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**MEMORANDUM**

**TO:** Honorable Rusty Crowe  
Chairman of the Senate General Welfare, Health & Human Resources  
Committee

Honorable Glen Casada  
Chairman of the House Health and Human Resources Committee

**FROM:** Andrew C. Holt, PharmD   
Executive Director, Tennessee Board of Pharmacy

**SUBJECT:** Amended Controlled Substance Monitoring Database Annual Report

**DATE:** April 30, 2012

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Please find enclosed the Amended Controlled Substance Monitoring Database Report.

cc: John J. Dreyzehner, MD, MPH, Commissioner of Department of Health  
Valerie Nagoshiner, Legislative Liaison  
Jane Young, General Counsel  
Michelle J. Long, Assistant Commissioner

Enclosure

# **Amended Report to the General Assembly: Controlled Substance Database**

**A Report to the 2012 107<sup>th</sup> Tennessee General Assembly**

**Tennessee Department of Health**

**Controlled Substance Database Advisory Committee  
Board of Pharmacy**

**April, 2012**

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**EXECUTIVE SUMMARY:**

This report addresses activities of the Controlled Substance Monitoring Database program. The Controlled Substance Monitoring Database Committee is composed of representatives of each of the prescribing professions and staff from the Division of Health Related Boards. The Committee is required to report annually on the outcome of the program with respect to its effect on distribution and abuse of controlled substances along with recommendations for improving control and prevention of diversion of controlled substances. In addition to the annual reporting requirement, the committee is required to file an annual report with the Tennessee House of Representatives and the Senate General Welfare Committees each year and include a monthly analysis about tracking the individuals or entities accessing the database and the security measures taken to ensure that only authorized persons or entities access the database.

The Tennessee Department of Health is engaged in continual efforts to instruct and guide health care providers about the mechanics and the benefits of accessing the database. As a result the 2011 data indicates that the database was accessed by a significantly greater number of dispensers (prescribers and pharmacists) in 2011 than in 2010 and that there was also a corresponding increase in the number of patient history reports requested. This report analyzes some of the data available, and the Department of Health is dedicated to finding more ways to utilize the data that is available on the database in order to reduce inadvertent overdosing, to identify patients who need help, to curb prescription drug abuse, and to assist prescribers with information about their patients.



**BACKGROUND AND SUMMARY OF THE LAW:**

The Controlled Substance Monitoring Act of 2002 was enacted on or about July 3, 2002 in the 2002 Public Acts, Chapter 840, codified in Tenn. Code Ann. § 53-10-301, et seq. for the creation of the controlled substance database (“database”) which is administratively attached to the Board of Pharmacy (“Board”). Tenn. Code Ann. § 53-10-304(c) explicitly provides that the purpose of the database is “...to assist in research, statistical analysis, criminal investigations, enforcement of state and federal laws involving controlled substances, and the education of health care practitioners concerning patients who, by virtue of their conduct in acquiring controlled substances, may require counseling or intervention for substance abuse...” Toward that end, dispensers (prescribers and pharmacists) are required to submit data about the controlled substances dispensed (including strength and quantity) along with the patient’s name, twice each month to Optimum Technologies who has contracted with the Board of Pharmacy to compile the data for the database. The law also provides that the Board along with the Controlled Substance Database Advisory Committee (“Committee”) shall establish, administer, maintain and direct the functioning of the database (Tenn. Code Ann. § 53-10-304(b)).

In addition to those duties, pursuant to Tenn. Code Ann. § 53-10-309, the Committee was required to report annually on the outcome of the program with respect to its effect on distribution and abuse of controlled substances along with recommendations for improving control and prevention of diversion of controlled substances. Tenn. Code Ann. § 53-10-309 was amended in Public Chapter 498 of the 2007 Public Acts to provide that in addition to the annual reporting requirement recited above, the committee is required to file an annual report with the house and senate general welfare committees starting on or by February 1, 2008 and each year thereafter to include a monthly analysis about tracking the individuals or entities who/that access the database and the security measures taken to ensure that only authorized persons or entities access the database. This report is submitted in compliance with these reporting mandates.

In July of 2011, Public Chapter 310 amended parts of Tenn. Code Ann. § 53-10 Part 3. The amendments contained in Public Chapter 310 added two new key elements to assist in the detection and prevention of substance abuse and the diversion of controlled substances. Tenn. Code Ann. § 53-10-306 was amended to include certain law enforcement personnel actively engaged in a criminal investigation and specified personnel from the Department of Mental Health to the list of individuals who may be granted access to the data contained in and reported from the database. Additionally, Public chapter 310 amended Tenn. Code Ann. § 53-10-303 and now vests the duty of examining database information for unusual patterns of prescribing and dispensing of controlled substances with the Committee. The legislation also amended Tenn. Code Ann. § 53-10-309 to allow the “release information from the database requested by a member of the general assembly that is related to research, statistical analysis, or education of health care practitioners relative to controlled substances.”

**DATA TRACKING:**

In attempting to report on the outcome and the efficacy of the program, the Board of Pharmacy staff compiled the following data about controlled substance usage prescribed and dispensed in Tennessee from January 1, 2011 to December 31, 2011. Tenn. Code Ann. § 53-10-306 (a) (2) allows the Board of Pharmacy staff to have access to the database information for the purposes of compiling this report. Also included below is some comparative data from 2009 and 2010 (previously included in the January 2011 report):

	<u>2009</u>	<u>2010</u>	<u>2011</u>
Total # of prescriptions entered into database:	15,265,702	13,734,564	17,991,399
Total # of individuals with password access: <b>*(comprised mainly of 10,248 prescribers and 4,504 pharmacists)</b>	10,421	13,182	15,323
Total # of dispensers (prescribers and pharmacists) who submit data to the database:	2253	2507	2748
Total # of requests for reports pursuant to Tenn. Code Ann. § 53-10-306(a)(1)-(5):	903,553	1,200,435	1,486,932
Total # of requests for reports pursuant to Tenn. Code Ann. § 53-10-306(a)(6):			551

**\*(comprised of 1,289,875 prescriber requests; 189,129 pharmacist requests; 7,801 requests from the following agencies: Department of Health Bureau of Investigations, TennCare Fraud investigators, Office of Inspector General; 678 requests from local law enforcement, judicial district drug taskforce personnel, DEA, and TBI personnel (127 were court ordered before legislation change.)**

A 2011 monthly analysis tracking the number of individuals or entities, who accessed the database (pharmacists, prescribers, Tennessee Bureau of Investigations, Medicaid Fraud Control Unit, Office of Inspector General, Department of Health, Bureau of Health Licensure and Regulation, Division of Investigations, and Court orders) as required by Tenn. Code Ann. § 53-10-309 is as follows:

<u>2011</u>	<u>Number Accessed</u>
January	113,434
February	109,896
March	125,239
April	117,987



May	124,497
June	126,588
July	118,591
August	139,957
September	123,321
October	126,187
November	130,825
December	130,284

A 2011 monthly analysis tracking the number of law enforcement personnel who requested information from the database pursuant to Tenn. Code Ann. § 53-10-306(a)(6) is as follows:

<u>2011</u>	<u>Reports Requested</u>
July	37
August	145
September	94
October	69
November	107
December	99

The top prescribers for 2011 are as follows:

		Doses	Total # Rx	# Patients
Active #1	<b>MD</b>	<b>5,053,473</b>	<b>37,266</b>	<b>3,611</b>
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 500 MG;10 MG TABLET	947,891		
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	854,561		
	METHADONE HYDROCHLORIDE TABLETS 10 MG TABLET	539,560		
	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	367,097		
	CLONAZEPAM TABLETS 0.5 MG TABLET	345,864		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 325 MG;5 MG TABLET	280,252		
	CARISPRODOL TABLETS 350 MG TABLET	190,454		
	OXYCODONE AND ACETAMINOPHEN TABLETS 325 MG;7.5 MG TABLET	100,643		
	CLONAZEPAM TABLETS 1 MG TABLET	85,343		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 650 MG;10 MG TABLET	73,532		
	ALPRAZOLAM TABLETS 1 MG TABLET	72,270		
	OXYCONTIN TABLETS 80 MG TABLET, FILM COATED, EXTENDED RELEASE	66,420		
	DIAZEPAM TABLETS 10 MG TABLET	48,808		
	ENDOCET TABLETS 325;10 MG;MG	41,174		
	DEXTROAMPHETAMINE SACCHARATE AND SULFATE AMPHETAMINE ASPARTATE AND SULFATE TABLETS 2.5 MG;2.5 MG;2.5 MG;2.5 MG TABLET	39,879		
Active #2	<b>MD</b>	<b>1,948,009</b>	<b>17,792</b>	<b>2,401</b>
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	616,091		
	ALPRAZOLAM TABLETS USP 2 MG TABLET	392,652		

	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 500 MG;7.5 MG TABLET	182,691		
	METHADONE HYDROCHLORIDE TABLETS USP 10 MG TABLET	131,911		
	OXYCONTIN TABLETS 80 MG TABLET, FILM COATED, EXTENDED RELEASE	98,289		
	CARISPRODOL TABLETS 350 MG TABLET	95,461		
	OPANA OXYMORPHONE HYDROCHLORIDE EXTENDED RELEASE TABLETS 20 MG TABLET	47,301		
	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	42,877		
	DIAZEPAM TABLETS 10 MG TABLET	33,111		
	OXYCONTIN TABLETS 40 MG TABLET, FILM COATED, EXTENDED RELEASE	21,750		
	ALPRAZOLAM TABLETS 1 MG TABLET	19,070		
	OXYCONTIN TABLETS 60 MG TABLET, FILM COATED, EXTENDED RELEASE	16,839		
	OXYCODONE AND ACETAMINOPHEN TABLETS 650 MG;10 MG TABLET	14,680		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 325 MG;10 MG TABLET	12,306		
	DEXTROAMPHETAMINE SACCHARATE AND SULFATE AMPHETAMINE ASPARTATE AND SULFATE TABLETS 7.5 MG;7.5 MG;7.5 MG;7.5 MG TABLET	10,849		
		<b>Doses</b>	<b>Total #</b>	<b>#</b>
Active #3	<b>MD</b>	<b>1,894,175</b>	<b>22,613</b>	<b>3,235</b>
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 500 MG;10 MG TABLET	641,200		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 500 MG;7.5 MG TABLET	542,796		
	ALPRAZOLAM TABLETS USP 1 MG TABLET	245,442		
	DIAZEPAM TABLETS 10 MG TABLET	113,548		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 500 MG;5 MG TABLET	99,419		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 325 MG;10 MG TABLET	43,560		
	ALPRAZOLAM TABLETS USP 2 MG TABLET	42,480		
	DIAZEPAM TABLETS 5 MG TABLET	35,235		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 650 MG;7.5 MG TABLET	30,004		
	ALPRAZOLAM TABLETS 0.5 MG TABLET	18,285		
	LYRICA CAPSULES 150 MG CAPSULE;CAPSULE, GELATIN COATED	10,685		
	ALPRAZOLAM TABLETS USP 0.5 MG TABLET	9,000		
	LORAZEPAM TABLETS 1 MG TABLET	5,925		
	LORAZEPAM TABLETS 2 MG TABLET	5,190		
	CLONAZEPAM TABLETS 1 MG TABLET	4,918		
		<b>Doses</b>	<b>Total #</b>	<b>#</b>
Active #4	<b>APN</b>	<b>1,775,969</b>	<b>19,538</b>	<b>3,111</b>
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 500 MG;10 MG TABLET	389,347		
	DIAZEPAM TABLETS USP 5 MG TABLET	325,528		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 325 MG;10 MG TABLET	160,094		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 500 MG;5 MG TABLET	136,542		
	CLONAZEPAM TABLETS 1 MG TABLET	84,909		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 660 MG;10 MG TABLET	67,894		
	DIAZEPAM TABLETS 2 MG TABLET	69,602		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 500 MG;7.5 MG TABLET	64,732		
	DIAZEPAM TABLETS 10 MG TABLET	62,789		



	PHENTERMINE HYDROCHLORIDE TABLETS 37.5 MG TABLET	38,892		
	ZOLPIDEM TARTRATE TABLETS 10 MG TABLET, FILM COATED	31,301		
	METHYLPHENIDATE HYDROCHLORIDE TABLETS USP 20 MG TABLET	22,782		
	ENDOCET TABLETS 325;10 MG;MG	22,555		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 325 MG;5 MG TABLET	19,130		
	OXYCODONE AND ACETAMINOPHEN TABLETS 325 MG;5 MG TABLET	19,010		
			<b>Total #</b>	<b>#</b>
<b>Active #5</b>	<b>APN</b>	<b>1,773,759</b>	<b>Rx 11,713</b>	<b>Patients 1,730</b>
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	805,185		
	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	111,045		
	METHADONE TABLETS 10 MG TABLET	99,731		
	ALPRAZOLAM TABLETS 1 MG TABLET	99,065		
	OXYCONTIN TABLETS 80 MG TABLET, FILM COATED, EXTENDED RELEASE	94,219		
	CARISOPRODOL TABLETS 350 MG TABLET	93,134		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 325 MG;10 MG TABLET	54,131		
	OXYCONTIN TABLETS 40 MG TABLET, FILM COATED, EXTENDED RELEASE	40,303		
	ALPRAZOLAM TABLETS 0.5 MG TABLET	39,304		
	OXYCONTIN TABLETS 60 MG TABLET, FILM COATED, EXTENDED RELEASE	29,402		
	DIAZEPAM TABLETS 10 MG TABLET	23,896		
	MORPHINE SULFATE TABLETS EXTENDED RELEASE 30 MG TABLET, EXTENDED RELEASE	23,896		
	ENDOCET TABLETS 325;10 MG;MG	20,662		
	OPANA OXYMORPHONE HYDROCHLORIDE EXTENDED RELEASE TABLET 40 MG TABLET	18,429		
	ALPRAZOLAM TABLETS 2 MG TABLET, COATED	18,389		
			<b>Total #</b>	<b>#</b>
<b>Active #6</b>	<b>MD</b>	<b>1,720,906</b>	<b>Rx 15,133</b>	<b>Patients 2,262</b>
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	840,746		
	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	260,561		
	DIAZEPAM TABLETS USP 5 MG TABLET	247,552		
	DIAZEPAM TABLETS 10 MG TABLET	172,035		
	MORPHINE SULFATE EXTENDED RELEASE TABLETS 100 MG TABLET, EXTENDED RELEASE	27,314		
	MORPHINE SULFATE EXTENDED RELEASE TABLETS 60 MG TABLET, EXTENDED RELEASE	24,159		
	DIAZEPAM TABLETS 2 MG TABLET	15,167		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 325 MG;10 MG TABLET	12,104		
	OPANA OXYMORPHONE HYDROCHLORIDE EXTENDED RELEASE TABLETS 20 MG TABLET	8,760		
	OPANA OXYMORPHONE HYDROCHLORIDE EXTENDED RELEASE TABLET 40 MG TABLET	8,520		
	MORPHINE SULFATE TABLETS EXTENDED RELEASE 30 MG TABLET, FILM COATED, EXTENDED RELEASE	8,181		
	CLONAZEPAM TABLETS 1 MG TABLET	7,766		
	MORPHINE SULFATE TABLETS EXTENDED RELEASE 200 MG TABLET, FILM COATED, EXTENDED RELEASE	7,530		
	OXYCONTIN TABLETS 80 MG TABLET, FILM COATED, EXTENDED RELEASE	7,000		
	MORPHINE SULFATE EXTENDED RELEASE TABLETS 200 MG TABLET, EXTENDED RELEASE	6,840		



Active #10	APN	Doses	Total # Rx	# Patients
	ZOLPIDEM TARTRATE TABLETS EXTENDED RELEASE 12.5 MG TABLET, FILM COATED, EXTENDED RELEASE	210		
	AMBIEN CR TABLETS 12.5 MG TABLET, COATED	150		
	LUNESTA TABLETS 2 MG TABLET, COATED;TABLET, FILM COATED	90		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 325 MG;5 MG TABLET	60		
	ADIPEX P CAPSULES 37.5 MG CAPSULE	30		
	AMBIEN TABLETS 10 MG TABLET, FILM COATED	30		
	CONCERTA TABLETS EXTENDED RELEASE 18 MG TABLET, EXTENDED RELEASE	30		
	ZOLPIDEM TARTRATE TABLETS 5 MG TABLET, FILM COATED	30		
	ALPRAZOLAM TABLETS 0.25 MG TABLET	25		
	TRAMADOL 50 MG	12		
	<b>APN</b>	<b>1,489,706</b>	<b>15,428</b>	<b>1,607</b>
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 500 MG;10 MG TABLET	396,566		
	ALPRAZOLAM TABLETS 0.5 MG TABLET	213,509		
	ALPRAZOLAM TABLETS 1 MG TABLET	167,501		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 500 MG;7.5 MG TABLET	151,084		
	DIAZEPAM TABLETS 10 MG TABLET	83,255		
	ENDOCET TABLETS 325;10 MG;MG	80,424		
	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 325 MG;10 MG TABLET	79,043		
	OXYCODONE HYDROCHLORIDE TABLETS 15 MG TABLET	72,193		
	OXYCODONE HYDROCHLORIDE TABLETS 30 MG TABLET	70,046		
	DIAZEPAM TABLETS 5 MG TABLET	41,518		
	CARISOPRODOL TABLETS 350 MG TABLET	27,795		
	OXYCODONE AND ACETAMINOPHEN TABLETS 325 MG;10 MG TABLET	19,781		
	ZOLPIDEM TARTRATE TABLETS 10 MG TABLET, FILM COATED	18,214		
	ALPRAZOLAM TABLETS 2 MG TABLET	16,710		
	ENDOCET TABLETS 650 MG;10 MG TABLET	15,960		

**SECURITY MEASURES:**

The individuals or entities that have access to the database are: personnel of the committee; authorized committee, board or department of health personnel; pharmacists; prescribers; Office of Inspector General and other authorized TennCare personnel, and the Medicaid Fraud Control Unit. Law enforcement personnel engaged in an official investigation and enforcement of state and federal controlled substance laws are allowed to request information from the database pursuant to Tenn. Code Ann. § 53-10-306(a)(6). In order to ensure that only those authorized individuals and entities have access, the Board of Pharmacy employs the following security measures:

- (1). All authorized entities and individuals that have been granted access to the database pursuant to Tenn. Code Ann. § 53-10-306(a)(1) through (5) are allowed to enter the database through a password obtained from the Board staff.



- (2). Before the Office of Inspector General, the Medicaid Fraud Control Unit, and TennCare personnel are able to access the database, the individuals requesting access must submit a written request on their respective letterheads to the Board office verifying that they are in fact employed by the entities that they represent before they are supplied with individual passwords. There are a total of sixteen (16) individuals from the Office of Inspector General and the Medicaid Fraud Control Unit, who have password access to the database.
- (3). Before the dispensers are granted access to the database, they must submit a registration request to Board of Pharmacy staff. The Board of Pharmacy staff reviews the request to ensure that the dispenser's license is in good standing in Tennessee or any other states where the individual has a license to dispense controlled substances.
- (4). When the authorized user is granted access, the computer generates a security profile for that user, which, in turn, offers the Board of Pharmacy complete oversight of what data has been accessed, updated or viewed.
- (5). Requests by law enforcement personnel for information sent to, contained in, and reported from the database pursuant to Tenn. Code Ann. § 53-10-306(a) (6) must submit a written request with a case number corresponding to a criminal investigation. The Board of Pharmacy staff verifies that the law enforcement personnel are on the approved list submitted by the TBI director or the district attorney general in the judicial district in which the law enforcement agency or judicial district drug task force has jurisdiction.
- (6). Requests for access by persons other than a dispenser or those individuals outlined in Tenn. Code Ann. § 53-10-306(a)(1) through (6) were reviewed by Board of Pharmacy staff and Legal Counsel to determine if the person requesting access could be granted access pursuant to applicable laws and rules. Legal staff also reviewed all Court orders to ensure that they were in compliance with Tenn. Code Ann. § 53-10-306 before any information was released.
- (7). The Board of Pharmacy staff receives and monitors written requests to access the database by the Department of Health's Bureau of Investigations. Tenn. Code Ann. § 53-10-308(a) provides that the committee may release confidential information from the database regarding practitioners, patients, or both, to a manager of any investigations or prosecution unit of a board, committee, or other governing body that licenses practitioners and is engaged in any investigation, an adjudication, or a prosecution of a violation under any state or federal law that involves a controlled substance. In exercising its authority under this statutory section, the Committee voted to allow the Director of the Bureau of Investigations for the Department of Health to obtain a report from the database about a specific practitioner when there is an open complaint against a practitioner and the allegations involve that practitioner's controlled substance prescribing practices. The Bureau of Investigations Director is a licensed attorney and provides the Board staff with a written request for database information containing the practitioner's name, the allegations in the pending complaint against the practitioner, and how the allegations relate to the practitioner's prescribing practices relative to controlled substances.



**FINDINGS AND RECOMMENDATIONS:**

The 2011 data indicates that the database is being accessed by a significantly greater number of dispensers (prescribers and pharmacists) in 2011 than in 2010 (an increase from 13,182 to 15,323.) There is also a corresponding increase (from 1,200,435 in 2010 to 1,487,483 in 2011) in the number of patient history reports being requested.

On April 7, 2011, tramadol, carisoprodol and all products containing tramadol or carisoprodol became Schedule IV controlled substances in the State of Tennessee pursuant to Tenn. Comp. R. & Regs. Rule 0940-06-01.04, as authorized under Tenn. Code Ann. § 39-17-403. Since April 7<sup>th</sup> there have been 1,071,663 prescriptions for tramadol and carisoprodol-containing products entered into the database. When factoring these prescriptions out of the total number of prescriptions entered into the database in 2011, there were 16,919,736 prescriptions for controlled substances entered in 2011 vs 13,764,564 in 2010. This data also shows that more dispensers are uploading more prescriptions into the database in 2011 than in 2010.

The decrease in number of prescriptions from 2009 to 2010, coupled with the marked increases of the number of users and reports requested from 2009 to 2010 would indicate that T.C.A. § 53-10-310 has increased the use of the database by dispensers. The data as a whole indicates that health care providers are using the database for its intended purpose - tailoring patient treatment plans, relative to cumulative controlled substance usage. It also indicates that dispensers are increasingly relying on the database as a tool used to detect the abuse and misuse of controlled substances and also as a tool to better treat the patient in providing competent, quality care.

In addition to the empirical data collected by Board staff about the effect of the database on the distribution and abuse of controlled substances, the Board continuously receives anecdotal evidence from health care providers indicating that database information has allowed them to determine if a patient is seeing various doctors at the same time and obtaining the same or therapeutically equivalent controlled substances. Providers may use the database information to either refuse to prescribe or dispense a duplication of drug therapy or they may alter the patient's treatment plan accordingly. Physicians and pharmacists have also stated that the database information has allowed them to communicate with other health care providers who may be treating or have treated the same patient in an effort to exchange information about the patient's condition and the appropriate future treatment regimen for the patient. This anecdotal evidence suggests that through greater usage of the database from health care providers, the database is affecting the distribution of controlled substances such that those health care providers who are accessing the database are attempting to appropriately prescribe and dispense controlled substances to patients. This also suggests that both health care providers and pharmacists are working together to help curb prescription drug abuse.

The committee, as part of its duties set forth in T.C.A. § 53-10-303 (h) (1), has begun utilizing the database to help identify possible unusual prescribing and/or dispensing practices, taking into account the particular specialty, circumstances, patient-type or location of the prescriber or dispenser. As a result, pharmacies are being investigated by the Board of Pharmacy for possible unusual or excessive dispensing practices. Reports of prescribers have also been sent to the Health-Related Boards, Office of Investigations for analysis of possible unusual prescribing practices.

The increased and appropriate usage of the database may be partially attributed to the efforts of the Department of Health to instruct and guide health care providers about the mechanics and the benefits of the database. Board of Pharmacy staff members have made presentations to the Tennessee Pharmacists Association, Colleges of Pharmacy, and to pharmacists state-wide through continuing education updates about the database. The participation of the Tennessee Department of Health in the meetings of the Tennessee Drug Diversion Task Force have increased other state agencies' awareness and have facilitated a cooperative working relationship between the agency and law enforcement. The task force develops educational programs aimed at helping prescribers, dispensers, and law enforcement to improve prescribing practices and teach health care professionals and law enforcement how to effectively use the database to identify and prohibit controlled substance abuse and diversion.

The Committee recommends education for health care providers about the benefits of using the database in treating patients and identifying drug-seeking behavior. The Committee also recommends increased educational opportunities for health care providers and for law enforcement regarding opportunities to work together.