

# PMP ADVISORY COMMITTEE MEETING 9/27/18

Program Update, PMP Advisory Panel,  
Reports, and Website

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## NARXCARE ENTERPRISE

- Live August 1
- All users receive the same information regardless of whether accessing via the login platform or an integration solution
- Complete PMP information
- Risk scores and PMP information defaulted for previous 2 years
- Ability to add other types of data in the future

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Virginia Department of Health Professions  
Prescription Monitoring Program

# NEW LOGIN MENU FEATURES

Home	RxSearch	User Profile	Training	PDMP Links
Dashboard	Patient Request	My Profile	NarxCare Overview	VaAware: Additio...
PMP Announcements	Bulk Patient Search	Default PMP States	Narx Scores	CDC Drug Overdose...
	Requests History	Delegate Management	Overdose Risk Score	DEA Diversion Con...
	MyRx	Password Reset	AWARxEINarxCare User Guide	OARRS MME Calculator
	Prescriber Report	Log Out	Lorazepam Milligram Equivalents	More Links...

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Virginia Department of Health Professions  
Prescription Monitoring Program

**DAVE TESTPATIENT, 118**

Narx Report Resources

Date: 8/29/2018 Print Report Download CSV

TESTPATIENT, DAVE

Risk Indicators

NARX SCORES			OVERDOSE RISK SCORE	ADDITIONAL RISK INDICATORS (1)
Narcotic	Sedative	Stimulant	<b>310</b> (Range 000-999)	<b>!</b> > 100 MME total and 40 MME/day average
<b>120</b>	<b>040</b>	<b>000</b>		
<a href="#">Explanation and Guidance</a>			<a href="#">Explanation and Guidance</a>	<a href="#">Explanation and Guidance</a>

This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete.

Graphs

**RX GRAPH** Narcotic Sedative Stimulant

All Prescribers	08/29	2m	6m	1y	2y
Prescribers					
3 - Testprescriber, B					
2 - Testprescriber, E					
1 - Testprescriber, D					

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Summary

<b>Summary</b>	<b>Narcotics* (excluding buprenorphine):</b>	<b>Sedatives*</b>	<b>Buprenorphine*</b>
Total Prescriptions: 5	Current Qty: 0	Current Qty: 0	Current Qty: 0
Total Prescribers: 3	Current MME/day: 0.00	Current LME/day: 0.00	Current mg/day: 0.00
Total Pharmacies: 2	30 Day Avg MME/day: 0.00	30 Day Avg LME/day: 0.00	30 Day Avg mg/day: 0.00

Rx Data

PRESCRIPTIONS

Total Prescriptions: 5  
Total Private Pay: 5

Fill Date	ID	Written	Drug	Qty	Days	Prescriber	Rx #	Pharmacy	Refill	Daily Dose *	Pymt Type	PMP
12/12/2016	1	12/12/2016	OXYCODONE HCL 20 MG TABLET	60	30	DA TES	TP000009	Dav(0000)	0	60.00 MME	Private Pay	VA
12/12/2016	1	12/12/2016	OXYCODONE HCL 20 MG TABLET	60	60	EV TES	TP000011	Dav(0000)	0	30.00 MME	Private Pay	VA
12/09/2016	1	12/09/2016	OXYCODONE HCL 20 MG TABLET	60	25	BO TES	TP000002	Bob(1111)	0	72.00 MME	Private Pay	VA
11/09/2016	1	11/09/2016	OXYCODONE HCL 20 MG TABLET	60	30	BO TES	TP000003	Bob(1111)	0	60.00 MME	Private Pay	VA
10/09/2016	1	10/09/2016	OXYCODONE HCL 20 MG TABLET	60	30	BO TES	TP000004	Bob(1111)	0	60.00 MME	Private Pay	VA

\*Per CDC guidance, the MME conversion factors prescribed or provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. LME = Lorazepam milligram equivalents. mg = dose in milligrams.

PROVIDERS

Total Providers: 3

Name	Address	City	State	Zipcode	DEA
TESTPRESCRIBER, BOB	8888 NOWHERE ST	RESTON	VA	20190	XR11111111
TESTPRESCRIBER, DAVE	890 NO PLACE ST	RESTON	VA	20190	XD66666666
TESTPRESCRIBER, EVE	10110 TEST ST	RESTON	VA	20190	XE88888888

PHARMACIES

Total Pharmacies: 2

Name	Address	City	State	Zipcode	DEA
Bob's PHARMACY	1234 NOT-A-REAL-PLACE DR	RESTON	VA	20190	ZB11111111
Dave's PHARMACY CHAIN	7th TEST ST	RESTON	VA	20190	ZD00000000

controlled substance information. Please review the "Linked Records" section located above to ensure all prescriptions belong to the requested individual.

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DAVE TESTPATIENT, 118

Narx Report Resources

Access to Treatment

Mat Providers

Find the 30 closest MAT providers for this patient. The patient's zip code is prep-populated if available. [View more information about the treatment locator.](#)

Search for providers near:

Zip Code

20189

Submit

Educational Resources

INFORMATIONAL DOCUMENTS

Click the associated link and print. [View more information about resources.](#)

**What You Need to Know**

**PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW**

Prescription opioids can be used to help relieve moderate to severe pain, and are also used to help manage chronic pain. However, they can also be abused and lead to addiction and overdose. It is important to use these medications safely and responsibly.

**WHY ARE THE RISKS AND SIDE EFFECTS OF OPIOIDS HIGH?**

Prescription opioids can be used to help relieve moderate to severe pain, and are also used to help manage chronic pain. However, they can also be abused and lead to addiction and overdose. It is important to use these medications safely and responsibly.

**RISKS ARE GREATER WITH:**

- Taking more than prescribed
- Taking them with alcohol or other drugs
- Taking them for a long time
- Taking them with other painkillers
- Taking them with other medications
- Taking them with food or drink
- Taking them with other substances
- Taking them with other people's prescriptions
- Taking them with other prescriptions
- Taking them with other prescriptions
- Taking them with other prescriptions

**Opioids and Chronic Pain**

**PROMOTING SAFER AND MORE EFFECTIVE PAIN MANAGEMENT**

1 in 4

4.3

PRESCRIPTION OPIOID OVERDOSE IS

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**Pregnancy and Opioids**

**PREGNANCY AND OPIOID PAIN MEDICATIONS**

Women who take opioid pain medications should be aware of the possible risks during pregnancy.

1 in 4

4.3

PRESCRIPTION OPIOID OVERDOSE IS

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## NPEDE: NATIONAL PDMP ENHANCED DATA EXCHANGE

- Initial funding is at no cost
- Virginia is one of 5 pilot states (NV, MI, IN, and MN)
- Initial focus on:
  - Overdose Data from hospitals and first responders to help identify at-risk patients (2018 General Assembly bills that generated request for information, HB882, HB1175, identical language in Senate Bill)
  - Criminal Justice Data may include recent release from incarceration integrated into specific reports and risk models

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## CDC PFS GRANT PROJECTS: PRESCRIBER REPORTS

- Next round of reports goes out October 8-9
- Almost 15,000 reports went out in July
- Healthcare Specialties and Metrics Document

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## CDC PFS Grant Projects: Clinical Alerts

- Not currently presented in user accounts due to NarxCare Enterprise Implementation, data is still being collected
- MME Alert (120 daily MME or higher) averages 21,000 alerts monthly
- Opioid/benzodiazepine Alert averages 54,500 alerts monthly but is starting to trend lower
- Multiple Provider Alert averages 22,400 alerts monthly, this alert is trending slightly higher (all covered substances)

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## CDC PFS GRANT PROJECTS: ADVANCED ANALYTICS

- Specialty and provider-level data compared to overall average for easy identification of high prescribing specialties
- Patient zip code level detail
- Dispensation trends month over month
- New Capabilities added periodically

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# CDC PFS GRANT PROJECTS: COMMUNICATIONS INITIATIVE

- Additional Funding Found for Communication Projects
- Must be Complete by December 31, 2018
- Five-minute Video Short (in production)
- Emergency Opioid Regulations Video Overview (in production)
- NarxCare Video Tutorial (Script development)
- Video/podcast shorts with “guests”

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# CDC PFS Grant Projects: MME Calculator

- VDH supported project
- Contract with VCU
- In initial phase
- <https://youtu.be/u2Cm3FOpiUs>

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## INTEGRATION UPDATE: PURDUE – APPRISS GRANT INITIATIVE

- Integrated with 31 EMR and pharmacy software entities in Virginia
- 1.8 million integration requests processed in August 2018 (another 1.7 million requests from out-of-state integrated entities)
- Several Health Systems and pharmacies are currently working towards integration
- Currently 39 EMR and Pharmacy software vendors with solutions for clients—most recent Athena Health and E-Clinical Works

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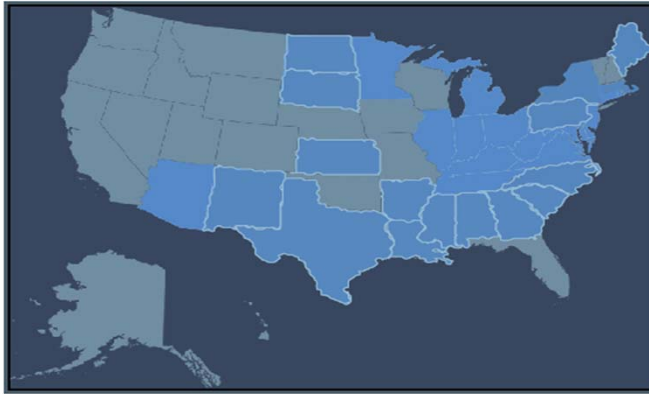
## INTEGRATION UPDATE: EMERGENCY DEPARTMENT CARE COORDINATION

- NarxScore Ribbon available in 7 health systems and presented on EDIE Alerts
  - Each system has at least an End User License Agreement with Appriss Health for integration
  - Fully implemented systems already have NarxCare reports within their workflow
- NarxScore Ribbon on the EDIE Alert will become “active” in Phase II for prescribers in Emergency Departments that have implemented integration

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# INTEROPERABILITY UPDATE:

DIGITALLY CONNECTED WITH 30 OTHER STATES  
AND THE DISTRICT OF COLUMBIA



Alabama  
Arizona  
Arkansas  
Connecticut  
Delaware  
Georgia  
Illinois  
Indiana  
Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Washington D. C.  
West Virginia

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# OVERVIEW OF ADVISORY PANEL MEETING:

- New members added to Panel
- Review of existing indicators and status of previous PMP-initiated investigations
- Recommended prescriber/dispenser indicators for coming year with preliminary data findings
  - Proposed indicators result of collaboration between PMP and Enforcement Division to maximize resources and impact

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## PERIODIC REPORTS: SCHEDULED REPORTS AND OTHER DATA

- Quarterly Reports (Handout)
- Annual Report (Due November 1)
- Requests from other agencies
  - Utilization of State Health Commissioner standing order for naloxone (VDH)
- EDCC Initiative report requirement (Due July 1, Handout)

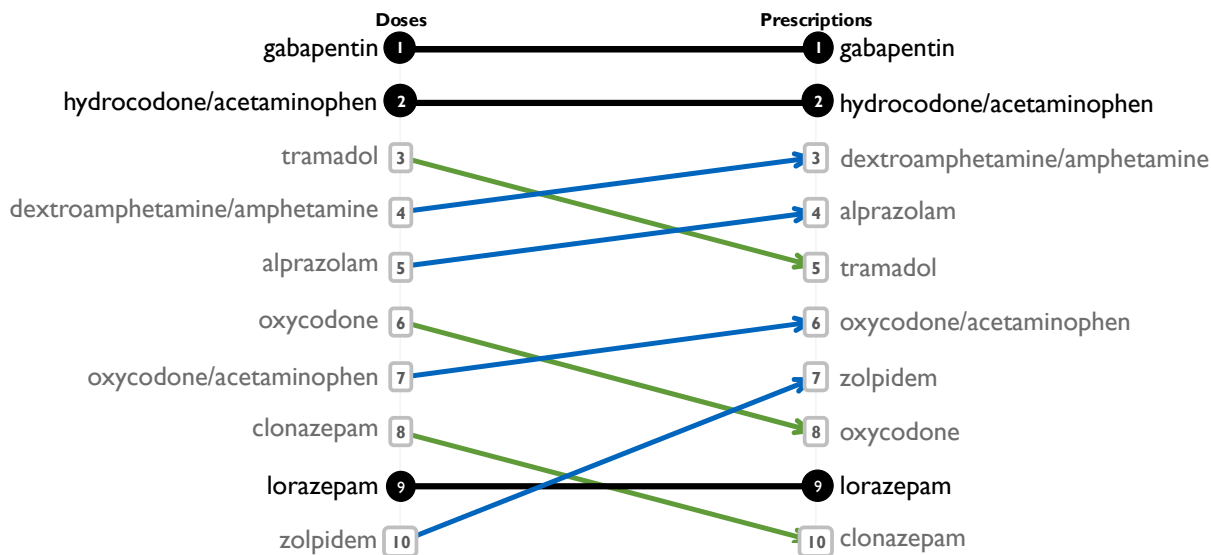
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## Increasing availability of PMP data via external website

- Dashboard vs. **repository**
  - Dynamic vs. **static**
- PowerPoint slide set under development, by topic area
  - Drug type (pain reliever, tranquilizer, sedative, stimulant)
  - Schedule (C-II, III, IV, V)
  - Opioids
  - Overlapping prescriptions
  - Buprenorphine
  - Utilization by prescribers/dispensers
- Quarterly updates

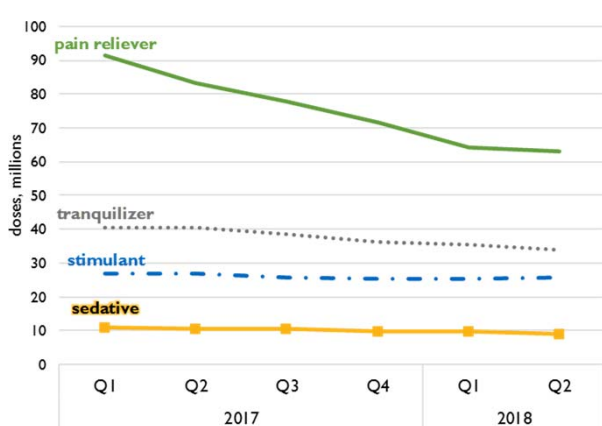
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## Top generic medications, January-June 2018



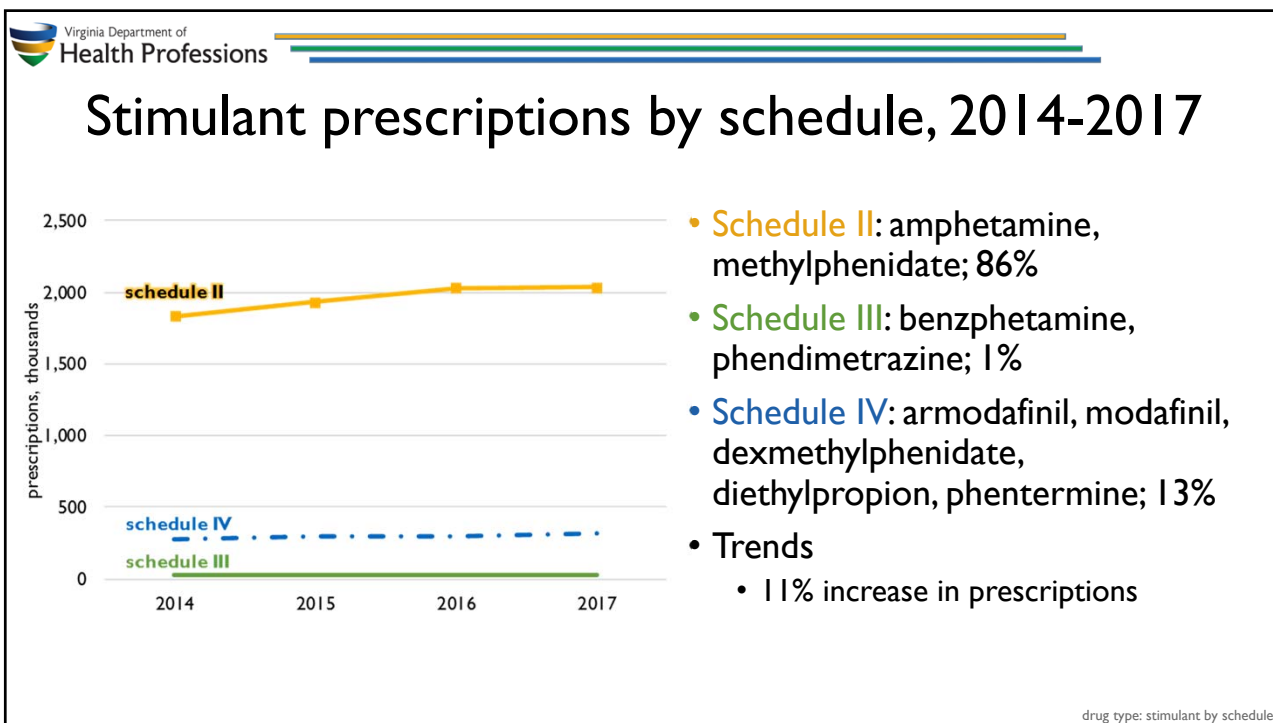
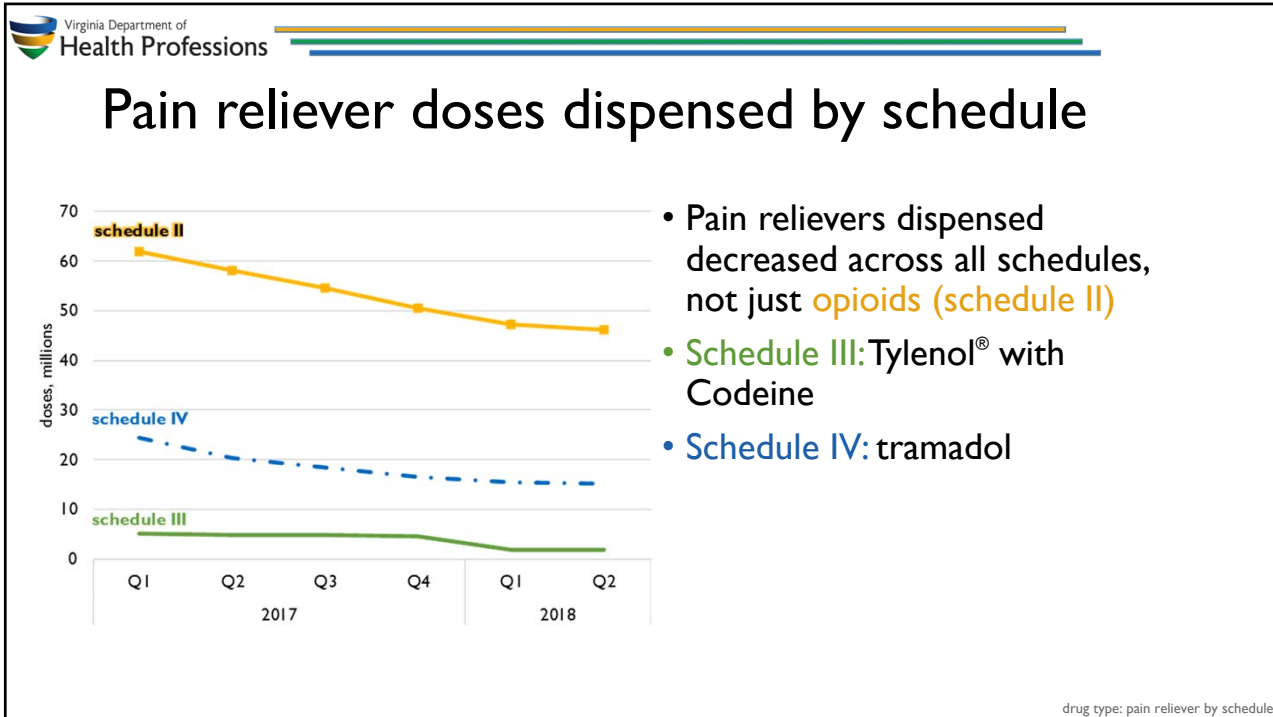
drug type: top 10 meds<sup>1</sup>

## Doses dispensed by drug type

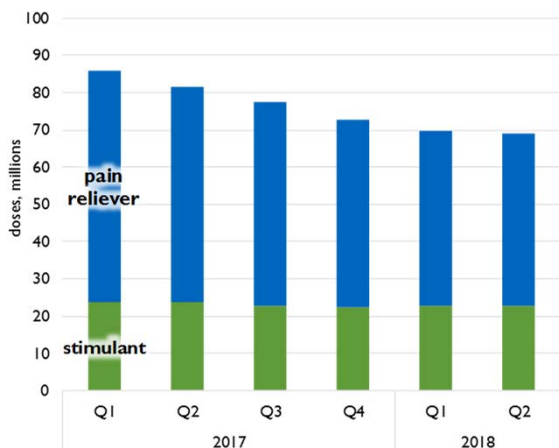


- **Pain reliever** ↓ 1/3 (31%)
  - opioids, tramadol
- **Tranquilizer** ↓ 16%
  - longer-acting benzodiazepines (e.g., diazepam/Valium<sup>®</sup>), muscle relaxants
- **Stimulant doses remained stable**
  - often used to treat ADHD
- **Sedative** ↓ 18%
  - sleeping medications, shorter-acting benzodiazepines (e.g., temazepam/Restoril<sup>®</sup>), barbiturates

drug type: doses



## Schedule II doses by drug type

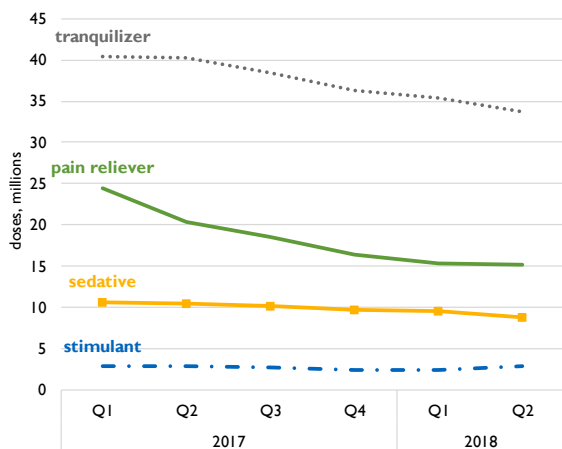


- Overall reduction in Schedule II controlled substance doses is specific to changes in pain reliever prescribing
- Stimulant prescribing remained stable

Sedative (<0.1%) and tranquilizer (0%) were excluded

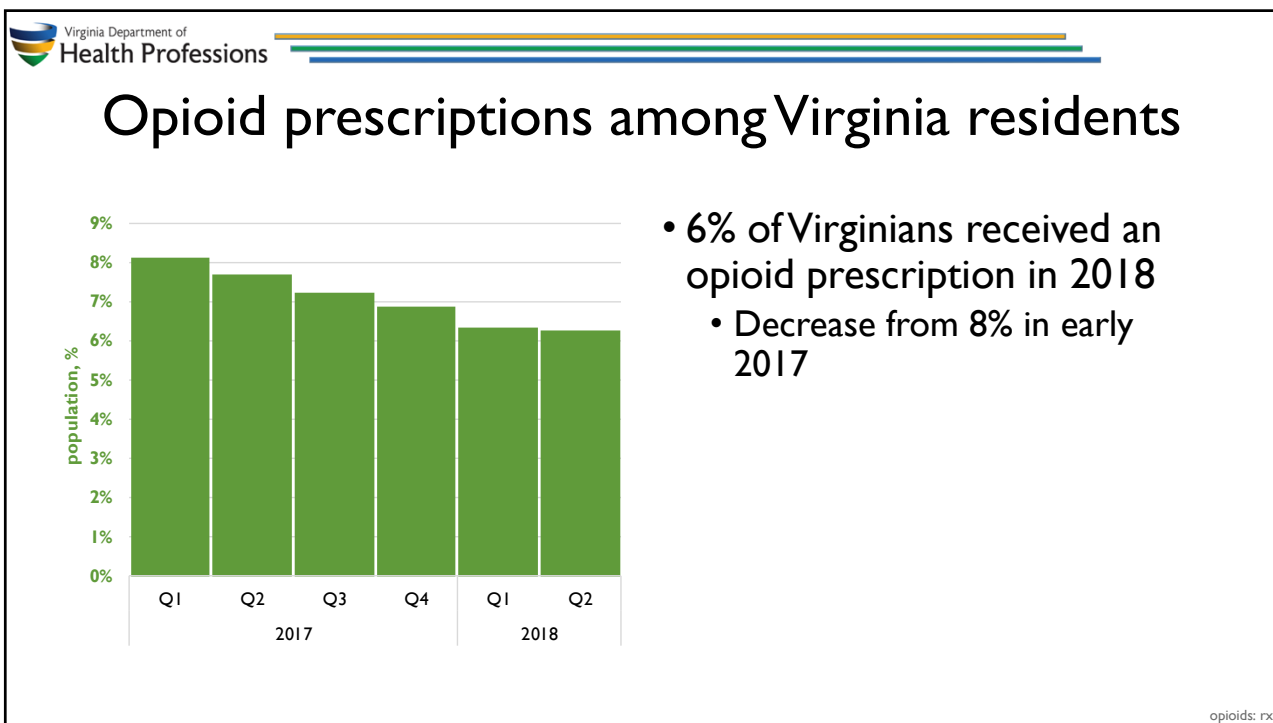
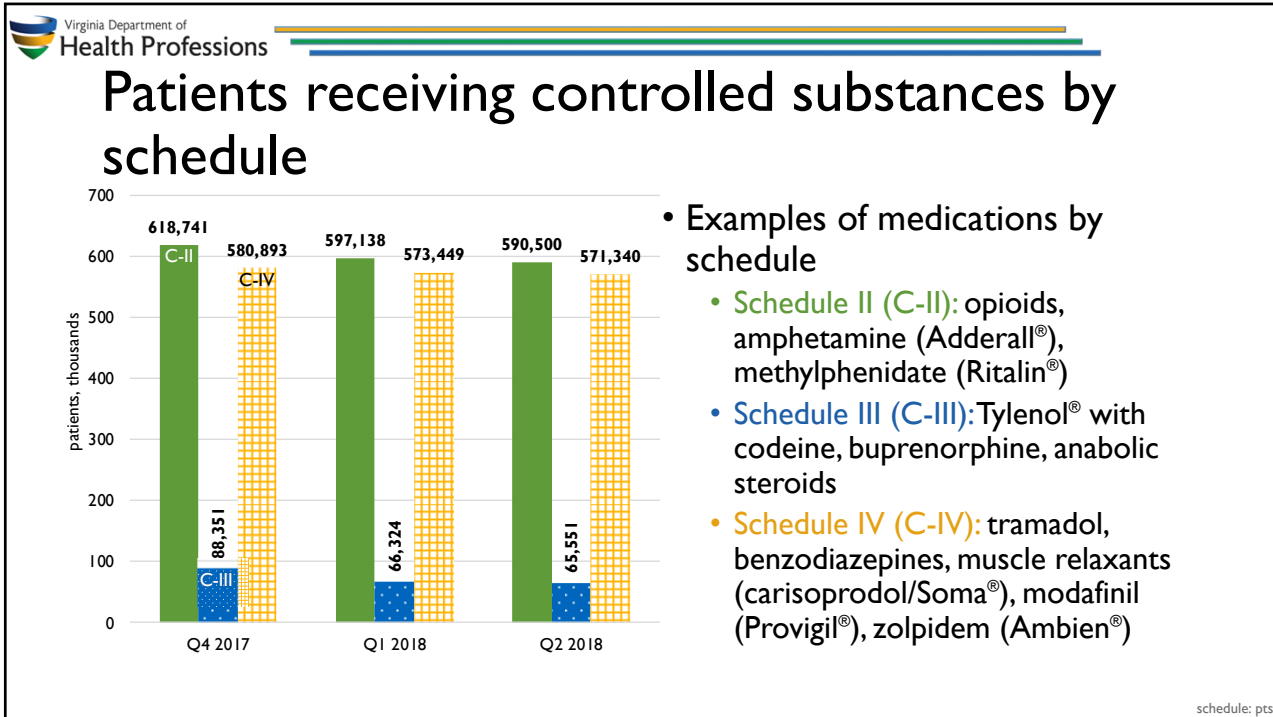
drug type: schedule II

## Schedule IV doses by drug type

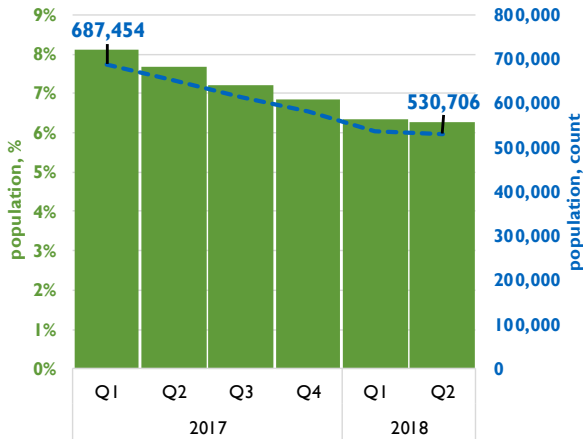


- **Tranquilizer:** longer-acting benzodiazepines, muscle relaxants
  - diazepam (Valium®)
  - carisoprodol (Soma®)
- **Pain reliever:** tramadol
- **Sedative:** sleeping medications, shorter-acting benzodiazepines, barbiturates
  - temazepam (Restoril®)
  - zolpidem (Ambien®)
- **Stimulant:** modafinil (Provigil®)

drug type: schedule IV



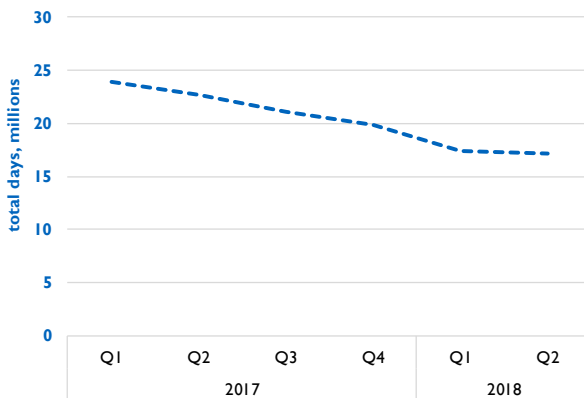
## Opioid prescriptions among Virginia residents



- 6% of Virginians received an opioid prescription in 2018
  - Decrease from 8% in early 2017
- 23% decrease in number of patients receiving an opioid prescription since early 2017

opioids: rx

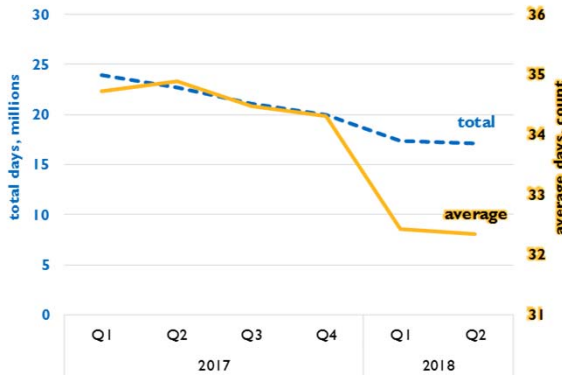
## Opioid prescription days among Virginians



- Total prescription days ↓ 28%
  - Enough for every resident to have a 2 day supply of opioid medications

opioids: total days

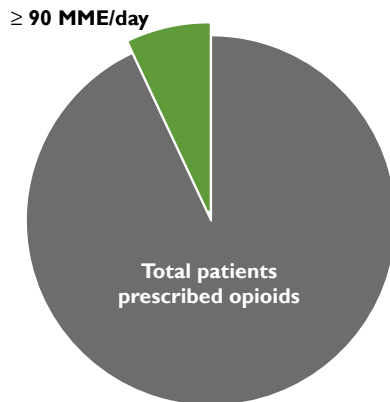
## Opioid prescription days among Virginia residents



- Prescription days or days' supply refers to the number of days of medication prescribed
- **Total** prescription days ↓ 28%
  - Enough for every resident to have a 2 day supply of opioid medications
- **Average** days' supply decreased from 35 to 32 (↓ 7%)

opioids: total/avg days

## Patients receiving ≥ 90 MME/day



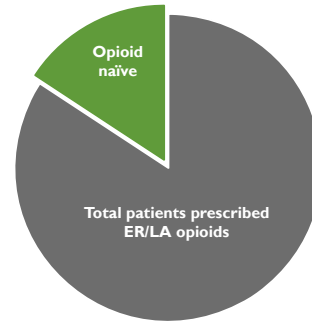
- Morphine milligram equivalent (MME) is a way to calculate the total amount of opioids and account for differences in opioid drug type and strength
  - CDC guidelines specify dosages of ≥ 90/day should be avoided due to risk for fatal overdose
  - As MME ↑, overdose risk ↑
- Almost 7% of opioid prescription recipients had an average dose ≥ 90 MME/day (Q2 2018)
- Progress towards safer prescribing: patients receiving opioids are being prescribed safer dosages putting them at less risk of overdose

Buprenorphine used to treat opioid use disorder and addiction is excluded  
 Reference: Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49.  
 DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

opioids: ≥ 90 MME/day

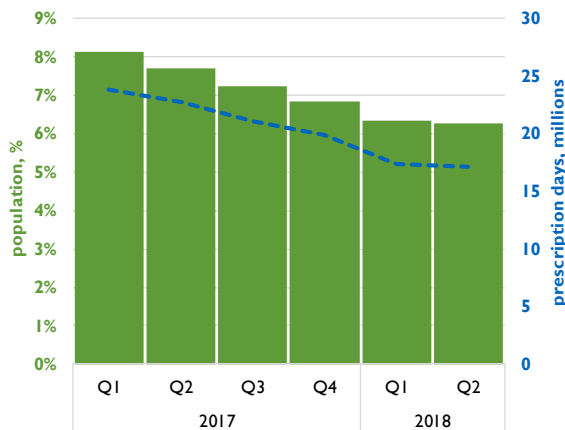
## Opioid naïve patients receiving ER/LA opioids

- Extended-release or long acting (ER/LA) opioids put patients at greater risk of respiratory depression and overdose compared to immediate-release (IR)
  - Opioid naïve patients are at particularly high risk of overdose from ER/LA opioids
- Opioid naïve refers to patients who have not taken an opioid medication within the previous 45 days
  - Centers for Disease Control and Prevention (CDC) reduced the threshold from 60 to 45 days in March 2018
- Of the 34,653 patients prescribed ER/LA opioids, **6,478** or **19%** were opioid naïve



opioids: ER/LA

## Opioid prescriptions among Virginia residents

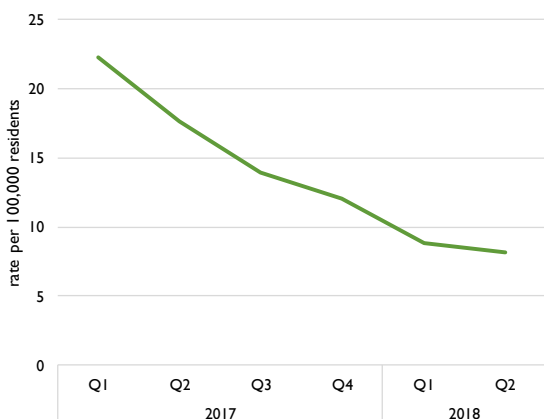


- **17,161,413** opioid prescription days for state residents
  - Enough for every resident to have a 2 day supply of opioid medications
  - **28%** decline in doses dispensed in 1 ½ years
- **Total prescription days dispensed declined more than number of patients receiving a prescription**
  - **28%** and **23%**, respectively
  - Patients who are receiving opioids are receiving fewer day supply

opioids: rx, rx days



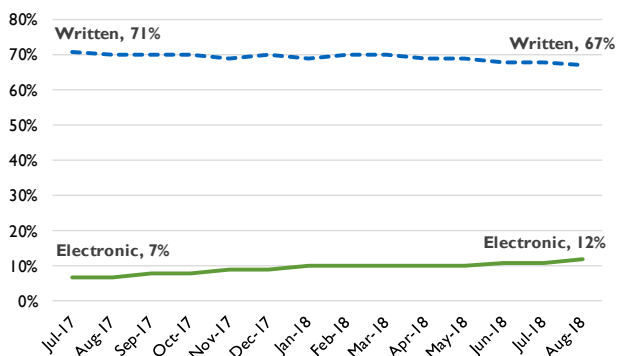
## Multiple provider episodes for prescription opioids



- Multiple provider episodes (MPEs):  $\geq 5$  prescribers and  $\geq 5$  pharmacies in 6 months
- Can be an indicator of doctor shopping and/or inadequate care coordination
- Rate declined from 22 per 100,000 people to 8 per 100,000
  - $\downarrow \frac{2}{3}$  (63%)

opioids: MPE

## Electronic prescribing for opioids, July 2017-August 2018

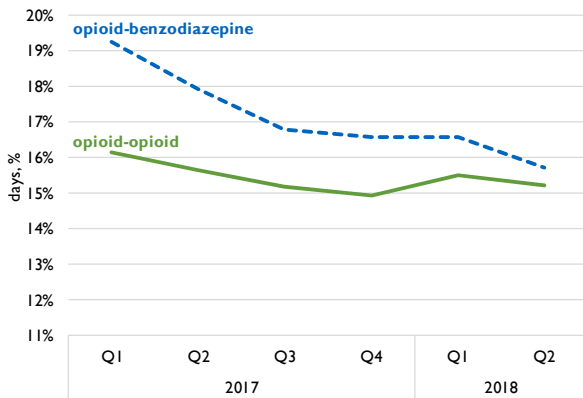


- Currently, Schedule II (opioids, stimulants) prescriptions must be written (§ 54.1-3410) or electronic
  - Only 12% of opioid prescriptions were transmitted electronically in August 2018
- Effective July 1, 2020, any prescription containing an opiate must be electronic (§ 54.1-3408.02)
  - Electronic Prescriptions for Controlled Substances (EPCS): DEA promulgated regulations in June 2010 to allow e-prescribing of controlled substances
  - Percentage of electronic opioid prescriptions is increasing gradually
- By comparison, gabapentin: 45% electronic and 13% written
  - Gabapentin is a drug of concern and reportable to PMP; it is not a controlled substance

Code of Virginia § 54.1-3410 <https://law.lis.virginia.gov/vacode/title54.1/chapter34/section54.1-3410/>

opioids: e-rx

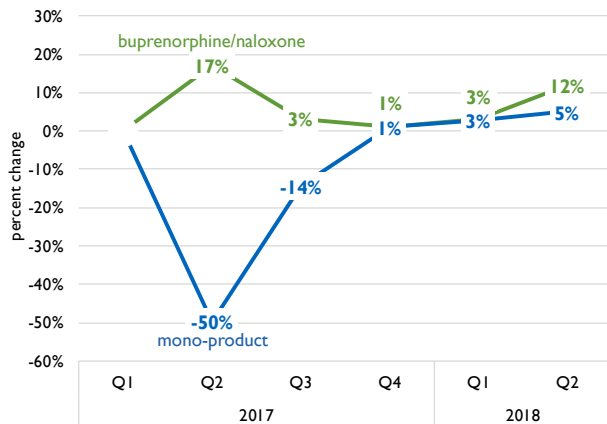
## Overlapping opioid and opioid-benzodiazepine prescription days



- Overlapping opioid prescriptions and concurrent opioid and benzodiazepine prescribing increases the risk of overdose
- Opioid-benzo prescribing decreased from 19% in early 2017 to 16% in the most recent quarter (18% change)
- Trend in opioid-opioid prescribing remained stable

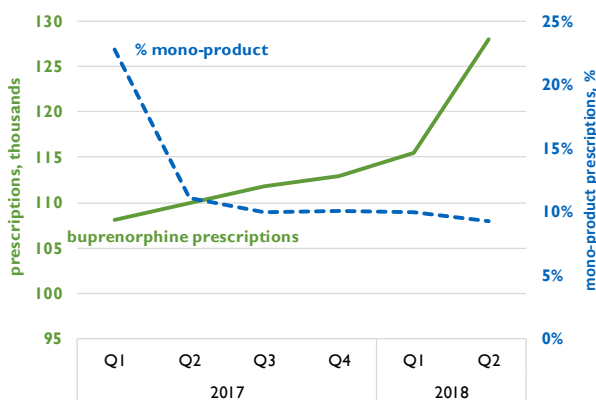
overlapping

## Buprenorphine prescribing for MAT



- Medication-assisted treatment (MAT) is the use of medications, like buprenorphine, in combination with counseling and behavioral therapies to treat opioid use disorder and prevent overdose
  - Increasing buprenorphine/naloxone prescriptions indicates increased treatment usage (41% overall increase in days supplied)
- Buprenorphine without naloxone (mono-product buprenorphine) may be abused
  - 18VAC85-21 Regulations Governing Prescribing of Opioids and Buprenorphine from the (emergency regulations effective March 2017) imposed limits on mono-product prescribing
  - Resulted in an immediate decline in mono-product days supplied but since has stabilized
  - Overall 52% decrease in mono-product days supplied

# Buprenorphine prescribing for MAT

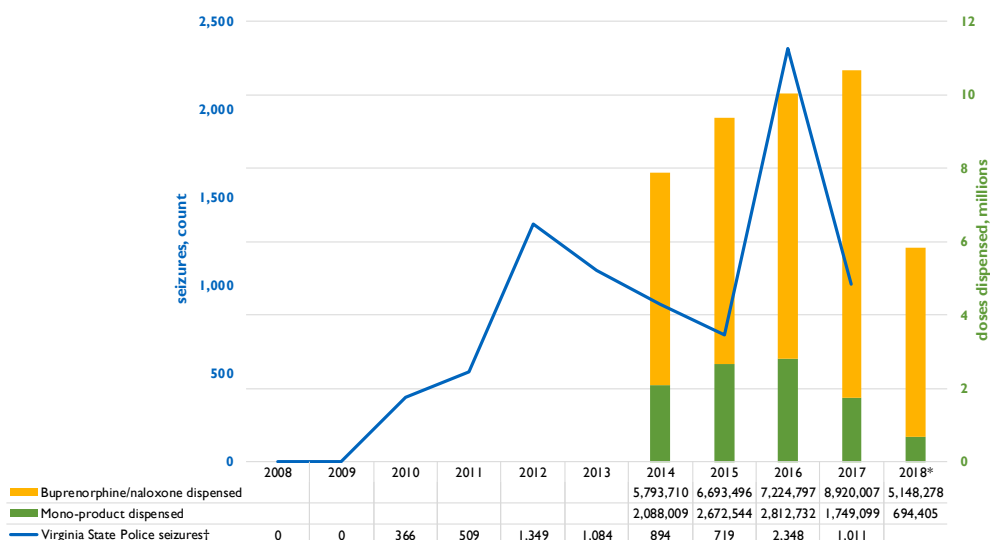


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  - Resulted in an immediate decline in mono-product days supplied but since has stabilized
  - Overall 52% decrease in mono-product prescriptions
- Increasing buprenorphine prescriptions indicates increased treatment usage (19% increase since early 2017)

18VAC85-21 Regulations Governing Prescribing of Opioids and Buprenorphine <https://law.lis.virginia.gov/admincode/title18/agency85/chapter21/>

buprenorphine: MAT

# Buprenorphine prescribing and police seizures



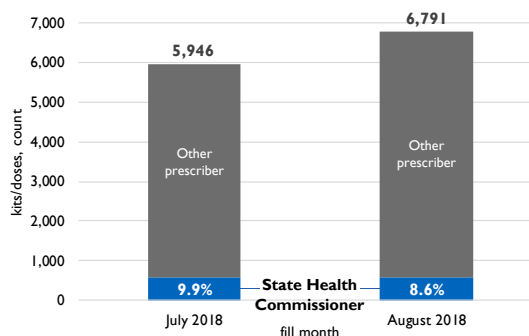
\*Data through June 30, 2018 (Q2); buprenorphine products indicated for pain management excluded  
 †Buprenorphine seizures data 2008-2017, Bureau of Criminal Investigations, Virginia State Police

buprenorphine: VSP seizures

## State Health Commissioner's naloxone standing order

• “This order authorizes pharmacists... in a pharmacy located in Virginia... to dispense one of the following naloxone formulations in accordance with §54.1-3408 and the current Board of Pharmacy-approved protocol.”

- Intranasal
  - Naloxone 2mg/2mL prefilled syringe, #2 syringes
  - Narcan® Nasal Spray 4mg, #2
- Auto-Injector: Naloxone 2mg/auto-injector

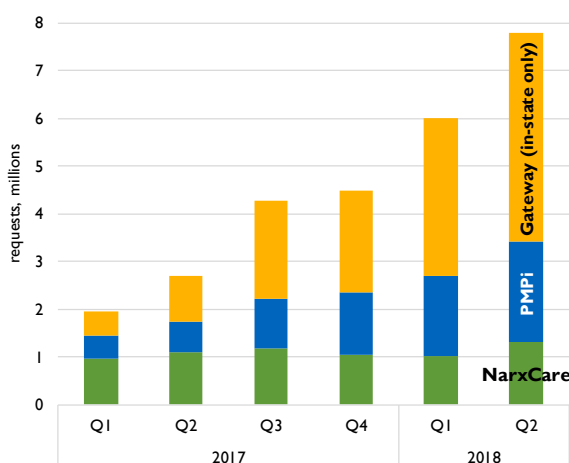


• Naloxone became reportable to PMP as of July 1, 2018

Virginia Statewide Standing Order for Naloxone <http://www.vdh.virginia.gov/content/uploads/sites/4/2016/11/Standing-Order-w-o-DEA-FINAL.pdf>

utilization: SHC naloxone

## Utilization is increasing



- Requests for a patient's prescription history nearly *quadrupled* since early 2017
  - Gateway: integrates PMP data within health record clinical workflow
  - PMPi: interoperability among states' PMPs
  - NarxCare (previously AWARxE): web-based application
- Progress towards safer prescribing: PMP use by prescribers, pharmacists, and their delegates as a risk management tool continues to increase

utilization: requests