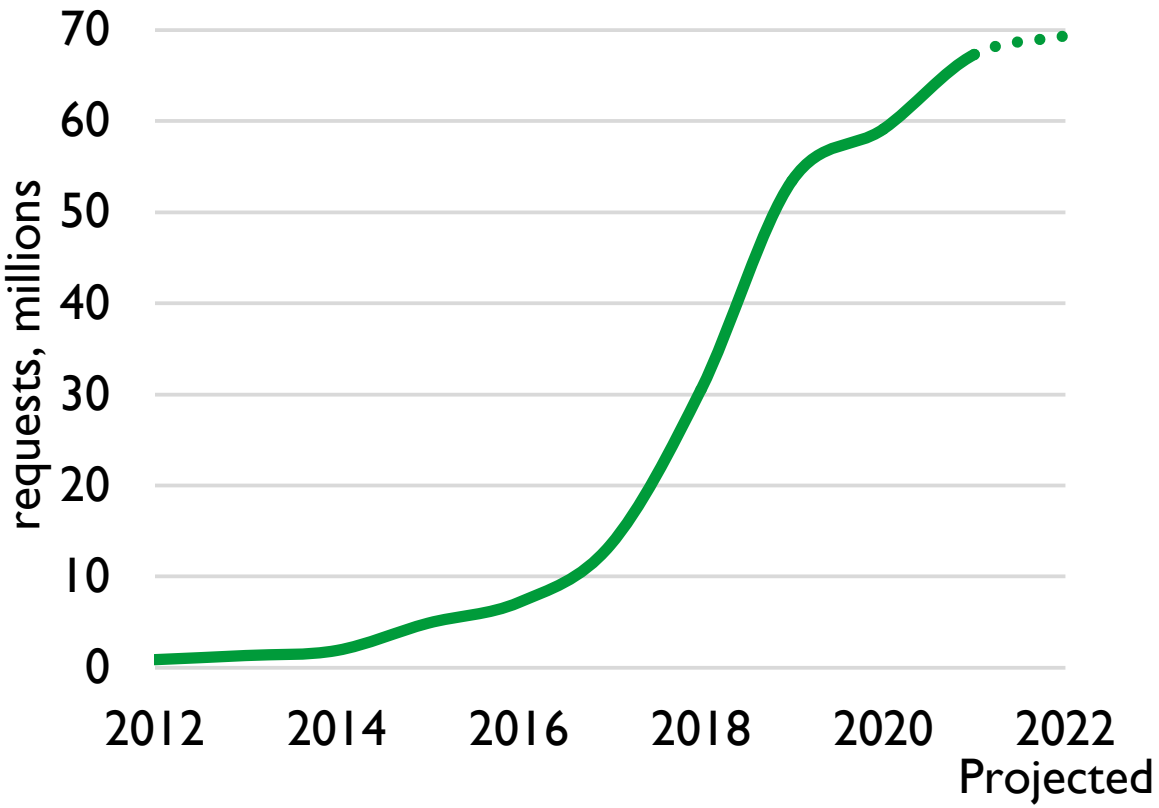
Virginia Department of Health Professions

Quarterly Report
July 1 - September 30, 2022
2022Q3
Virginia Prescription Monitoring Program

Key Findings for the Third Quarter (2022Q3)

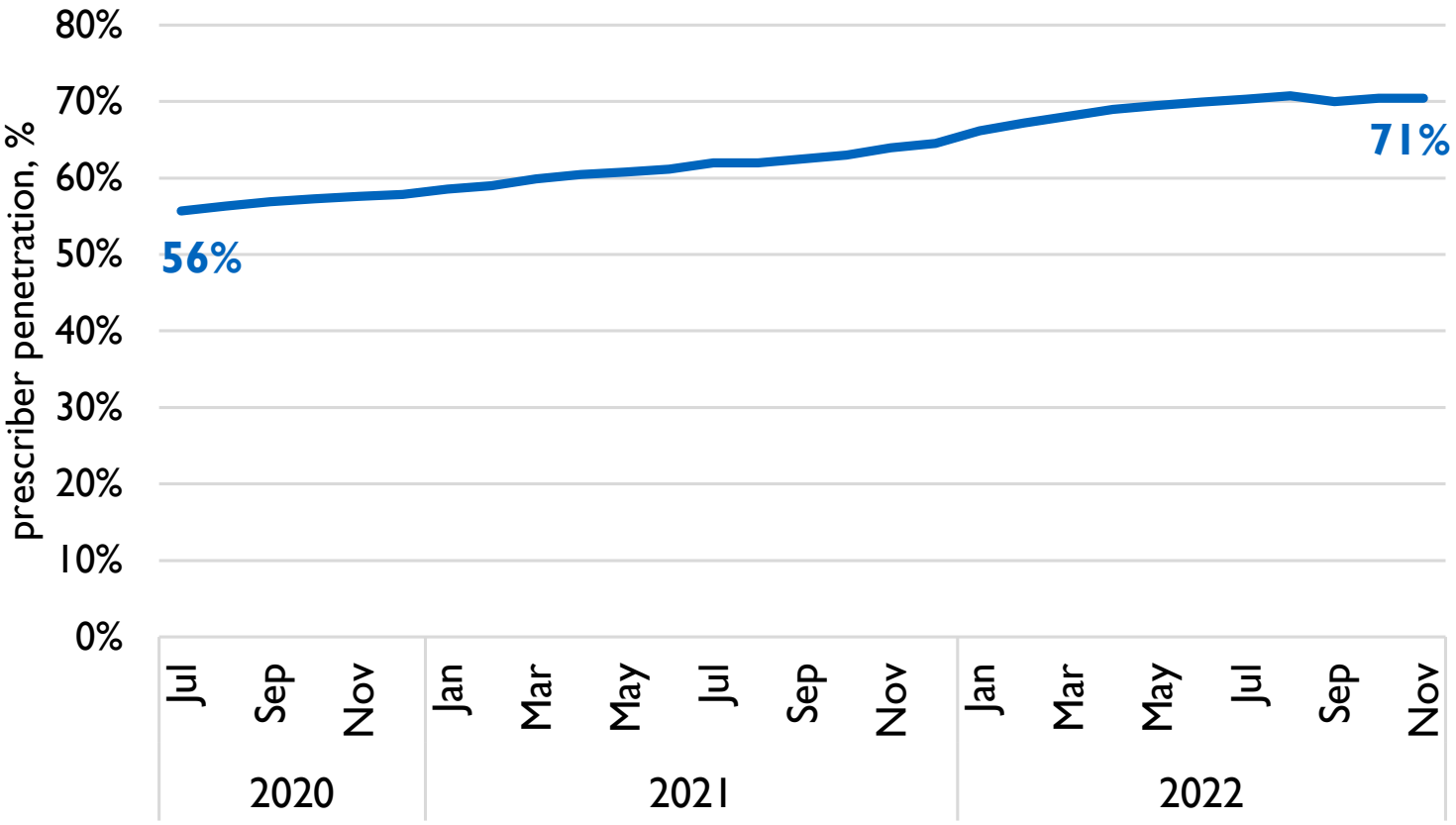
- 94% of opioid prescriptions are transmitted electronically from prescriber to dispenser.
- Multiple provider episodes, defined as ≥5 prescribers and ≥5 pharmacies in a 6-month period, decreased from 2.3 (2021Q1) to 1.5 per 100,000 this quarter.
- Five percent of Virginians, or 391,699 residents, received 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
  - 78% of total requests are through an integrated application during 2022Q3

Prescriber penetration, July 2020- Sept 2022

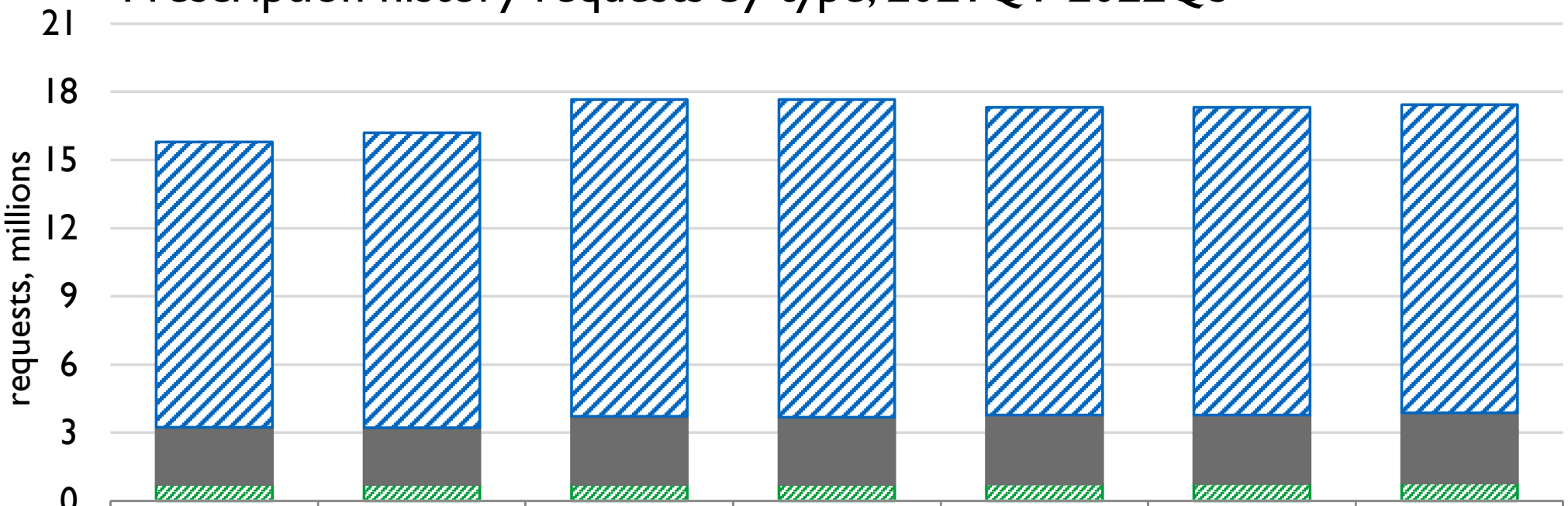


Prescriber penetration is defined as percent of prescribers accessing PMP via integrated EHR of the total prescribers actively prescribing controlled substances

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

Increasing PMP utilization

Prescription history requests by type, 2021Q1-2022Q3



	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022
Integration	12,561,178	12,962,173	13,957,233	13,977,948	13,539,252	13,543,352	13,547,185
PMPi	2,512,917	2,498,183	2,982,764	2,962,736	3,027,539	3,004,750	3,083,357
Web application	722,583	727,524	728,464	719,829	740,383	761,652	793,115

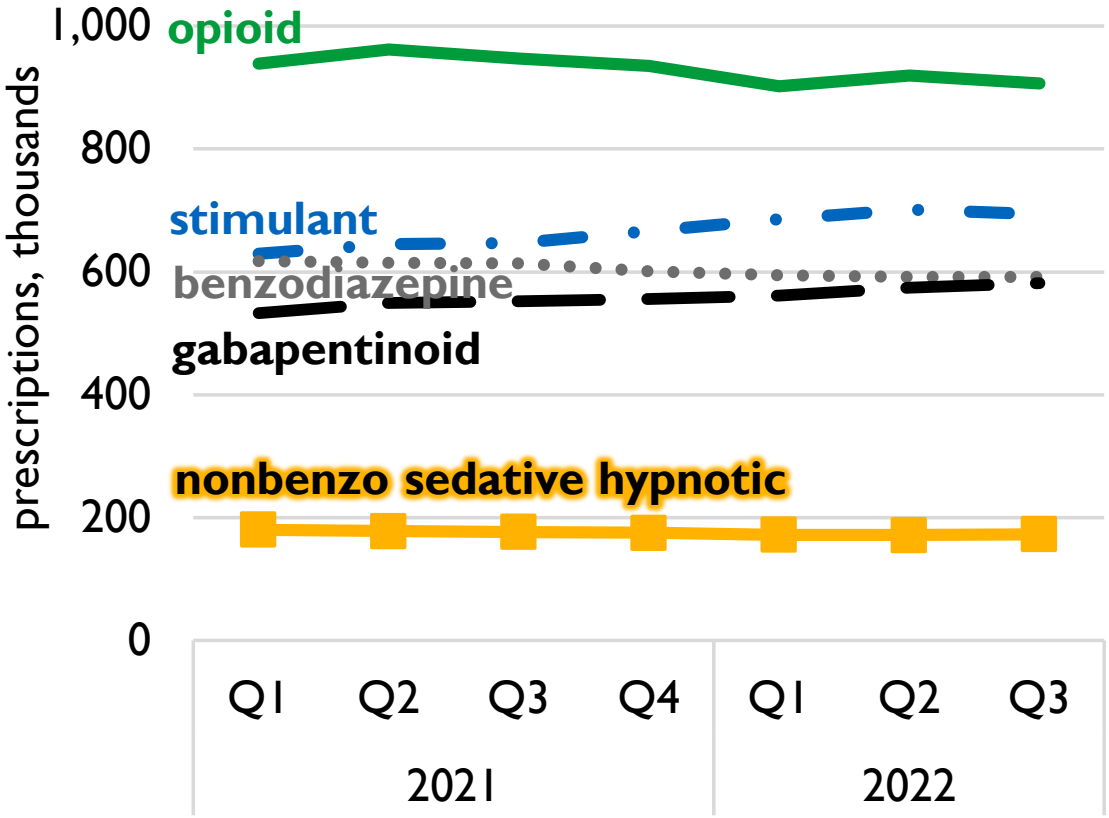
PMPi or PMP Interconnect allows interoperability among states' PMPs

Drug class

Percent change by drug class 2021Q1-2022Q3

- Opioid* ↓ 3%
- Benzodiazepine ↓ 4%
- Stimulant ↑ 10%
- Gabapentinoid ↑ 9%
- Nonbenzo sedative hypnotics ↓ 4%

Prescriptions dispensed by drug class, 2021Q1-2022Q3



*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

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Prescriptions dispensed by drug class, 2021Q1-2022Q3

	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
opioid	938,804	961,488	946,676	934,875	902,150	919,837	906,432
benzodiazepine	617,959	615,087	614,047	601,015	594,694	592,217	592,039
stimulant	629,202	645,020	647,171	666,415	685,524	701,322	693,700
gabapentinoid	533,264	549,560	552,613	556,051	561,001	574,611	581,418
nonbenzo sedative hypnotic	180,375	178,033	176,662	175,214	172,227	171,729	173,058

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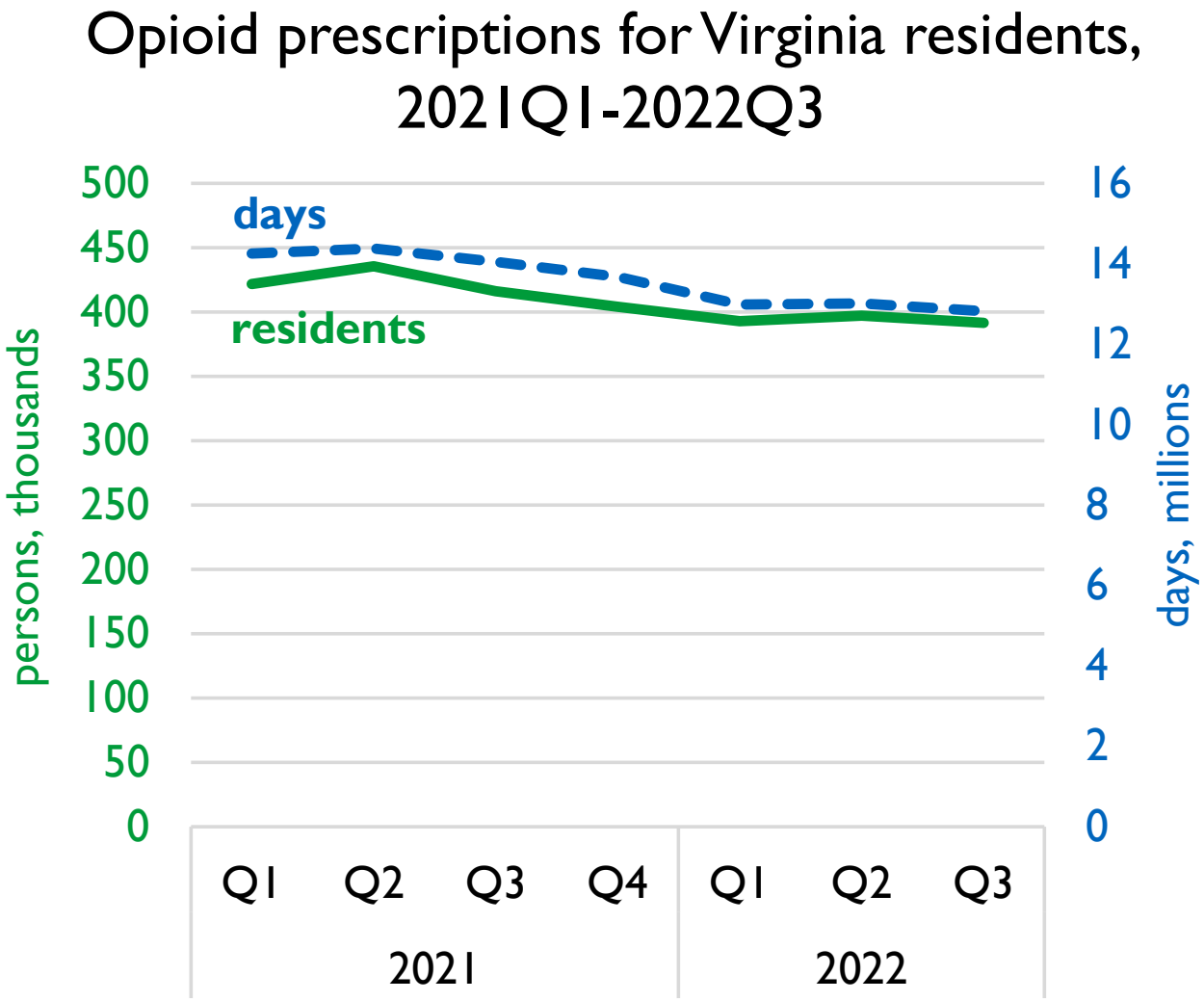
Opioid prescriptions

- 391,699 Virginia residents received an opioid prescription in 2022Q3
- 12,818,495 opioid prescription days for commonwealth residents during 2022Q3
- Prescription days or days' supply refers to the number of days of medication prescribed



*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)

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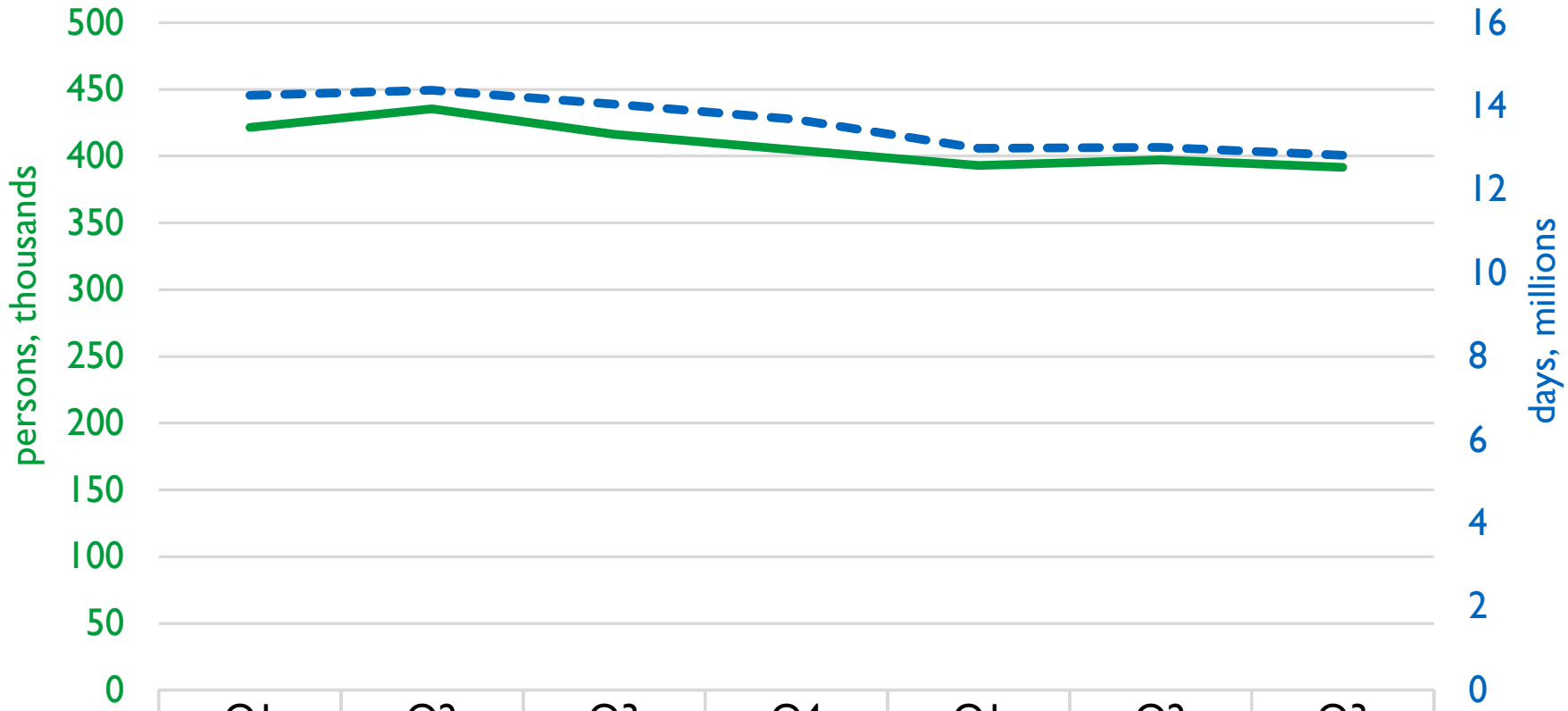
Opioid prescriptions



	Q1	Q2	Q3	Q4	Q1	Q2	Q3
	2021				2022		
residents	421,706	435,554	416,183	404,390	392,919	397,364	391,699
days	14,260,51	14,380,32	14,049,45	13,681,83	12,987,96	13,014,72	12,818,49

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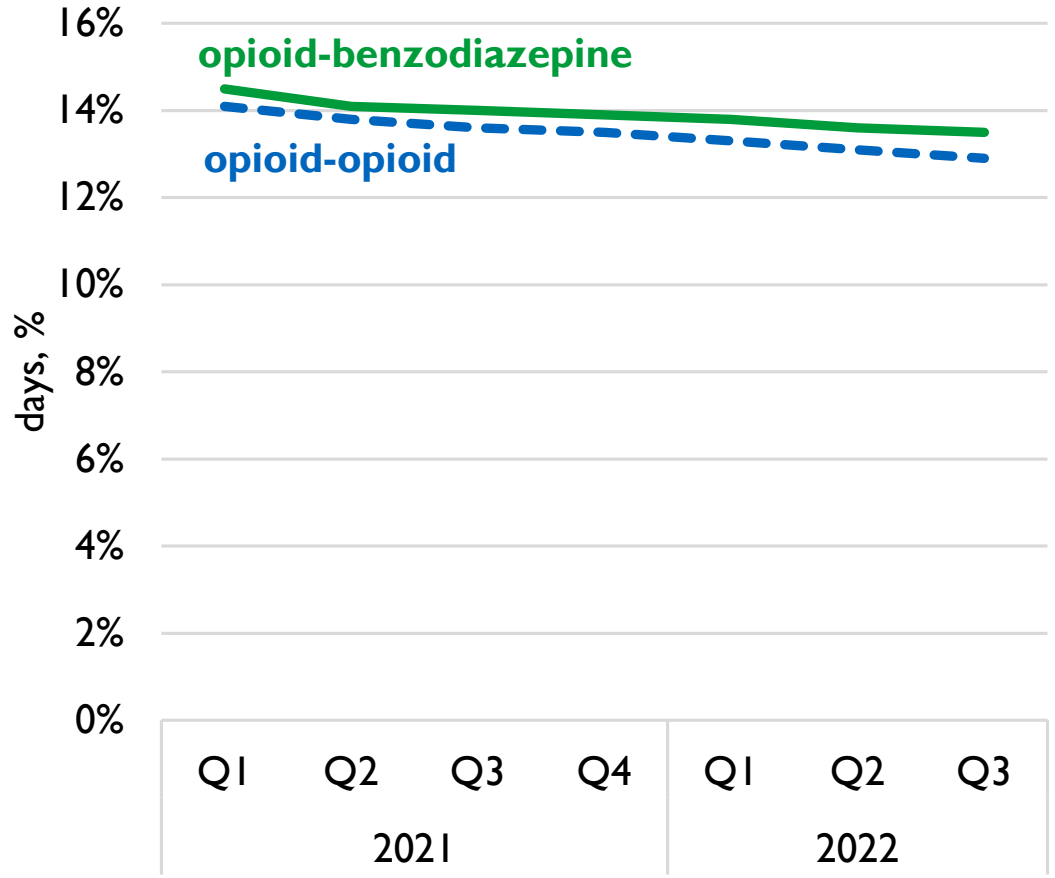
Overlapping prescriptions

Overlapping opioid and opioid-benzodiazepine prescription days, 2021Q1-2022Q3



- 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

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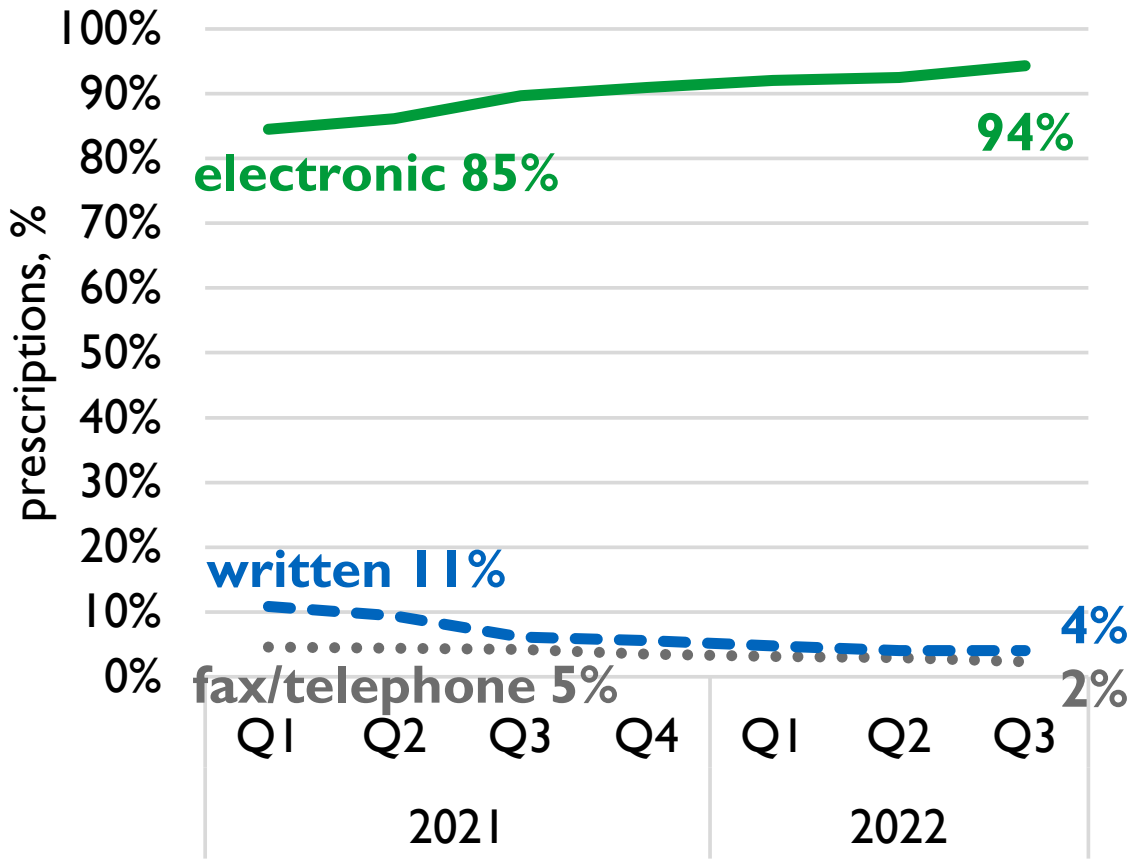
Electronic prescribing for opioids

- 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)
- 94% of opioid prescriptions were electronic in 2022Q3

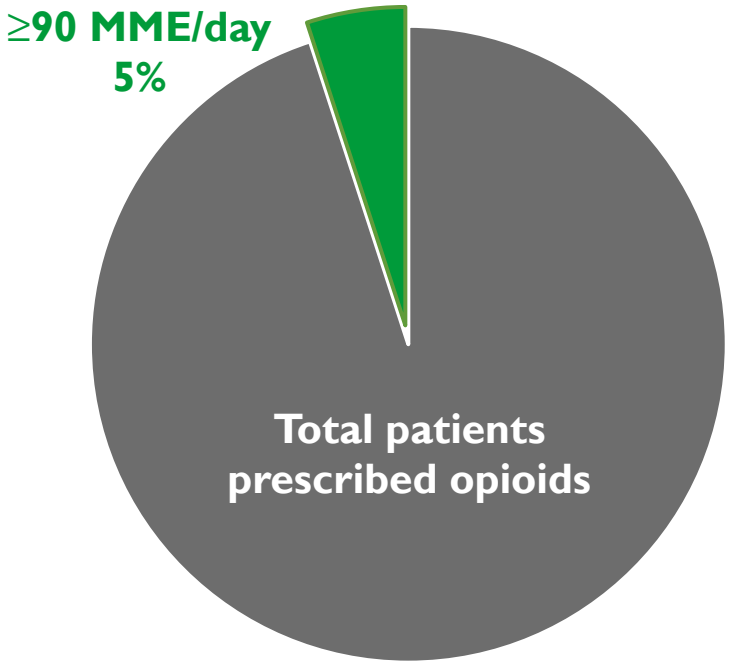
Opioid prescriptions by transmission type, 2021Q1-2022Q3



Analysis restricted to prescriptions reporting a mode of transmission
Code of Virginia § 54.1-3408.02 https://law.lis.virginia.gov/vacode/title54.1/chapter34/section54.1-3408.02/

Patients receiving ≥90 MME/day

Patients receiving ≥90 MME/day, 2022Q3



- 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
- 5% of opioid prescription recipients had an average dose ≥90 MME/day (2022Q3)

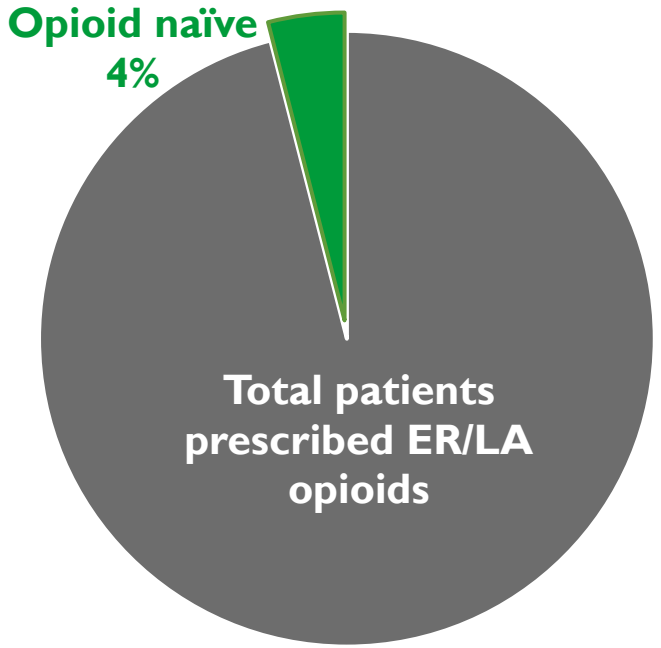
*CDC-defined opioids, excludes: 1) drugs not typically used in outpatient settings or otherwise not critical for calculating dosages in MME, such as cough and cold formulas including elixirs, and combination products containing antitussives. decongestants, antihistamines, and expectorants; 2) opiate 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, 2022Q3



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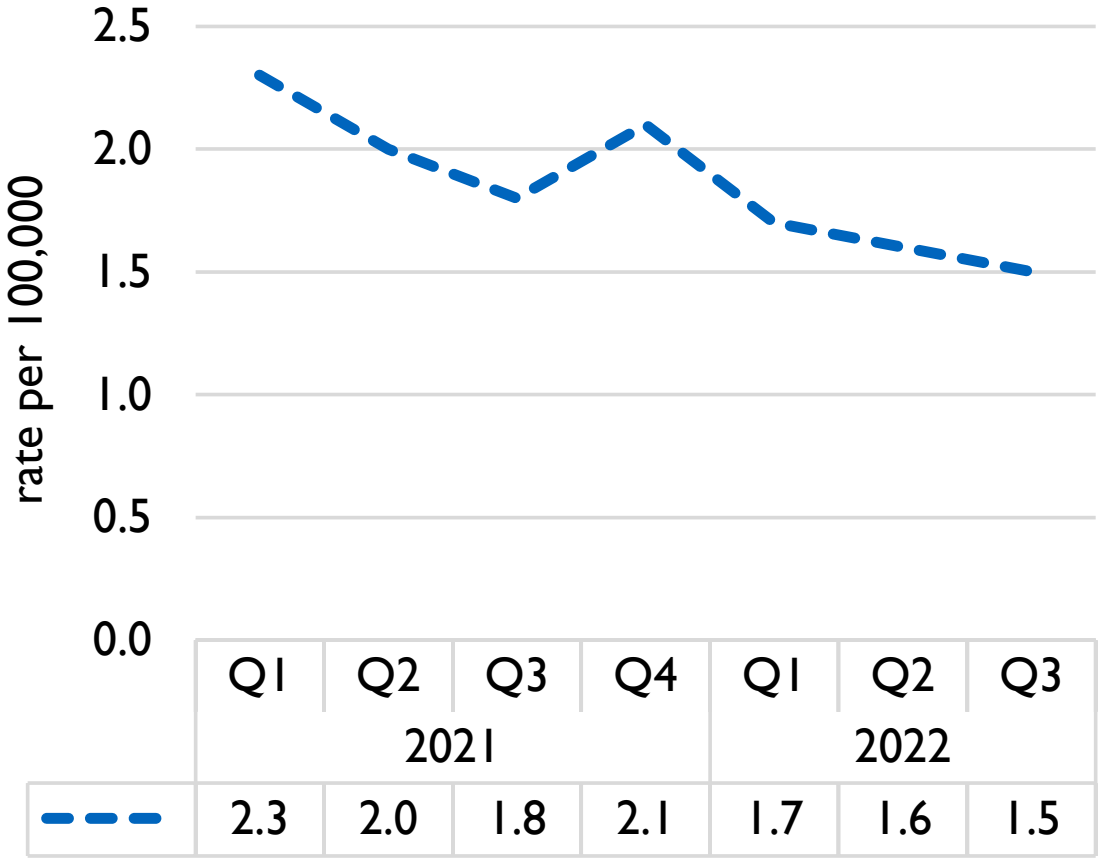
Multiple provider episodes for opioids

- ≥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 2022Q3 dropped from 10.6 to 1.5 per 100,000



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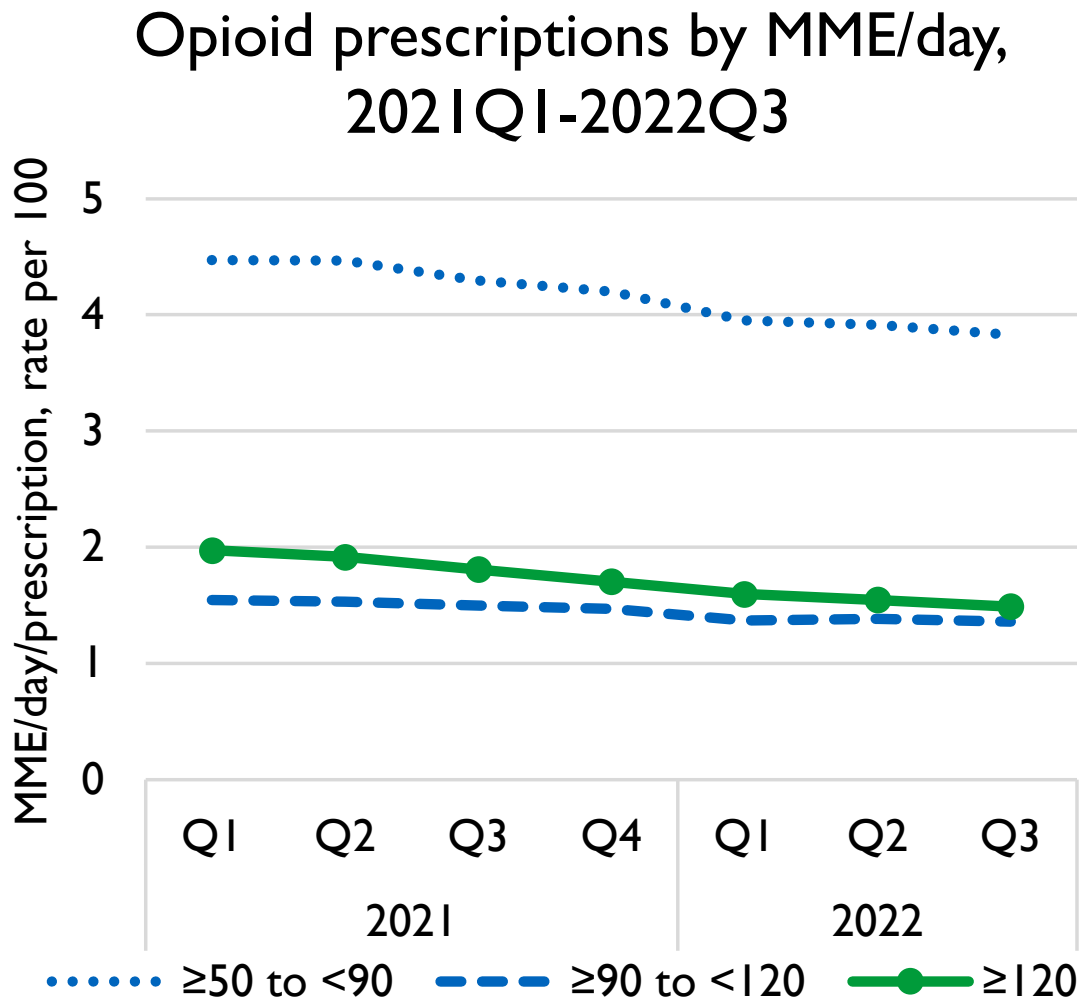
Opioid prescriptions exceeding 120 MME/day

- *Regulations Governing Prescribing of Opioids and Buprenorphine* (18VAC85-21-70)
  - Specific requirements of prescribers if exceeding 120 MME/d
- % change, 2021Q1-2022Q3

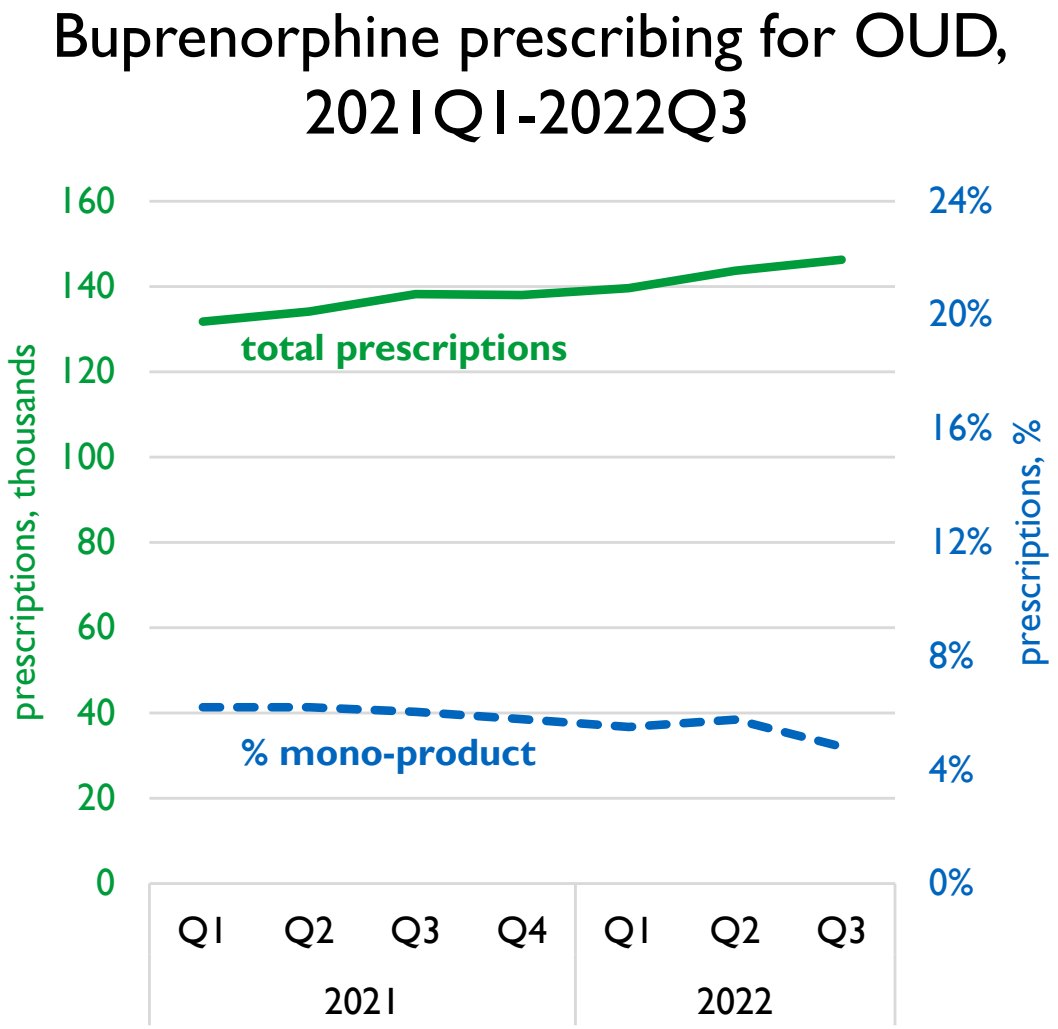
≥50 to <90	-14%
≥90 to <120	-12%
≥120	**-25%**



18VAC85-21 Regulations Governing Prescribing of Opioids and Buprenorphine https://law.lis.virginia.gov/admincode/title18/agency85/chapter21/

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 2022Q3)



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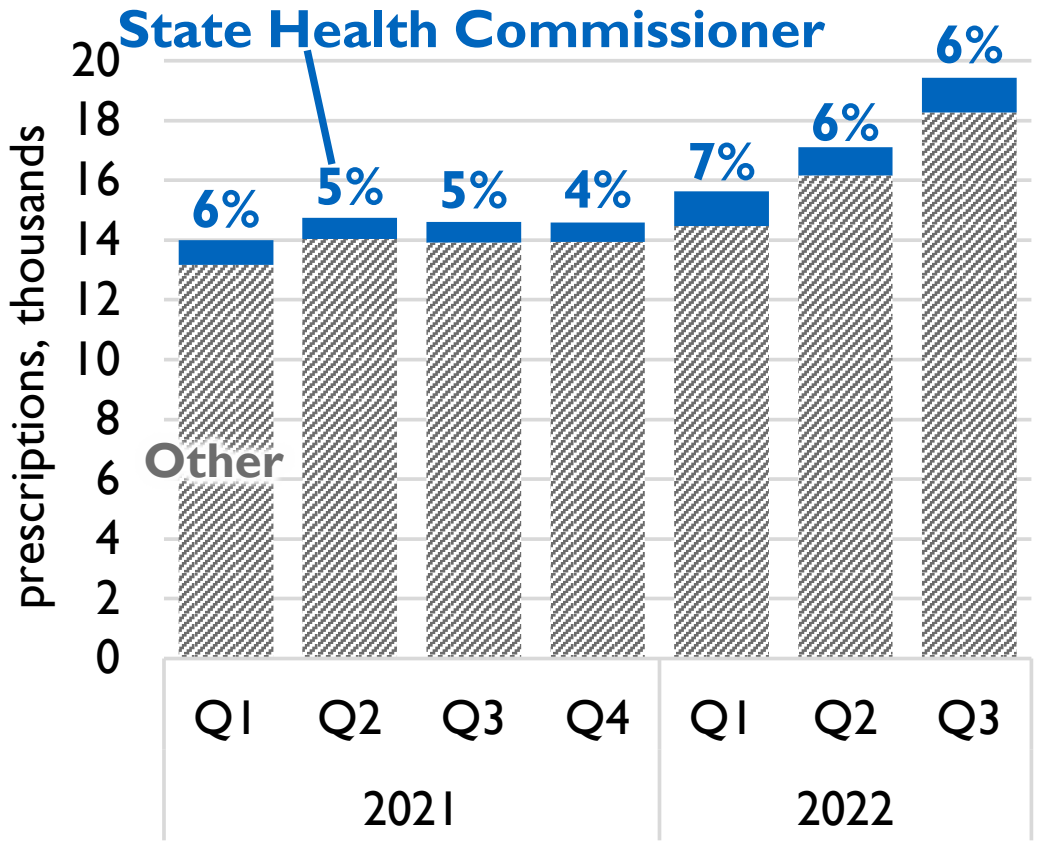
Naloxone

- State Health Commissioner's standing order authorizes Virginia pharmacies to dispense naloxone without a prescription
- 6% of total dispensations in 2022Q3 were dispensed using the standing order
- Naloxone became reportable to PMP as of July 1, 2018

Naloxone prescriptions dispensed in pharmacies by prescriber, 2021Q1-2022Q2



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")

- Contact
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  - PMP database: https://virginia.pmpaware.net/login