

Quarterly Report

January 1-March 31, 2022

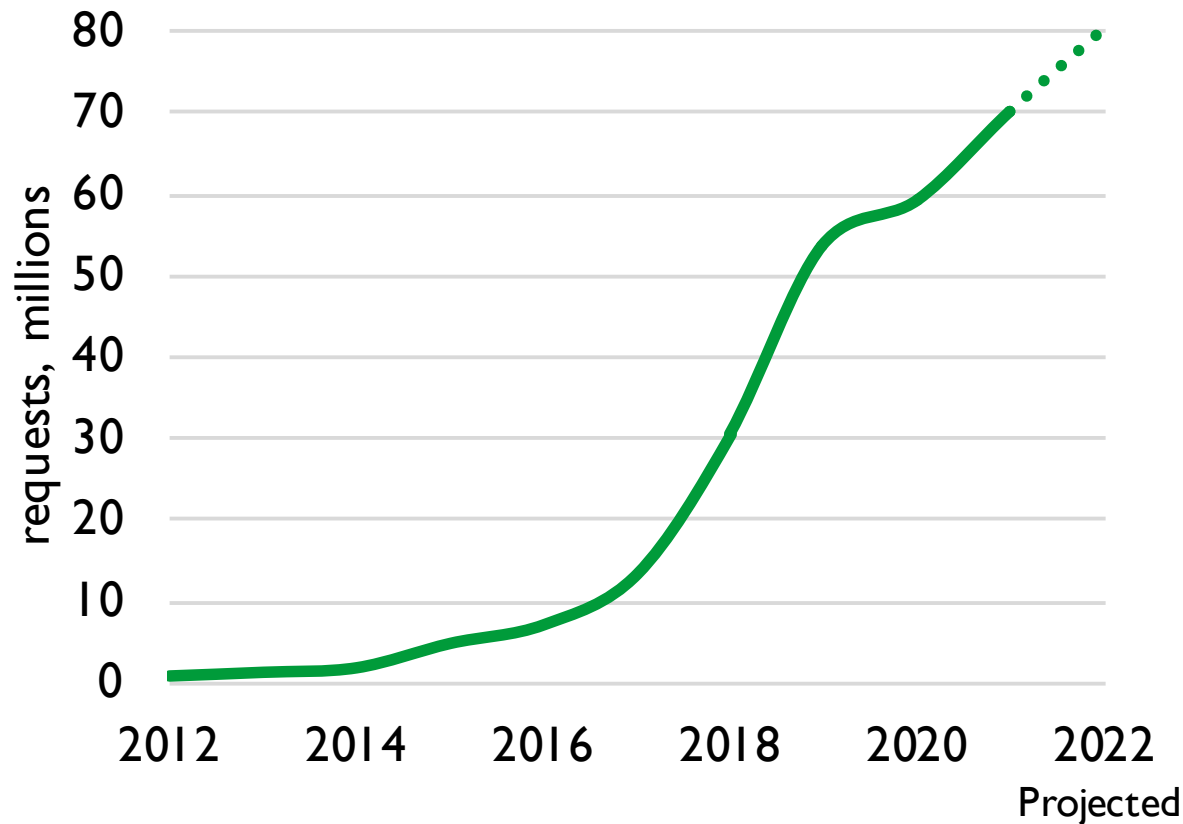
2022Q1

Virginia Prescription Monitoring Program

Key Findings for the First Quarter (2022Q1)

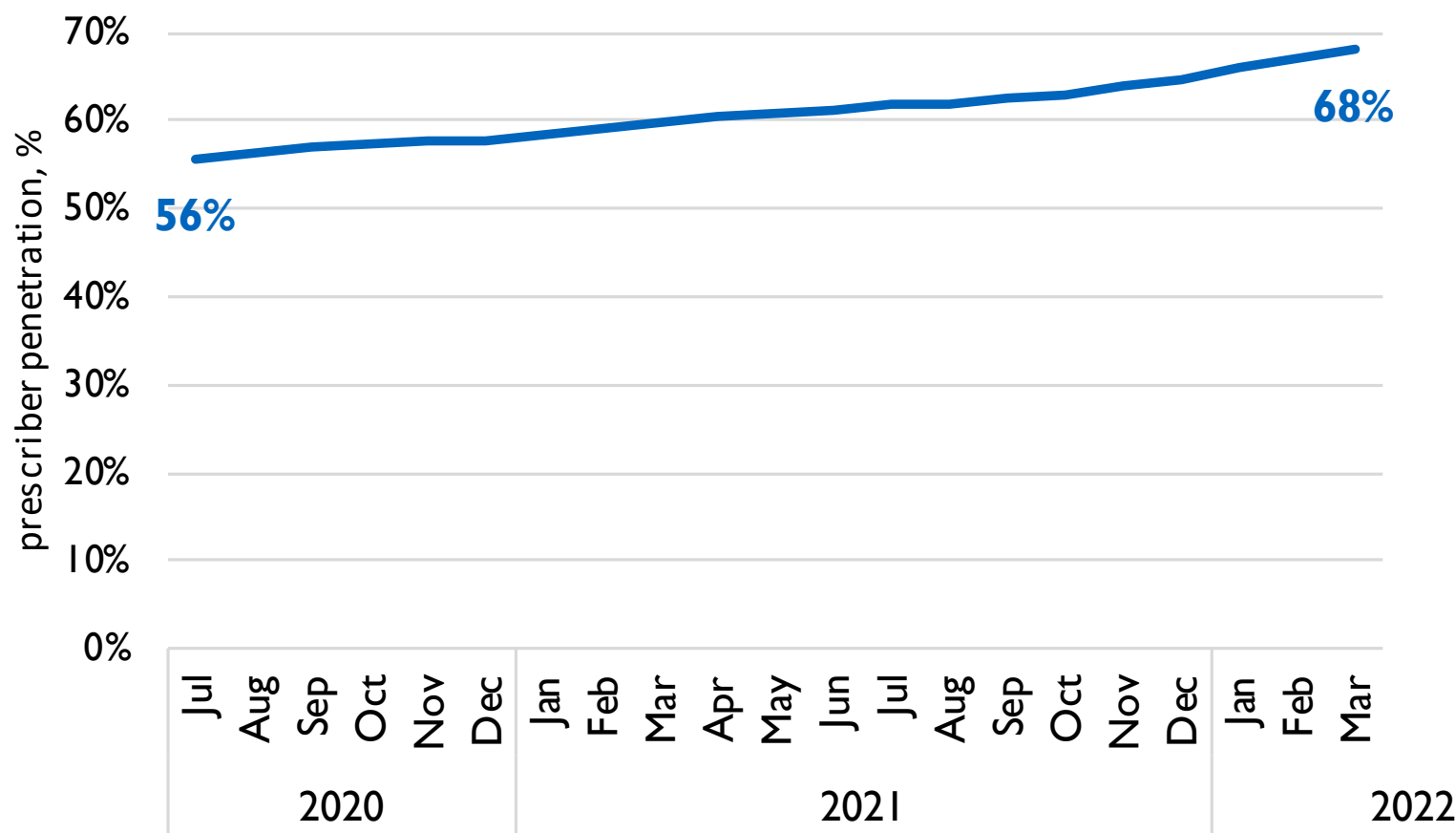
- 92% of opioid prescriptions are transmitted electronically from prescriber to dispenser.
- Multiple provider episodes, defined as ≥ 5 prescribers and ≥ 5 pharmacies in a 6-month period, decreased from 2.3 (2021Q1) to 1.7 per 100,000 this quarter.
- Through this period, 26,738 prescribers wrote at least one prescription for an opioid medication dispensed by a Virginia-licensed pharmacy.
- Five percent of Virginians, or 392,919 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
- Rapid rise in utilization of the PMP is primarily the result of expansions in integration within the electronic health record and pharmacy software applications
 - 80% of total requests are through an integrated application

Prescriber penetration, July 2020-March 2022

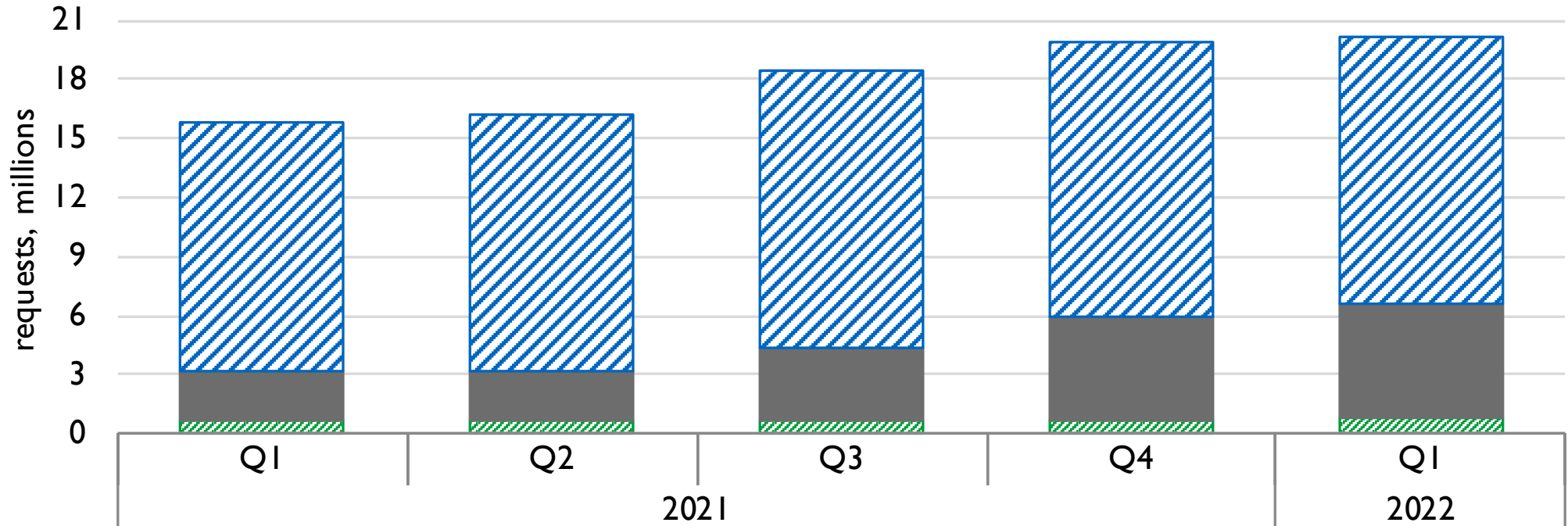


Prescriber penetration is defined as percent of prescribers accessing PMP via integrated EHR of the total prescribers actively prescribing controlled substances

$$\text{prescriber penetration} = \frac{\text{accessing PMP via EHR}}{\text{actively prescribing CS}}$$

Increasing PMP utilization

Prescription history requests by type, 2021 Q1-2022 Q1



	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1
Gateway (in state)	12,561,178	12,962,173	13,957,233	13,977,948	13,539,252
PMPi	2,512,917	2,498,183	3,689,529	5,253,812	5,846,696
NarxCare	722,583	727,524	728,464	719,829	740,383

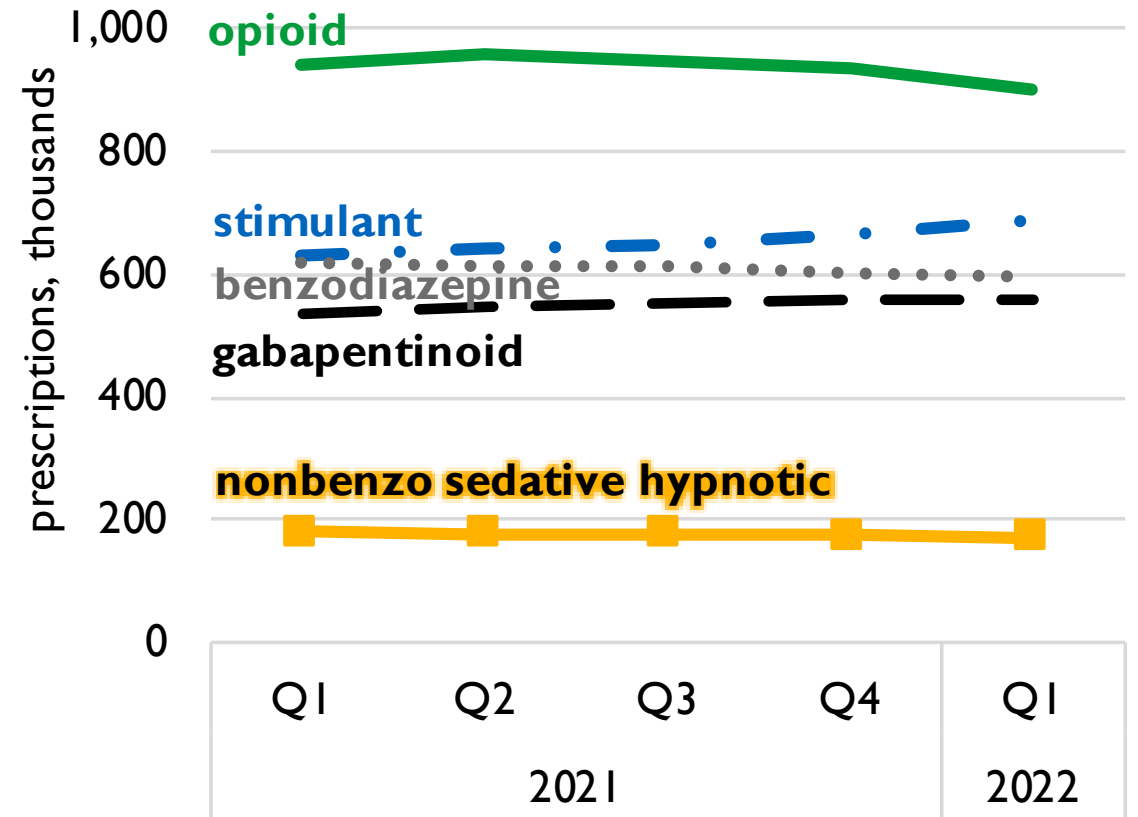
- Gateway: integrates PMP data within health record clinical workflow
- NarxCare (previously AWA Rx E): web-based application
- PMPi: interoperability among states' PMPs

Drug class

Percent change by drug class 2021Q1-2022Q1

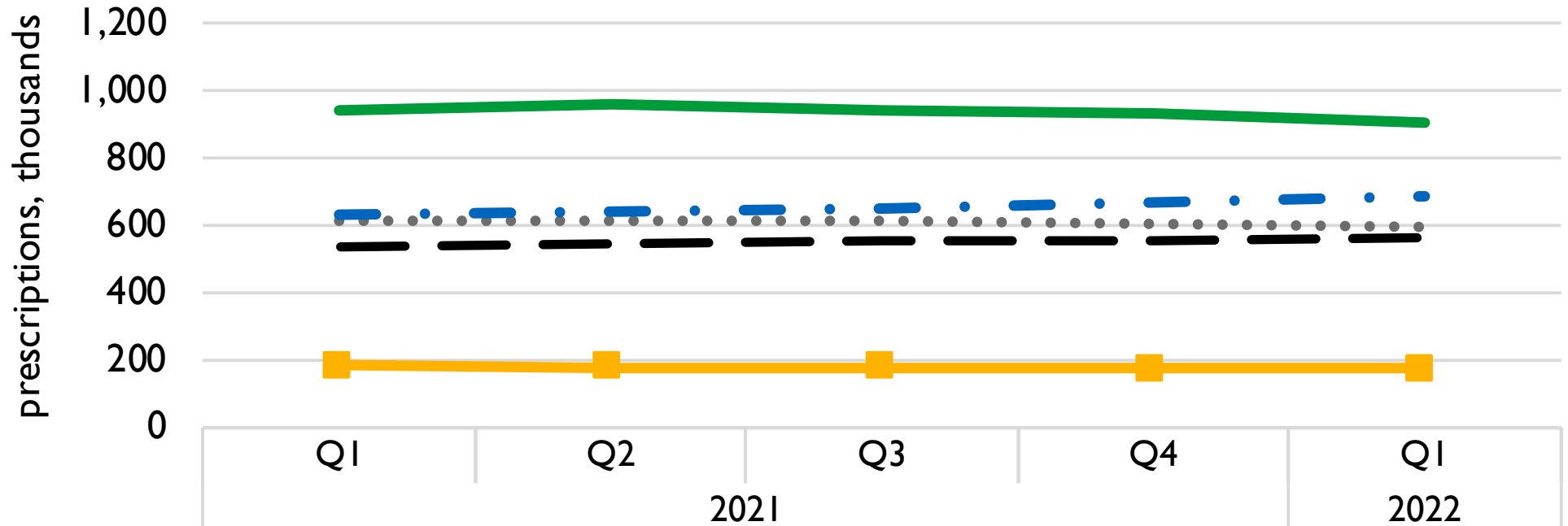
Opioid*	↓ 4%
Benzodiazepine	↓ 4%
Stimulant	↑ 9%
Gabapentinoid	↑ 5%
Nonbenzo sedative hypnotics	↓ 5%

Prescriptions dispensed by drug class, 2021Q1-2022Q1



*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, 2021 Q1-2022 Q1



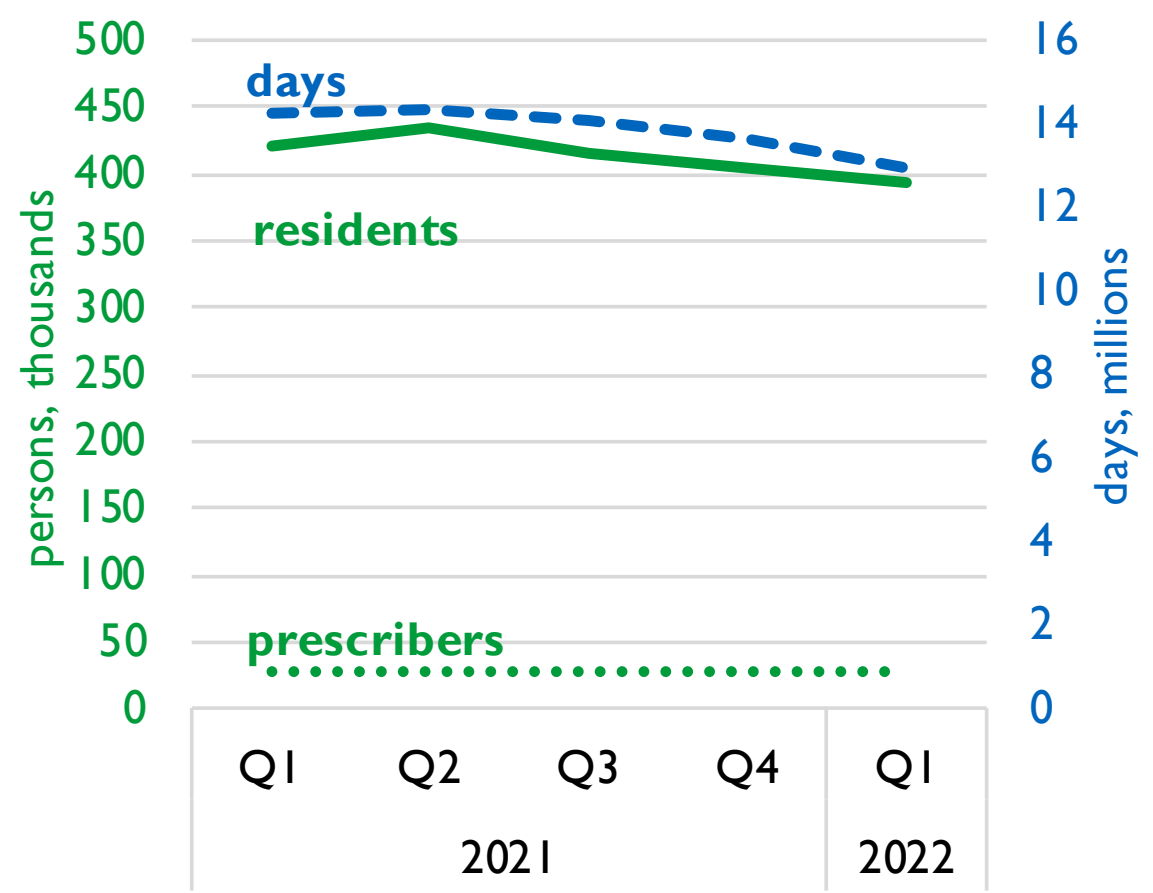
	Q1	Q2	Q3	Q4	Q1
	2021				2022
—••••• opioid	938,804	961,488	946,676	934,875	902,150
••••• benzodiazepine	617,959	615,087	614,047	601,015	594,694
—• stimulant	629,202	645,020	647,171	666,415	685,524
—• gabapentinoid	533,264	549,560	552,613	556,051	561,001
—■ nonbenzo sedative hypnotic	180,375	178,033	176,662	175,214	172,227

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Opioid prescriptions

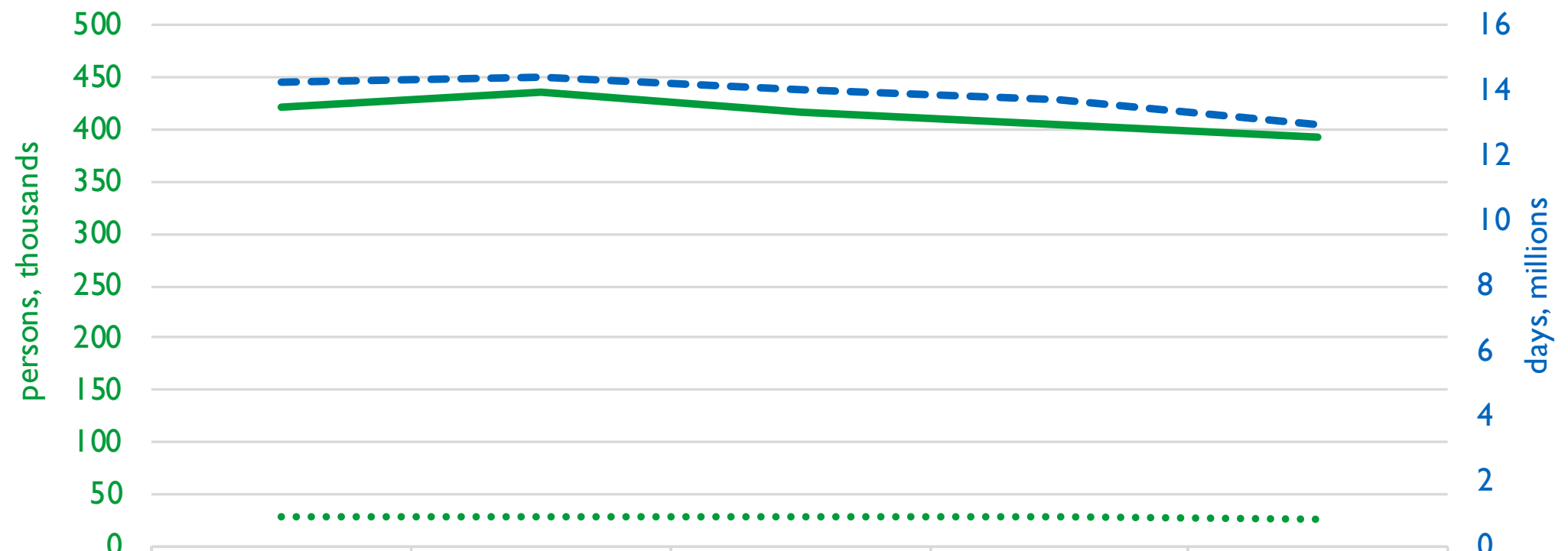
- 392,919 Virginia residents received an opioid prescription in 2022Q1 from 26,738 unique prescribers
- 12,987,969 opioid prescription days for commonwealth residents during 2022Q1
- Prescription days or days' supply refers to the number of days of medication prescribed

Opioid prescriptions for Virginia residents, 2021Q1-2022Q1



*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

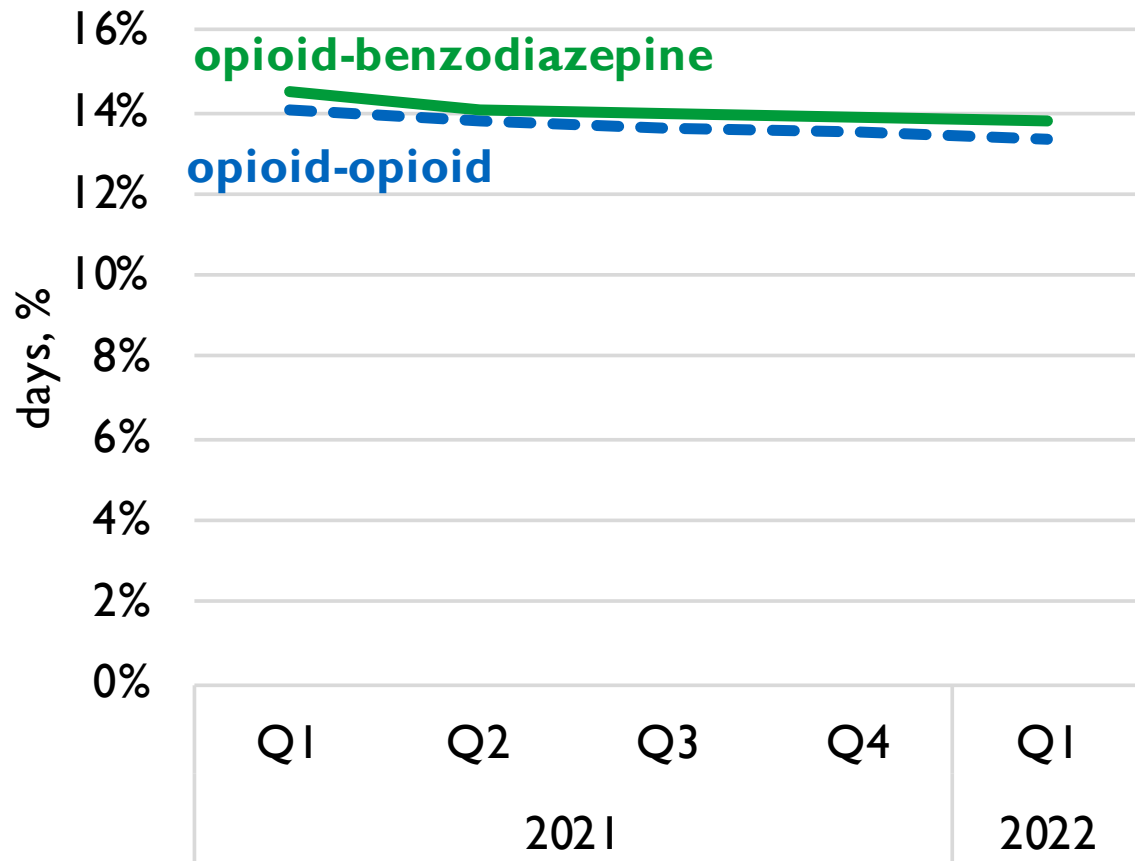


	2021				2022
	Q1	Q2	Q3	Q4	Q1
residents	421,706	435,554	416,183	404,390	392,919
prescribers	27,757	28,384	28,204	27,659	26,738
days	14,260,516	14,380,322	14,049,459	13,681,836	12,987,969

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Overlapping prescriptions

Overlapping opioid and opioid-benzodiazepine prescription days, 2021 Q1-2022 Q1



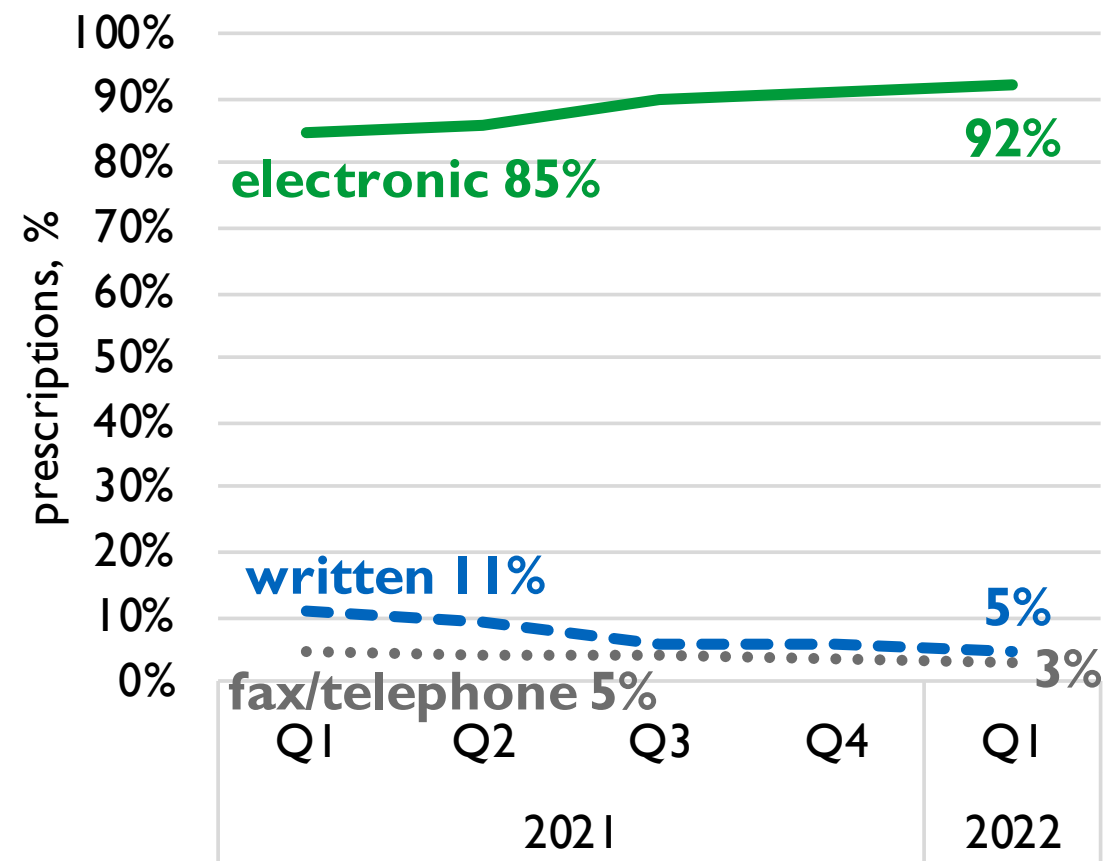
- Overlapping **opioid** prescriptions, which increase a patient's MME, and concurrent **opioid and benzodiazepine** prescribing increases the risk of overdose
- **Opioid-benzo** days and **opioid-opioid** days were comparable in nearly comparable

*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)

Electronic prescribing for opioids

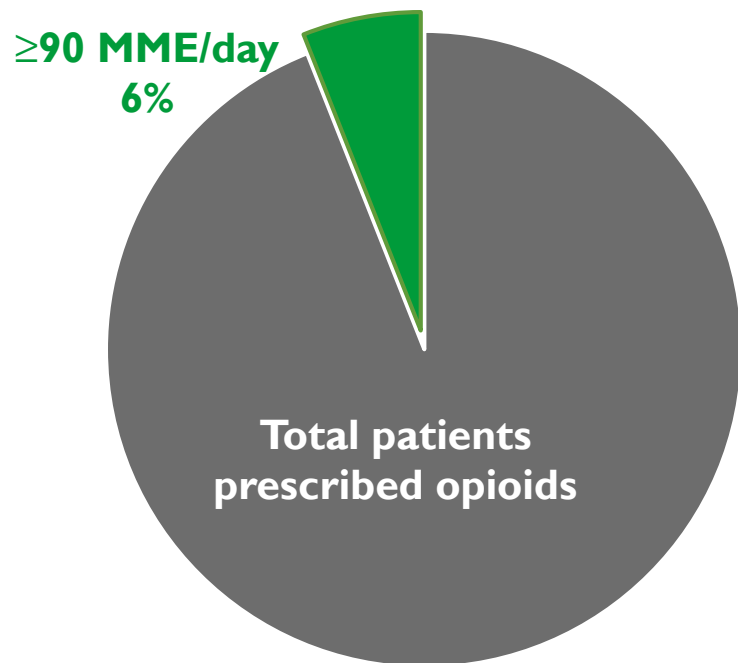
- Beginning July 1, 2020 any prescription containing an opioid must be transmitted electronically from the prescriber to the dispenser (*Code of Virginia § 54.1-3408.02*)
- 92% of opioid prescriptions were **electronic** in 2022Q1

Opioid prescriptions by transmission type, 2021Q1-2022Q1



Patients receiving ≥ 90 MME/day

Patients receiving ≥ 90 MME/day, 2022Q1



- 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
- 6% of opioid prescription recipients had an average dose ≥ 90 MME/day (2022Q1)

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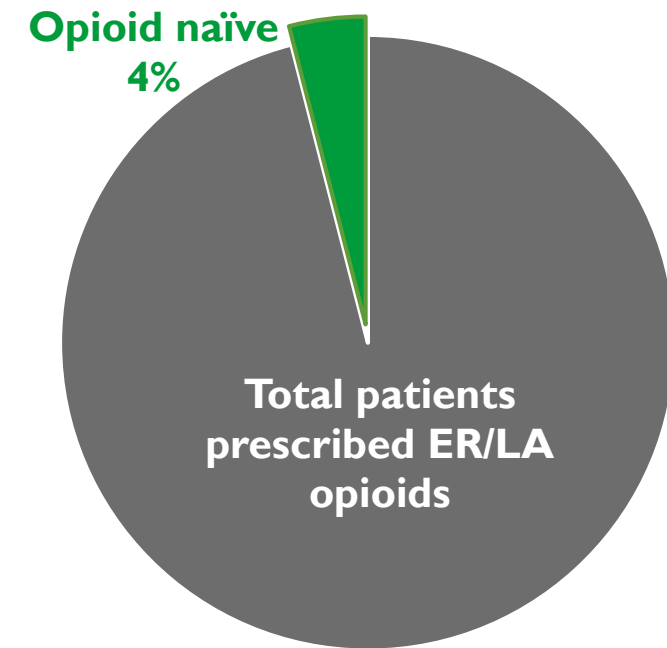
Reference: Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49.

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

Opioid naïve patients receiving ER/LA opioids

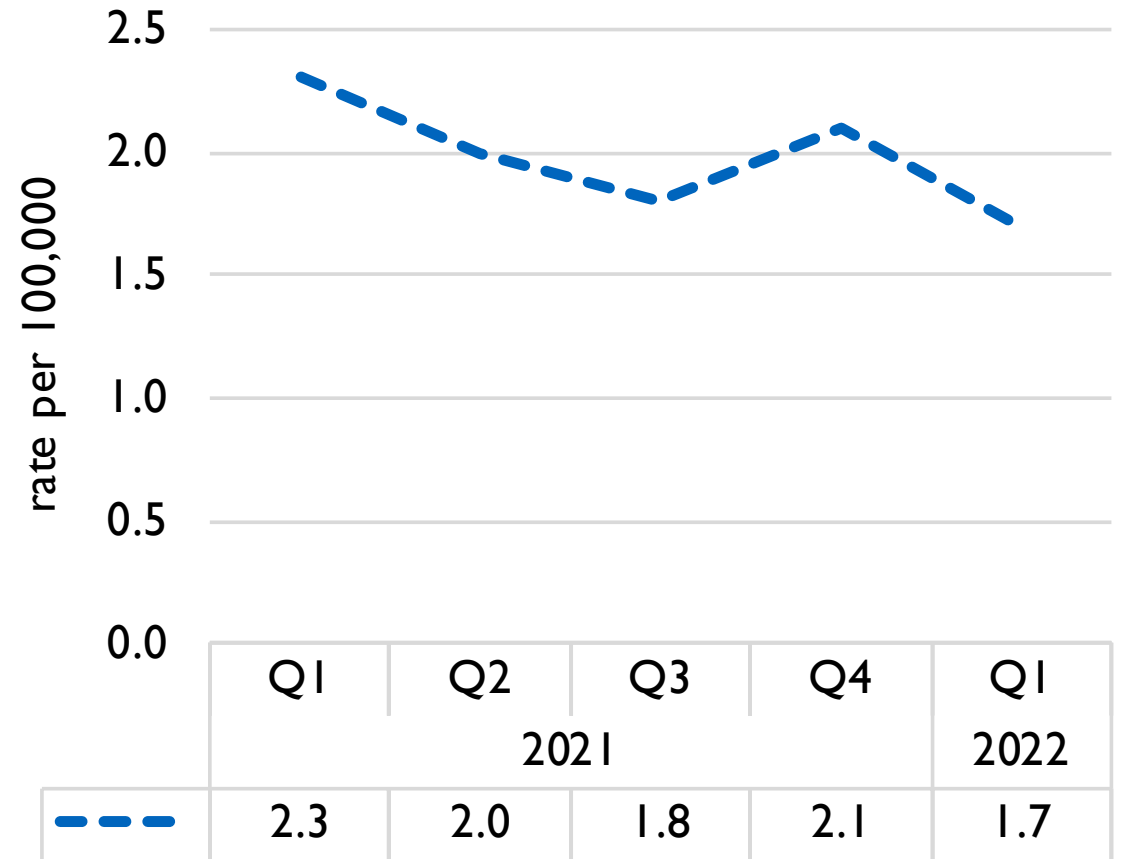
- Extended-release or long acting (ER/LA) opioids put patients at greater risk of respiratory depression and overdose compared to immediate-release (IR)
 - Opioid naïve patients are at particularly high risk of overdose from ER/LA opioids
- Opioid naïve refers to patients who have not taken an opioid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

Opioid naïve patients receiving ER/LA opioids, 2022Q1



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
- Between 2018Q1 and 2022Q1 dropped from 10.6 to 1.7 per 100,000



*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 exceeding 120 MME/day

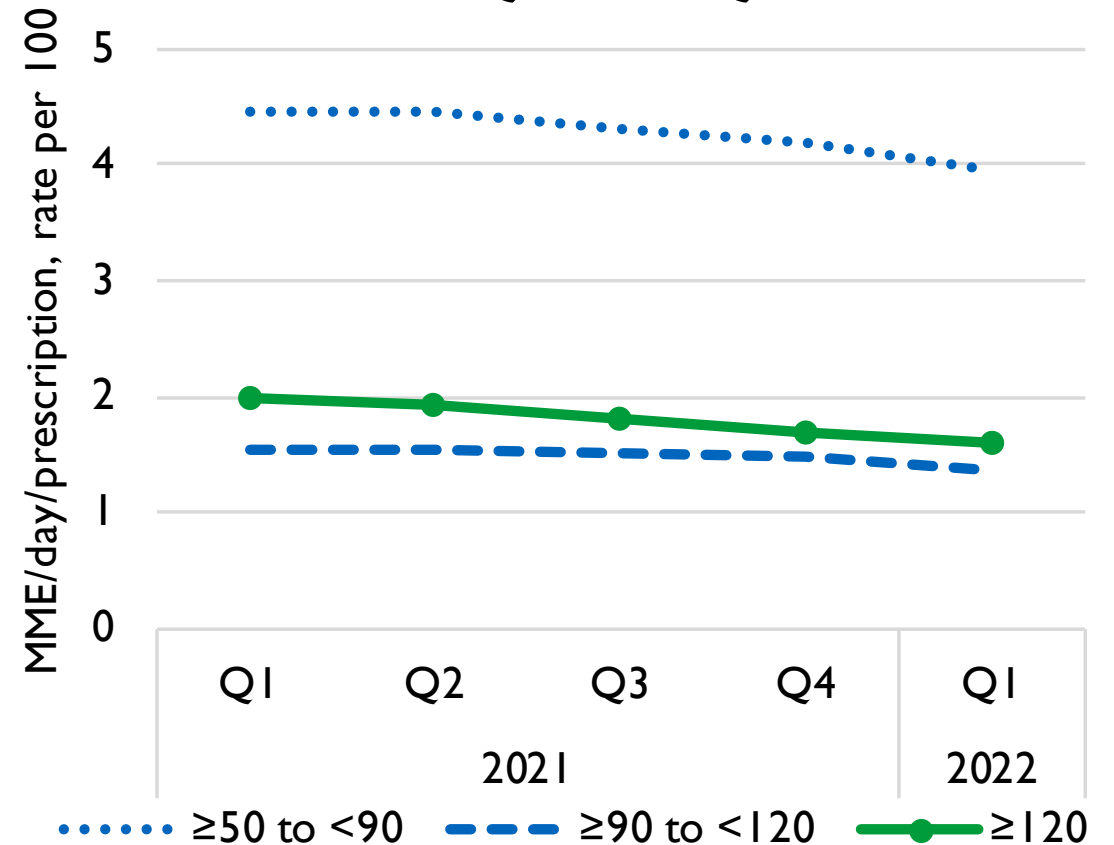
- *Regulations Governing Prescribing of Opioids and Buprenorphine (18VAC85-21-70)*

- Specific requirements of prescribers if exceeding 120 MME/d

- % change, 2021 Q1-2022 Q1

.....	≥50 to <90	-12%
----	≥90 to <120	-11%
—●—	≥120	-19%

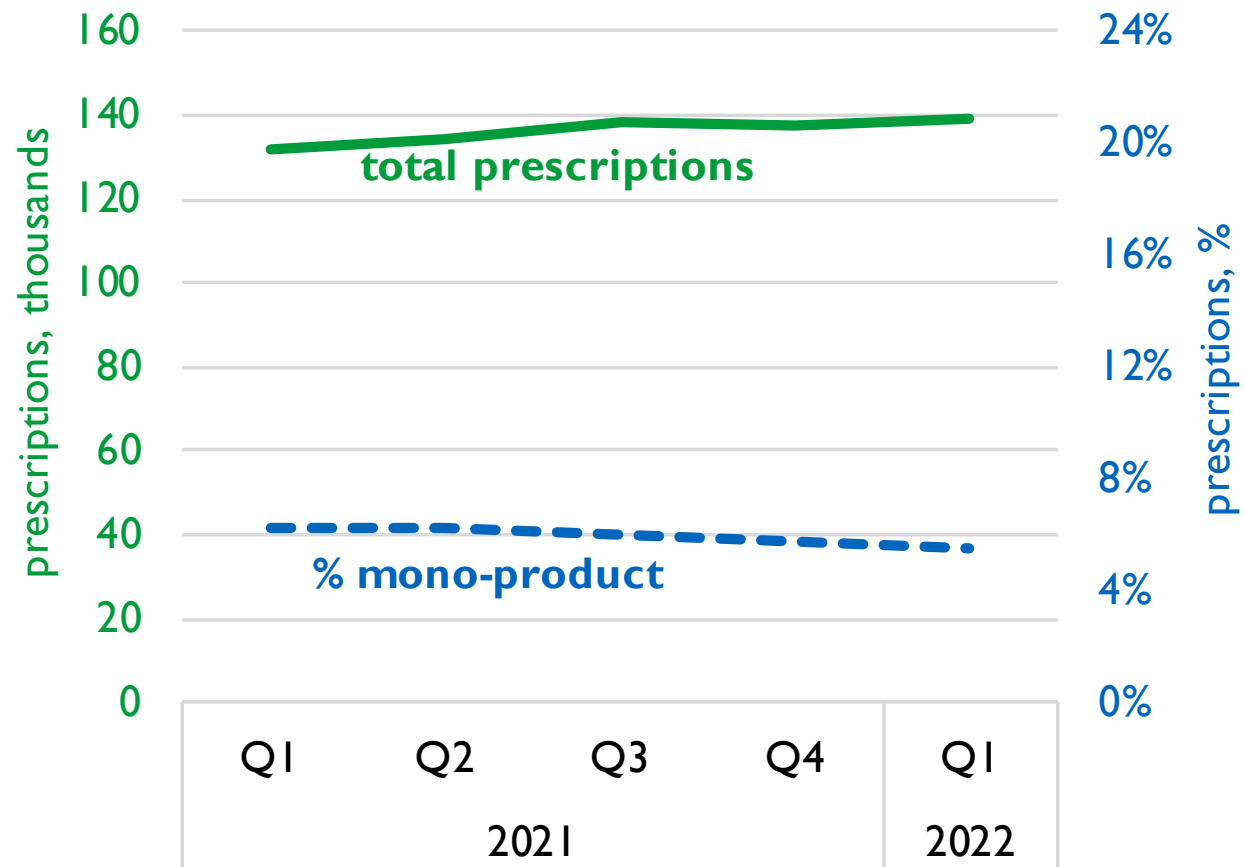
Opioid prescriptions by MME/day, 2021 Q1-2022 Q1



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 and continues to decrease marginally (5% in 2022Q1)

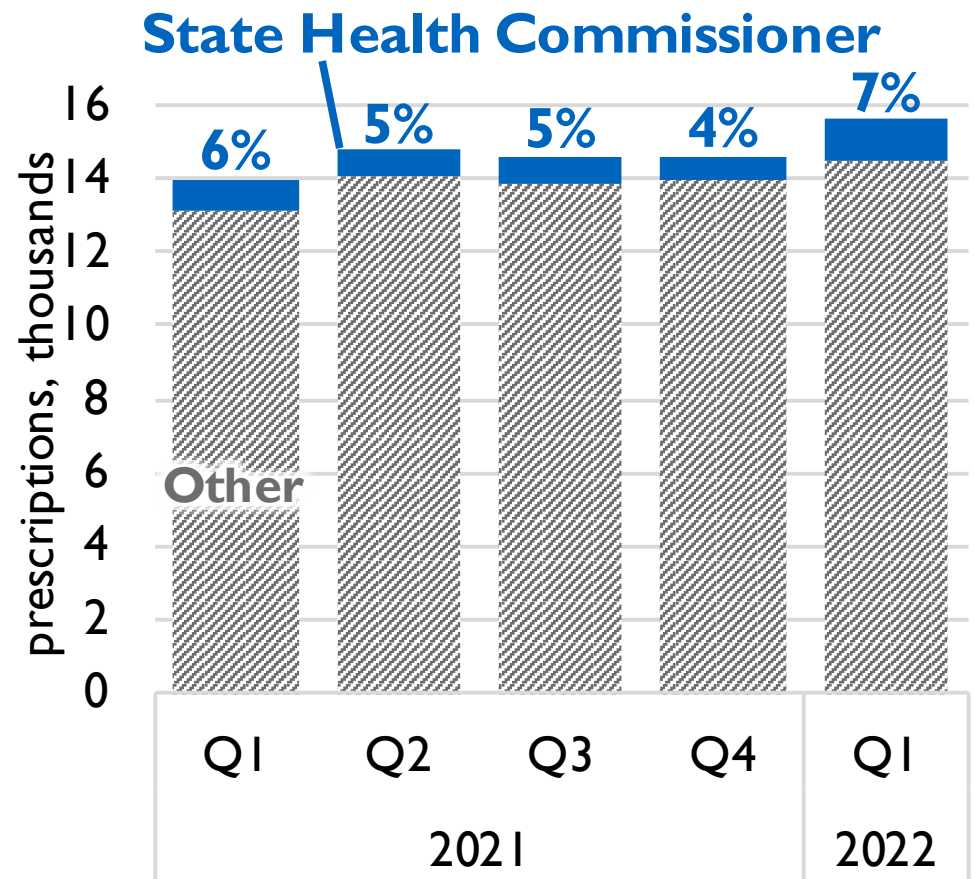
Buprenorphine prescribing for OUD, 2021Q1-2022Q1



Naloxone

- State Health Commissioner's standing order authorizes Virginia pharmacies to dispense naloxone without a prescription
- 7% of total dispensations in 2022Q1 were dispensed using the standing order
- Naloxone became reportable to PMP as of July 1, 2018
 - Narcan[®] accounts for 99% of total naloxone dispensations

Naloxone prescriptions dispensed in pharmacies by prescriber, 2021Q1-2022Q1





Technical notes

- Covered substances
 - Schedule II-V medications, naloxone
 - Gabapentin is a Schedule V in Virginia
 - Cannabis 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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