Report of the Department of Health Professions

2022 Annual Report
Virginia Prescription Monitoring Program

To the Joint Commission on Health Care, pursuant to *Code of Virginia* § 54.1-2523.1.

To the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health, pursuant to Chapters 113 and 406 Enactment Clause 3 (Regular Session, 2016).

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Preface

The following report meets two legislative requirements. First, per Enactment Clause 3 of Chapters 113 and 406 (Regular Session, 2016), the Prescription Monitoring Program (PMP) was directed to report on utilization of the PMP by prescribers and dispensers to include any impact on the prescribing of opioids. Additionally, *Code of Virginia* § 54.1-2523.1 specifies as follows:

> The Director shall develop, in consultation with an advisory panel which shall include representatives of the Boards of Medicine and Pharmacy, the Department of Health, the Department of Medical Assistance Services, and the Department of Behavioral Health and Developmental Services, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and misuse of covered substances by recipients and a method for analysis of data collected by the Prescription Monitoring Program using the criteria for indicators of misuse to identify unusual patterns of prescribing or dispensing of covered substances by individual prescribers or dispensers or potential misuse of a covered substance by a recipient. *The Director, in consultation with the panel, shall annually review controlled substance prescribing and dispensing patterns and shall (i) make any necessary changes to the criteria for unusual patterns of prescribing and dispensing required by this subsection and (ii) report any findings and recommendations for best practices to the Joint Commission on Health Care by November 1 of each year.*

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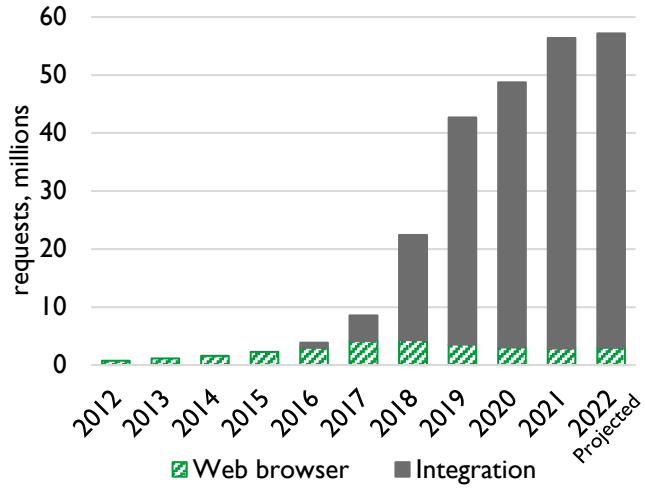
Table of Contents

Utilization of the PMP database

Authorized users of the PMP can view a patient's prescription history via web browser or through an integrated software application. Integration within the clinical workflow of electronic health records (EHR), pharmacy dispensing systems (PDS), and e-prescribing platforms is a significant advancement in ease of use and efficiency and consequently has led to dramatic increases in use. Concurrent with increases in integration requests, use via web browser has declined (Fig. 1).

Figure 1. Prescription history requests, 2012-2022

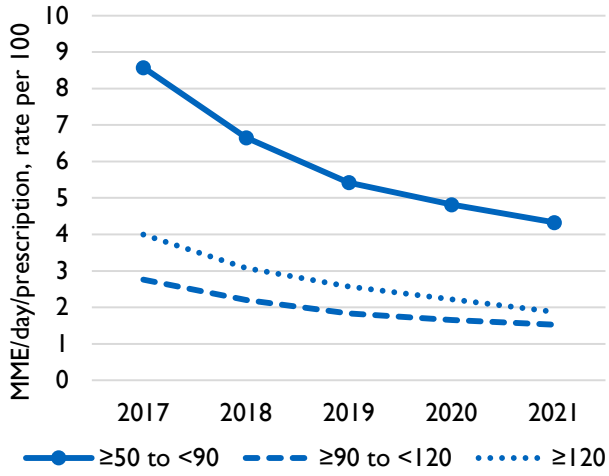


Impact on prescribing of opioids

As requests for a patient's prescription history have increased markedly in recent years, prescribing for opioids has decreased. Morphine milligram equivalent (MME) is a way to calculate the relative potency of opioids and account for differences in opioid drug type and strength. As MME increases, overdose risk increases. The *Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain*, published in March 2016, recommends that clinicians carefully consider increasing daily dosage to 50 MME or greater and to avoid dosages of 90 MME per day or greater due to risk for fatal overdose.[1] Virginia regulations impose specific requirements on practitioners when prescribing daily dosages exceeding 50 and 120 MME thresholds (18VAC85-21-10).

Between 2017 and 2021, daily MME per prescription decreased precipitously (Fig. 2). Specifically, prescriptions for daily dosages of 50 to 90 MME decreased by half and prescriptions for 90 to 120 MME per day declined by 45%. The greatest decrease, 53%, was in prescriptions for daily dosages 120 MME or greater.

Figure 2. Opioid daily dosage by prescription, 2017-2021



A central utility of the PMP is to monitor a patient's use of multiple prescribers and pharmacies in acquiring controlled substances. Frequency of multiple provider episodes, defined as a recipient obtaining opioids from a minimum of five prescribers and five dispensers within a six-month time period, decreased from 22.2 to 1.6 per 100,000 residents between 2017 and 2021.

Identifying unusual patterns of prescribing and dispensing

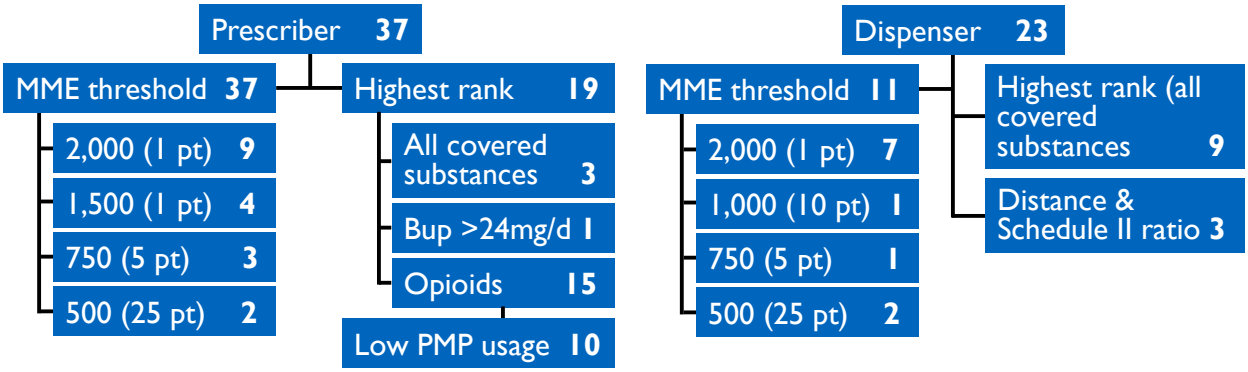
The PMP received statutory authority in July 2017 to disclose data indicative of unusual prescribing and dispensing to the Enforcement Division of DHP. An Advisory Panel approved indicators to identify aberrations (Fig. 3). Since then, investigative findings by regulatory boards and analysis methodologies are reviewed and refined to inform subsequent case investigations.

Figure 3. Indicators of unusual prescribing and dispensing

- Highest ranked
  - prescribers/dispensers of all covered substances by prescription count
  - prescribers of opioids
  - prescribers of opioids with minimal PMP use
  - dispensers of opioids according to distance from patient, prescriber, and pharmacy
  - dispensers based on ratio of Schedule II to all Schedule II-V prescriptions
  - prescribers of buprenorphine for opioid use disorder (OUD) dosing > 24 mg/day
- Prescribers/dispensers for patients meeting daily MME thresholds
  - One patient at 2,000 MME/day
  - One patient at 1,500 MME/day (prescribers only)
  - 10 patients at 1,000 MME/day (dispensers only)
  - 5 patients at 750 MME/day
  - 25 patients at 500 MME/day

Through September 2022, the Enforcement Division has conducted 94 reviews and initiated 60 case investigations of prescribers (n=37) and dispensers (n=23; Fig. 4).

Figure 4. Cases investigated by licensee type and indicator, 2016-September 2022



Among the completed PMP-generated cases (n=60), 17% resulted in a violation and most were a sanctioned by the applicable board. Approximately the same number were issued an advisory letter (20%), pursuant to § 54.1-2400, or closed as undetermined (24%). Cases with an undetermined final disposition are those for which the relevant board concluded disciplinary proceedings would not be instituted at present but retain the ability to do so in the future. Only one case continues to be active.

In the five years since this initiative began, the frequency of prescribing or dispensing meeting indicator thresholds has declined. Consequently, fewer licensees are being referred to the Enforcement Division for review.

[1] 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. Accessed September 30, 2019 from http://dx.doi.org/10.15585/mmwr.rr6501e1