as data requesters with the PDMP](#)

Enrollment Mandate Compliance Details:

Enrollment Mandate Criteria:

☐ Query Mandate Compliance

Query Description: [Veterinarians can voluntarily query and do query](#)

Query Mandate Compliance Details:

Query Mandate Criteria:

PDMP Effectiveness Measures

Reduction in morphine milligram equivalents (MMEs) prescribed or dispensed

Reduction in number of fatal or non-fatal overdoses

Reduction in incidence of multiple provider episodes

Reduction in number of opioid dosage units dispensed

Reduction in number of opioid prescriptions issued

Substance Use Disorder Activities

Tools or Resources

- ☐ MAT Services
- ☐ MOUD Services
- ☐ Harm Reduction Strategies
- ☐ Mental Health Assistance Services
- ☐ Employee Assistance Programs
- ☐ Housing Assistance Programs
- ☐ Re-Entry Programs

Other:

Surveillance Activities

- ☒ Emergency Department Data
- ☐ Medical Examiner/Coroner Data

Data Sources for Surveillance Activities:

Initiated Actions

- ☐ Resources to Affected Areas
 - ☐ Directed Training on Prescribing
 - ☐ Prescription Drug Tool Kits
 - ☐ Risk Evaluation/Analysis on PDMP Reports
 - ☐ Referrals to SUD Organizations
 - ☐ Referrals to OFR Teams
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