

Quarterly Report

January 1 – March 31, 2023

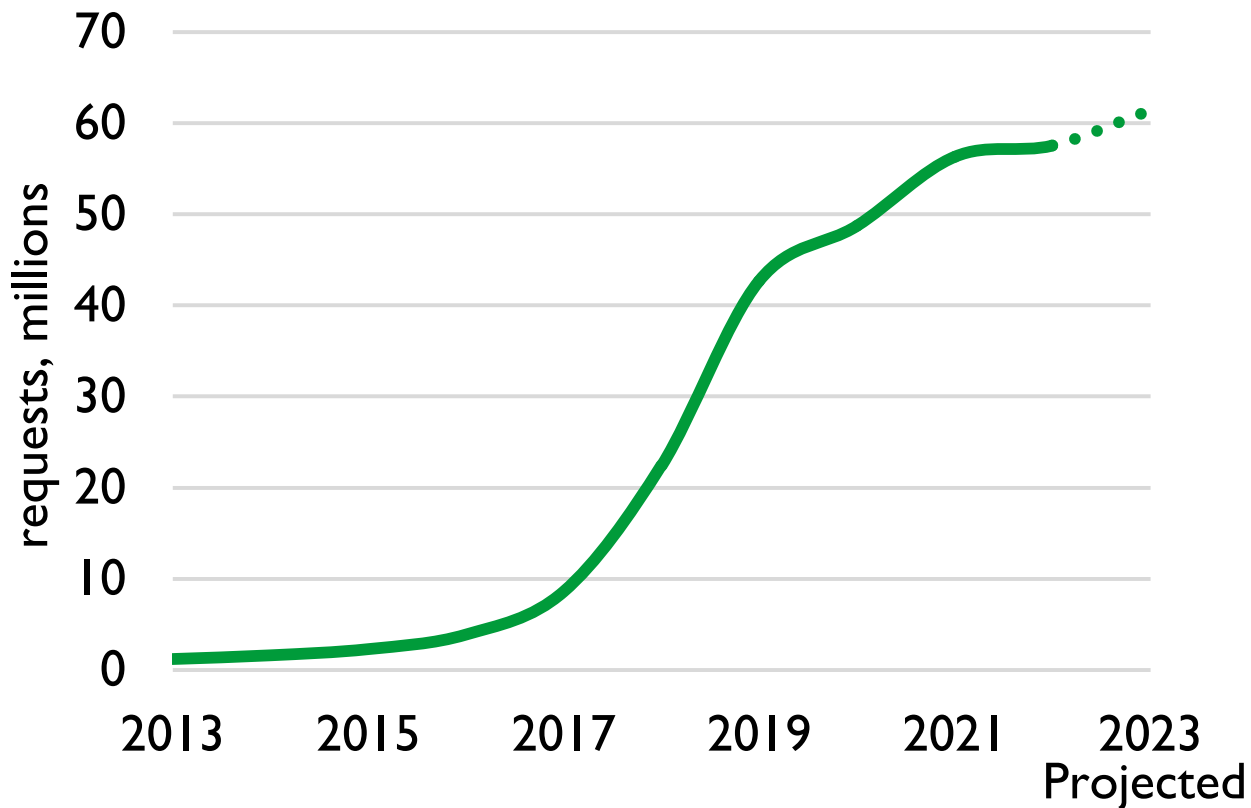
2023Q1

Virginia Prescription Monitoring Program

Key Findings for the First Quarter (2023Q1)

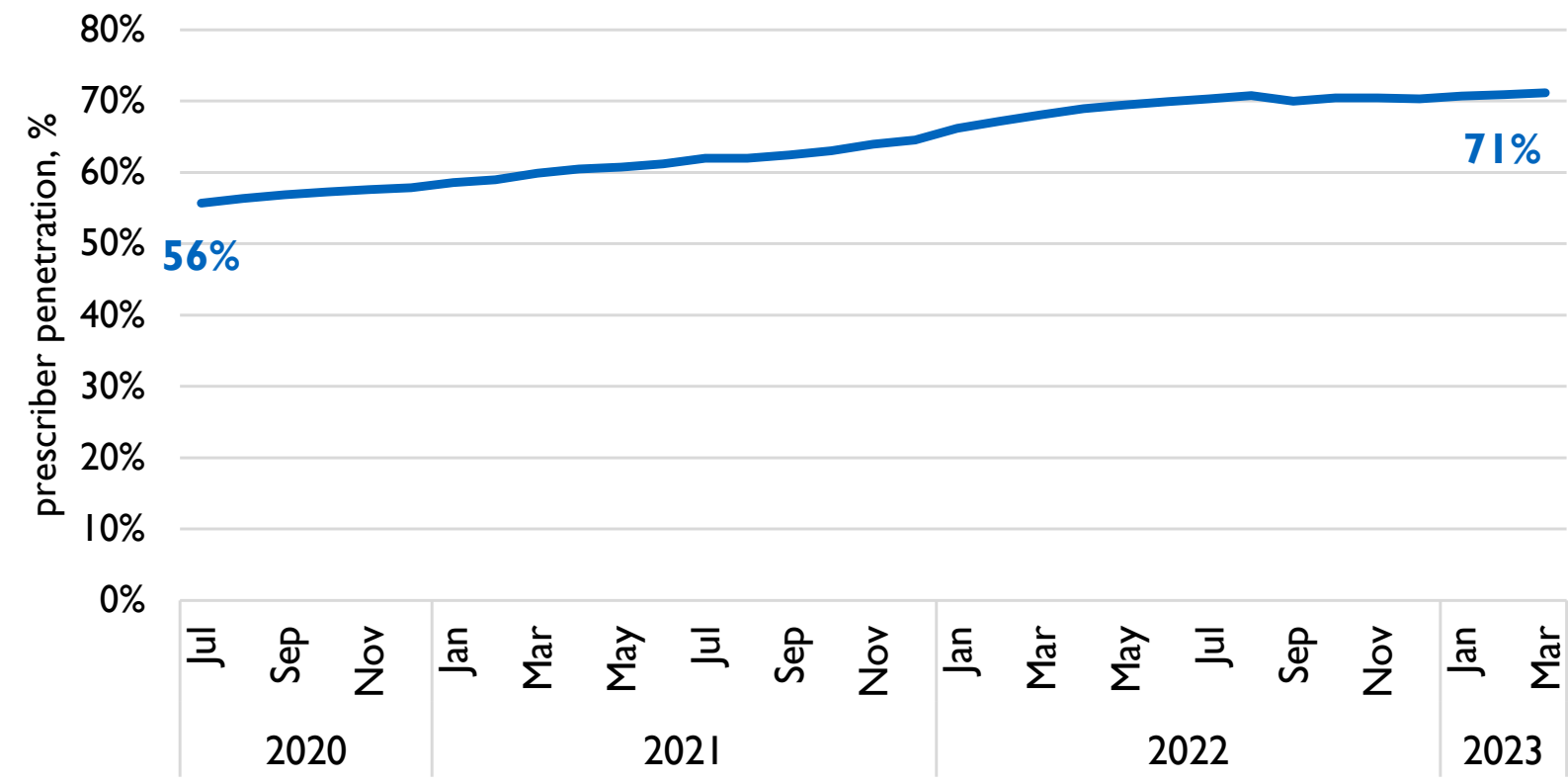
- 95% of opioid prescriptions are transmitted electronically from prescriber to dispenser.
- Multiple provider episodes, defined as ≥ 5 prescribers and ≥ 5 pharmacies in a 6-month period, increased slightly from 1.7 (2022Q1) to 2.1 per 100,000 this quarter.
- Five percent of Virginians, or 398,639 residents, 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
 - 95% of total requests are through an integrated application during 2023Q1

Prescriber penetration, July 2020-Mar 2023

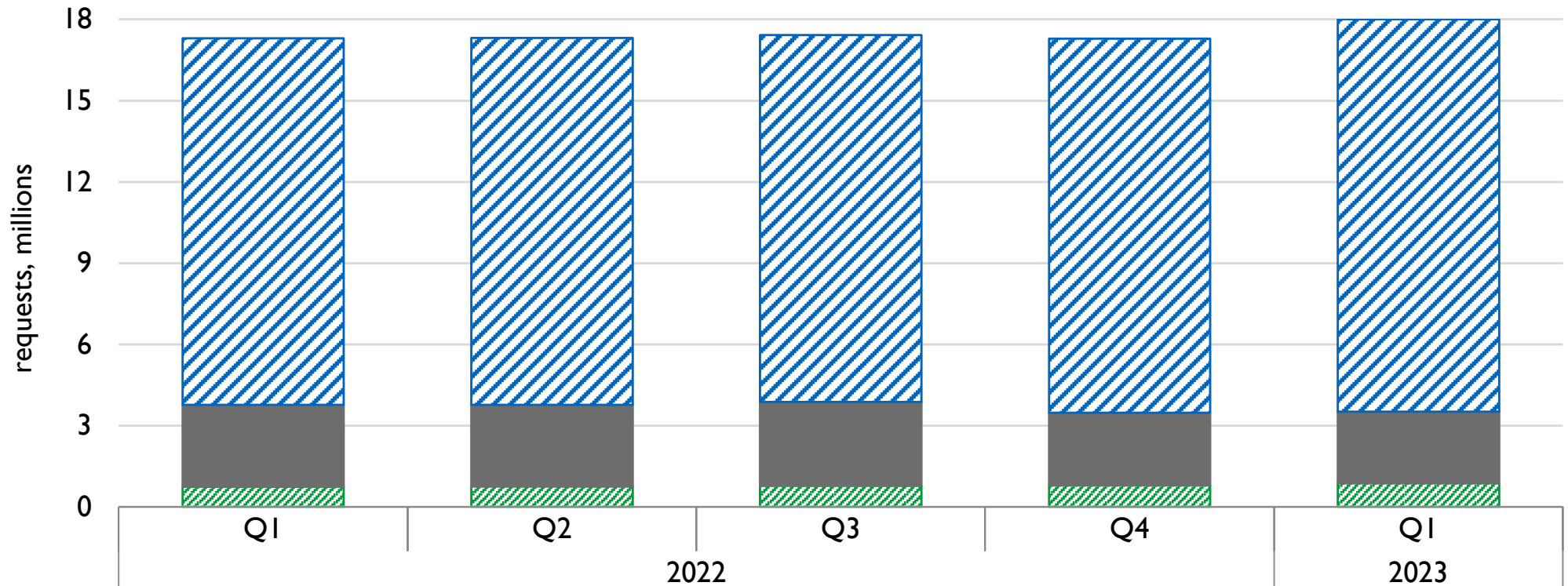


Prescriber penetration is defined as percent of prescribers accessing PMP via integrated EHR of the total prescribers actively prescribing controlled substances

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

Increasing PMP utilization

Prescription history requests by type, 2022Q1-2023Q1



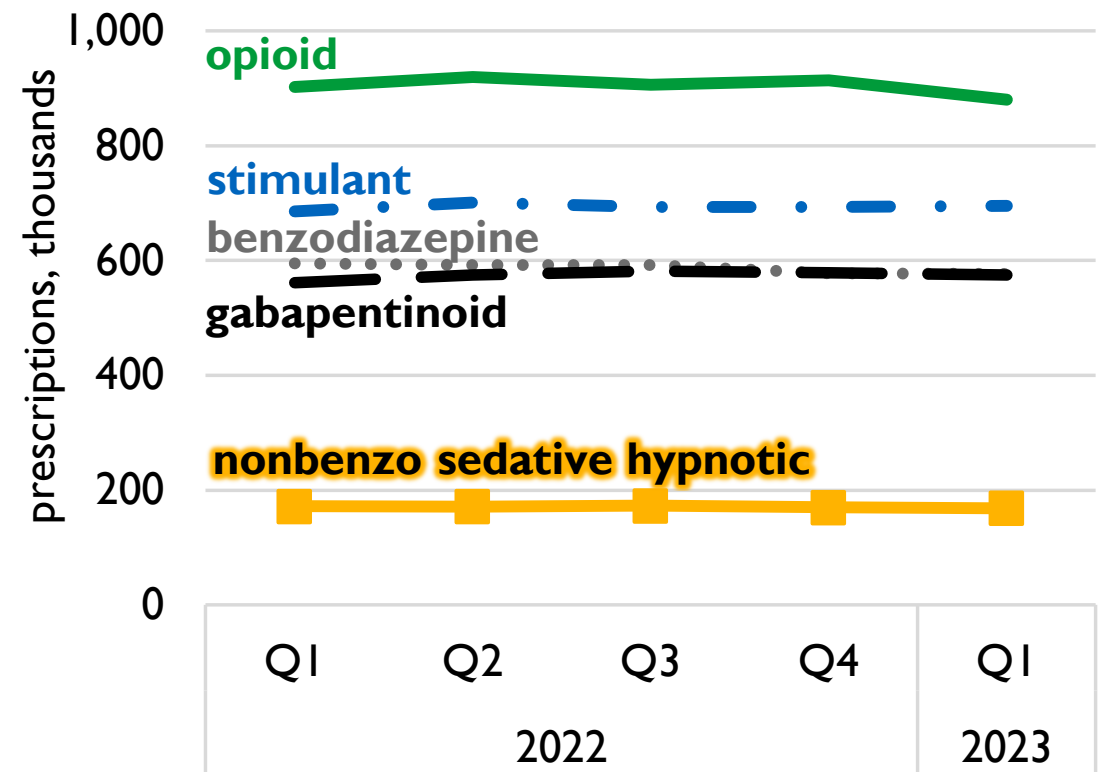
Integration (in state)	13,539,252	13,543,352	13,547,185	13,815,594	14,477,226
PMPi	3,027,539	3,004,750	3,083,357	2,681,063	2,646,955
Web application	740,383	761,652	793,115	797,211	875,148

Drug class

Percent change by drug class 2022Q1-2023Q1

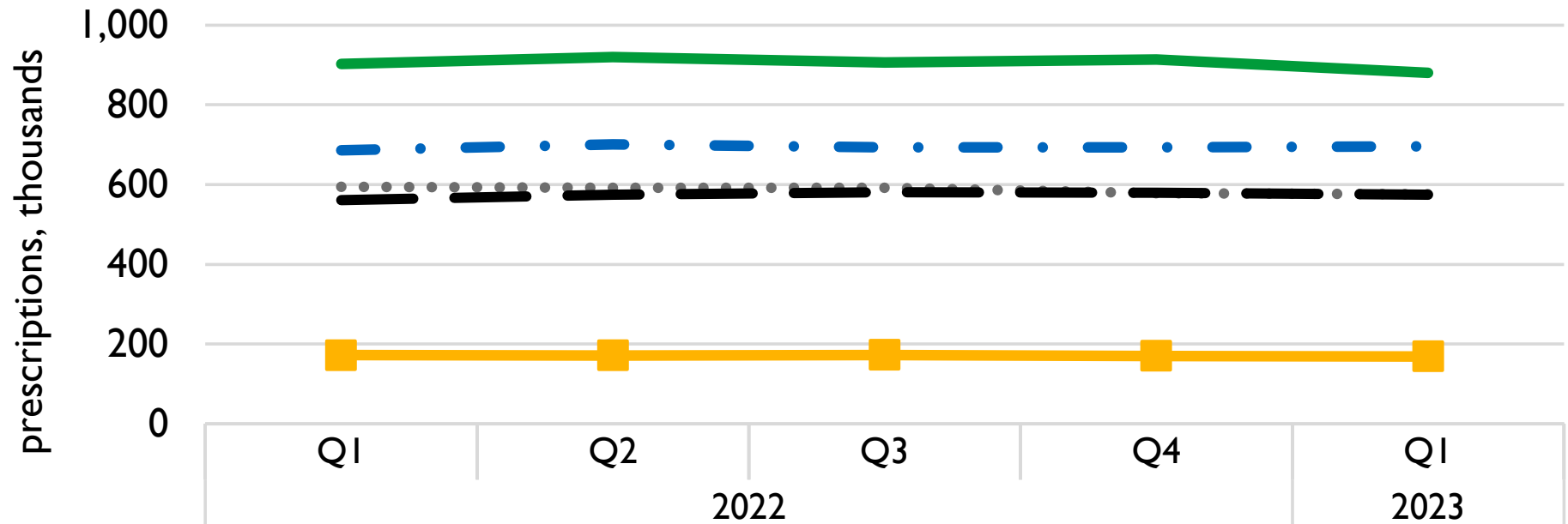
Opioid*	↓ 2%
Benzodiazepine	↓ 3%
Stimulant	↑ 1%
Gabapentinoid	↑ 3%
Nonbenzo sedative hypnotics	↓ 2%

Prescriptions dispensed by drug class, 2022Q1-2023Q1



*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, 2022Q1-2023Q1



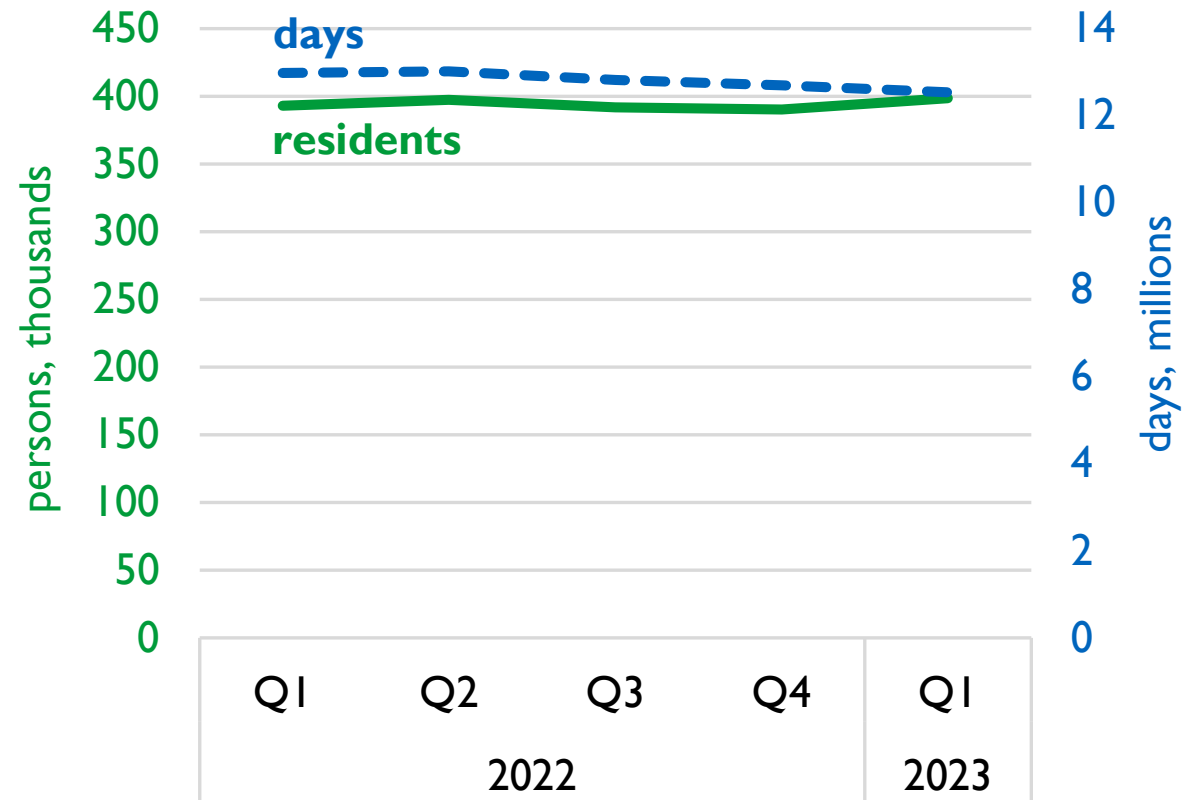
	Q1	Q2	Q3	Q4	Q1
	2022				2023
— opioid	902,150	919,837	906,432	913,663	880,168
•••• benzodiazepine	594,694	592,217	592,039	577,790	576,394
—• stimulant	685,524	701,322	693,700	693,666	695,353
— gabapentinoid	561,001	574,611	581,418	579,072	575,285
—■ nonbenzo sedative hypnotic	172,227	171,729	173,058	170,117	168,836

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Opioid prescriptions

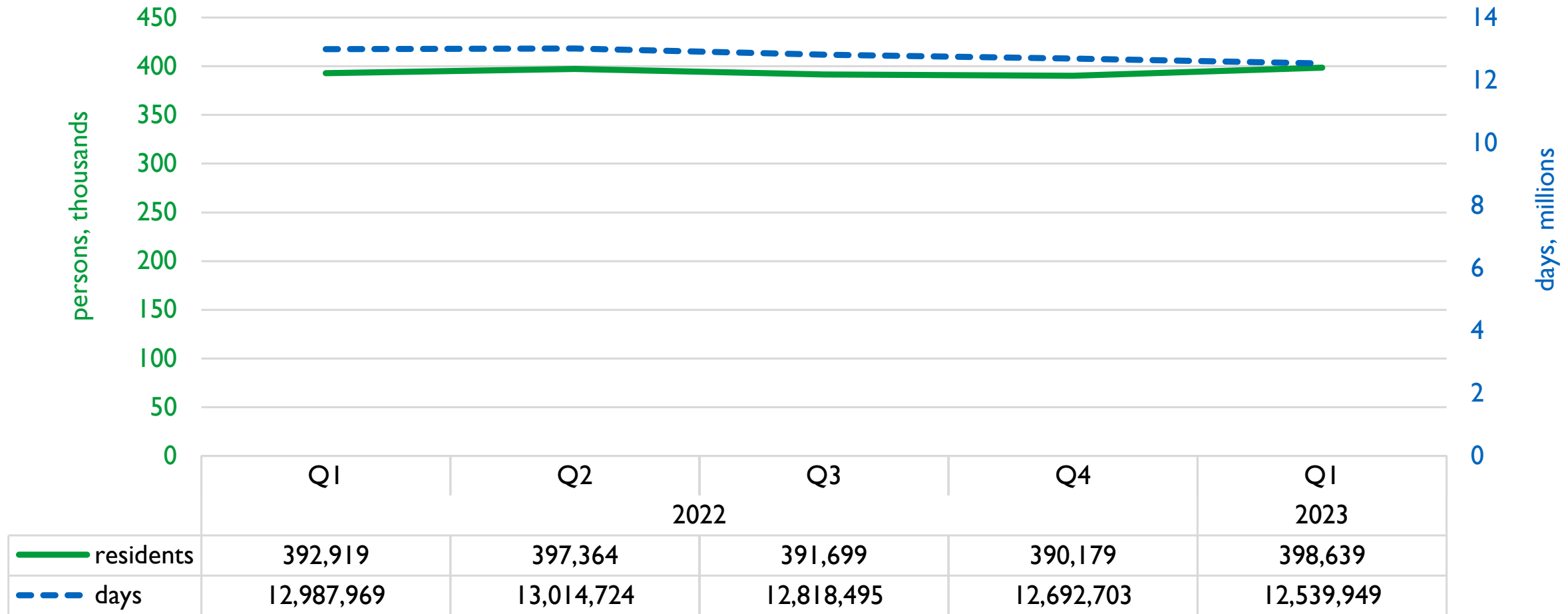
- 398,639 Virginia residents received an opioid prescription in 2023Q1
- 12,539,949 opioid prescription days for commonwealth residents during 2023Q1
- Prescription days or days' supply refers to the number of days of medication prescribed

Opioid prescriptions for Virginia residents, 2022Q1-2023Q1



*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)

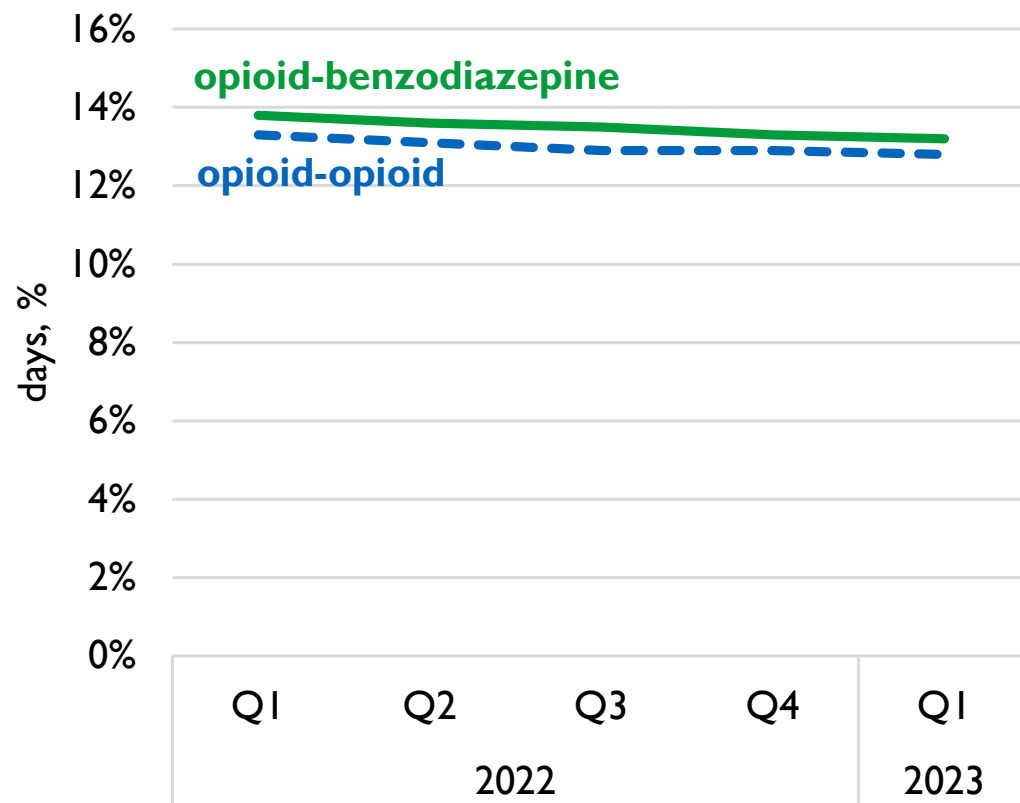
Opioid prescriptions



*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)

Overlapping prescriptions

Overlapping opioid and opioid-benzodiazepine prescription days, 2022Q1-2023Q1



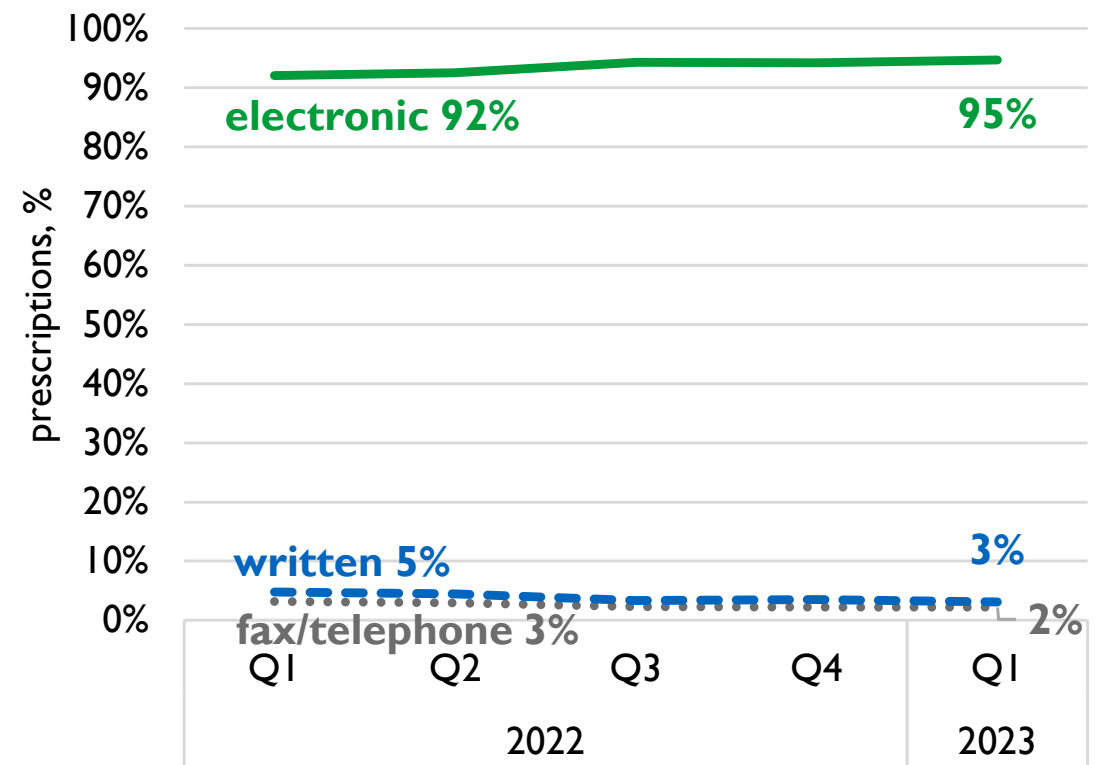
- Overlapping **opioid** prescriptions, which increase a patient's MME, and concurrent **opioid and benzodiazepine** prescribing increases the risk of overdose
- **Opioid-benzo** days and **opioid-opioid** days were nearly comparable

*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

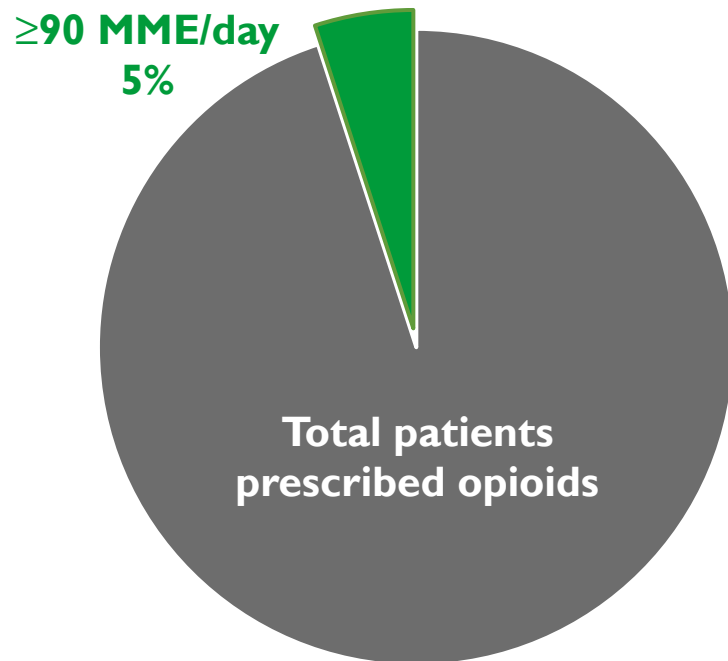
- Beginning July 1, 2020 any prescription containing an opioid must be transmitted electronically from the prescriber to the dispenser (*Code of Virginia § 54.1-3408.02*)
- 95% of opioid prescriptions were **electronic** in 2023Q1

Opioid prescriptions by transmission type, 2022Q1-2023Q1



Patients receiving ≥ 90 MME/day

Patients receiving ≥ 90 MME/day, 2023Q1



- 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 (2023Q1)

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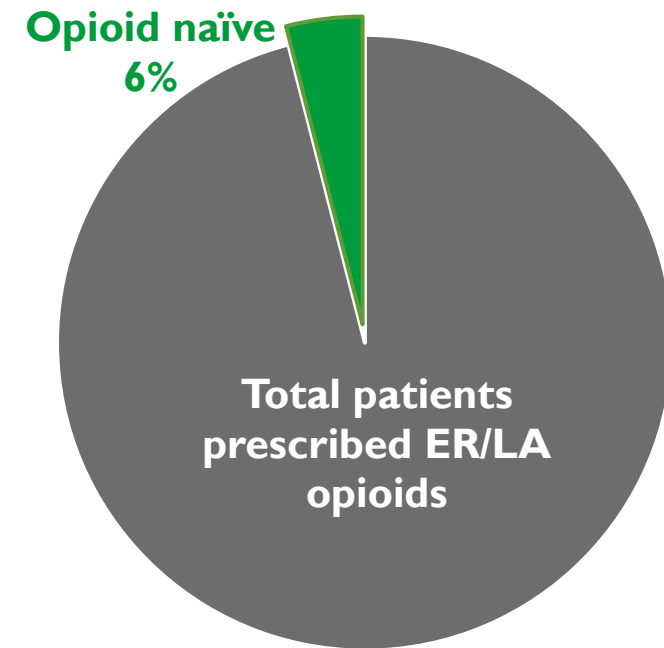
Reference: Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49.

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

Opioid naïve patients receiving ER/LA opioids

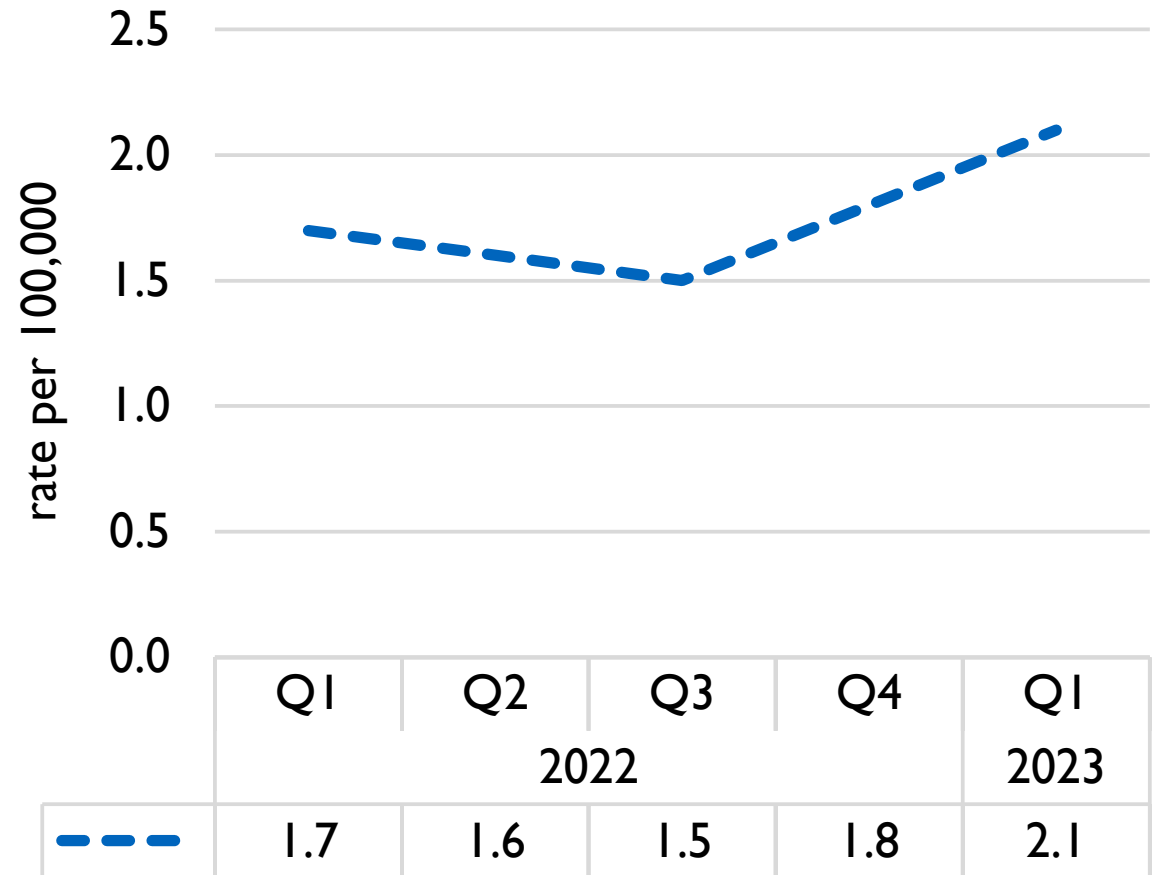
- Extended-release or long acting (ER/LA) opioids put patients at greater risk of respiratory depression and overdose compared to immediate-release (IR)
 - Opioid naïve patients are at particularly high risk of overdose from ER/LA opioids
- Opioid naïve refers to patients who have not taken an opioid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

Opioid naïve patients receiving ER/LA opioids, 2023Q1



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 2023Q1 dropped from 10.6 to 2.1 per 100,000



Opioid prescriptions exceeding 120 MME/day

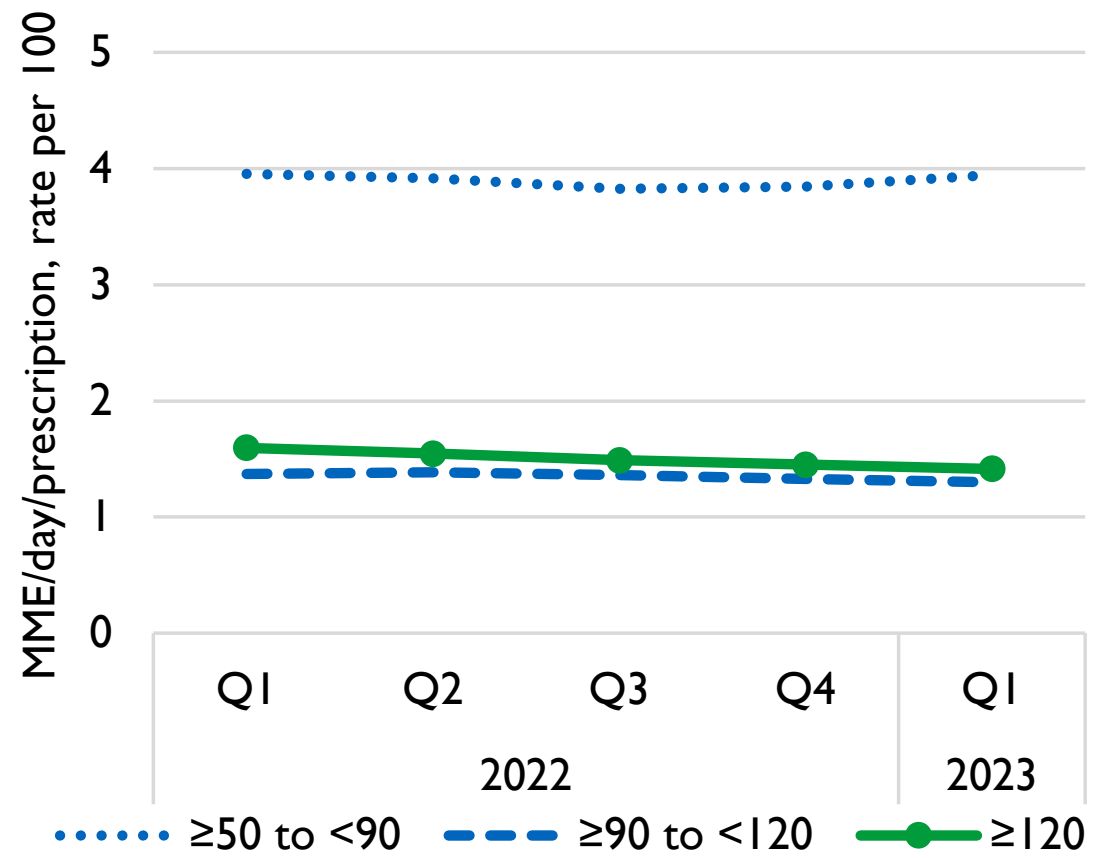
- *Regulations Governing Prescribing of Opioids and Buprenorphine (18VAC85-21-70)*

- Specific requirements of prescribers if exceeding 120 MME/d

- % change, 2022Q1-2023Q1

.....	≥50 to <90	0%
----	≥90 to <120	-5%
—●—	≥120	-11%

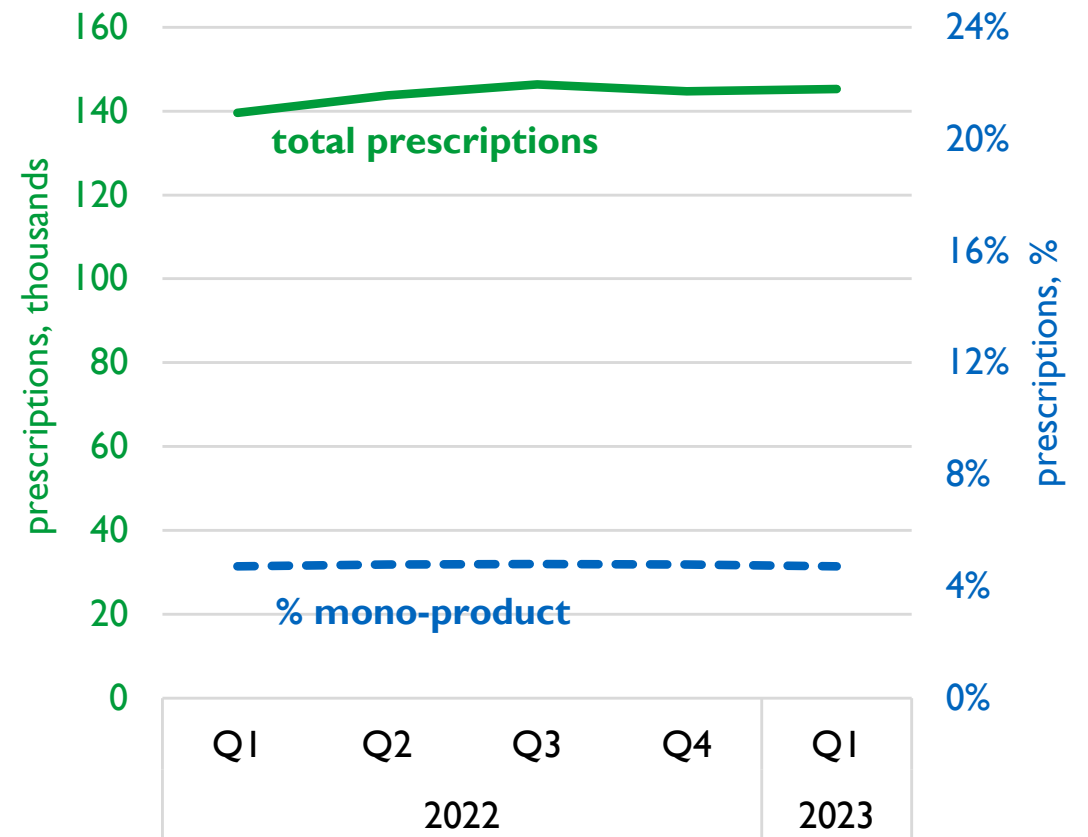
Opioid prescriptions by MME/day, 2022Q1-2023Q1



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 2023Q1)

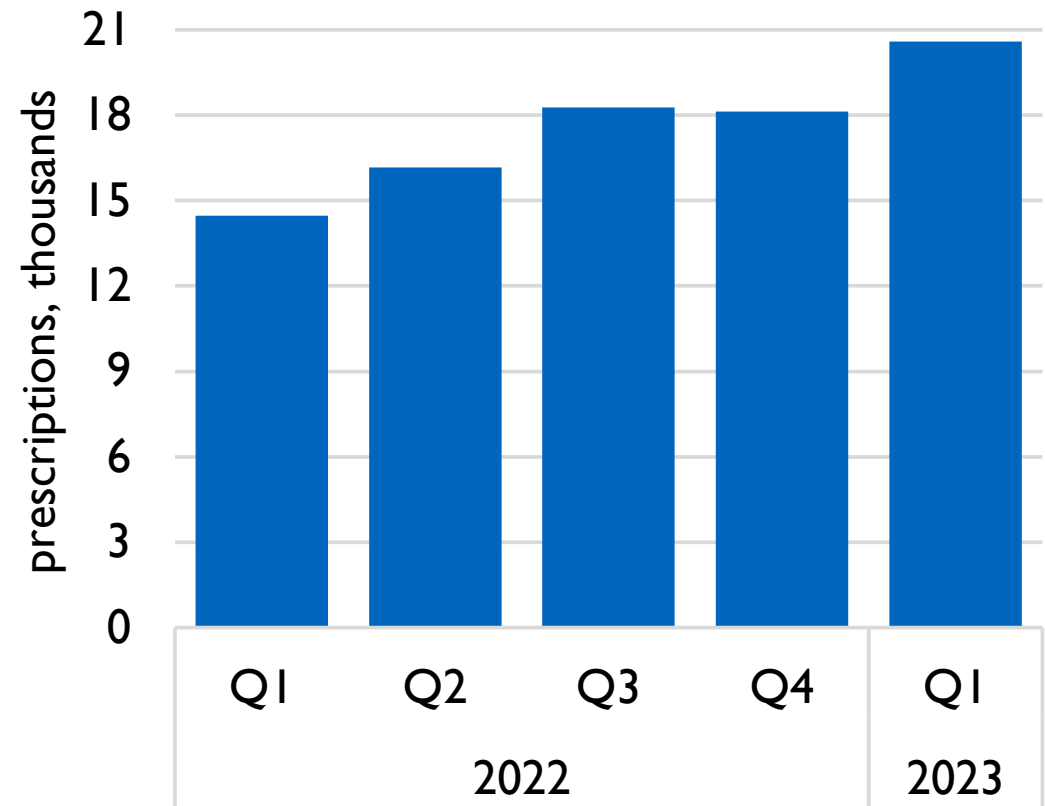
Buprenorphine prescribing for OUD, 2022Q1-2023Q1



Naloxone

- Naloxone became reportable to PMP as of July 1, 2018
- Department of Health standing order authorizes Virginia pharmacies to dispense naloxone without a prescription
- In March 2023, the Food and Drug Administration (FDA) approved Narcan[®] for over-the-counter use and it is expected to be available this summer

Naloxone prescriptions dispensed in pharmacies, 2022Q1-2023Q1



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
 - Phone: 804.367.4514
 - Fax: 804.527.4470
 - Email: pmp@dhp.virginia.gov
 - PMP website:
<https://www.dhp.virginia.gov/pmp>
 - PMP database:
<https://virginia.pmpaware.net/login>