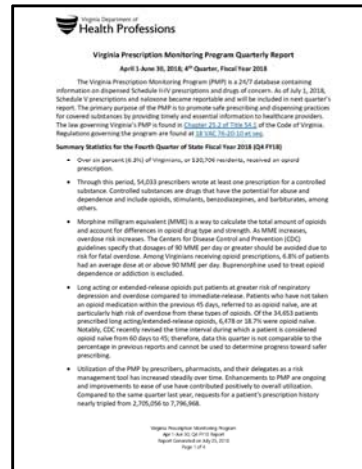


## Program updates

- [NarxCare video](#) (5 min)
- Most recent [quarterly report](#)



## Statutory authority and DHP's mission

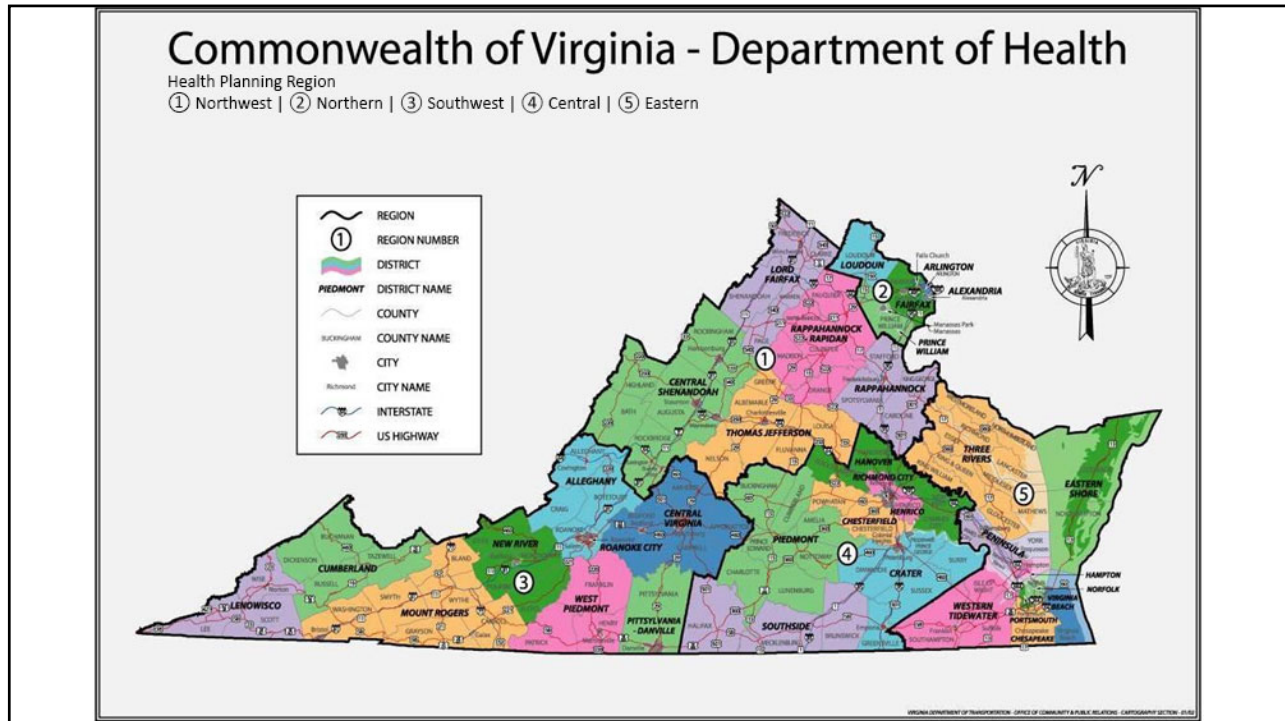
- Code of Virginia § 54.1-2523.1, effective July 1, 2017
  - Develop “criteria for indicators of unusual patterns of prescribing or dispensing of covered substances... and a method for analysis of data collected by the PMP”
  - Authority to disclose information about unusual prescribing and dispensing to the Enforcement Division of DHP
- DHP mission: Keep People Safe
  - “Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.”

## Collaborations between PMP and the Enforcement Division

- Data provided by PMP to Enforcement Division on quarterly basis to initiate proactive investigations
  - Proactive vs. reactive investigations
    - Proactive: PMP-initiated, unsolicited reports
    - Reactive: complaint-driven
- Indicators investigated on priority basis
  - By varying indicators, reveal different types of misconduct
- Refine indicators based on experience/knowledge gained
  - Maximize resources and impact
- PMP will continue to notify Enforcement Division about any unusual findings as encountered

## Indicators of unusual patterns used in previous investigations: prescribers and dispensers

- Top 10 prescribers/dispensers by prescription count reported to PMP (n=20)
  - All covered substances
- Morphine milligram equivalents (MMEs)
  - 2,000/day x 1 patient (n=22)
  - 1,000/day x 10 patients (n=10)
  - 750/day x 5 patients (n=4)
  - 500/day x 25 patients (n=6)
- Total: 62 prescribers/dispensers sent to Enforcement Division for review



Virginia Department of Health Professions

## Proposed indicators of unusual prescribing/dispensing

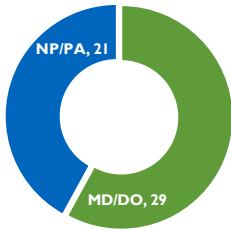
Prescriber	
A.	Top 10 prescribers of opioids per quarter by dose quantity
B.	Top 10 prescribers of opioids with minimal PMP use
C.	Prescribers of patients with a daily MME $\geq$ 1,500 [with overlapping benzodiazepine]
D.	Top 10 prescribers of ER/LA opioids to opioid naïve patients
E.	Top 10 prescribers of buprenorphine for MAT dosing $>$ 24mg/day

Dispenser	
F.	Top 10 dispensers of opioids from out of state [out of health region] prescribers
G.	Top 10 dispensers based on ratio of CS II to all CS II-V prescriptions, minimum of 1,000 CS II prescriptions

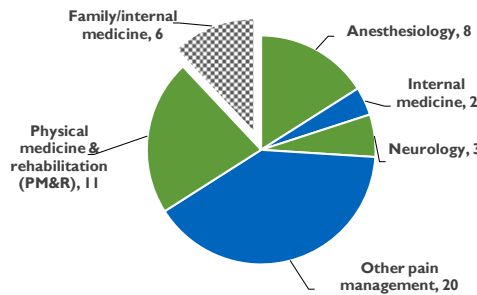
Data presented based on April 1-June 30, 2018 (Quarter 2) unless otherwise specified

# Characteristics of top 50 opioid prescribers by dose quantity

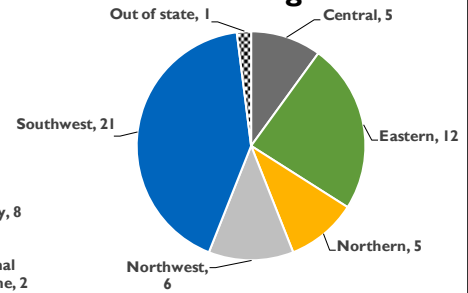
License type



Specialty or practice type

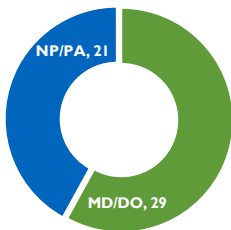


Health region

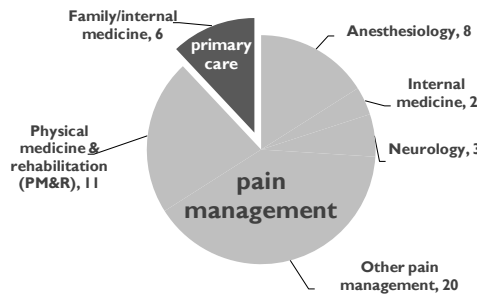


# Characteristics of top 50 opioid prescribers by dose quantity

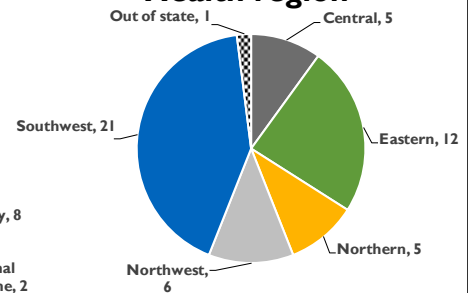
License type



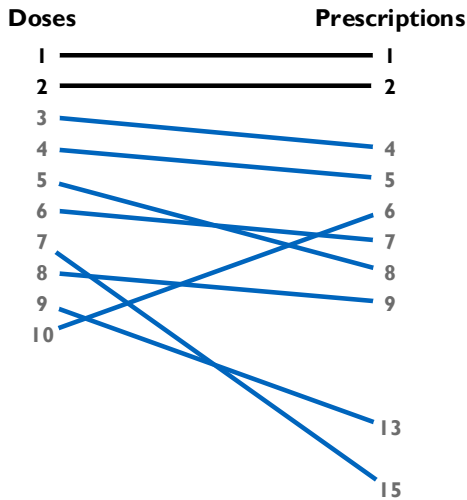
Specialty or practice type



Health region



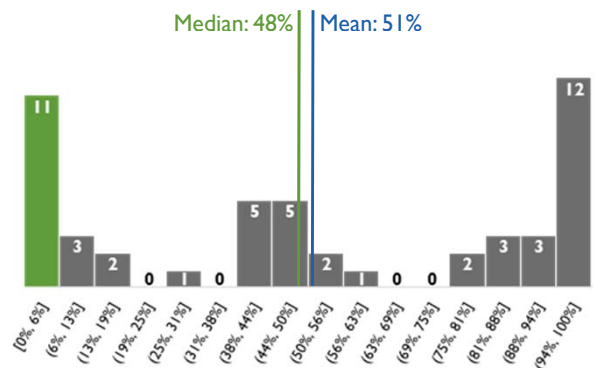
## A. Top 10 prescribers of opioids by dose quantity



- Ranking of prescribers varies by measure used (dose quantity or prescription count)
- Dose quantity is a better representation of trends over time
- Differentiates between acute, time-limited uses (e.g., oral surgery) and high quantity, ongoing prescribing and the associated sequelae
- Progress towards safer prescribing may result in increasing prescriptions but decreasing dose quantities

## B. Top 10 prescribers of opioids with minimal PMP use

- Reviewed PMP usage for top 50 opioid prescribers to calculate ratios and identify the first 10
  - 7 prescribers did not conduct any patient searches during the quarter
- Ratio of PMP requests to opioid prescriptions
  - Example 1
    - PMP requests: 2,921
    - Prescriptions for opioids: 4,805
    - Ratio: **61%**
  - Example 2
    - PMP requests: 64
    - Prescriptions for opioids: 2,751
    - Ratio: **2%**

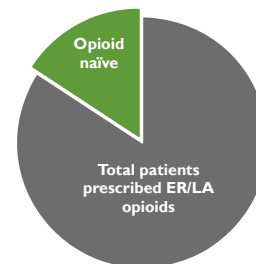


## C. Daily MME $\geq$ 1,500 [with overlapping benzodiazepine]

- Data based on July-August 2018
- Patients exceeding 2,000 MME/day: **10**
  - 7 exempted condition/specialty
    - 6 sickle cell
    - 1 oncology
    - 0 hospice
- Patients exceeding 1,500 MME/day: **20**
  - 10 exempted condition/specialty
    - 6 sickle cell
    - 2 oncology
    - 2 hospice
  - Prescriber specialty for remaining 10 patients
    - 3 pain management
    - 7 family/internal medicine
  - 7 overlapping opioid-benzodiazepine

## D. Top 10 prescribers of ER/LA opioids prescribed to opioid naïve patients

- 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
  - Inconsistent definition of opioid naïve in the literature: CDC lowered 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
  - 92% of opioid doses are IR
- Further analyses needed to identify opioid naïve patients by prescriber



## E. Top 10 prescribers of buprenorphine for MAT dosing >24mg/day

- 18VAC85-21-150. Treatment with Buprenorphine for Addiction
  - “Documentation of the rationale for prescribed doses exceeding 16 milligrams of buprenorphine per day shall be placed in the medical record. *Dosages exceeding 24 milligrams of buprenorphine per day shall not be prescribed.*”
- Inclusion criteria: buprenorphine products FDA-approved for Medication-Assisted Treatment (MAT)
- Patients receiving prescriptions for daily dosage >24mg (July-August 2018): 392
  - Top 10 prescribers, by patient count, represent 31% (n=120) of total

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

## Proposed indicators of unusual prescribing/dispensing

### Prescriber

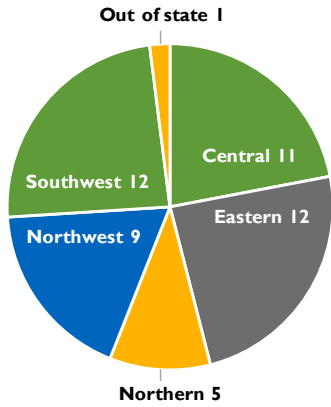
- |    |   |
|----|---|
| A. | Top 10 prescribers of opioids per quarter by dose quantity                              |
| B. | Top 10 prescribers of opioids with minimal PMP use                                      |
| C. | Prescribers of patients with a daily MME $\geq$ 1,500 [with overlapping benzodiazepine] |
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| E. | Top 10 prescribers of buprenorphine for MAT dosing > 24mg/day                           |

### Dispenser

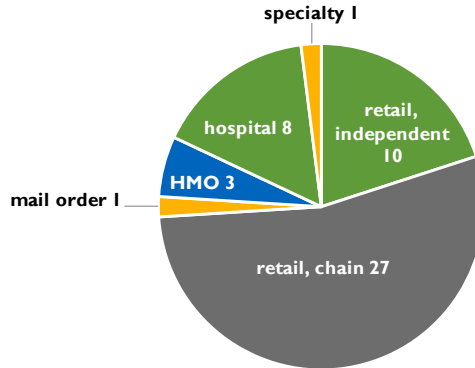
- |    |  |
|----|--|
| F. | Top 10 dispensers of opioids from out of state [out of health region] prescribers                            |
| G. | Top 10 dispensers based on ratio of CS II to all CS II-V prescriptions, minimum of 1,000 CS II prescriptions |

## Characteristics of top 50 opioid dispensers by prescription count

### Pharmacy region



### Pharmacy type



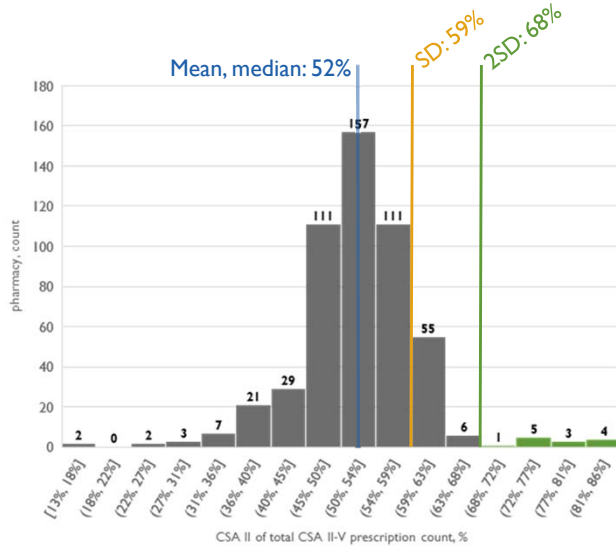
## F. Top 10 dispensers of opioids from *out of state* prescribers

Rank	Pharmacy type	Region
1.	Retail, chain	Southwest
2.	Retail, independent	Southwest
3.	Retail, chain	Southwest
4.	Retail, chain	Southwest
5.	Retail, chain	Southwest
6.	Retail, independent	Southwest
7.	Retail, chain	Southwest
8.	Retail, chain	Southwest
9.	Retail, chain	Southwest
10.	Retail, chain	Southwest





### G. Ratio of schedule II to all controlled substance prescriptions



- Inclusion criteria: minimum of 1,000 CS II prescriptions in Q2 2018 (n=517)
  - 4/517 out of state
- 13 outpatient pharmacies are greater than 2 standard deviations (2SD) from the mean

### G. Ratio of schedule II to all controlled substance prescriptions

- Characteristics of pharmacies >2 standard deviations from the mean (n=13)
  - Region: 77% Northern/Eastern
  - Pharmacy type: 85% hospital outpatient
- Discuss addition of inclusion criteria

