VIRGINIA PRESCRIPTION MONITORING PROGRAM

PROGRESS TOWARDS SAFER PRESCRIBING:

Medication-Assisted Treatment & Harm Reduction



MEDICATION-ASSISTED treatment (MAT) is the use of medications, like buprenorphine, in combination with counseling and behavioral therapies to treat opioid use disorders. While increasing numbers of buprenorphine prescriptions in general indicates increased treatment usage (19% increase since early 2017), buprenorphine without naloxone (mono-product) is more likely to be abused than buprenorphine bound to naloxone. Regulations Governing Prescribing of Opioids and Buprenorphine (18VAC85-21), promulgated by the Board of Medicine and effective March 2017, imposed limits on mono-product prescribing. An immediate decline in monoproduct prescribing occurred between the first and second quarters of 2017 as a result but has since stabilized. The overall decline of 52% in mono-product buprenorphine prescriptions as of June 2018 is indicative of progress toward improved prescribing practices.

Buprenorphine prescribing for MAT, January 2017-June 2018



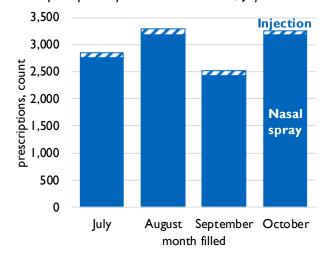
Total buprenorphine prescriptions increased 19% (solid green); percentage of buprenorphine prescriptions for mono-product decreased from 23% to 9% (dashed blue)



Buprenorphine is a prescription medication to treat opioid use disorder

NALOXONE is a medication designed to rapidly reverse opioid overdose. As an opioid antagonist, naloxone binds to opioid receptors and can block the effects of other opioids. Very quickly naloxone restores normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or prescription opioid pain medications. Naloxone is administered as a nasal spray or injection and became reportable to PMP as of July 1, 2018. The naloxone nasal spray is available under the brand name Narcan[®].

Naloxone prescriptions by route of administration, July-October 2018



Average naloxone prescriptions per month, 2,979; majority (97%) are administered by nasal spray

Regulations Governing Prescribing of Opioids and Buprenorphine (18VAC85-21) also require a practitioner to prescribe naloxone for patients receiving an opioid under certain circumstances. Specifically, patients with daily opioid dosage of 120 morphine milligram equivalent (MME) or more, concurrent benzodiazepine use, or history of prior overdose or substance misuse must also be prescribed naloxone.

Standing order

In November 2016, the State Health Commissioner declared a Public Health Emergency for the opioid epidemic and issued a standing order authorizing pharmacists in Virginia to dispense naloxone. In essence, the standing order serves as a prescription written for the general public, rather than specifically for an individual. The pharmacist dispensing naloxone will provide counseling to the recipient in opioid overdose prevention, recognition, response, and administration. On average, 10% of all naloxone prescriptions are dispensed under the standing order each month.

Naloxone is available for purchase at Virginia pharmacies without a written prescription



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