

Virginia Prescription Monitoring Program Quarterly Report

2nd Quarter FY 2018 Oct 1st-Dec 31st

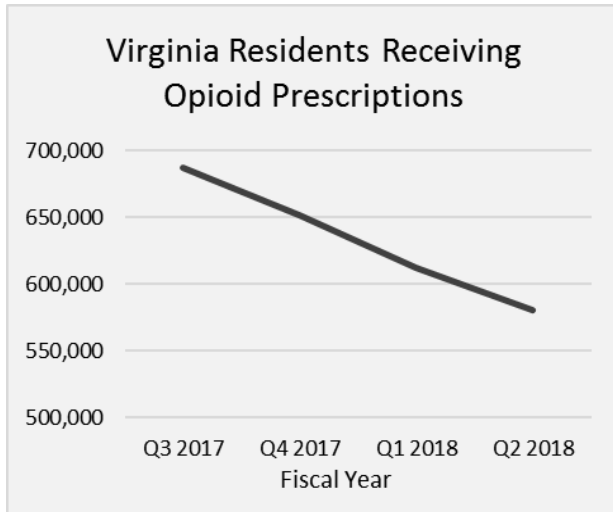
The Virginia Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed Schedule II-IV prescriptions and drugs of concern. The primary purpose of the PMP is to promote safe prescribing and dispensing practices for covered substances by providing timely and essential information to healthcare providers. The law governing Virginia's PMP is found in [Chapter 25.2 of Title 54.1](#) of the Code of Virginia. Regulations governing the program are found at [18 VAC 76-20-10 et seq.](#)

Q2 FY 2018 Summary Statistics

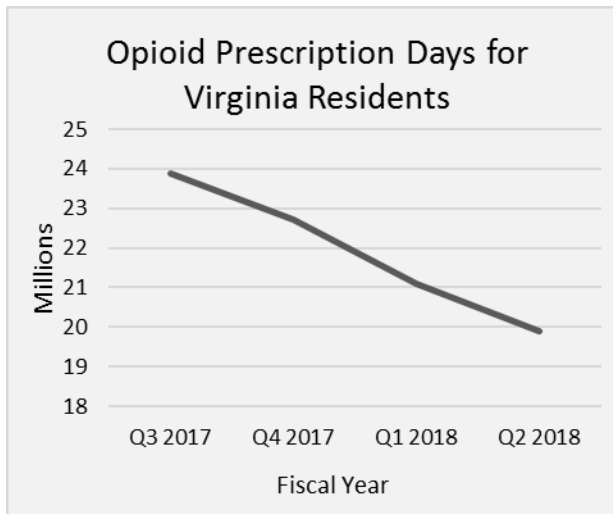
- The Virginia Prescription Monitoring Program recorded 580,246 Virginia residents received an opioid prescription in Q2 2018. Using US Census Bureau July 2017 population estimates, 6.85% of Virginians received an opioid prescription.
- There were 19,907,283 opioid prescription days for state residents reported during the quarter, which is enough for every Virginia resident to have 2.35 opioid prescription days. Prescription days or days' supply refers to the number of days an opioid medication was prescribed.
- Multiple Provider Episodes, defined as five or more prescribers and five or more pharmacies in a 6-month period, occurred at a rate of 12 per 100,000 residents in Q2 FY 2018.
- Of the 57,723 patients prescribed long acting/extended-release (higher dose) opioids, 7,307 or 12.66 percent were opioid naïve. Opioid naïve refers to patients who have not taken an opioid for at least 60 days and thus are at greater risk for respiratory depression and sedation by higher opioid doses such as long acting or extended-release.

Utilization	
Number of Prescribers that wrote at least 1 prescription for a controlled substance during the 3-month reporting period	59,281
Number of law enforcement investigators who ran at least one PMP report during the 3-month reporting period	116
Number of regulatory agency personnel who ran at least one PMP report during the 3-month reporting period	50
PMP AWARe requests*	1,060,764
PMPi (Interoperability) requests*	1,296,340
Gateway (Integration) In-State Only requests*	3,127,877

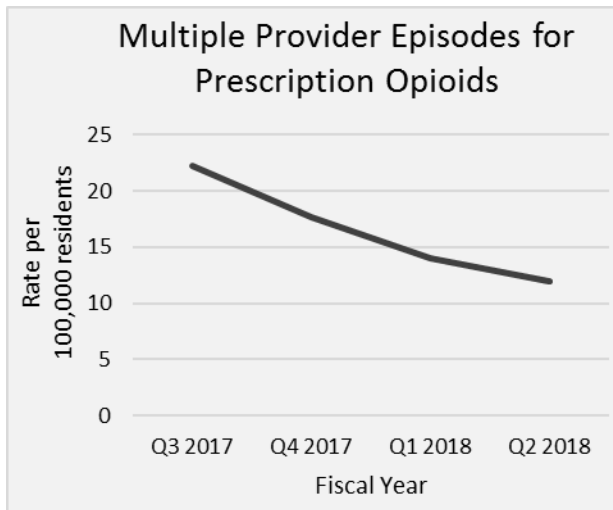
*Queries or requests are essentially searches of the PMP database by authorized individuals to assist in determining prescription history. PMP AWARe is the platform for the Virginia Prescription monitoring program. PMPi facilitates interoperability and interstate data sharing between states' PMPs. Gateway integrates PMP data into electronic health records to facilitate pharmacist and physicians workflows.



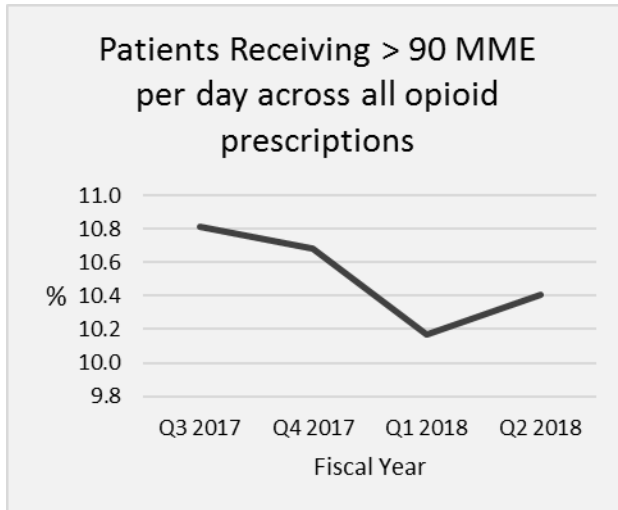
The Virginia Prescription Monitoring Program recorded 580,256 Virginia Residents received an opioid prescription in Q2 2018. This is a decline from the previous quarter and is part of a general downward trend in the number of Virginia residents who receive opioid prescriptions.



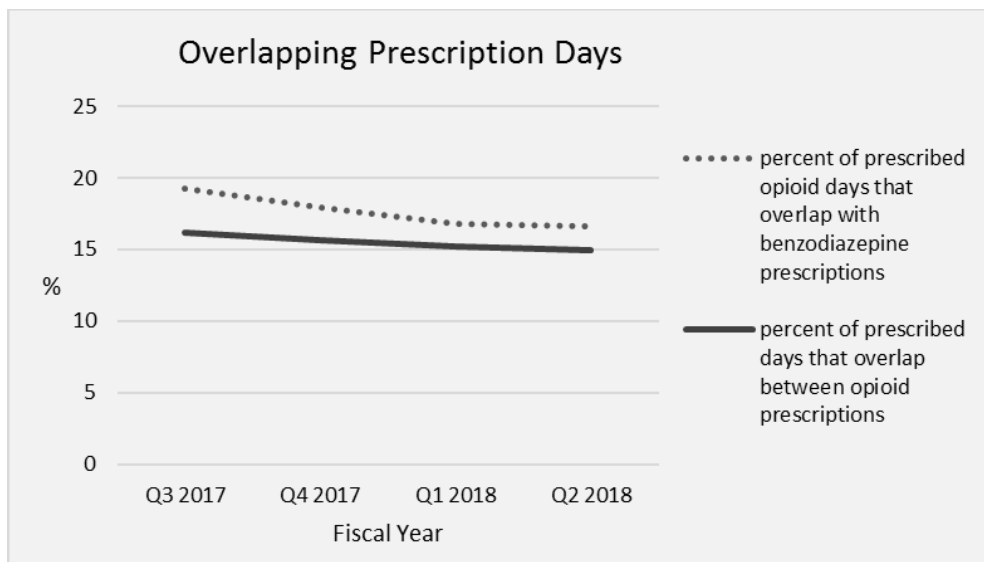
The Virginia Prescription Monitoring Program recorded 19,907,283 opioid prescription days for Commonwealth residents during Q2 2018. This is a decline of 1,187,623 from the previous quarter and a -16.59% change from Q3 2017. Prescription days or days' supply refers to the number of days of medication prescribed.



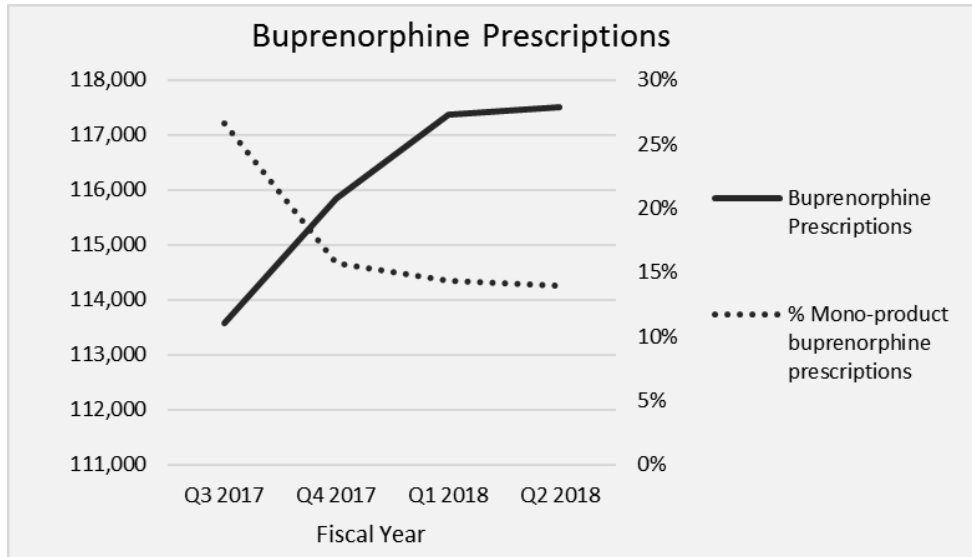
Multiple Provider Episodes (MPEs), defined as five or more prescribers and five or more pharmacies in a 6-month period, can be an indicator of doctor shopping or issues with coordination of care. During Q2, MPEs occurred at a rate of 12 per 100,000 residents. This rate declined by 1.98 from Q1 2018 and by 10.23 overall from Q3 2017.



Morphine milligram equivalents (MME) per day is the amount of morphine an opioid dose is equal to and is often used to gauge the overdose potential of the amount of opioid being prescribed. The Centers for Disease Control indicates that individuals taking greater than 90 MME/day are at a higher risk of overdose and death. 10.41 percent of patients received prescriptions for opioids with more than an average daily dose of 90 MME/day across all opioid prescriptions.



Overlapping opioid prescriptions and concurrent opioid and benzodiazepine prescribing increases the risk of overdose. The decline from Q3 FY 2017 to Q2 FY 2018 in percentage of days with overlapping opioid-opioid and opioid-benzodiazepine prescriptions from 16.2% to 14.9% and 19.3% to 16.6%, respectively, shows progress toward smarter, safer prescribing. There were 719,254 queries using the PMP system before a new opioid or benzodiazepine prescription was issued this quarter. In that same time period, 1,948,725 opioid and benzodiazepine prescriptions were issued. This amounts to 36.9 queries per 100 opioid or benzodiazepines prescriptions.



Buprenorphine is a drug that may be used to treat opioid addiction. While increasing numbers of buprenorphine prescriptions in general indicates increases treatment usage, mono-product buprenorphine may be abused. Therefore, the decline in the percent of prescriptions that are mono- product buprenorphine indicates improved prescribing practices.

Methods, Considerations, and Limitations

This quarterly report represents a snapshot of data as of March 1, 2018 and is subject to change. Differences with other published reports may occur due to differing case definitions or time lags. The PMP system relies on pharmacies to report accurate and timely information. They can correct or submit post-dated data at any time. Therefore, PMP data changes as pharmacies correct, amend, or resubmit data. This report is compiled and published quarterly. Quarters are based upon the fiscal year and are defined as follows:

- Quarter 1 (Q1): July 1st – September 30th
- Quarter 2 (Q2): October 1st – December 31st
- Quarter 3 (Q3): January 1st – March 31st
- Quarter 4 (Q4): April 1st – June 30st

Rate calculations are based upon Virginia population projections. These population estimates came from the US Census Bureau, Population Estimates Program (PEP), July 1, 2017 population estimates at <https://www.census.gov/quickfacts/fact/table/VA/PST045217#viewtop> retrieved on February 15, 2018.

Please direct questions concerning this report to PMP@dhp.virginia.gov