

# Quarterly Report

# October 1-December 31, 2020

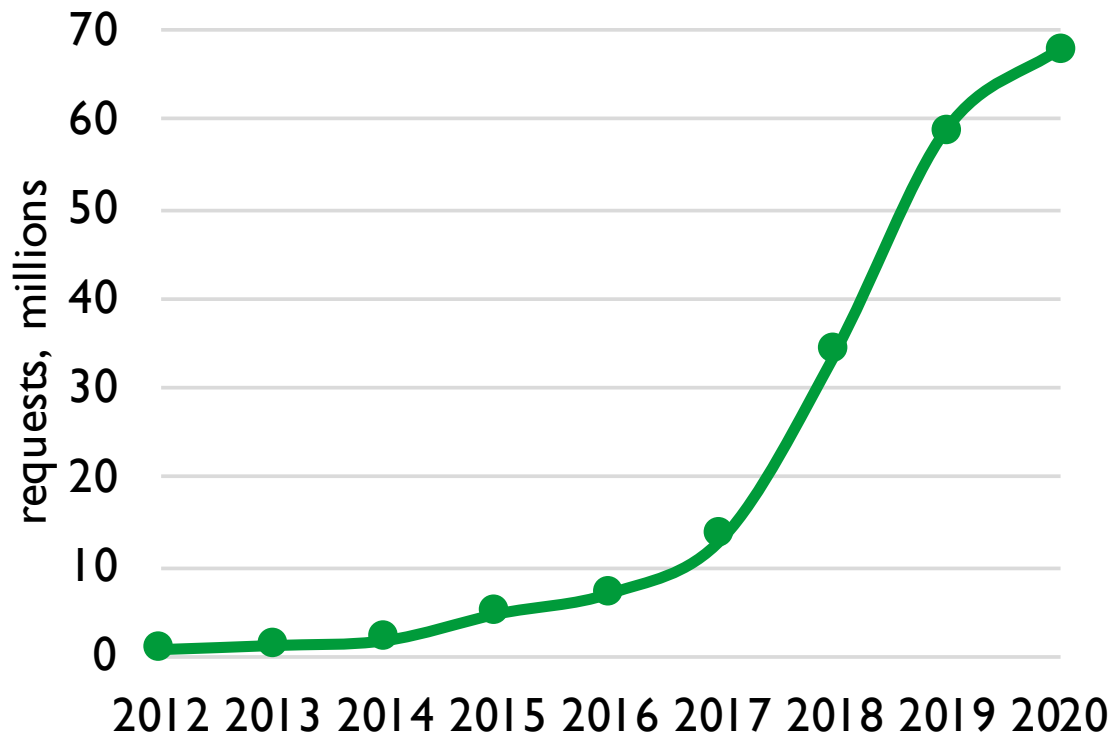
## 2020Q4

# Virginia Prescription Monitoring Program

# Key Findings for the Fourth Quarter (2020Q4)

- Prescribers queried the patient's prescription history before issuing 2,549,527 new opioid or benzodiazepine prescriptions this quarter. This was an increase of 28% from the beginning of the year (1,994,746).
- Naloxone dispensations reached a high last quarter (14,546) and continued to be elevated in 2020Q4 (14,346). Since reporting of naloxone to PMP began in 2018Q3, naloxone dispensations averaged 10,604 quarterly.
- Over 4 of out 5 (83%) of opioid prescriptions are transmitted electronically from prescriber to dispenser.
- Through this period, 27,862 prescribers wrote at least one prescription for an opioid medication dispensed by a Virginia-licensed pharmacy.
- Almost five percent of Virginians, or 409,385 residents, received an opioid prescription. This excludes individuals who received buprenorphine products.

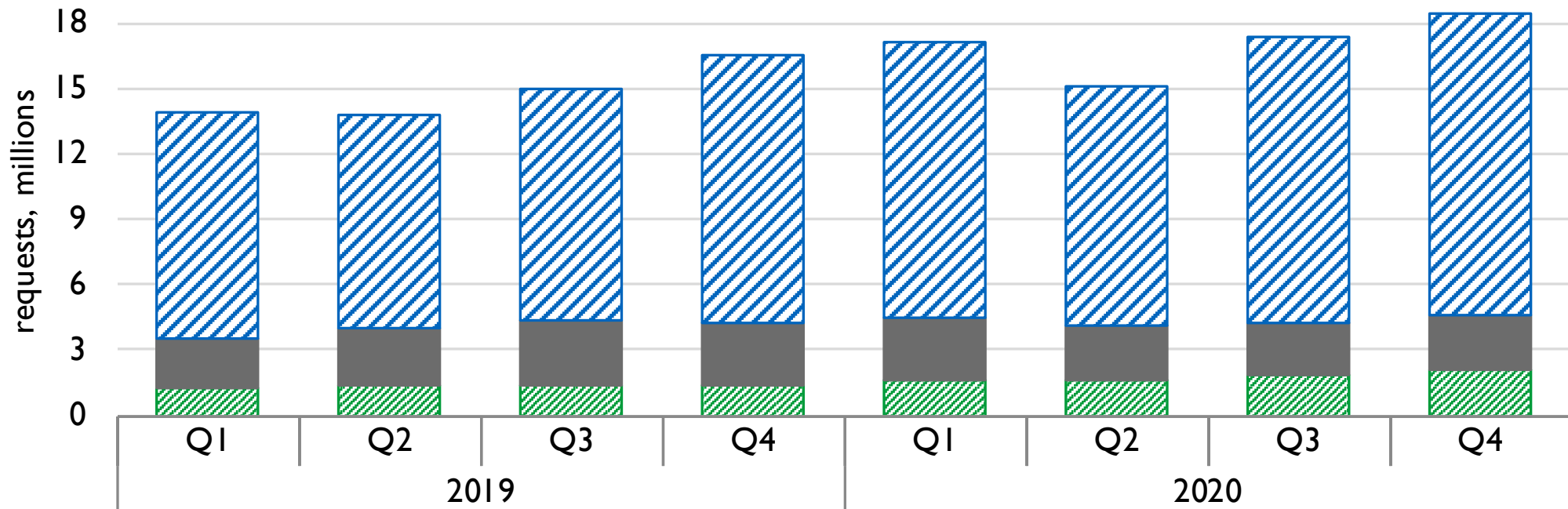
# Increasing PMP utilization



- Requests for a patient's prescription history grow exponentially each year
- Increased 33% in 2020Q4 compared to 2019Q1
- Rapid rise in utilization of the PMP is primarily the result of expansions in integration within the electronic health record and pharmacy software applications
  - 75% of total requests are through an integrated application

# Increasing PMP utilization

Prescription history requests by type, 2019Q1-2020Q4



	2019				2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Gateway (in state)	10,293,612	9,838,711	10,512,500	12,360,177	12,656,690	10,928,283	13,109,171	13,810,644
PMPi	2,304,254	2,631,224	2,997,430	2,833,550	2,873,530	2,543,759	2,473,391	2,502,637
NarxCare	1,275,636	1,332,175	1,396,875	1,359,457	1,614,970	1,618,420	1,814,767	2,147,100

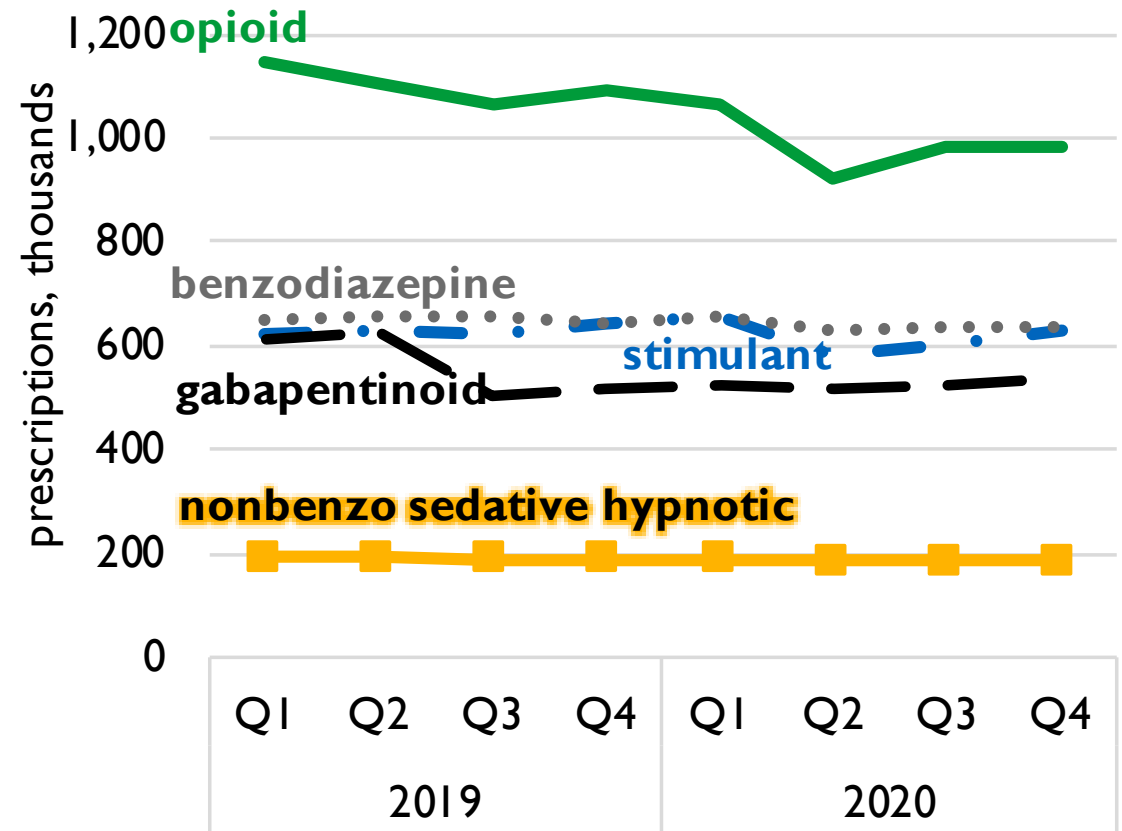
- Gateway: integrates PMP data within health record clinical workflow
- NarxCare (previously AWA Rx E): web-based application
- PMPi: interoperability among states' PMPs

# Drug class

## Percent change by drug class 2019Q1-2020Q4

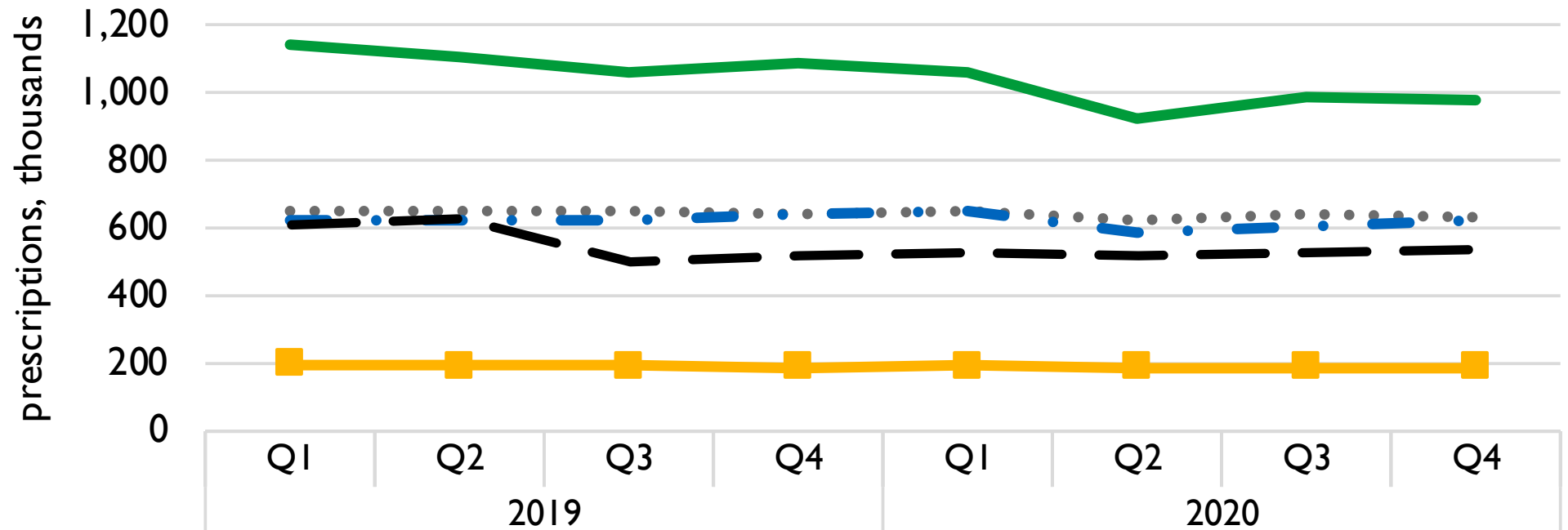
Opioid*	↓ 14%
Benzodiazepine	↓ 3%
Stimulant	no change
Gabapentinoid	↓ 12%
Nonbenzo sedative hypnotics	↓ 5%

Prescriptions dispensed by drug class, 2019Q1-2020Q4



\*All opioids, including drugs not typically used in outpatient settings or otherwise not critical for calculating dosages in MME, such as cough and cold formulas including elixirs, and combination products containing antitussives, decongestants, antihistamines, and expectorants; opiate partial agonists (e.g., buprenorphine) is excluded

# Prescriptions dispensed by drug class, 2019Q1-2020Q4



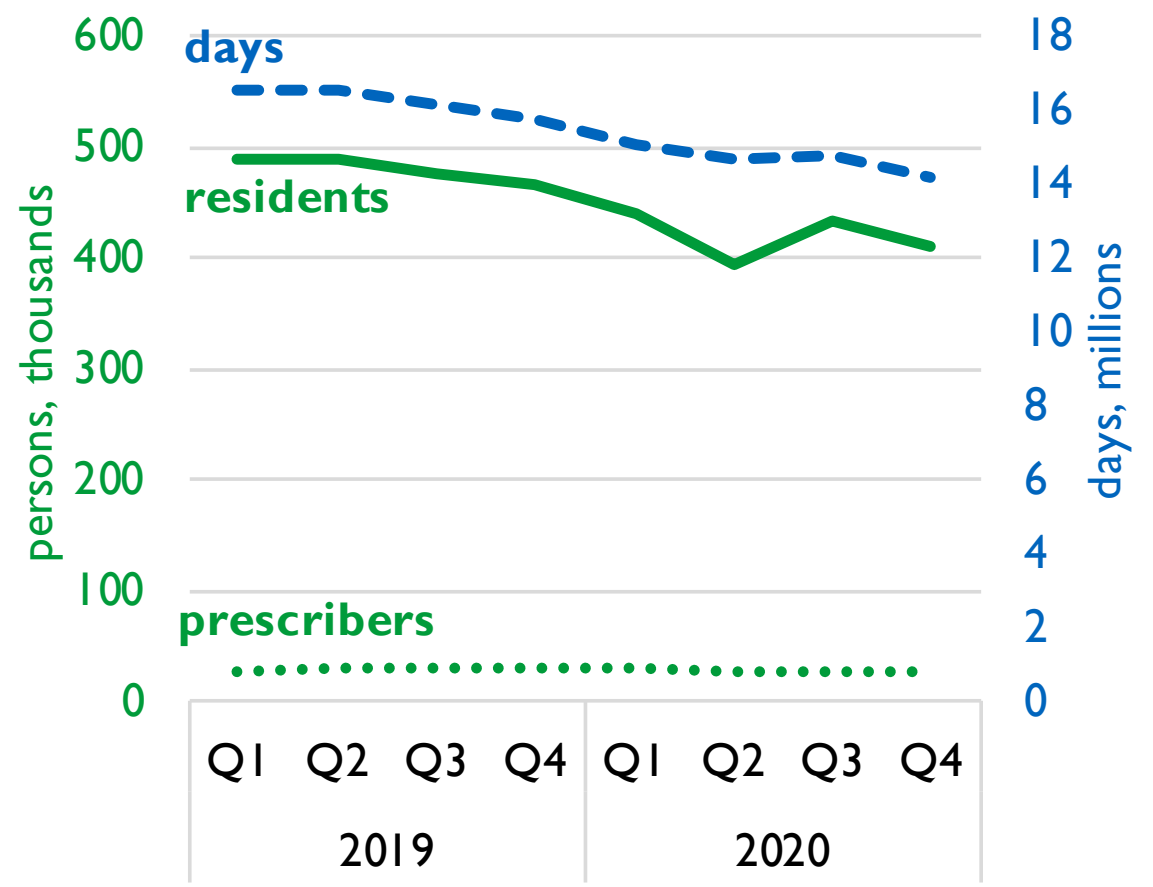
	2019				2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
opioid	1,143,469	1,103,293	1,064,619	1,089,898	1,065,206	923,984	985,155	981,355
benzodiazepine	652,621	654,493	654,057	643,239	654,955	626,449	638,793	634,728
stimulant	624,121	627,412	619,779	641,573	654,359	584,884	604,637	626,843
gabapentinoid	612,037	623,280	502,199	520,480	526,641	519,113	526,801	539,842
nonbenzo sedative hypnotic	194,179	191,287	190,267	188,852	189,704	184,901	186,404	185,384

\*All opioids, including drugs not typically used in outpatient settings or otherwise not critical for calculating dosages in MME, such as cough and cold formulas including elixirs, and combination products containing antitussives, decongestants, antihistamines, and expectorants; opiate partial agonists (e.g., buprenorphine) is excluded

# Opioid prescriptions

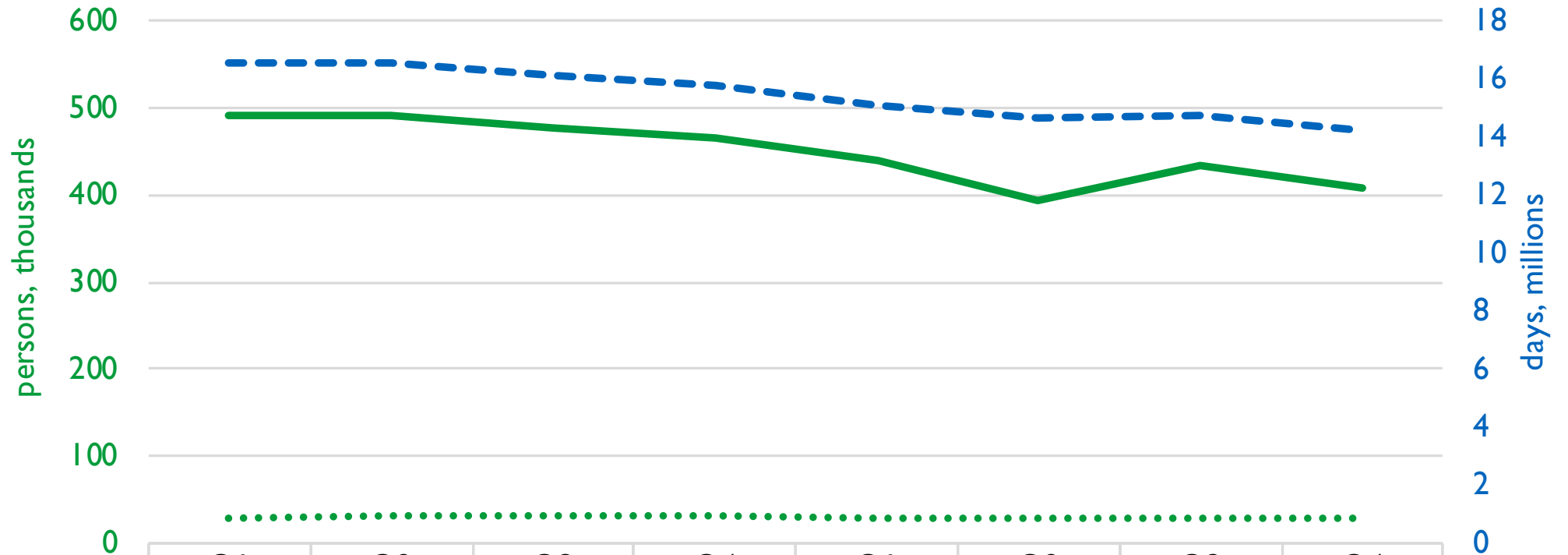
- 409,385 Virginia residents received an opioid prescription in 2020Q4 from 27,862 unique prescribers
- 14,220,601 opioid prescription days for commonwealth residents during 2020Q4
- Prescription days or days' supply refers to the number of days of medication prescribed

Opioid prescriptions for Virginia residents, 2019Q1-2020Q4



\*CDC-defined opioids, excludes: 1) drugs not typically used in outpatient settings or otherwise not critical for calculating dosages in MME, such as cough and cold formulas including elixirs, and combination products containing antitussives, decongestants, antihistamines, and expectorants; 2) opiate partial agonists (e.g., buprenorphine)

# Opioid prescriptions



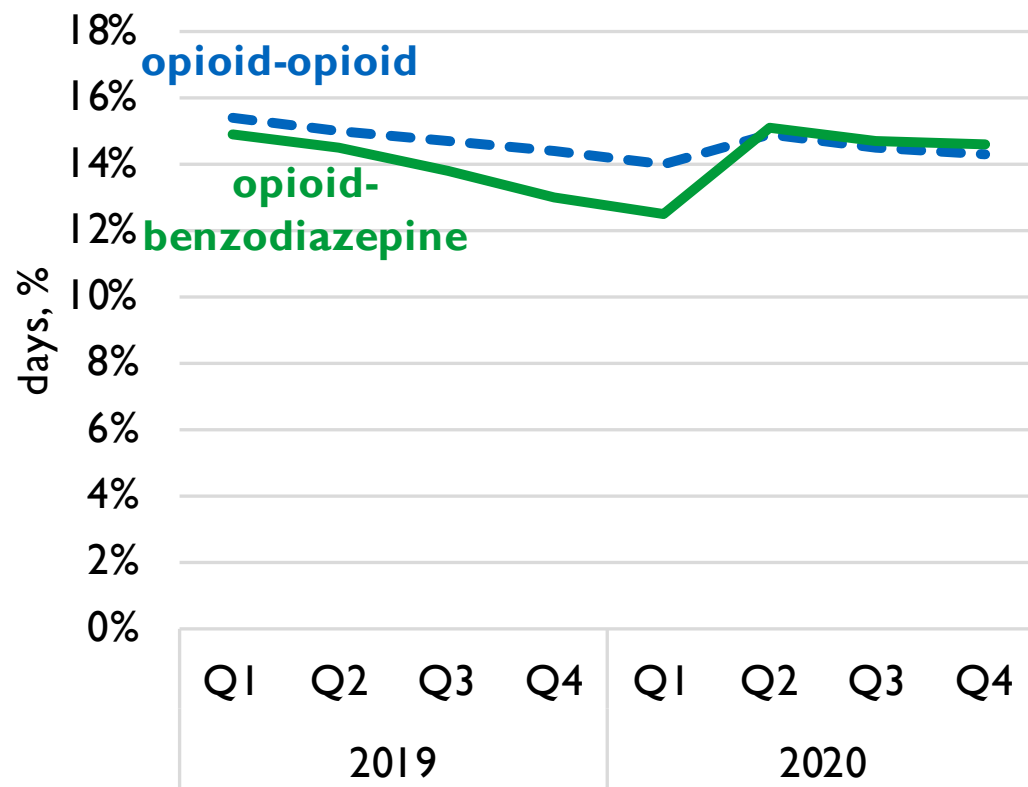
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2019				2020			
residents	490,869	490,843	477,642	465,586	439,218	394,634	432,976	409,385
prescribers	29,211	30,502	30,638	30,487	29,438	27,649	28,471	27,862
days	16,568,985	16,545,969	16,130,148	15,746,518	15,084,143	14,691,492	14,742,196	14,220,601

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# Overlapping prescriptions

Overlapping opioid and opioid-benzodiazepine prescription days, 2019Q1-2020Q4



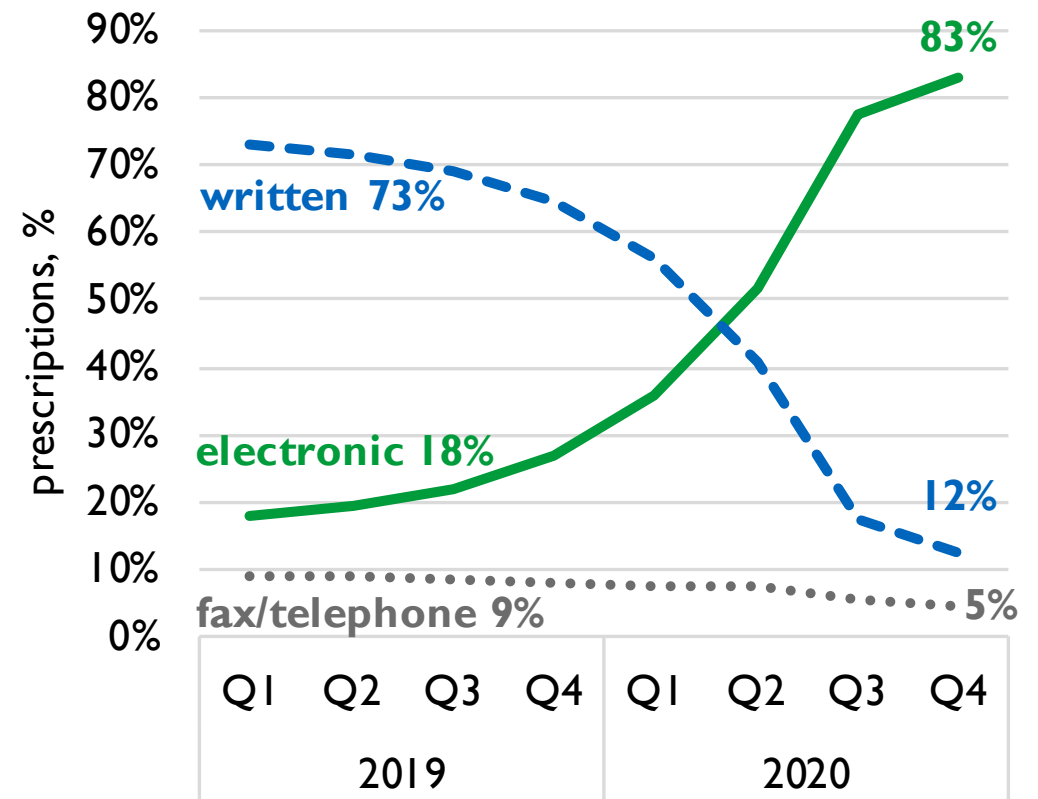
- Overlapping **opioid** prescriptions, which increase a patient's MME, and concurrent **opioid and benzodiazepine** prescribing increases the risk of overdose
- **Opioid-benzo** and **opioid-opioid** days were comparable in 2020Q4 to 2019Q1 following a year of trending downward

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# Electronic prescribing for opioids

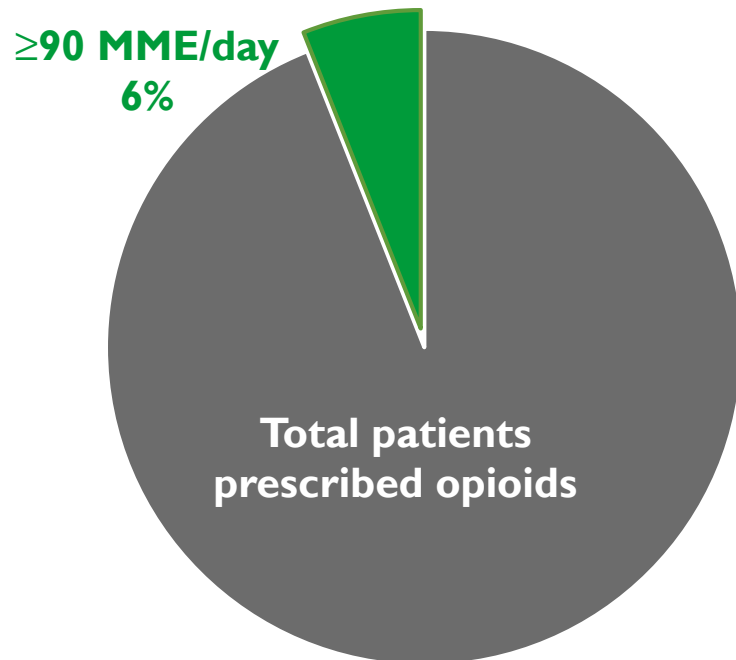
- As of July 1, 2020 any prescription containing an opioid must be transmitted electronically from the prescriber to the dispenser (*Code of Virginia § 54.1-3408.02*)
- 83% of opioid prescriptions were **electronic** in 2020Q4

Opioid prescriptions by transmission type, 2019Q1-2020Q4



# Patients receiving $\geq 90$ MME/day

Patients receiving  $\geq 90$  MME/day, 2020Q4



- Morphine milligram equivalent (MME) allows comparison between the strength of different types of opioids
  - CDC guidelines specify dosages of  $\geq 90$ /day should be avoided due to risk for fatal overdose
- 6% of opioid prescription recipients had an average dose  $\geq 90$  MME/day (2020Q4)

\*CDC-defined opioids, excludes: 1) drugs not typically used in outpatient settings or otherwise not critical for calculating dosages in MME, such as cough and cold formulas including elixirs, and combination products containing antitussives, decongestants, antihistamines, and expectorants; 2) opiate partial agonists (e.g., buprenorphine)

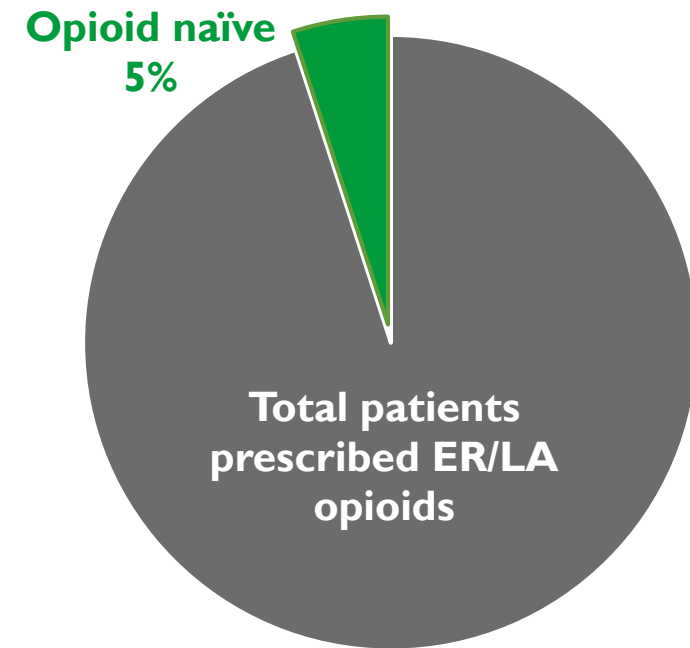
Reference: Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49.

DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

# Opioid naïve patients receiving ER/LA opioids

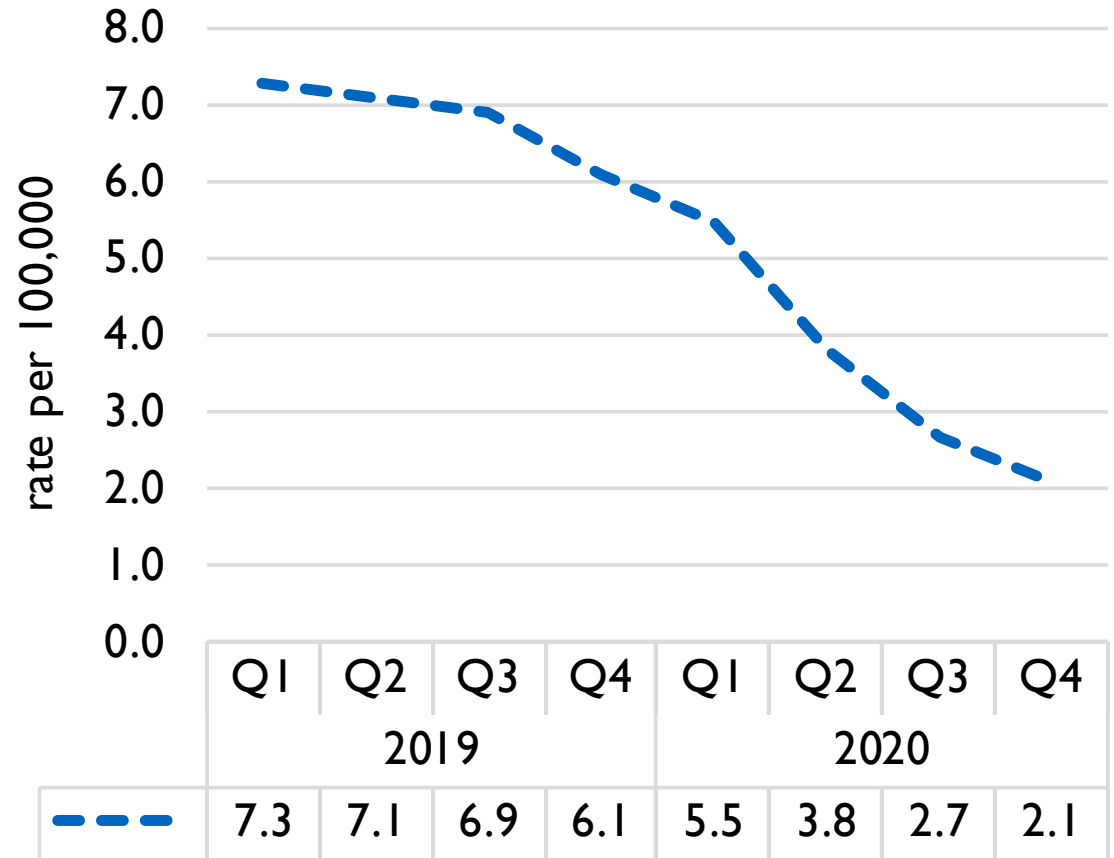
- Extended-release or long acting (ER/LA) opioids put patients at greater risk of respiratory depression and overdose compared to immediate-release (IR)
  - Opioid naïve patients are at particularly high risk of overdose from ER/LA opioids
- Opioid naïve refers to patients who have not taken an opioid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

Opioid naïve patients receiving ER/LA opioids, 2020Q4



# Multiple provider episodes for opioids

- $\geq 5$  prescribers and  $\geq 5$  pharmacies in a 6 month period
- Can be an indicator of doctor shopping and/or inadequate care coordination
- Dropped from 7.3 to 2.1 per 100,000 residents in since 2019Q1



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# Opioid prescriptions exceeding 120 MME/day

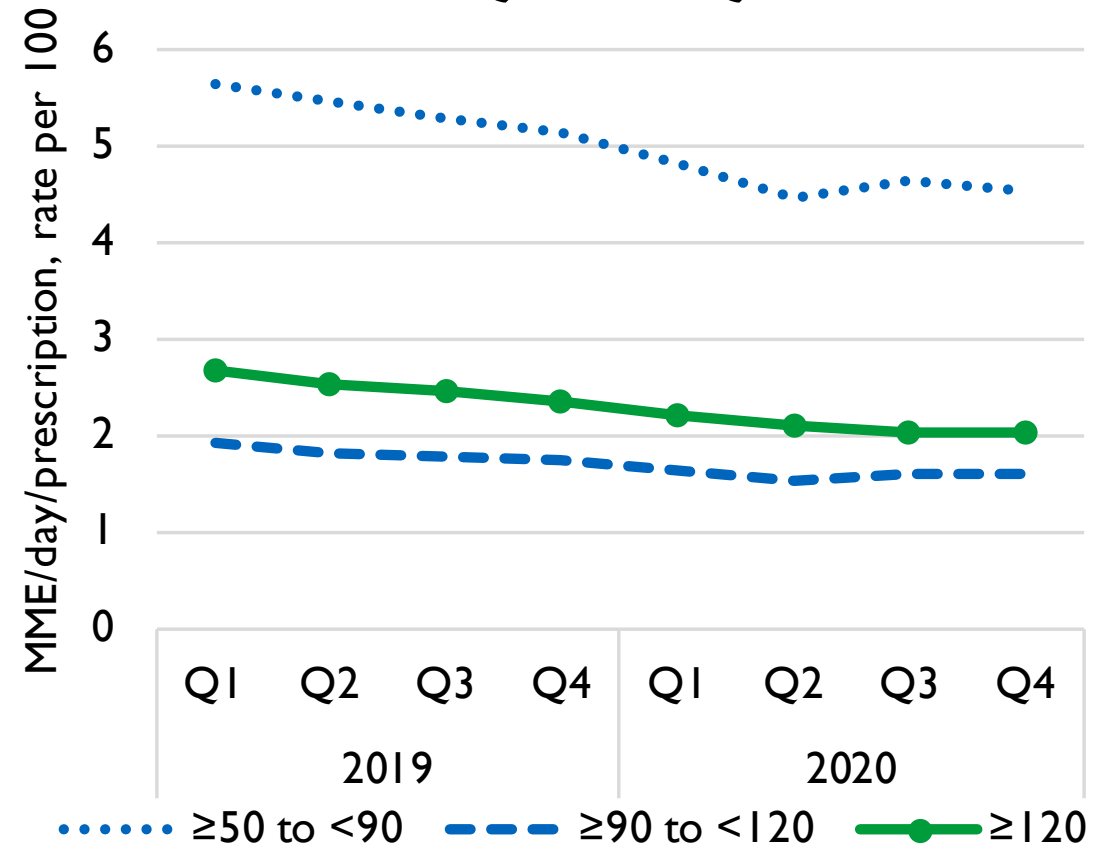
- *Regulations Governing Prescribing of Opioids and Buprenorphine (18VAC85-21-70)*

- Specific requirements of prescribers if exceeding 120 MME/d

- % change, 2019Q1-2020Q4

- ..... ≥50 to <90    -20%
- - - - - ≥90 to <120    -16%
- —●— ≥120    **-25%**

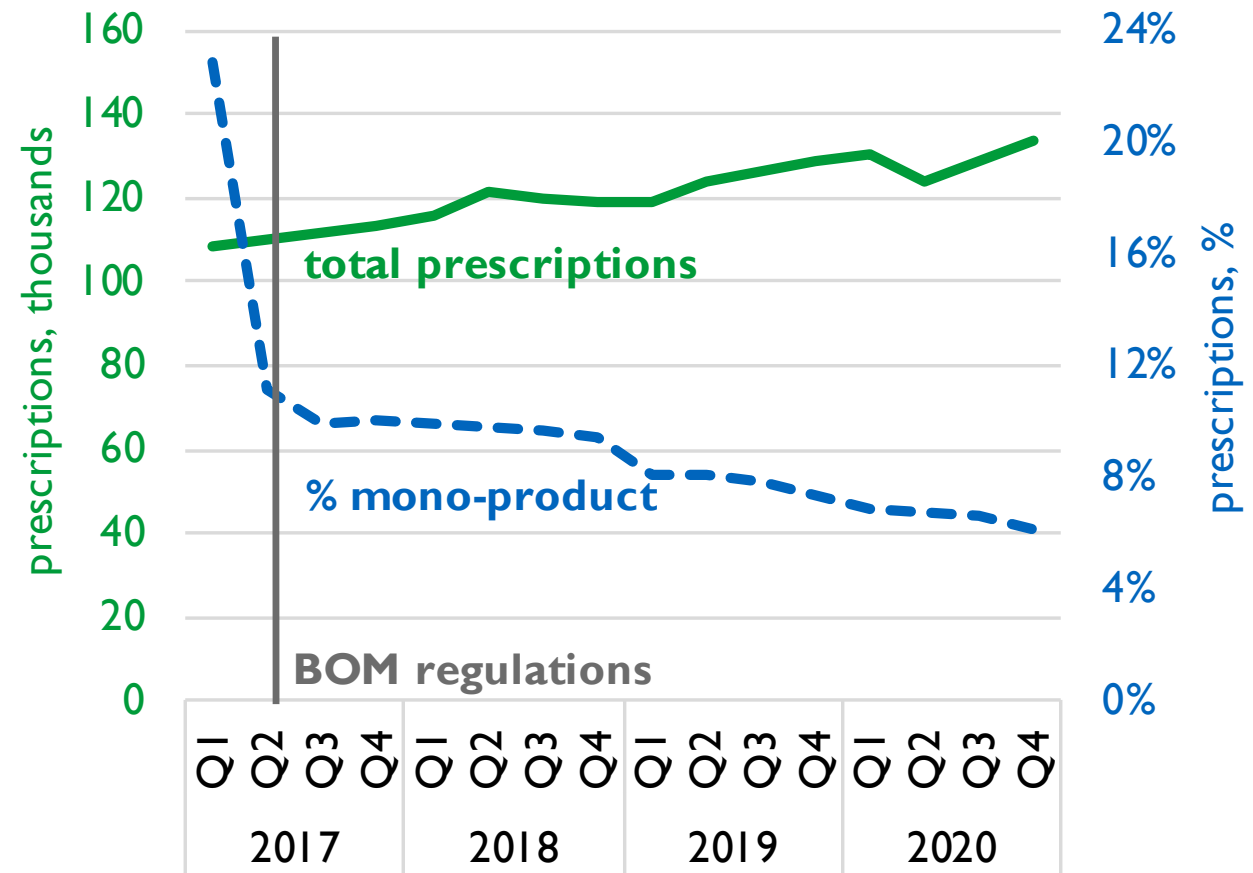
Opioid prescriptions by MME/day, 2019Q1-2020Q4



# 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)
- Buprenorphine is an opiate receptor partial agonist
- Immediate decline in mono-product prescriptions that has since stabilized (6% in 2020Q4)

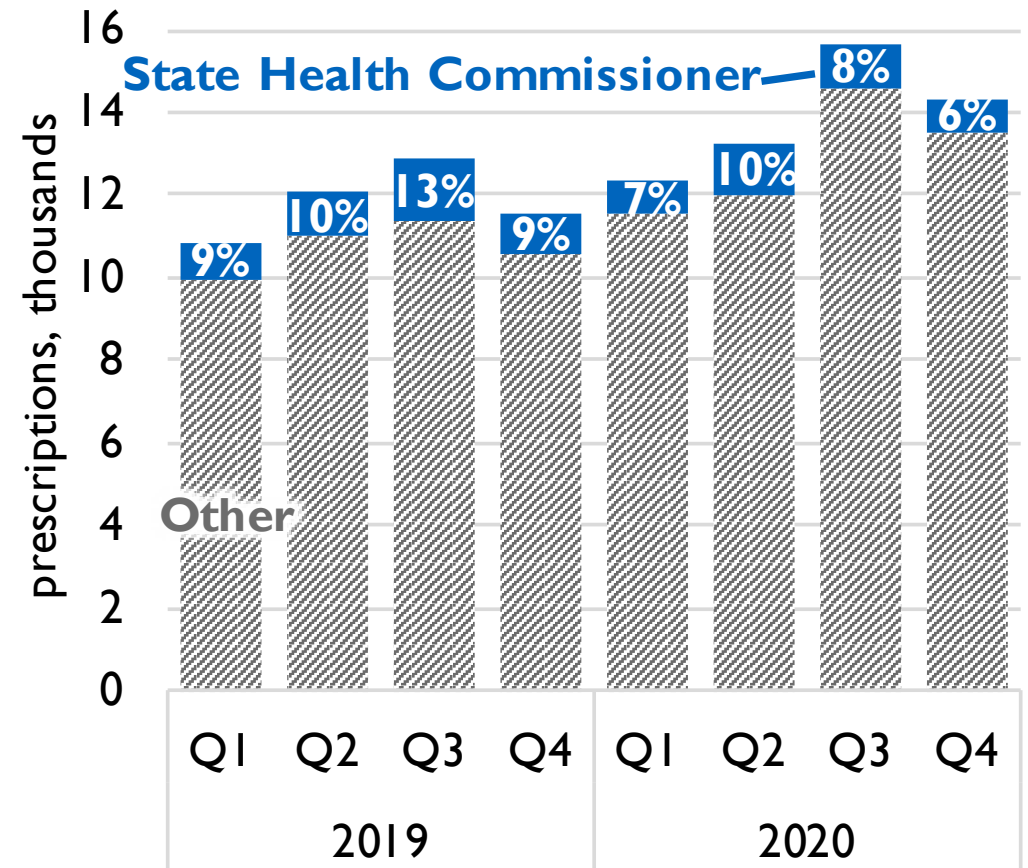
Buprenorphine prescribing for OUD, 2017Q1-2020Q4



# Naloxone

- State Health Commissioner's standing order authorizes Virginia pharmacies to dispense naloxone without a prescription
- 6% of total dispensations in 2020Q4 were dispensed using the standing order
- Naloxone became reportable to PMP as of July 1, 2018
  - Narcan<sup>®</sup> accounts for 99% of total naloxone dispensations

Naloxone prescriptions dispensed in pharmacies by prescriber, 2019Q1-2020Q4





# Technical notes

- Covered substances
  - Schedule II-V medications, naloxone
  - Gabapentin is a Schedule V in Virginia
  - Cannabis oils from in state pharmaceutical processors
- 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.
- Quarters referenced are based upon the calendar year.
- Buprenorphine is an opiate receptor partial agonist and is excluded from the opiate receptor full agonist analyses (i.e., “opioid”)
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  - PMP database:  
<https://virginia.pmpaware.net/login>