



COMMONWEALTH OF VIRGINIA

Meeting of the Virginia Prescription Monitoring Advisory Panel

Perimeter Center, 9960 Mayland Drive, Second Floor
Henrico, Virginia 23233

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Agenda of Meeting *October 28, 2016* 10:00 AM Board Room 3 TOPIC

Call to Order: Ralph Orr, Program Director, PMP

- Welcome and introductions
- Reading of emergency evacuation script:
- Approval of Agenda (1)
- Approval of Minutes (2-5)

Public Comment:

Criteria for Unsolicited Reports-Patients: Ralph Orr, Program Director, PMP (6-10)

- To Prescribers:
- To Law Enforcement

Criteria for Unsolicited Reports-Prescribers and Dispensers: Ralph Orr, Program Director, PMP (11-18)

Set next Meeting:

Adjourn

DRAFT

**VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
VIRGINIA PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY COMMITTEE**

Monday, July 18, 2015

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER:	A meeting of the special advisory panel of the Prescription Monitoring Program was called to order at 2:05 p.m.
PRESIDING	Ralph Orr, Director, Prescription Monitoring Program
MEMBERS PRESENT:	Lori Conklin, M.D., Board Member, Board of Medicine David Taminger, M.D., Board Member, Board of Medicine Ryan Logan, Board Member, Board of Pharmacy Jody Allen, Board Member, Board of Pharmacy
MEMBERS ABSENT:	None
STAFF PRESENT:	David E. Brown, D.C., Director, Department of Health Professions (DHP) Lisa Hahn, Deputy Director, Department of Health Professions (DHP) James Rutkowski, Assistant Attorney General, Office of the Attorney General William L. Harp, M.D., Executive Director, Board of Medicine Caroline Juran, Executive Director, Board of Pharmacy Ralph A. Orr, Program Director, Prescription Monitoring Program Carolyn McKann, Deputy Director, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS/READING OF EVACUATION SCRIPT	Mr. Orr welcomed everyone to the meeting of the advisory panel.
APPROVAL OF AGENDA	The agenda was approved as presented.
PUBLIC COMMENT:	No public comments were made.
DISCUSSION OF BACKGROUND MATERIAL: Ralph Orr, Director, Prescription Monitoring Program	Mr. Orr presented HB657 to the group. This new legislation directs the Director of DHP to develop, in consultation with an advisory panel, criteria for indicators of unusual patterns of prescribing or dispensing and based on analysis of data collected by the Prescription Monitoring Program; may disclose this information to the DHP enforcement division for investigation. Mr. Orr explained that once threshold criteria are set the Virginia PMP will send reports to the Enforcement

Division for investigation. The Enforcement Division upon investigation may determine possible criminal activity and may forward to law enforcement for investigation under existing processes.

Mr. Orr directed the panel's attention to pages 11 -15 of the PDMP Center of Excellence at Brandeis University publication entitled "Options for Unsolicited Reporting." The report summarizes the experience of several states with respect to unsolicited reporting.

-Kentucky's PMP, KASPER, has forwarded 80 investigations to their licensing boards since the Fall of 2012. KASPER runs prescription history reports on the top prescribers of the most commonly diverted controlled substances which are then reviewed by investigators in the Inspector General's office for possible further investigation.

-In North Carolina, staff examines daily doses exceeding 100 MME, co-prescribing of opiates and benzodiazepines, overlapping or redundant prescriptions, etc.

-In Texas, the PMP is currently within the Department of Public Safety and generates about 20-25 prescription drug cases each month.

-In New Jersey, staff conducts database searches based on select criteria. Cases are forwarded to law enforcement first, then to the appropriate licensing board.

-In Tennessee the law requires PMP staff to identify, generate and send letters to the top 50 prescribes annually. Prescribers who receive these letters must respond and explain their prescribing to their respective licensing board.

Mr. Orr discussed the outcome of a study where prescribers were asked, "how many patients on your panel are you prescribing opioids to?" The great majority of prescribers underestimated the number of patients receiving opioids. In light of this and other data, in conjunction with providing unsolicited reports to the Enforcement Division the PMP is planning to begin providing prescriber "feedback" reports as an educational effort to inform prescribers of their prescribing practices.

Arizona has already begun to distribute these "feedback reports" to prescribers, starting with two counties and now expanding statewide. Response from prescribers has been positive.

The Virginia Department of Health (VDH) has received a grant from the CDC to look at the process of sending report cards. Mr. Orr noted that the Virginia PMP currently has a lack of information regarding prescriber specialty, but a proposed regulation has been published to add the NPI code as a required data element, which will allow the PMP to determine the provider specialty which is crucial in

NORTH CAROLINA
EXPERIENCE: (UNC Injury
Prevention Research Center):

providing these feedback reports.

Mr. Orr then directed the Panel's attention to the webinar slide deck explaining North Carolina's experience with developing unsolicited report criteria for the Board of Medicine. Mr. Orr pointed out that the document noted that currently most inappropriate prescribing is detected through the complaint process. The slide deck contained information on challenges confronted with use of PMP data to detect inappropriate prescribing. Candidates for metrics include rates of prescribing, MME dose, rates of co-prescribed benzodiazepines and opioids and other data points.

ASSORTED PMP DATA:

Dr. Conklin asked what our goal is. Is it to reduce deaths? Mr. Orr noted that about 4/5 of patients with heroin overdoses began their abuse with prescription opioids and while one goal is reduce deaths, ideally prevention of the misuse, abuse, and diversion of controlled substances is the primary goal.

Mr. Orr directed the advisory panel to the PBSS tables, and noted the disturbing fact that over 21% of patients receiving a prescription for a LA/ER opiate (in the past quarter) did not had an opiate prescription in the last 60 days implying non-use of the PMP.

Mr. Orr also pointed out Virginia's average PMP query rate of 9%. He also noted that a 9% query rate is reflective of a state with a PMP that has absolutely no query mandate.

Dr. Conklin pointed out that overdoses seem to always involve a combination of several drugs. Dr. Taminger asked about our current thresholds for recipients exhibiting doctor-shopping behavior and whether we could lower them, and Mr. Orr said thresholds may be changed if desired.

Virginia is currently interoperable with 19 states, and sixty-two pharmacies in Virginia have integrated PMP data into their daily workflow utilizing NarxCheck.

DRAFT
RECOMMENDATIONS:

The group discussed possibly running a report on any patient with a daily MME over 1,000 to start. Ms. Allen noted that 1000 seems pretty high, perhaps we should go lower? Dr. Brown suggested a MME of 500 and only one prescriber.

Mr. Orr noted that 7.9% of patients in the PMP database in the last quarter had an MME of 100 or more. This is a significant number of patients. The group discussed that method of payment (cash) may also be instructional. Dr. Conklin recommended looking those patients with a combination of benzodiazepines and opiates.

	<p>Mr. Orr was asked to obtain more information about KASPER's threshold that resulted in 80 annual investigations.</p> <p>Dr. Harp noted that REMS guidelines states that prescribers should always start patients with short-acting opiates. The group then discussed criteria for dispensers. Group members discussed looking dispensers with prescriptions paid for predominantly in cash compared to peers may be a good indicator of egregious dispensing.</p> <p>Ms. Allen asked when the committee's report is due, and Dr. Brown noted that the law allowing us to develop the criteria passed on July 1, 2016, and all agreed that development of specific guidelines sooner than later would be optimal. He also noted that it is important that thresholds be set in such a manner so a report may be easily recognized as an outlier.</p> <p>The committee requested additional information before making a recommendation.</p> <p>The PMP Advisory Committee is scheduled for September 14, 2016, and Mr. Orr noted that this special Advisory Panel would probably not be ready to meet prior to the Advisory Committee's next meeting.</p>
NEXT MEETING	The next meeting is yet to be determined.
ADJOURN:	With all business concluded, the committee adjourned at 4:15 p.m.
	Ralph A. Orr, Director

Virginia PMP Unsolicited Reports

Doctor Shopping Indicators

Time frame: 30 days, generated every month following receipt of all prescription records at least 7 days into the following month.

Parameters:

- 7 or more prescribers
- 3 more pharmacies

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Total Number of Patients Identified	
June 2016	8
July 2016	8
August 2016	9
September 2016	8

Results for the same parameters for 60 day periods:

Total Number of Patients Identified	
May – June 2016	66
June – July 2016	83
July – August 2016	89
August – September 2016	67

Possible Forgery Indicators

Time frame: 30 days, generated every month following receipt of all prescription records at least 7 days into the following month.

Parameters

- 5 or more pharmacies
- 1 prescriber (if no results, parameter is changed to 2 prescribers)

Total Number of Patients Identified	
June 2016	2
July 2016	4
August 2016	5
September 2016	0

Virginia PMP Unsolicited Reports

Selected Results based on PUMS Criteria

Trigger # 4: Doctor Shopping- 3 or more prescribers OR 3 or more pharmacies in the past 60 days.

Total Number of Patients Identified	
May – June 2016	34,905
June – July 2016	37,942
July – August 2016	39,286
August – September 2016	36,215

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We also modified Trigger #4: Doctor Shopping – 3 or more prescribers AND 3 or more pharmacies in the past 60 days.

Total Number of Patients Identified	
May – June 2016	3252
June – July 2016	2986
July – August 2016	3042
August – September 2016	2952

Trigger # 8: Poly-Pharmacy – 9 unique prescriptions in 34 day period written by 3 or more physicians OR filled by 3 or more pharmacies.

Total Number of Patients Identified	
June 1 – July 4, 2016	337
July 1 – August 4, 2016	432
August 1 – September 4, 2016	415

Trigger # 8: Poly-Pharmacy – 9 unique prescriptions in 60 days written by 3 or more physicians and/or filled by 3 or more pharmacies.

Total Number of Patients Identified	
August 1 – September 30, 2016 (3 OR 3)	2922
August 1 – September 30, 2016 (3 AND 3)	496

Department of Medical Assistance Services (DMAS)

Patient Utilization Management System (PUMS)

PUMS - Current Triggers

1 = Buprenorphine Containing Product: Therapy in the past 30 days – **AUTOMATIC LOCK-IN**,

2 = High Average Daily Dose: ≥ 120 morphine milligram equivalents per day over the past 90 days,

3 = Overutilization: Filling of ≥ 7 claims for all controlled substances in the past 60 days,

4 = Doctor Shopping: ≥ 3 prescribers OR ≥ 3 pharmacies writing/filling claims for any controlled substance in the past 60 days,

5 = Use with a History of Dependence: Any use of a controlled substance in the past 60 days with at least 2 occurrences of a medical claim for controlled Substance Abuse or Dependence in the past 365 days,

6 = Use with a History of Poisoning/Overdose: Any use of a controlled substance in the past 60 days with at least 1 occurrence of a medication for controlled substance overdose in the past 365 days,

7 = Frequent Flyer: ≥ 3 Emergency department visits in the last 60 days,

8 = Poly-Pharmacy: ≥ 9 unique prescriptions in a 34 day period written by ≥ 3 physician's OR filled by ≥ 3 pharmacies.



Set Shopper Alert Thresholds

Trigger a PMP Patient Report Alert when:*

Count of Prescribers

AND

Count of Pharmacies

Within a Time Period of:*



6 Months

12 Months

Alert Disclaimer: [Appear on all Shopper Alerts](#)

[View Sample Alert](#)

These alerts will only appear on a PMP Patient Request Report when the number of prescribers AND pharmacies is greater than or equal to the values entered for these two thresholds. This alert type does NOT generate notifications.

Save Settings



Alerts

Patient Request

Report Prepared: 03/02/2016

VIEW PATIENT ALERT

Date Range: 02/25/2016-02/25/2016

John Doe

Summary

Prescriptions

Filed: 03/02/2016

02/05/2016 1 02/09/2016

01/26/2016 1 01/25/2016

01/08/2016 1 01/08/2016

ALERT: Suspected Prescriber/Pharmacy Shopper

Patient: JOHN DOE
DOB: 01/01/1900
Count of Prescribers: 6
Count of Pharmacies: 5

THRESHOLDS
Time Frame: 3 Months
Prescribers: 5
Pharmacies: 5

Please note that this person has received controlled substances prescriptions written by 6 prescribers and had them filled at 5 pharmacies during the past 3 months. This equals or exceeds the threshold of 5 prescribers and 5 pharmacies and while there may be a valid reason for this, it also may be indicative of the practice of prescriber and/or pharmacy shopping.

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Mauris aliquam portitor fermentum. Mauris nec consectetur urna, non aliquet felis.



Close



Prescribers

Doctor Address: J

Dispensars

Address: J

Address: J

Zetox Pharmacy (0.00)

10401 INN STATION RD STE 200

Address

10401 Inn Station Road Suite 200

600 E Main St

LOUISVILLE

KY

40225

City

State

Zip

Louisville

KY

40225

Louisville

Kentucky

40202

502-619-1030

Phone

502-619-1030

502-619-1030



2011 Hydrocodone Data	
Total number of prescribers in Kentucky with DEA licenses as of November 2011	16,442
Total Kentucky prescribers who have written at least 1 Hydrocodone prescription	11,239
Total Hydrocodone prescriptions	2,963,728
Average number of Hydrocodone prescriptions per prescriber	264
Median number of Hydrocodone prescriptions per prescriber	54

Of those 18 prescribers who have written in excess of 7,000 Hydrocodone prescriptions, the OIG has reviewed and referred 2 of those prescribers to the KBML in 2011. Additionally, the OIG reviewed another 2 prescribers listed in the top 18 in 2011 and determined a referral was not warranted.

2011 KASPER Prescription Data	Percentage of prescribers	Actual prescriber number	Actual number of prescriptions	Percentage of total prescriptions	Average number of prescriptions per prescriber
Prescribers with 1 to 10 prescriptions	28%	3,164	11,193	0.4%	4
Prescribers with 1 to 100 prescriptions	60%	8,092	163,491	6%	20
Prescribers with 1 to 1,000 prescriptions	94%	10,544	1,473,262	50%	140
101-499 prescriptions	34%	2,961	722,066	24%	244
500-999 prescriptions	7%	829	587,705	20%	709
1,000 prescriptions or greater	6%	695	1,490,466	50%	2,145
2,000 prescriptions or greater	2%	265	893,683	30%	3,372
3,000 prescriptions or greater	1%	111	516,902	17%	4,657
4,000 prescriptions or greater	0.48%	54	320,406	11%	5,933
5,000 prescriptions or greater	0.29%	33	225,603	8%	6,836
6,000 prescriptions or greater	0.17%	19	149,142	5%	7,850
7,000 prescriptions or greater	0.12%	13	109,161	4%	8,397
8,000 prescriptions or greater	0.04%	5	50,107	2%	10,021

2011 Combined Hydrocodone & Alprazolam & Carisprodol Data	
Total number of prescribers in Kentucky with DEA licenses as of November 2011	16,442
Total Kentucky prescribers who have written at least 1 Hydrocodone & 1 Alprazolam & 1 Carisprodol prescription to 1 patient	600
Total Hydrocodone & Alprazolam & Carisprodol prescriptions	3,146
Average number of Hydrocodone & Alprazolam & Carisprodol prescriptions per prescriber	5
Median number of Hydrocodone & Alprazolam & Carisprodol prescriptions per prescriber	2

Of those 14 prescribers who have written in excess of 50 or more prescriptions to a patient that include Hydrocodone, Alprazolam and Carisprodol, the OIG has reviewed and referred 4 prescribers to the KBML in 2011, assisted a federal agency on 1 prescriber and has open cases on 2 prescribers.

2011 KASPER Prescription Data	Percentage of prescribers	Actual prescriber number	Actual number of prescriptions	Percentage of total prescriptions	Average number of prescriptions per prescriber
Prescribers with 20 or fewer prescriptions	97%	583	1,611	51%	3
Prescribers with 21-49 prescriptions	2%	10	312	10%	31
50 or more prescriptions	1%	7	1,223	39%	175
100 or more prescriptions	0.83%	5	1,100	35%	220
200 or more prescriptions	0.33%	2	689	22%	345

MME Group	Num Prescribers	Num Pharmacy	Num Patients
1,000	255	281	552
750	572	595	1,761
500	1,675	1,140	9,459

The number of prescribers with 5 or more patients over 1000 MME is 23. 3 of these prescribers list Addiction Medicine as a specialization in their NPI record.

Prescribers with Patients Over 1000 MME
January 1 - June 30, 2016

MME Group	Practitioner ID	Num Patients	Specialization	Zip	Taxonomy Code	Classification	Specialization
1000	24163	27	MD	23298	207R00000X	Internal Medicine	
1000	333756	18	MD	23298			
1000	306384	16		22046			
1000	368450	14	PA-C	23298			
1000	232492	13		24380			
1000	34762	11	MD	20008			
1000	5924	9	MD	24060	207RA0401X	Internal Medicine	Addiction Medicine
1000	14430	9	MD	27834			
1000	4976	8	MD	22046	207V00000X	Obstetrics & Gynecology	
1000	232430	8		23413			
1000	3327	7	MD PC	23413	2084P0800X	Psychiatry & Neurology	Psychiatry
1000	234214	7	(MD)	24202			
1000	4658	6	MD	24380	207QA0401X	Family Medicine	Addiction Medicine
1000	18637	6	MD	23462			
1000	222659	6		22030			
1000	232549	6		24060			
1000	361010	6	(DO)	23225			
1000	3816	5	MD	23185	207Q00000X	Family Medicine	
1000	11749	5	MD	20151	207QA0401X	Family Medicine	Addiction Medicine
1000	13521	5	MD	23901	207Q00000X	Family Medicine	
1000	232538	5		24060			
1000	293442	5		22042			
1000	322779	5		20121			
1000	950	4	NP	23192	3631A2200X	Nurse Practitioner	Adult Health
1000	8994	4	MD	22102	174400000X	Specialist	
1000	10997	4	MD	22312	208100000X	Physical Medicine & Rehabilitation	
1000	13597	4	MD	23507	207R00000X	Internal Medicine	
1000	17478	4	MD	20147	207R00000X	Internal Medicine	
1000	27729	4	MD	23452	207QA0401X	Family Medicine	Addiction Medicine
1000	93211	4	MD	24019	208100000X	Physical Medicine & Rehabilitation	
1000	304396	4	MD	23663			
1000	3309	3		23114	207QA00000X	Family Medicine	Adolescent Medicine
1000	7913	3	MD	23220	2085R0202X	Radiology	Diagnostic Radiology

Pharmacies with over 50% of Opioid Prescriptions Dispensed with Private Pay as Method of Payment

PharmacyID	State	Zip	NumPrivate	TotalPresc	PctPriv
233	VA	22801	1186	1186	100
405	VA	20176	1047	1047	100
221	VA	20164	1013	1013	100
312	VA	20109	953	953	100
367	VA	22407	900	900	100
81598	VA	23235	856	856	100
236	VA	22030	796	796	100
234	VA	22602	698	698	100
250	VA	23060	689	689	100
231	VA	23502	586	586	100
55577	NULL	NULL	555	555	100
76451	VA	22192	499	499	100
386	VA	20151	478	478	100
368	VA	22153	445	445	100
302	VA	23606	443	443	100
67949	VA	23606	426	426	100
226	VA	22202	398	398	100
98644	VA	22901	194	194	100
97967	VA	24541	165	165	100
98545	VA	22102	162	162	100
98130	VA	22306	118	118	100
81608	VA	23454	103	103	100
68712	VA	23226	57	57	100
98347	VA	22821	56	56	100
97596	VA	24061	54	54	100
98273	VA	23606	26	26	100
67734	VA	22314	20	20	100
56983	PA	18976	15	15	100
97822	VA	24502	13	13	100
97710	VA	22186	9	9	100
60325	SD	57104	8	8	100
81704	NULL	0	6	6	100
97597	VA	23284	5	5	100
98837	VA	24382	3	3	100
98091	PA	19004	2	2	100
98626	VA	NULL	2	2	100
98707	MD	21771	2	2	100
98549	VA	23188	1	1	100
75070	VA	23666	1	1	100
81500	CA	92880	1	1	100
81735	VA	22401	1531	1607	95
67735	VA	22206	9	10	90
97894	VA	22102	4964	6133	81
68062	VA	22192	3362	4367	77
68072	VA	20190	1408	1855	76
68269	VA	20190	1545	2066	75
67829	VA	23970	3	4	75
67959	VA	20190	1474	2027	73
75314	VA	20148	1089	1505	72
638	VA	20190	715	1016	70
67963	VA	20190	2524	3734	68
68094	VA	20190	1272	1882	68
97893	VA	23230	361	559	65
49165	NC	27127	262	418	63
81655	VA	23116	1076	1730	62
81446	VA	23005	8309	13707	61
68124	VA	22205	86	143	60
81657	VA	22041	250	426	59
97964	VA	22192	647	1187	55
76401	VA	23228	1349	2516	54
70	VA	24614	436	812	54
97956	VA	20155	380	725	52
67770	VA	23505	11	21	52

Note: Shaded pharmacies belong to one chain (2 chains represented)

Prescribers with over 50 Opioid Prescriptions and >50% Dispensed with Private Pay as Method of Payment

PractitionerID	State	Zip	NumPrivate	TotalPresc	PctPriv
232212	VA	24605	438	478	92
182958	VA	22401	366	392	93
167022	VA	22401	361	382	95
355939	DC	20002	217	306	71
13460	VA	20147	214	339	63
355685	DC	20002	211	266	79
353154	VA	22102	208	300	69
24449	VA	22401	207	212	98
146141	MD	20910	205	305	67
348062	VA	23238	187	306	61
169999	VA	22102	186	348	53
21882	VA	20147	184	272	68
18887	VA	20190	181	251	72
382140	VA	22102	177	206	86
226292	VA	22150	173	255	68
371528	DC	20002	170	237	72
196587	VA	23235	163	246	66
369495	DC	20002	163	205	80
355676	DC	20002	158	287	55
231968	VA	20110	157	175	90
351385	DC	20002	156	220	71
239492	VA	22401	156	167	93
27134	VA	23233	143	190	75
1410	VA	23225	142	231	61
24287	VA	22102	142	171	83
355674	DC	20002	140	182	77
121627	VA	22046	139	170	82
215755	VA	20109	138	186	74
355694	DC	20002	136	162	84
361966	VA	22102	135	173	78
20235	VA	20147	134	163	82
355748	DC	20002	133	162	82
343630	VA	22102	133	155	86
27603	VA	23226	132	218	61
356049	DC	20002	132	216	61
355693	DC	20002	132	203	65
380152	VA	23601	131	195	67
355722	DC	20002	130	220	59
355719	DC	20002	129	249	52
181086	VA	22150	129	195	66
62853	VA	24381	124	244	51
355716	DC	20002	122	163	75
18521	VA	22150	120	155	77
355695	DC	20002	120	145	83
378900	VA	23602	118	220	54
165721	VA	23602	117	184	64
355686	DC	20037	111	154	72
225984	DC	20002	111	142	78
17329	VA	22039	109	174	63
342865	DC	20002	109	144	76
375751	VA	22102	106	123	86

Prescribers with over 50 Opioid Prescriptions and >50% Dispensed with Private Pay as Method of Payment

PractitionerID	State	Zip	NumPrivate	TotalPresc	PctPriv
25081	VA	20147	105	151	70
306307	DC	20002	102	174	59
185928	VA	23505	102	161	63
146745	VA	22304	100	198	51
188534	VA	20109	99	133	74
213017	VA	22192	99	127	78
27401	VA	23230	98	133	74
334220	VA	22192	96	144	67
355901	DC	20002	96	108	89
321545	DC	20002	95	108	88
355708	DC	20002	94	140	67
36600	WV	25832	94	118	80
16267	VA	23867	93	93	100
358654	DC	20002	92	123	75
319558	VA	22033	91	115	79
354808	DC	20002	91	109	83
355751	DC	20002	91	106	86
225849	VA	24381	90	150	60
375844	VA	22560	90	137	66
387890	DC	20002	89	110	81
8989	VA	20109	88	155	57
135531	VA	22102	88	103	85
355697	DC	20002	86	128	67
13156	VA	22150	85	156	54
327869	VA	22102	85	100	85
377938	VA	23226	84	141	60
87913	VA	22101	84	97	87
356505	VA	22102	80	103	78
185428	VA	22150	79	109	72
239223	VA	22102	79	105	75
225797	VA	23226	78	122	64
367183	VA	22102	78	89	88
350016	DC	20002	77	118	65
355677	DC	20002	77	112	69
376819	VA	23834	76	135	56
365704	DC	20002	76	134	57
355571	DC	20002	76	123	62
174567	VA	22102	76	92	83
26467	VA	22102	76	86	88
355692	DC	20002	75	125	60
20652	VA	22102	74	102	73
355763	DC	20002	74	99	75
24802	VA	22150	74	86	86
356193	DC	20002	73	96	76
13335	VA	22102	72	92	78
4620	VA	22102	72	82	88
315407	VA	23188	70	98	71
339125	DC	20007	70	90	78
360657	VA	22102	70	84	83
24389	VA	24592	70	77	91
118872	VA	22102	69	103	67

Prescribers with over 50 Opioid Prescriptions and >50% Dispensed with Private Pay as Method of Payment

PractitionerID	State	Zip	NumPrivate	TotalPresc	PctPriv
372788	MD	21093	69	76	91
13343	VA	23221	69	76	91
24314	VA	22150	68	78	87
24925	VA	22102	68	73	93
389168	VA	23235	66	102	65
355690	DC	20002	64	114	56
109796	VA	20110	64	112	57
376895	DC	20002	64	94	68
360658	VA	22102	64	79	81
356033	DC	20002	64	75	85
47959	VA	24450	63	119	53
361968	VA	22102	63	117	54
355698	DC	20002	63	87	72
55683	VA	22102	63	76	83
336187	VA	22102	63	75	84
317922	VA	22102	63	69	91
6152	VA	22102	62	97	64
375969	VA	22102	62	89	70
344898	VA	22102	62	78	79
181276	VA	22102	61	79	77
174375	VA	20109	60	113	53
223441	VA	22102	60	86	70
355761	DC	20002	59	79	75
356869	DC	20002	59	72	82
23651	VA	23059	57	99	58
340840	VA	22102	57	61	93
18030	VA	20186	56	104	54
239005	VA	23298	56	102	55
188502	VA	22102	56	89	63
355393	DC	20002	56	87	64
26343	VA	22102	56	77	73
229080	VA	22102	56	68	82
10624	VA	22150	56	67	84
381810	VA	22102	56	59	95
152476	VA	22102	55	86	64
112379	VA	23602	54	90	60
239638	VA	22015	52	86	60
324534	VA	22102	52	60	87
371130	DC	20002	51	95	54
21763	VA	23113	51	76	67
363843	VA	22102	51	74	69
46315	VA	22030	51	68	75
20765	VA	22033	51	63	81
53362	VA	22102	51	63	81