

Quarterly Report

July 1-September 30, 2019

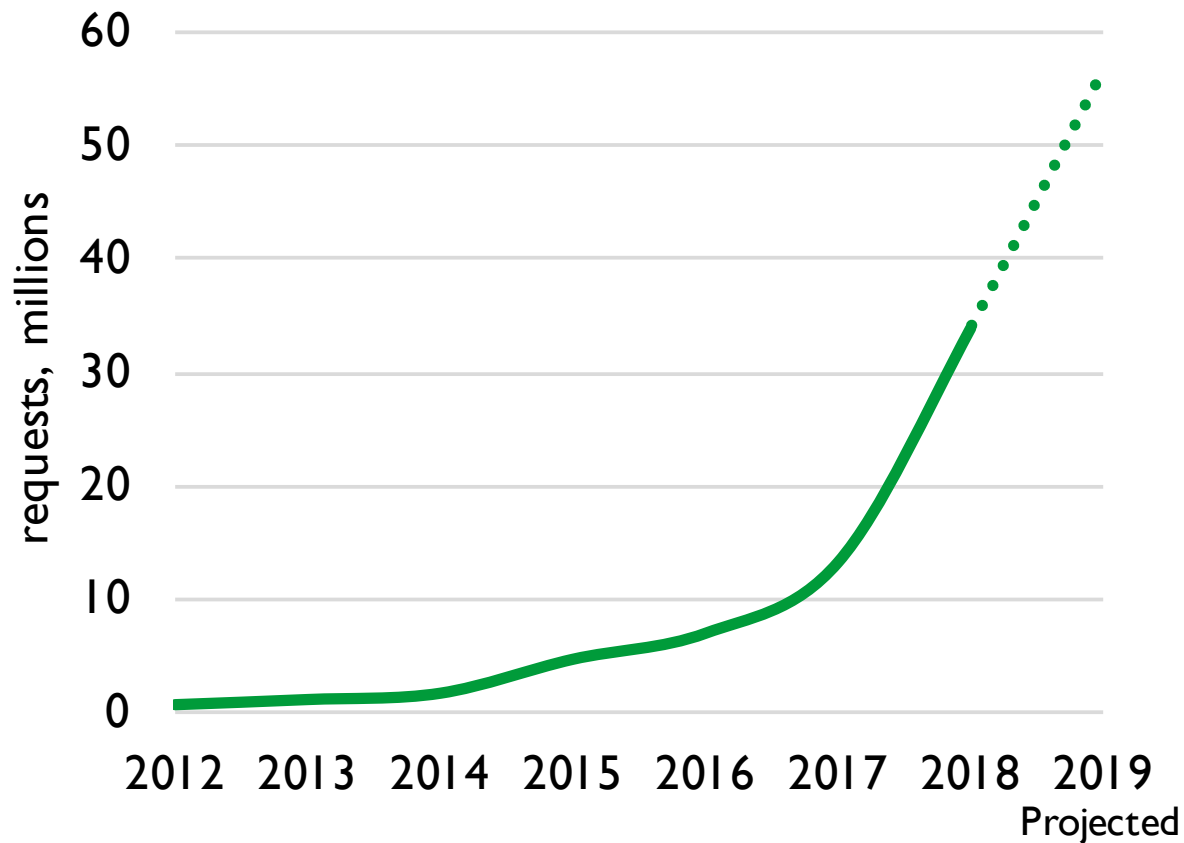
2019Q3

Virginia Prescription Monitoring Program

Key Findings for the Third Quarter (2019Q3)

- Enhancements to the PMP are ongoing and improvements to ease of use have contributed positively to overall utilization. Requests for a patient's prescription history near 15 million and rose 8% since the previous quarter.
- Prescribers queried the patient's prescription history before issuing 1,670,019 new opioid or benzodiazepine prescriptions this quarter. This was an increase of 8% from the previous quarter and 110% since 2018Q1.
- Through this period, 31,512 prescribers wrote at least one prescription for an opioid medication dispensed by a Virginia-licensed pharmacy (unchanged).
- Over six percent of Virginians, or 513,175 residents, received an opioid prescription (decreased 4%).

Increasing PMP utilization

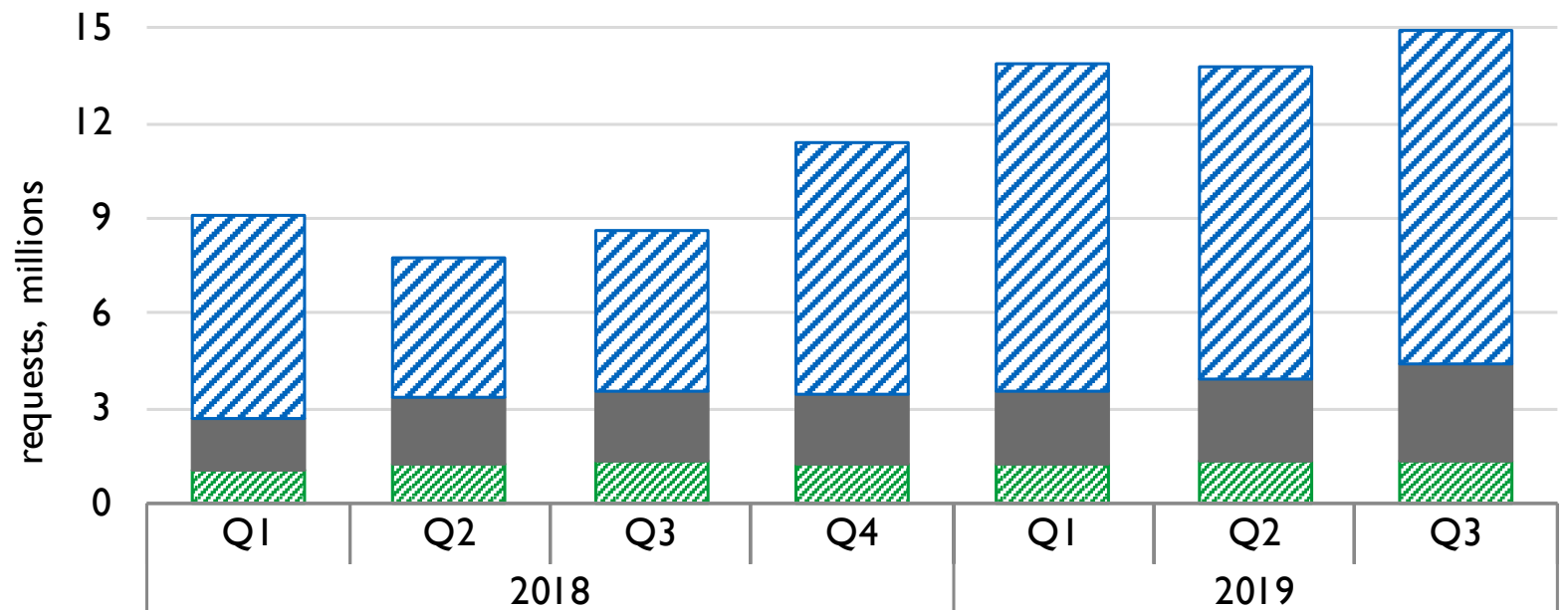


- Requests for a patient's prescription history grow exponentially each year
- 141% increase in 2019Q3 since 2018Q1 and 8% increase from previous quarter
- Rapid rise in utilization of the PMP is primarily the result of expansions in integration within the electronic health record and pharmacy software applications
 - 71% of total requests are through an integrated application

Increasing PMP utilization

- **Gateway**: integrates PMP data within health record clinical workflow
- **PMPi**: interoperability among states' PMPs
- **NarxCare** (previously AWA Rx E): web-based application

Prescription history requests by type, 2018Q1-2019Q3



Gateway (in state)	6,426,713	4,387,298	5,096,456	7,942,431	10,293,611	9,838,711	10,512,500
PMPi	1,656,772	2,104,949	2,119,586	2,214,233	2,304,254	2,631,224	2,997,430
NarxCare	1,035,053	1,304,721	1,398,552	1,244,777	1,275,636	1,332,175	1,396,875

Drug class

Percent change by drug class

Opioid ↓ 10%

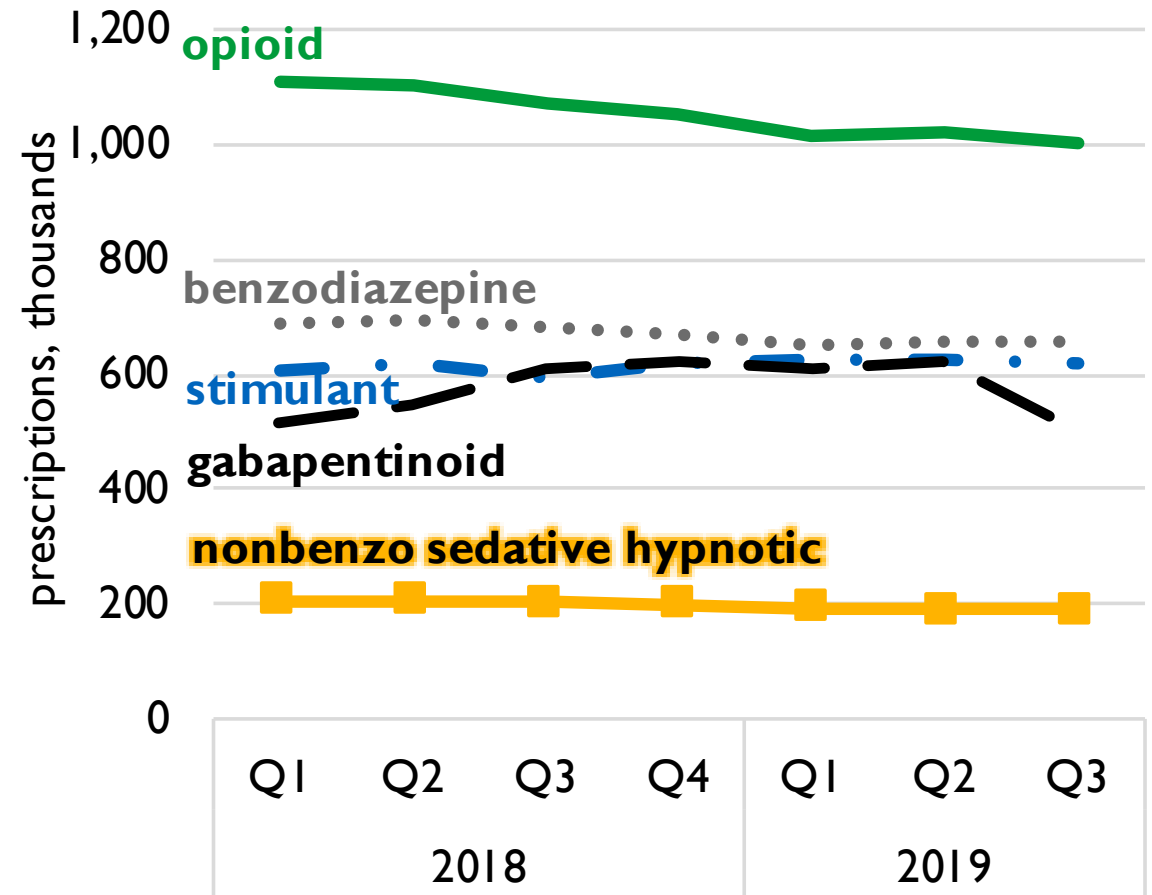
Benzodiazepine ↓ 5%

Stimulant ↑ 3%

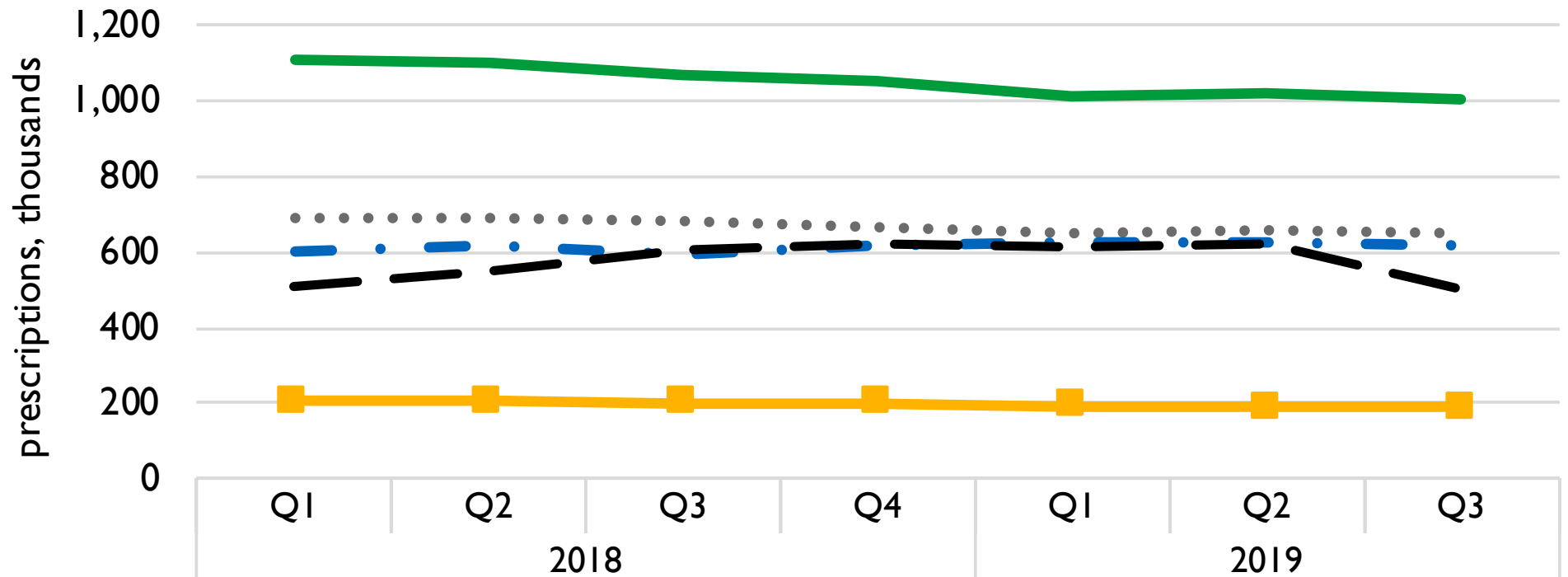
Gabapentinoid ↓ 2%

Nonbenzo sedative hypnotics ↓ 8%

Prescriptions dispensed by drug class, 2018Q1-2019Q3



Prescriptions dispensed by drug class, 2018Q1-2019Q3

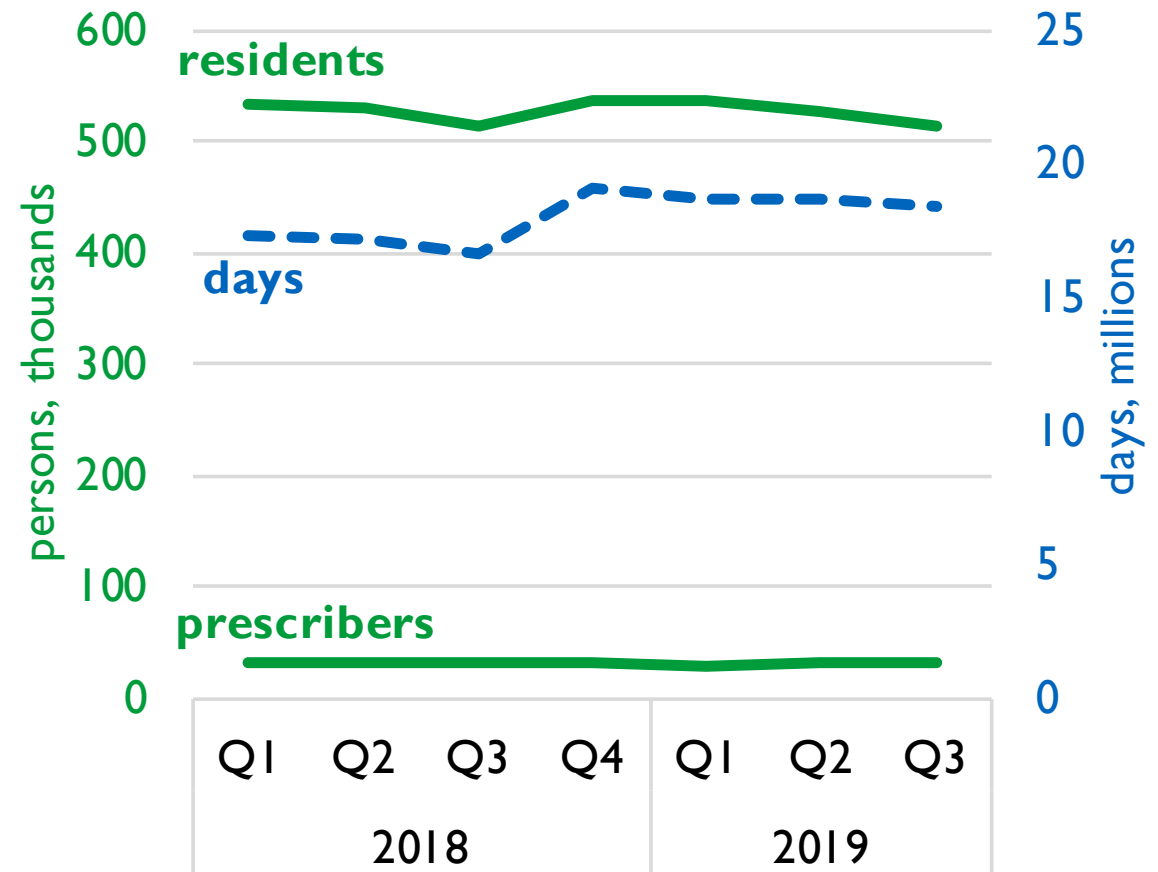


	2018				2019		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
opioid	1,109,320	1,104,141	1,071,332	1,052,077	1,014,065	1,020,306	1,002,573
benzodiazepine	687,158	691,731	679,696	668,971	652,621	654,493	654,057
stimulant	603,711	621,305	593,413	616,161	624,121	627,412	619,779
gabapentinoid	512,948	546,292	608,563	621,106	612,037	623,280	502,199
nonbenzo sedative hypnotic	207,221	207,492	203,357	201,486	194,179	191,287	190,267

Opioid prescriptions

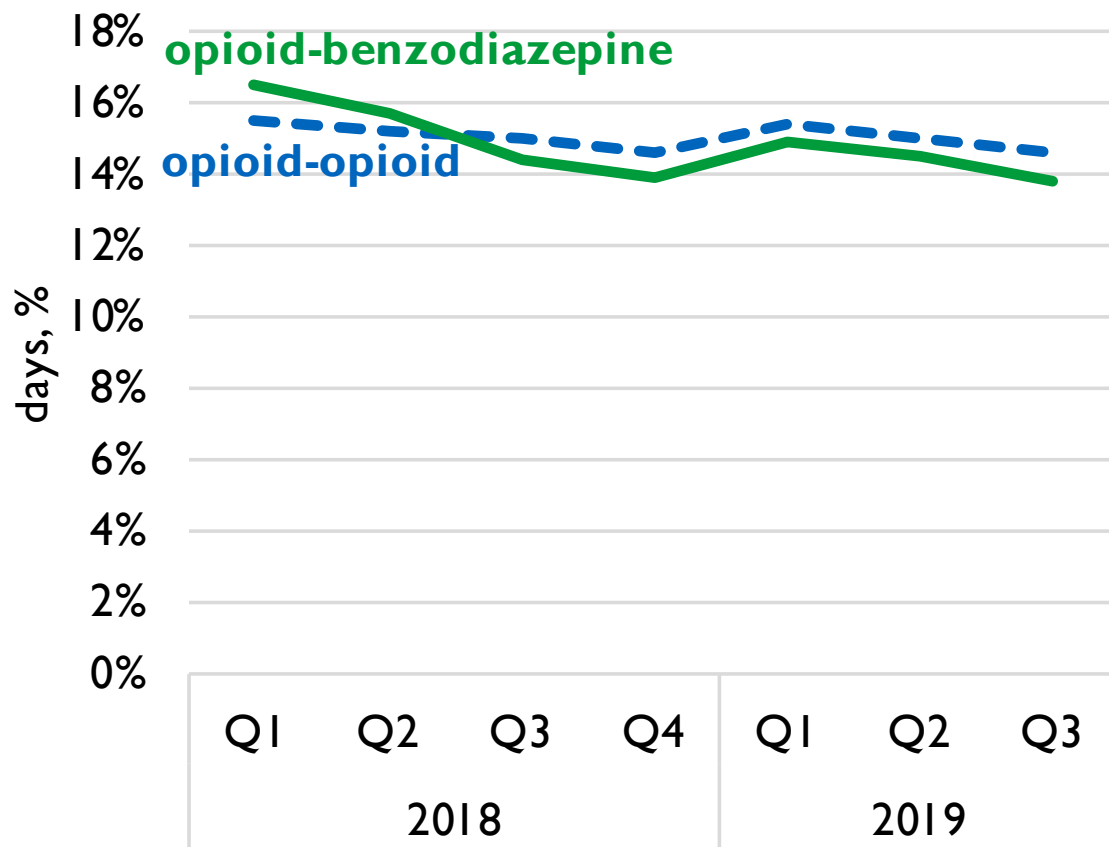
- 513,175 Virginia residents received an opioid prescription in 2019Q3 from 31,512 prescribers
- 18,488,700 opioid prescription days for commonwealth residents during 2019Q3
- Prescription days or days' supply refers to the number of days of medication prescribed

Opioid prescriptions for Virginia residents, 2018Q1-2019Q3



Overlapping prescriptions

Overlapping opioid and opioid-benzodiazepine prescription days, 2018Q1-2019Q3

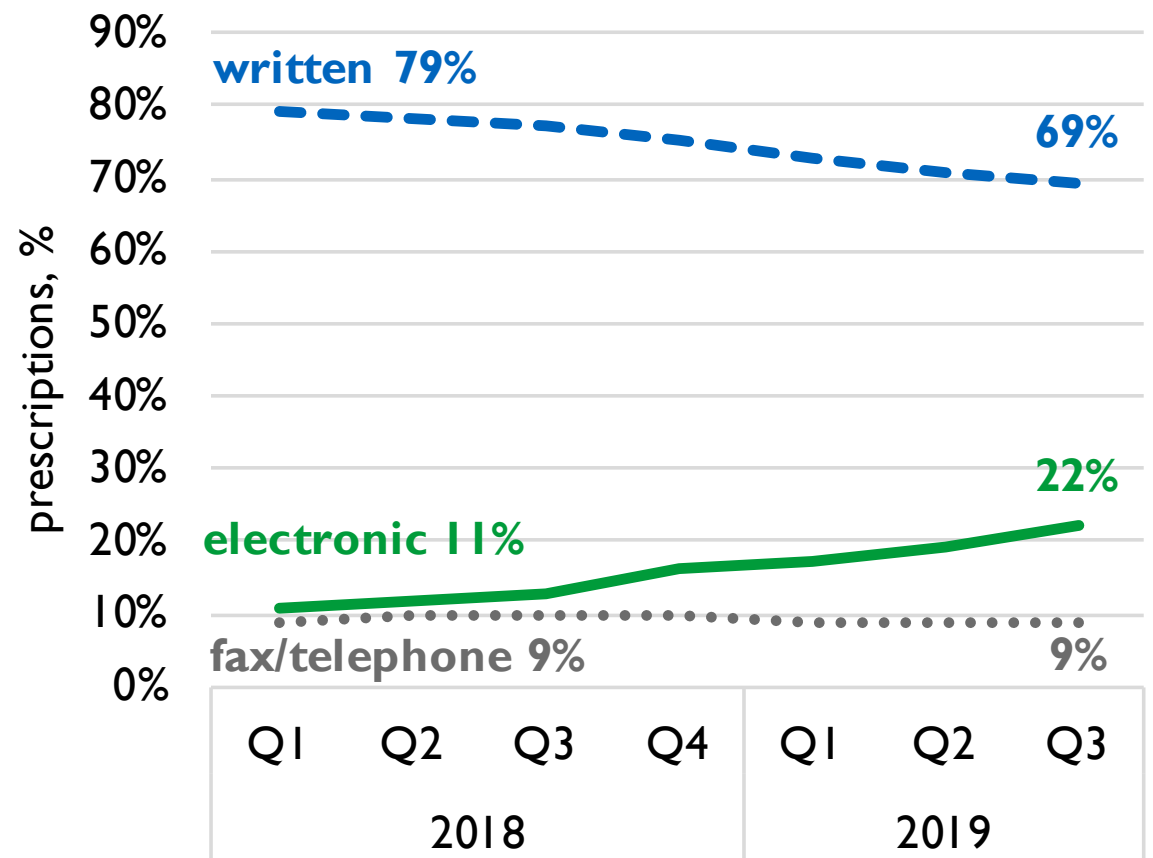


- Overlapping **opioid** prescriptions, which increase a patient's MME, and concurrent **opioid and benzodiazepine** prescribing increases the risk of overdose
- **Opioid-benzo** days decreased from 17% to 14% since 2018Q1
- Trend in **opioid-opioid** days remained stable (15%)

Electronic prescribing for opioids

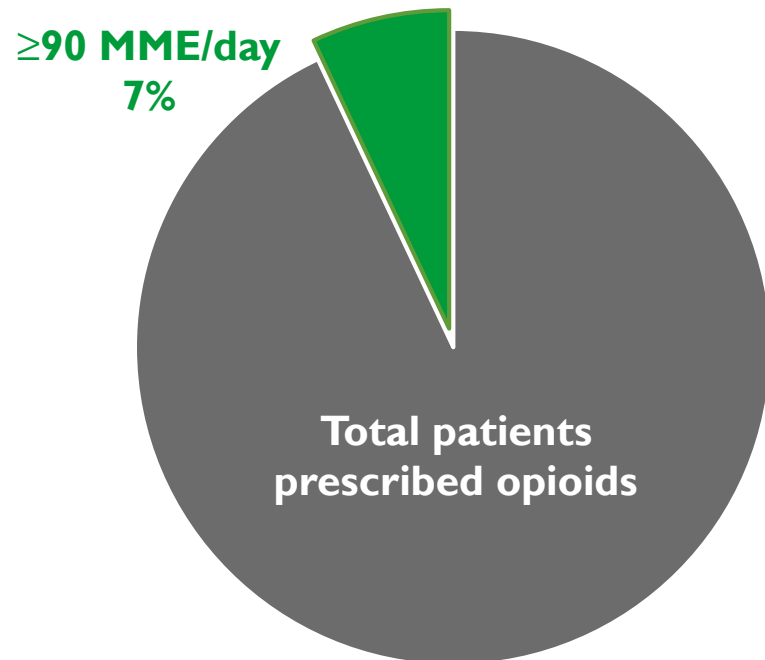
- Beginning July 1, 2020 any prescription containing an opioid must be transmitted electronically from the prescriber to the dispenser (*Code of Virginia § 54.1-3408.02*)
- 22% of opioids prescriptions were **electronic** in 2019Q3
 - Doubled since 2018Q1
- Compared to 57% of gabapentin prescriptions

Opioid prescriptions by transmission type, 2018Q1-2019Q3



Patients receiving ≥ 90 MME/day

Patients receiving ≥ 90 MME/day, 2019Q3

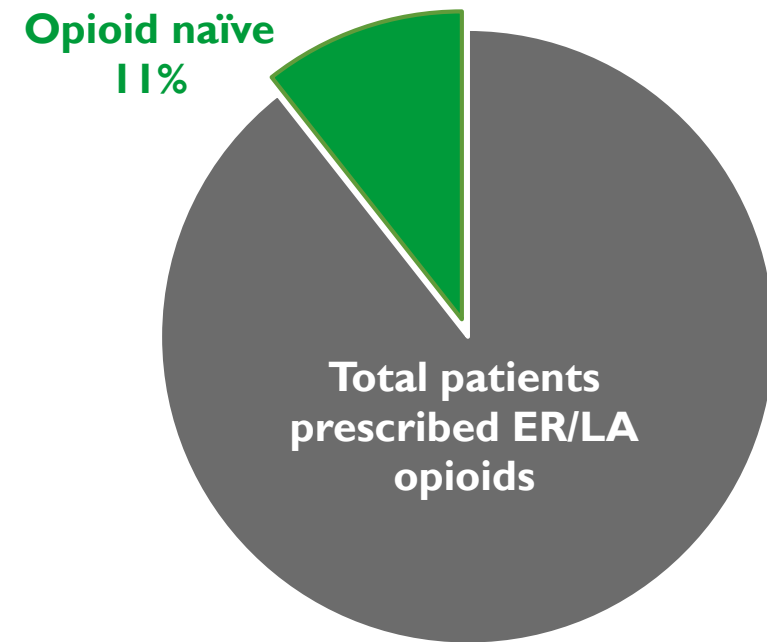


- Morphine milligram equivalent (MME) allows comparison between the strength of different types of opioids
 - CDC guidelines specify dosages of ≥ 90 /day should be avoided due to risk for fatal overdose
- Almost 7% of opioid prescription recipients had an average dose ≥ 90 MME/day (2019Q3)

Opioid naïve patients receiving ER/LA opioids

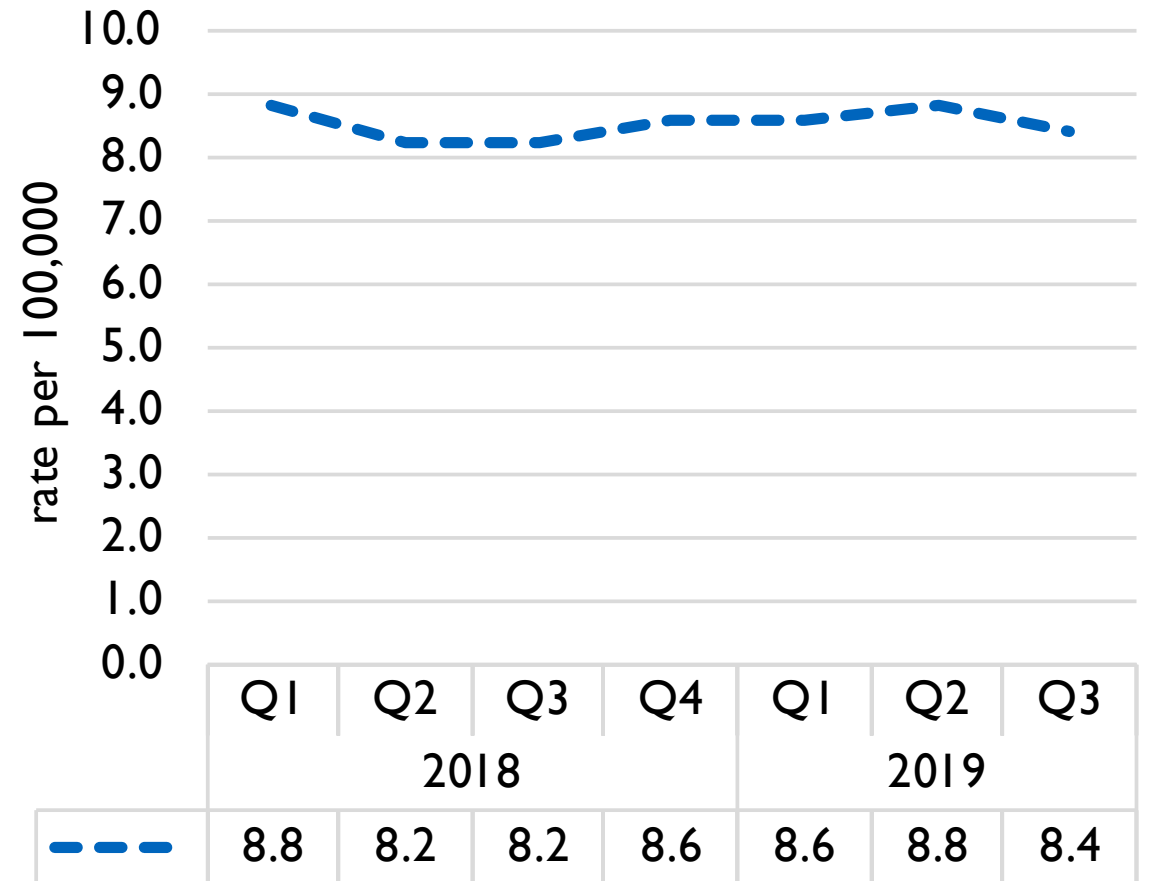
- Extended-release or long acting (ER/LA) opioids put patients at greater risk of respiratory depression and overdose compared to immediate-release (IR)
 - Opioid naïve patients are at particularly high risk of overdose from ER/LA opioids
- Opioid naïve refers to patients who have not taken an opioid medication within the previous 45 days

Opioid naïve patients receiving ER/LA opioids, 2019Q3



Multiple provider episodes for opioids

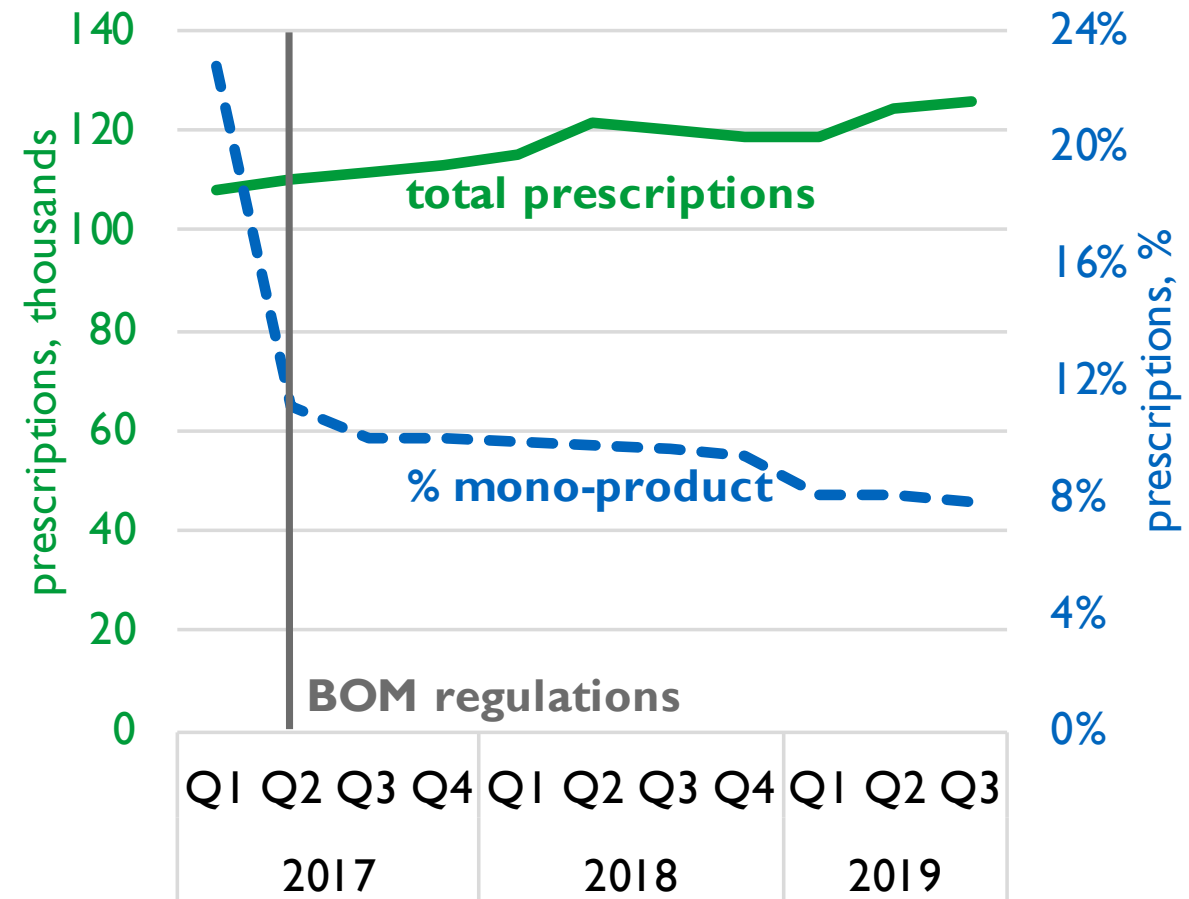
- ≥ 5 prescribers and ≥ 5 pharmacies in a 6 month period
- Can be an indicator of doctor shopping and/or inadequate care coordination
- Remained stable



Buprenorphine

- *Regulations Governing Prescribing of Opioids and Buprenorphine (18VAC85-21-10, effective March 2017)*
 - Limited prescribing buprenorphine without naloxone (mono-product) for opioid use disorder (OUD)
- Immediate decline in mono-product prescriptions that has since stabilized (8% in 2019Q3)

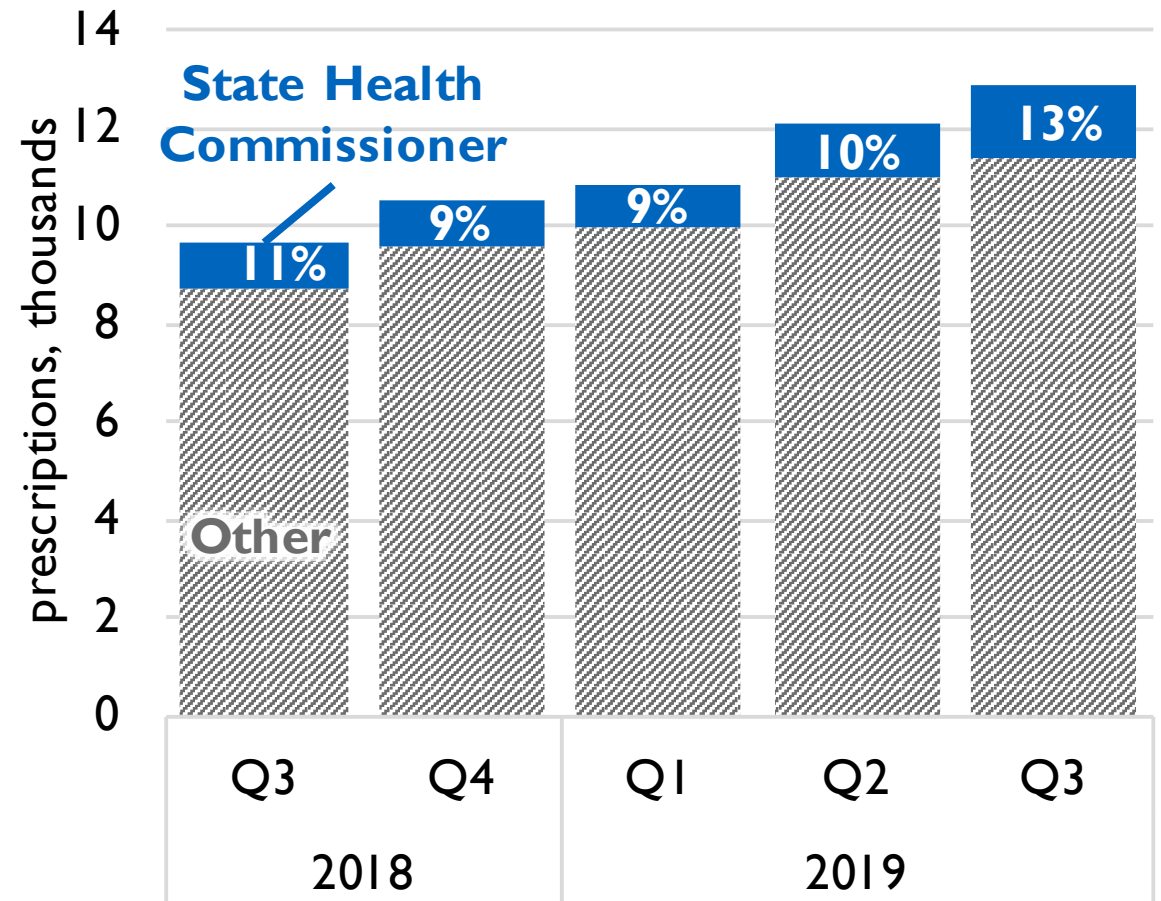
Buprenorphine prescribing for OUD, 2017Q1-2019Q3



Naloxone

- State Health Commissioner's standing order authorizes Virginia pharmacies to dispense naloxone without a prescription
- 13% of total dispensations in 2019Q3 were dispensed using the standing order
- Naloxone became reportable to PMP as of July 1, 2018
 - Narcan[®] accounts for 98% of total naloxone dispensations

Naloxone prescriptions dispensed in pharmacies by prescriber, 2018Q3-2019Q3





Technical notes

- Covered substances
 - Schedule II-V medications, naloxone
 - Gabapentin became Schedule V in Virginia as of July 1, 2019
 - Cannabidiol and THC-A oils from in state pharmaceutical processor
- PMP relies on pharmacies and other dispensers to submit accurate, timely information. Dispensers can correct or submit post-dated data at any time; therefore, PMP data is expected to change.
- Components of this report may not be comparable to previous publications due to case definition revisions or reporting artifacts. Quarters referenced are based upon the calendar year.
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