

CURES 2.0
X

California's Prescription Drug Monitoring Program (PDMP)

CURES 2.0

A Powerful Tool

April 26, 2018

CURES 2.0
X

Controlled Substance
Utilization
Review and
Evaluation
System

CURES 2.0

History

- 1939 The California Triplicate Prescription Program (TPP) was created, capturing Schedule II prescription information.
- 1997 CURES pilot program was initiated, operating in parallel with the TPP's Automated Triplicate Prescription System (ATPS) to evaluate the comparative efficiencies between the two systems.
- 2005 TPP/ATPS decommissioned after Senate Bill 151 eliminated the triplicate prescription requirement for Schedule II controlled substances. CURES became permanent.
- 2009 A searchable, client-facing application was introduced as a component of CURES.
- 2011 DOJ's Bureau of Narcotic Enforcement dissolved and the CURES Program de-funded.
- 2013 The State Budget Act allocated funds for the CURES 2.0 build. Senate Bill 809 mandates CURES registration by prescribers and dispensers and established an on-going funding mechanism to support costs for operating and maintaining the CURES system.
- 2016 CURES 2.0 went live.

CURES 2.0

System and Requirements

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

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

California Health & Safety Code section § 11165(d)

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.

CURES 2.0

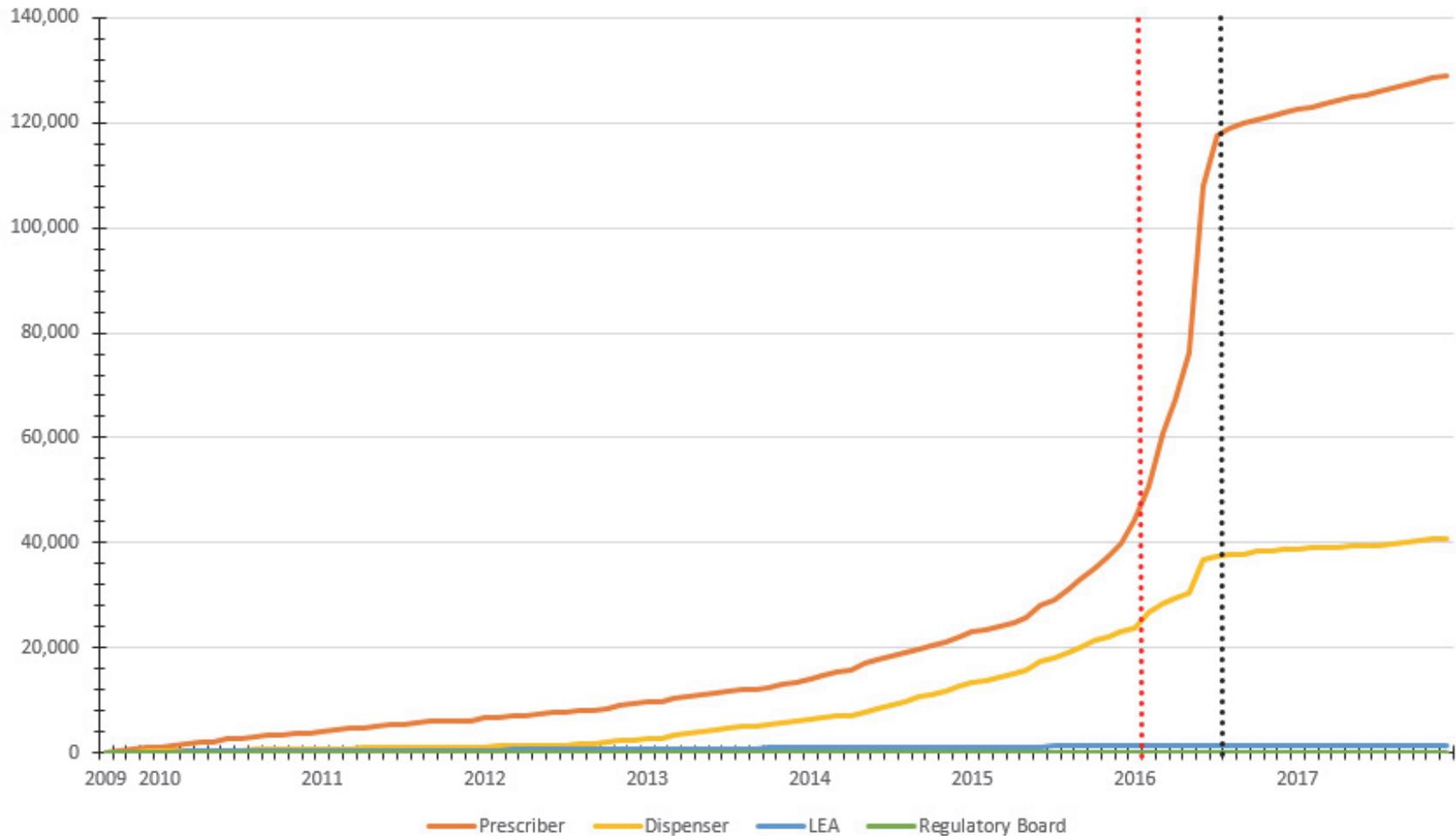
System and Requirements

Access to CURES:

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)...

California Health & Safety Code section § 11165(a)

Registration Approvals by Role from 2009-2017



***Red line identifies when CURES 2.0 launched

*** Black line identifies the deadline for CURES registration

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CURES 2.0 provides an improved user interface; fast, robust performance; analytics; and innovative PDMP informational features.



Dashboard

Alerts

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

Detail	Type	Name	DOB	Address
No records found.				
(1 of 1)				10

Prescriber Messages

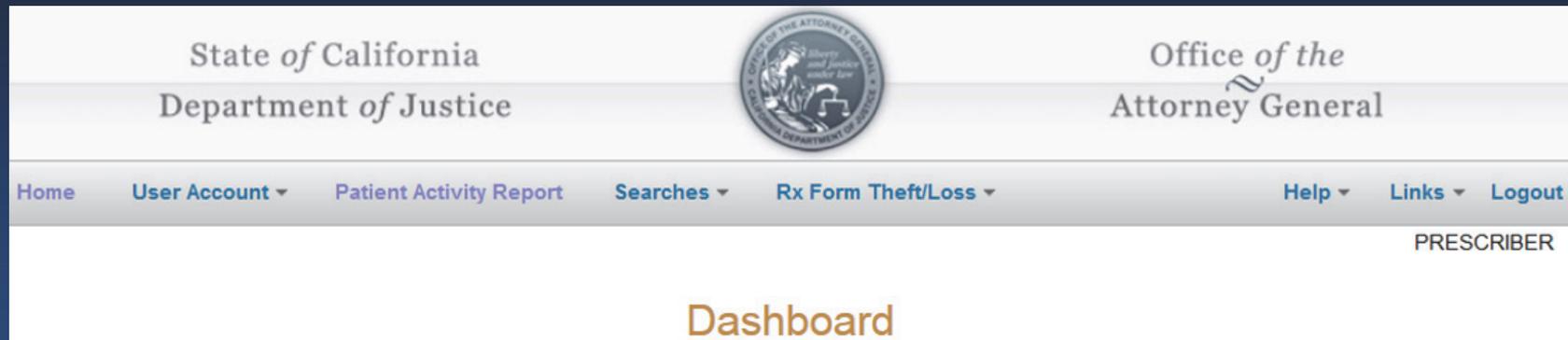
View	Patient Name	DOB	Gender	Address	From	Date
No records found.						
(1 of 1)				5		

Bulletins

- [New Alerts Detail](#) (01/20/2017)

CURES 2.0

CURES 2.0 Features



User Profile Management

- Update Profile
- Create Delegates
- Change Password

Patient Activity Reports (PARs)

- PDF or Download to Excel
- Saved Searches

Prescription Form Theft/Loss

- Report
- View Self-reports

CURES 2.0

CURES 2.0 Features

User Registration

Prescriber & Dispenser

Application Instructions

To submit this application, complete the following steps:

To begin your CURES registration, please enter and then confirm your email address. This should be an email account to which only you have access. The email address you select will be the exclusive email address from which you will receive CURES-related correspondence.

If you are with a law enforcement agency or regulatory board and need CURES access, please contact CURES Help Desk at (916) 227-3843 or email to CURES@doj.ca.gov.

Applicant's Email Confirmation

Note: All fields with (*) are required.

User Role: *

License Issued By: * California Department of Consumer Affairs An Agency outside of California

Email Address: *

Confirm Email: *

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.

Automated Registration

California clinical users are provided a fully automated registration process.

[https://cures.doj.ca.gov/registration/confirm
EmailPnDRegistration.xhtml](https://cures.doj.ca.gov/registration/confirm>EmailPnDRegistration.xhtml)

Delegation Authority

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

CURES 2.0

CURES 2.0 Features

Compacts

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. Users can view if a compact exists for a patient.

Peer-to-Peer Communication

Users can view prescriber contact information. Prescribers and dispensers can securely send messages to prescribers concerning mutual patients within CURES 2.0.

Messages are encrypted in transit and at rest.

Search Details **Compacts and Messaging**

Patient Details

CURES 2.0 provides the capability for a prescriber to make other practitioners aware of a treatment exclusivity compact with a specific patient whenever that patient is queried in CURES 2.0. This optional feature is provided to help avert potentially counter-productive treatment/prescribing.

If you wish to indicate a treatment exclusivity compact exists between you and a patient, click the "Add" button next to the patient entity(ies). You must specifically identify your patient by name, date of birth, and address.

The compact status should be rescinded as soon as it is no longer in force. The compact status will continue to display until it is rescinded by the prescriber who established it. Prescribers are encouraged to regularly review their compact listings and remove outdated designations.

Name	DOB	Address	Compact	Compact Action
JOHN SMITH				Add
JOHN SMITH				Add
JOHN SMITH				Add

(1 of 1) 1 5

Peer Messaging

Peer messaging is available with prescribers that have a CURES 2.0 account.

	Name	Email	Phone #
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input type="checkbox"/>			

From: [Text Box]

Regarding: Above listed patients

Message: [Text Box]

Send Message

Prescribers NOT in CURE 2.0

Peer messaging is available only with prescribers that have a CURES 2.0 account. The following prescribers do not have a CURES account and their contact information is unknown. The address provided is based on DEA record information.

Name	Address
No prescribers found for this patient entity	

Alerts

Alerts are informational and can assist the prescriber in aptly determining patient treatment.

Dashboard

Favorites

[Manage Saved Searches](#)

Title	Report Type	Requester	Action
No records found.			
(1 of 1) << >> >>> >>>> 10			

Alerts

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

Detail	Type	Name	DOB	Address
⌵	1,3,4,5	[Redacted]		
⌵	2,5	[Redacted]		
⌵	1,3,4	[Redacted]		
⌵	1,3,4	[Redacted]		
⌵	1,4,5	[Redacted]		

1,3,4,5 [Redacted]

- Currently prescribed more than 100 Morphine mg equivalency per day.
- Currently prescribed 40 or more morphine milligram equivalents of Methadone daily.
- Currently Prescribed Opioids More Than 90 Consecutive Days.
- Currently Prescribed Both Benzodiazepines and Opioids.

Select All	Last Name	First Name	DOB	Address	City	Zip
<input checked="" type="checkbox"/>	[Redacted]				RIVERSIDE	92506
<input checked="" type="checkbox"/>	[Redacted]				RIVERSIDE	92506
<input checked="" type="checkbox"/>	[Redacted]				RIVERSIDE	92506

The patient alert is based on all of the above selected patient information variations. To generate a PAR, select some or all patient entities.

Patient Safety Alerts

1. Rx Recipients Who are Currently Prescribed More than 90 Morphine Milligram Equivalency Per Day
2. Rx Recipients Who Have Obtained Prescriptions from 6 or More Prescribers or 6 or More Pharmacies During Last 6 Months
3. Rx Recipients Who Are Currently Prescribed More than 40 Milligrams Methadone Daily
4. Rx Recipients Who Are Currently Prescribed Opioids More Than 90 Consecutive Days
5. Rx Recipients Who Are Currently Prescribed Both Benzodiazepines and Opioids

De-duplication

PDMP patient data lacks positive identifiers.

Approximately 165K new Rx records are added to the CURES 2.0 data base daily. With this new data, the analytics engine must reconcile patient, prescriber, and dispenser entities across the 1TB database every night.

Medicinal Computations

Once the data is de-duplicated nightly, the analytics engine identifies the resolved persons' current prescriptions based on date filled and number of days supply.

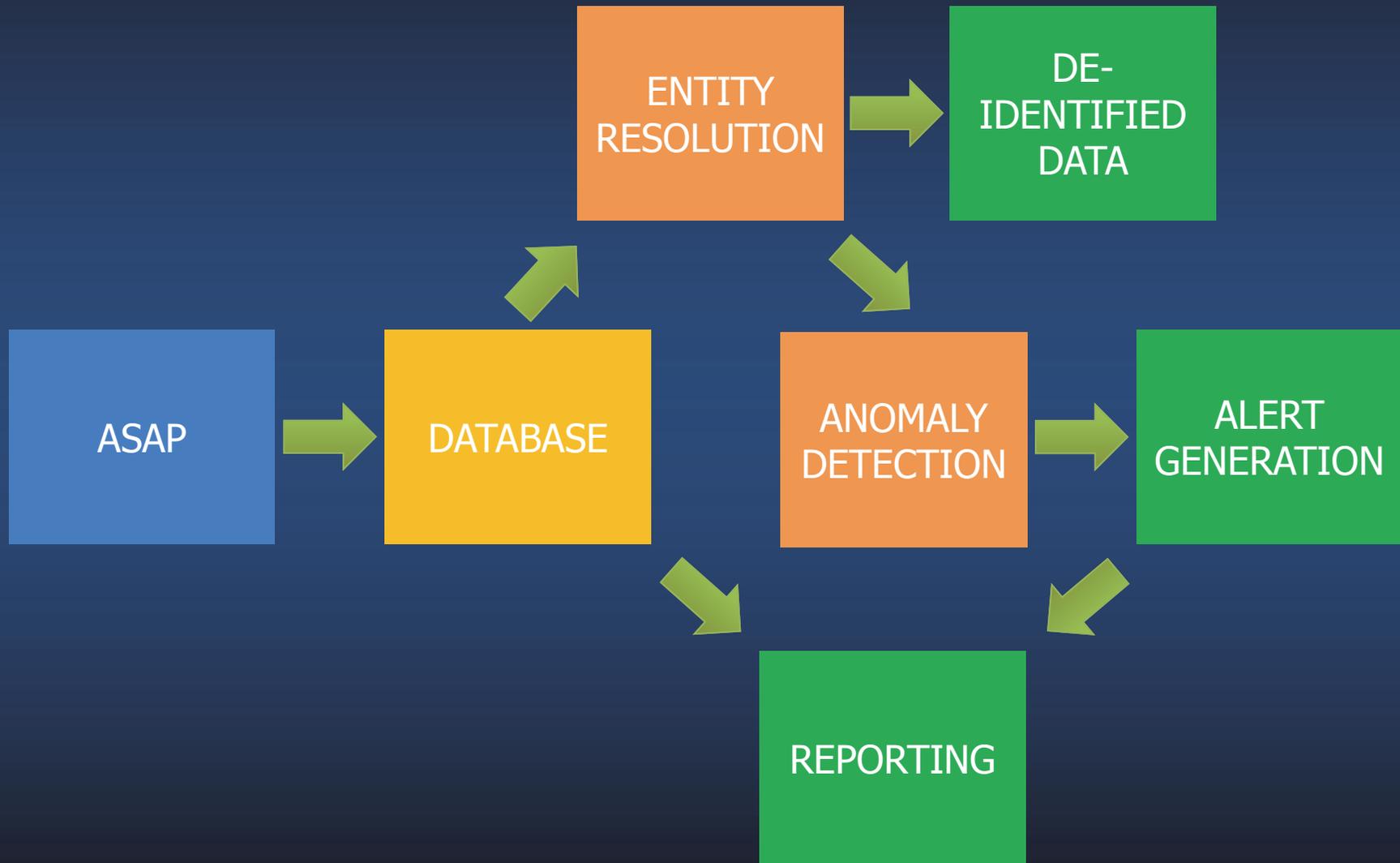
The resolved persons' current prescription medicinal therapy levels are calculated and compared against pre-established thresholds. Therapy levels exceeding those thresholds trigger Patient Safety Alerts to current prescribers.

De-identified Data

The de-duplicated data also contributes to the quarterly and annual systematic production of 58 county and one statewide de-identified data sets for use by public health officers and researchers.

CURES 2.0 systematically de-identifies county and statewide data sets for County Health Officers, Brandeis University/CDC, and researchers.

This data enables counties to calculate current rates of prescriptions, examine variations within the state, and track the impact of safe prescribing initiatives.



SB 482 (Stats 2016, Ch 708, Lara)

With specified exceptions, prescribers are required to consult CURES prior to prescribing a Schedule II-IV controlled substance prior to prescribing *and* at least once every four months if the controlled substance continues to be part of the treatment of the patient.

Mandatory use of CURES becomes effective “...six months after the Department of Justice certifies that the CURES database is ready for statewide use and that the department has adequate staff...”

California Health & Safety Code section § 11165.4

On April 2, 2018, DOJ certified the CURES database is ready for statewide use. Mandatory CURES consultation becomes effective on October 2, 2018.

California Health & Safety Code section § 11165.4

11165.4.

- (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every four months thereafter if the substance remains part of the treatment of the patient.
- (ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the CURES database the first time he or she prescribes, orders, administers, or furnishes a controlled substance to a patient, he or she shall consult the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every four months thereafter if the substance remains part of the treatment of the patient.
- (B) For purposes of this paragraph, "first time" means the initial occurrence in which a health care practitioner, in his or her role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.
- (2) A health care practitioner shall obtain a patient's controlled substance history from the CURES database no earlier than 24 hours, or the previous business day, before he or she prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.
- (b) The duty to consult the CURES database, as described in subdivision (a), does not apply to veterinarians or pharmacists.
- (c) The duty to consult the CURES database, as described in subdivision (a), does not apply to a health care practitioner in any of the following circumstances:
- (1) If a health care practitioner prescribes, orders, or furnishes a controlled substance to be administered to a patient while the patient is admitted to any of the following facilities or during an emergency transfer between any of the following facilities for use while on facility premises:
- (A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.
- (B) An outpatient setting, as described in Chapter 1.3 (commencing with Section 1248) of Division 2.
- (C) A health facility, as described in Chapter 2 (commencing with Section 1250) of Division 2.
- (D) A county medical facility, as described in Chapter 2.5 (commencing with Section 1440) of Division 2.
- (2) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance in the emergency department of a general acute care hospital and the quantity of the controlled substance does not exceed a nonrefillable seven-day supply of the controlled substance to be used in accordance with the directions for use.
- (3) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient as part of the patient's treatment for a surgical procedure and the quantity of the controlled substance does not exceed a nonrefillable five-day supply of the controlled substance to be used in accordance with the directions for use, in any of the following facilities:
- (A) A licensed clinic, as described in Chapter 1 (commencing with Section 1200) of Division 2.
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- (E) A place of practice, as defined in Section 1658 of the Business and Professions Code.
- (4) If a health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient currently receiving hospice care, as defined in Section 1339.40.
- (5) (A) If all of the following circumstances are satisfied:
- (i) It is not reasonably possible for a health care practitioner to access the information in the CURES database in a timely manner.
- (ii) Another health care practitioner or designee authorized to access the CURES database is not reasonably available.
- (iii) The quantity of controlled substance prescribed, ordered, administered, or furnished does not exceed a nonrefillable five-day supply of the controlled substance to be used in accordance with the directions for use and no refill of the controlled substance is allowed.
- (B) A health care practitioner who does not consult the CURES database under subparagraph (A) shall document the reason he or she did not consult the database in the patient's medical record.
- (6) If the CURES database is not operational, as determined by the department, or when it cannot be accessed by a health care practitioner because of a temporary technological or electrical failure. A health care practitioner shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within his or her control.
- (7) If the CURES database cannot be accessed because of technological limitations that are not reasonably within the control of a health care practitioner.
- (8) If consultation of the CURES database would, as determined by the health care practitioner, result in a patient's inability to obtain a prescription in a timely manner and thereby adversely impact the patient's medical condition, provided that the quantity of the controlled substance does not exceed a nonrefillable five-day supply if the controlled substance were used in accordance with the directions for use.

California Health & Safety Code section § 11165.4

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- (5) (A) If all of the following circumstances are satisfied:
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AB 40 (Stats 2017, Ch 607, Santiago)

Chaptered on October 9, 2017, AB 40 requires DOJ to make CURES data available to authorized users via a health information technology system, provided the entity operating the health information technology system can certify meeting technical and security requirements and have a MOU with DOJ. DOJ must make CURES data available via integration no later than October 1, 2018.



Contact Information

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thank you