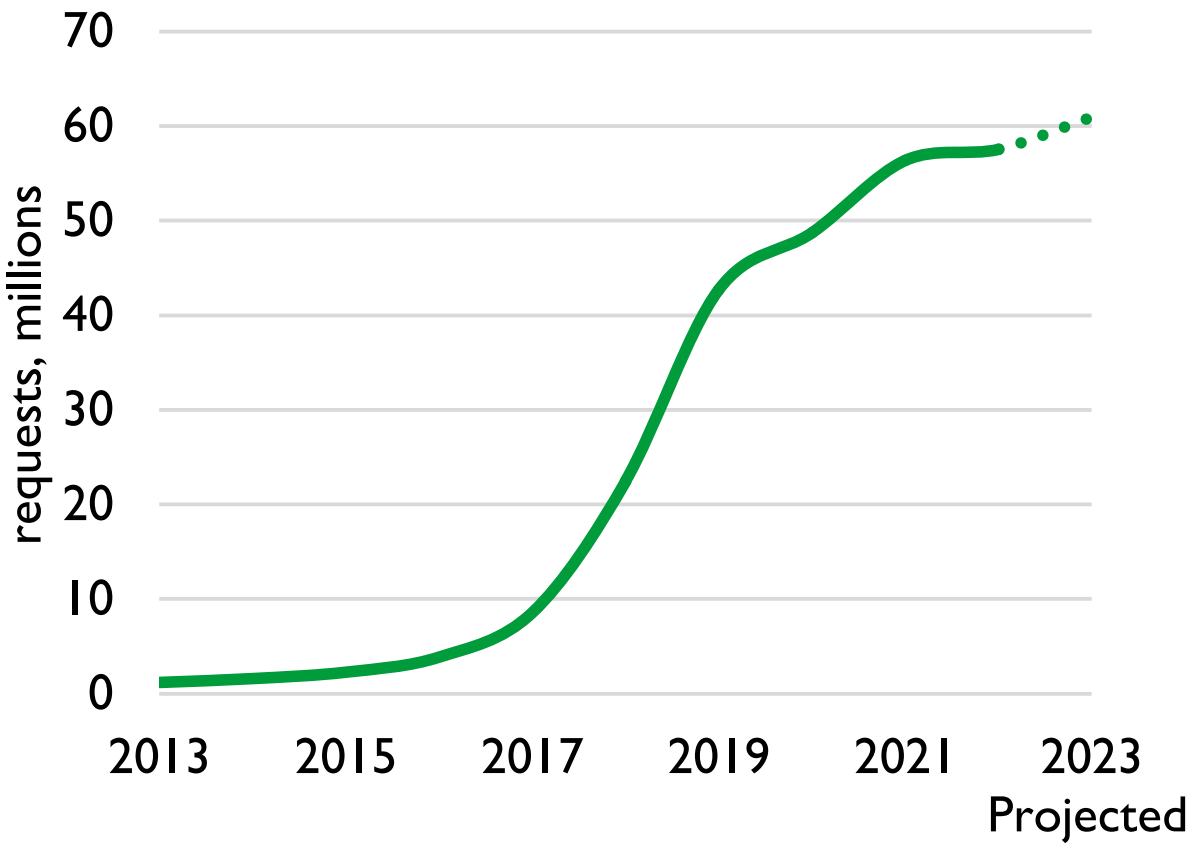
Virginia Department of Health Professions

Quarterly Report
April 1– June 30, 2023
2023Q2
Virginia Prescription Monitoring Program

Key Findings for the Second Quarter (2023Q2)

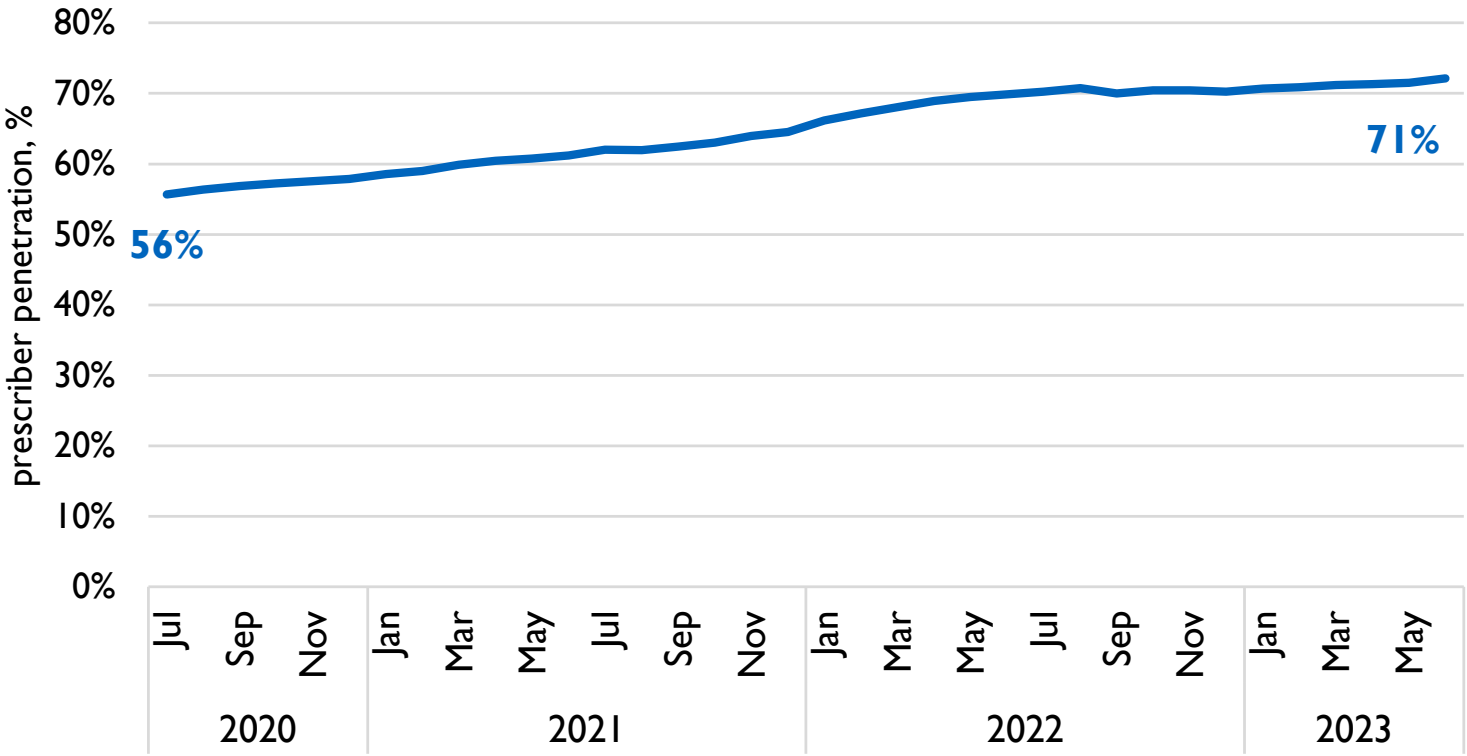
- 95% of opioid prescriptions are transmitted electronically from prescriber to dispenser.
- Multiple provider episodes, defined as ≥5 prescribers and ≥5 pharmacies in a 6-month period, increased from 1.7 (2022Q1) to 2.6 per 100,000 this quarter.
- Five percent of Virginians, or 397,872 residents, received 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
  - 94% of total requests are through an integrated application during 2023Q2

Prescriber penetration, July 2020-June 2023

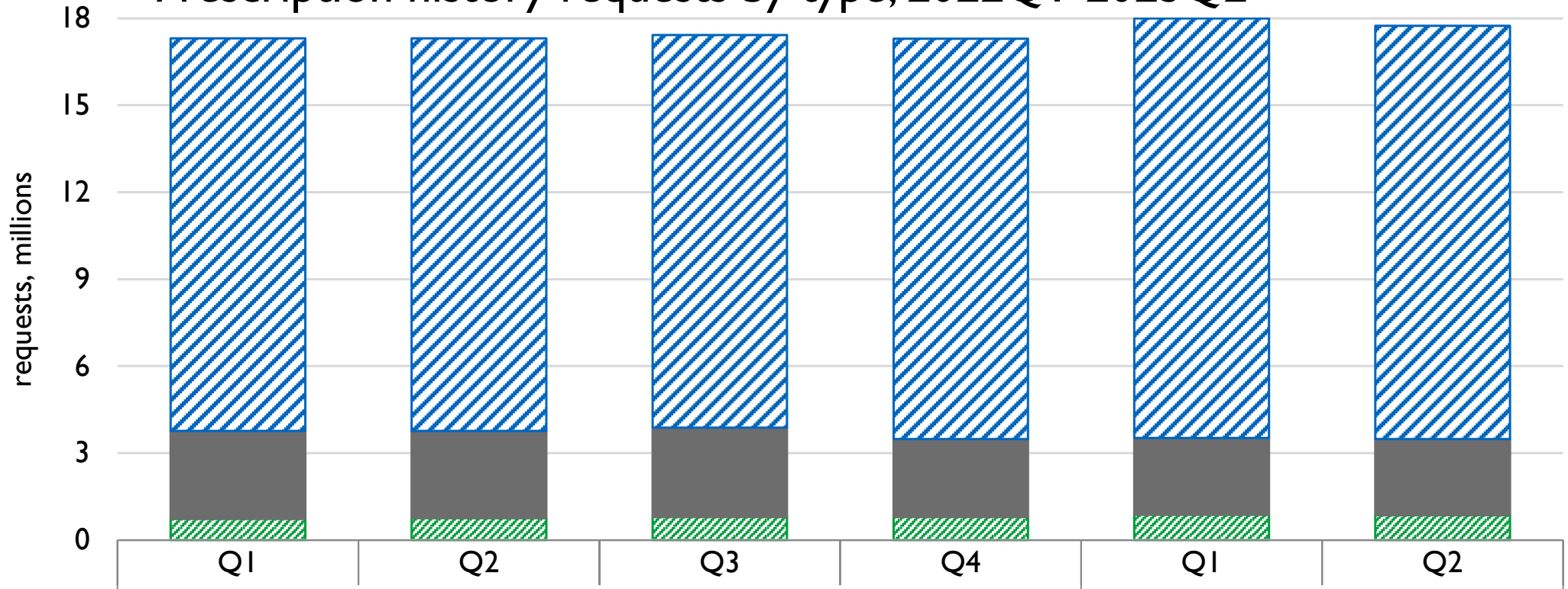


Prescriber penetration is defined as percent of prescribers accessing PMP via integrated EHR of the total prescribers actively prescribing controlled substances

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

Increasing PMP utilization

Prescription history requests by type, 2022Q1-2023Q2



	2022 Q1	2022 Q2	2022 Q3	2022 Q4	2023 Q1	2023 Q2
Integration (in state)	13,539,252	13,543,352	13,547,185	13,815,594	14,477,226	14,247,641
PMPi	3,027,539	3,004,750	3,083,357	2,681,063	2,646,955	2,625,017
Web application	740,383	761,652	793,115	797,211	875,148	865,105

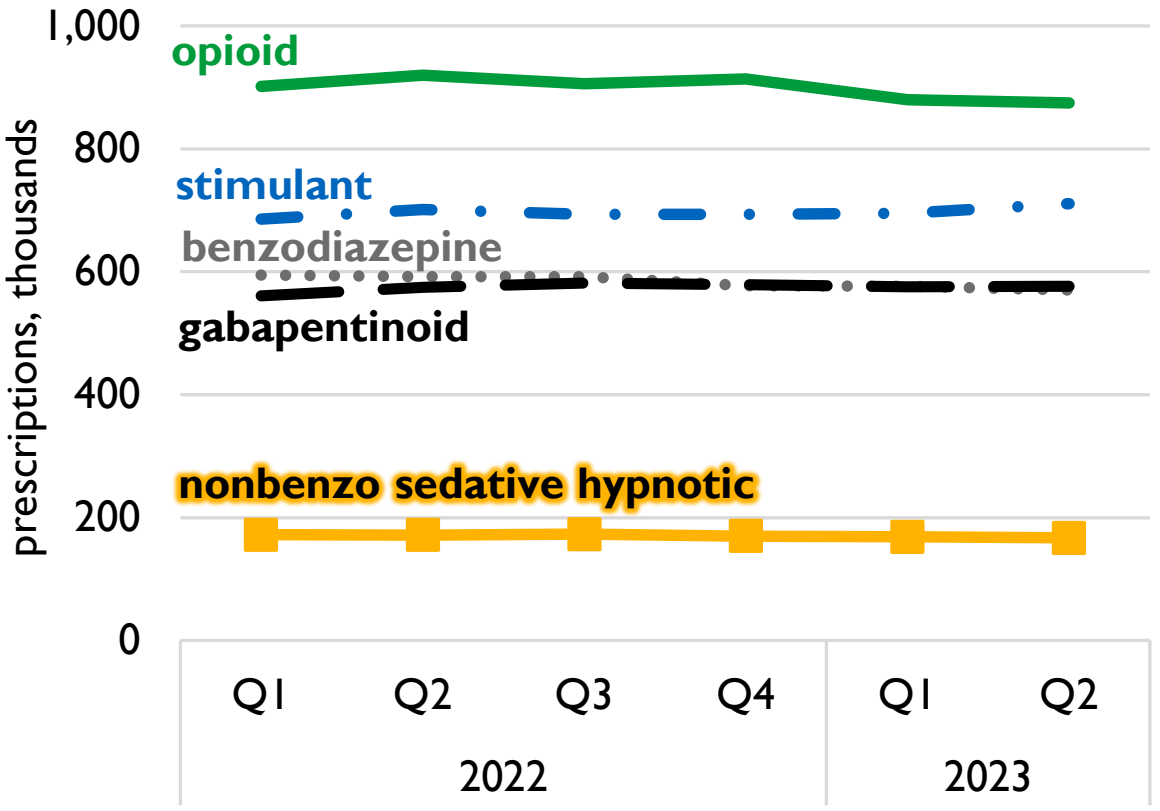
PMPi or PMP Interconnect allows interoperability among states' PMPs

Drug class

Percent change by drug class 2022Q1-2023Q2

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

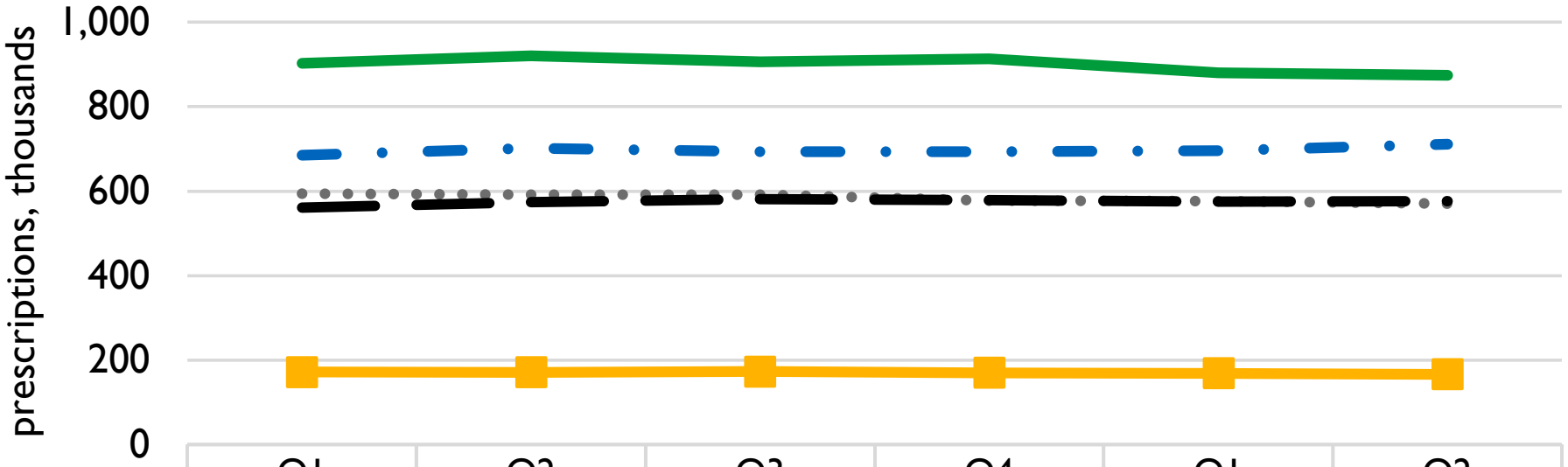
Prescriptions dispensed by drug class, 2022Q1-2023Q2



*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

Virginia Department of Health Professions

Prescriptions dispensed by drug class, 2022Q1-2023Q2

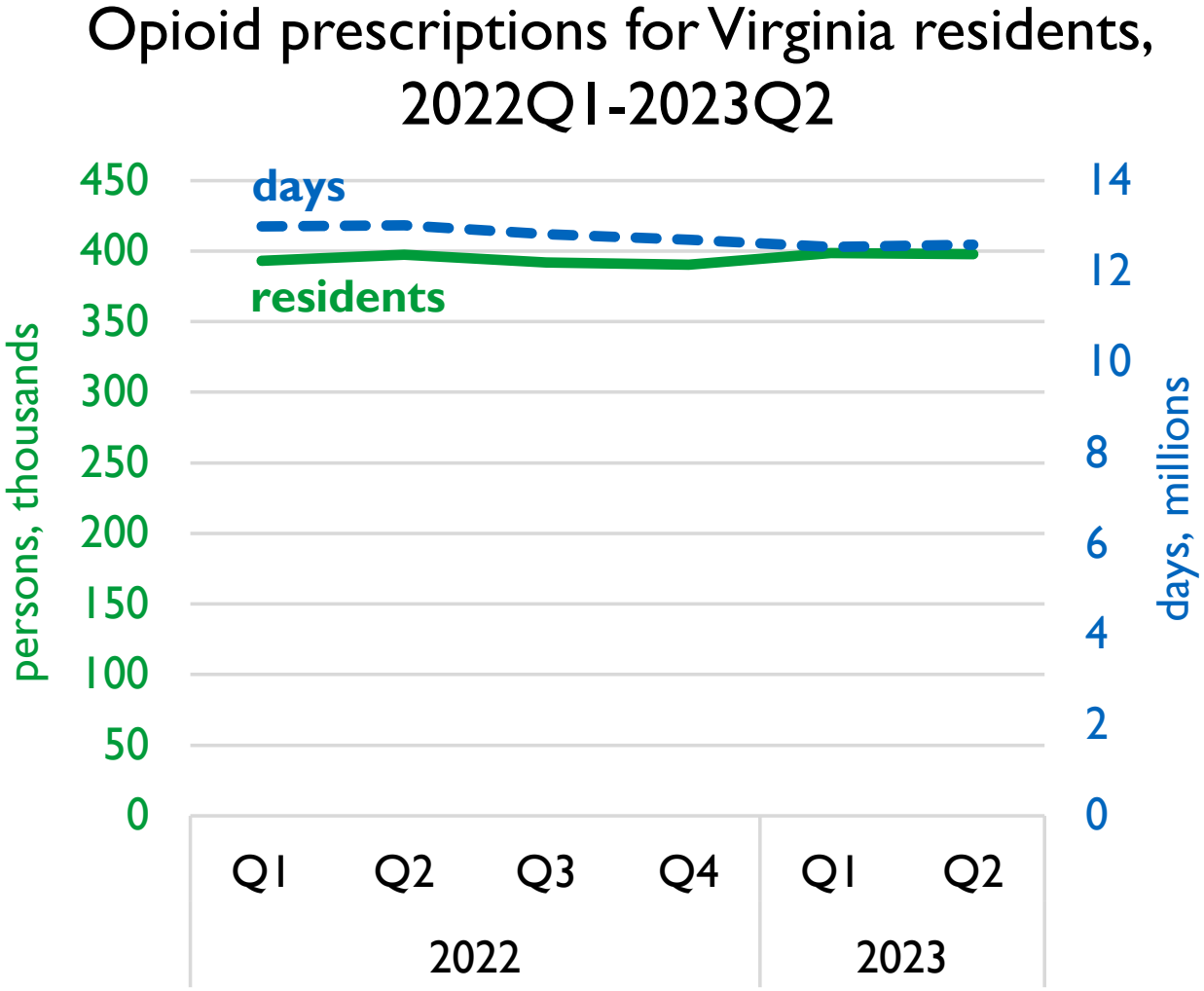


	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
opioid	902,150	919,837	906,432	913,663	880,168	874,750
benzodiazepine	594,694	592,217	592,039	577,790	576,394	570,675
stimulant	685,524	701,322	693,700	693,666	695,353	710,961
gabapentinoid	561,001	574,611	581,418	579,072	575,285	576,155
nonbenzo sedative hypnotic	172,227	171,729	173,058	170,117	168,836	167,016

*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

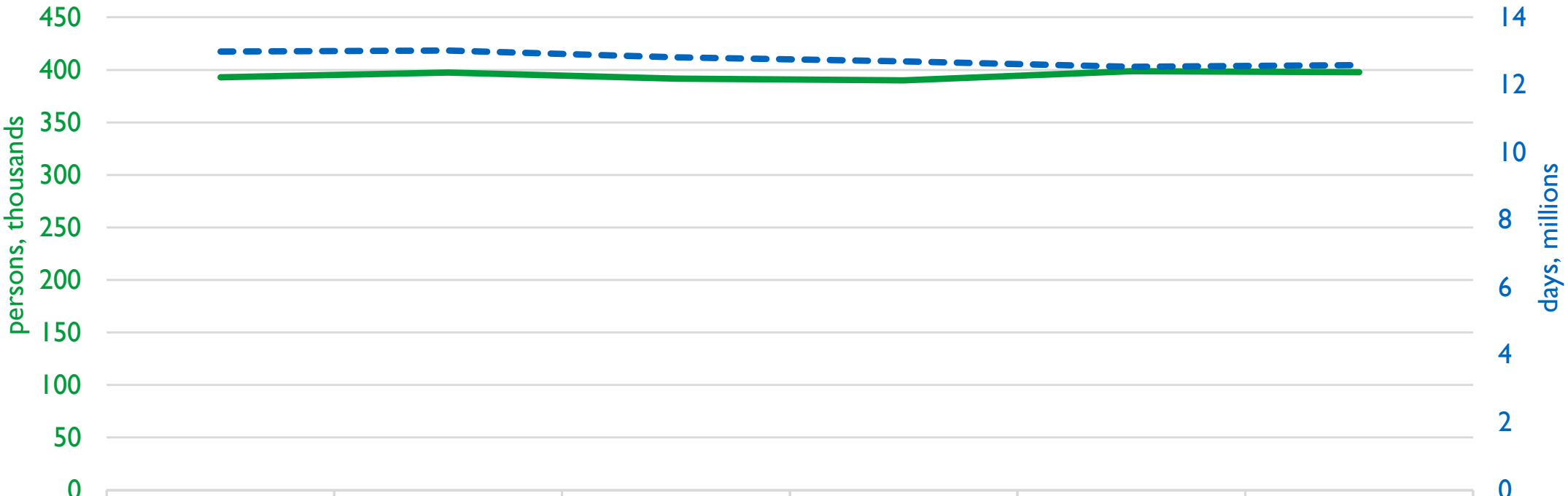
Opioid prescriptions

- 397,872 Virginia residents received an opioid prescription in 2023Q2
- 12,582,029 opioid prescription days for commonwealth residents during 2023Q2
- 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)

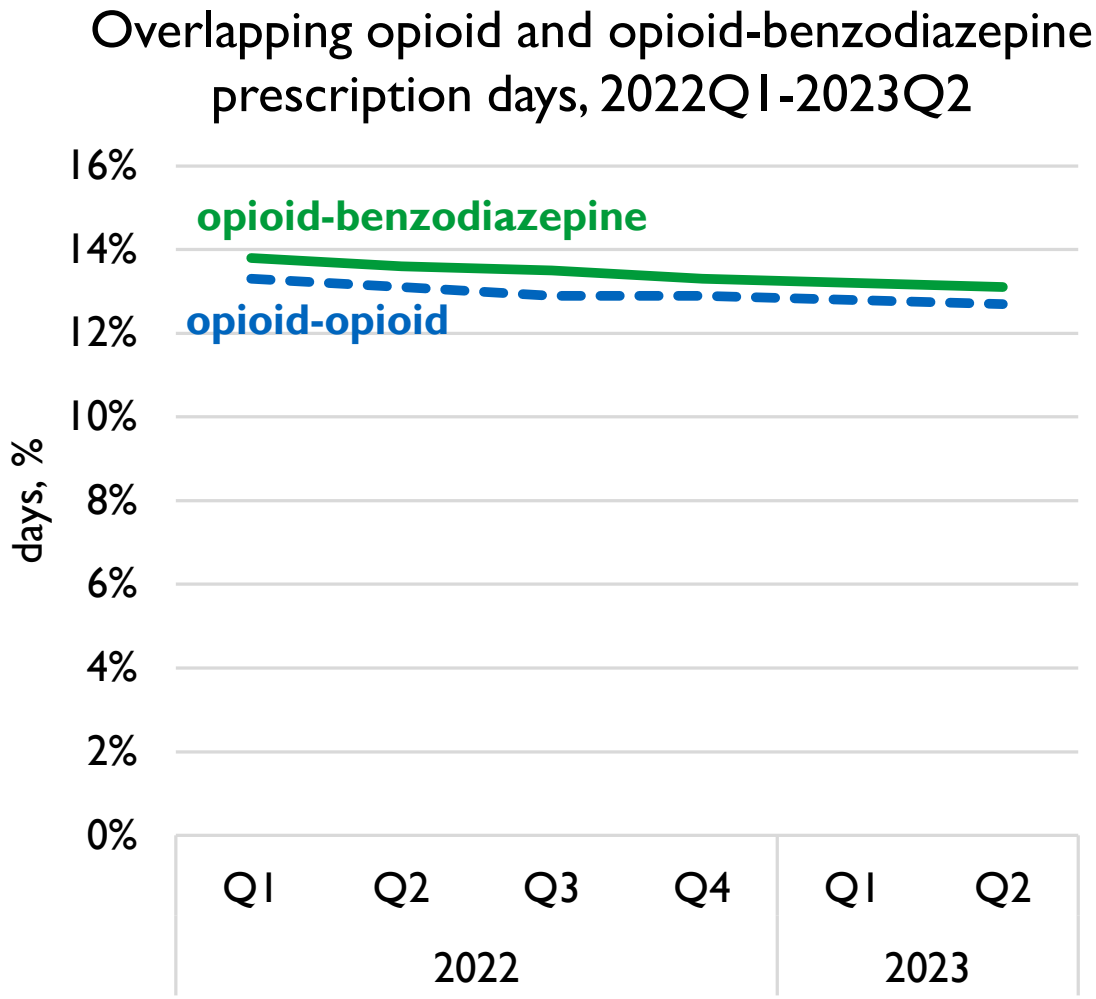
Opioid prescriptions



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023
residents	392,919	397,364	391,699	390,179	398,639	397,872
days	12,987,969	13,014,724	12,818,495	12,692,703	12,539,949	12,582,029

*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



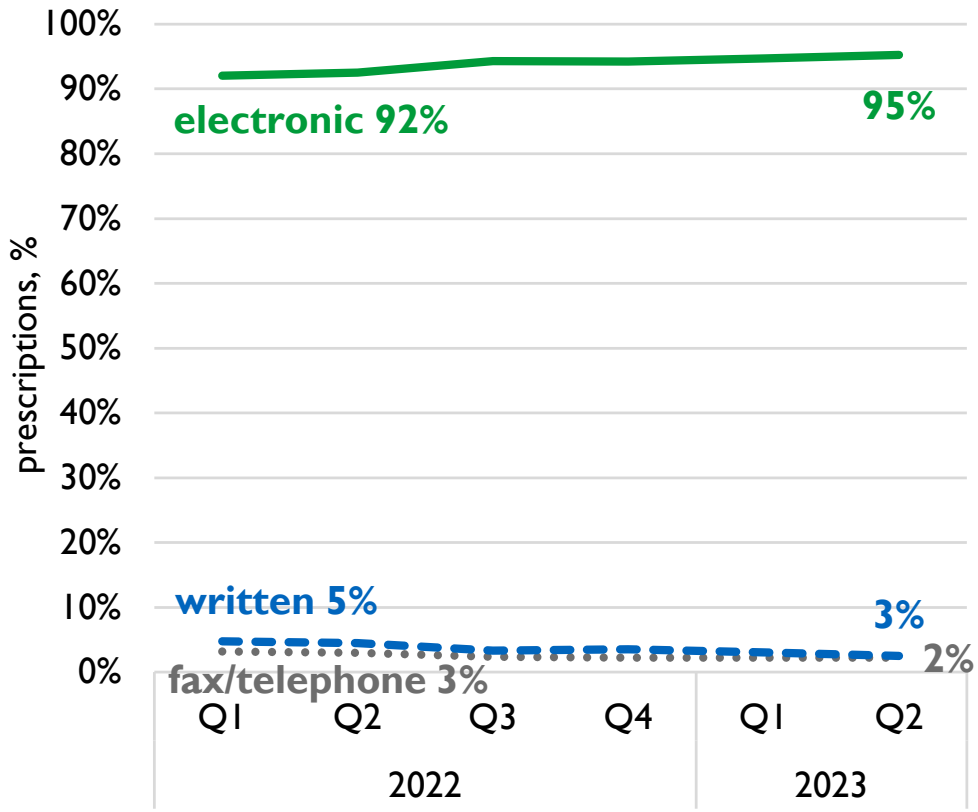
- Overlapping opioid prescriptions, which increase a patient's MME, and concurrent opioid and benzodiazepine prescribing increases the risk of overdose
- Opioid-benzo days and opioid-opioid days were nearly comparable

*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 transmitted electronically in 2023Q2

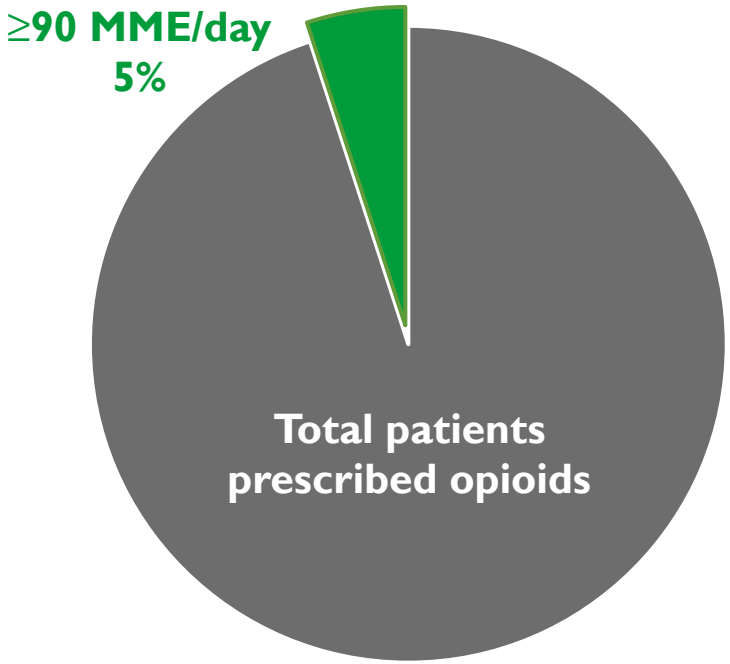
Opioid prescriptions by transmission type, 2022Q1-2023Q2



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, 2023Q2



- 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 (2023Q2)

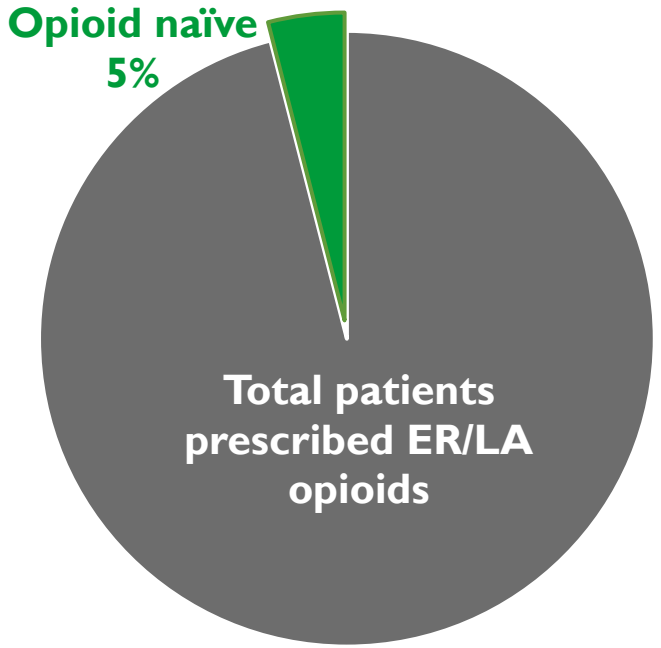
*CDC-defined opioids, excludes: 1) drugs not typically used in outpatient settings or otherwise not critical for calculating dosages in MME, such as cough and cold formulas including elixirs, and combination products containing antitussives. decongestants, antihistamines, and expectorants; 2) opiate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

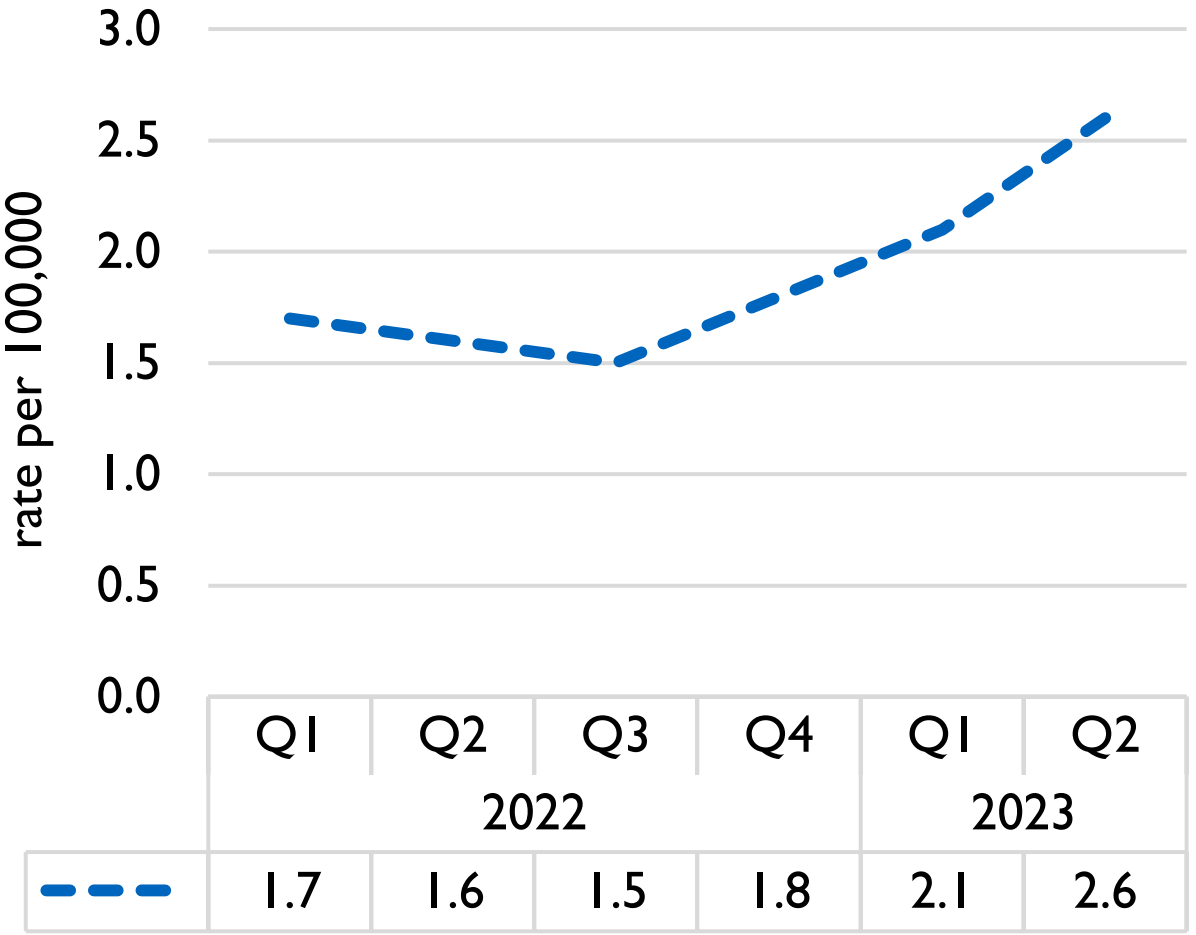
Opioid naïve patients receiving ER/LA opioids, 2023Q2



*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)

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 2023Q2 dropped from 10.6 to 2.6 per 100,000

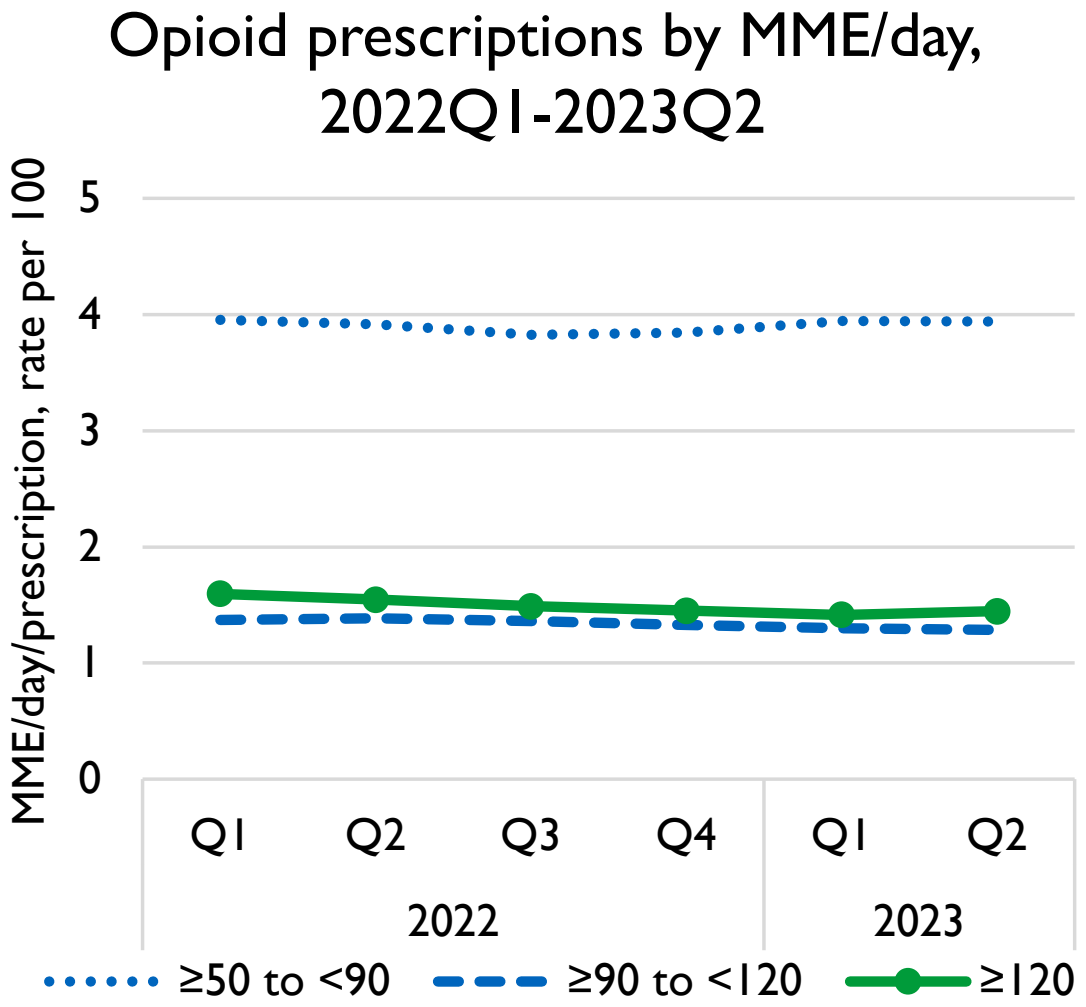


*CDC-defined opioids, excludes: 1) drugs not typically used in outpatient settings or otherwise not critical for calculating dosages in MME, such as cough and cold formulas including elixirs, and combination products containing antitussives. decongestants, antihistamines, and expectorants; 2) opiate 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, 2022Q1-2023Q2

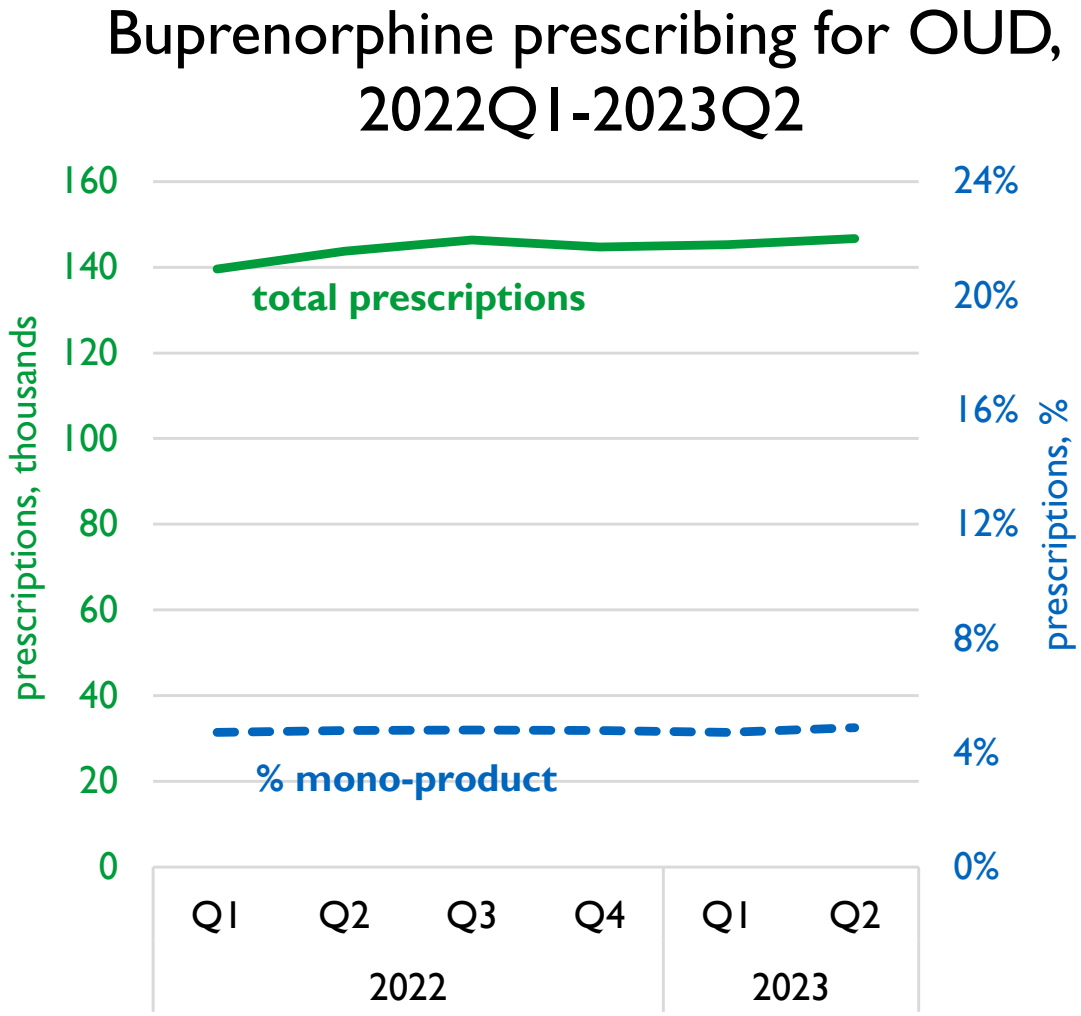
≥50 to <90	0%
≥90 to <120	-6%
≥120	**-9%**



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 2023Q2)

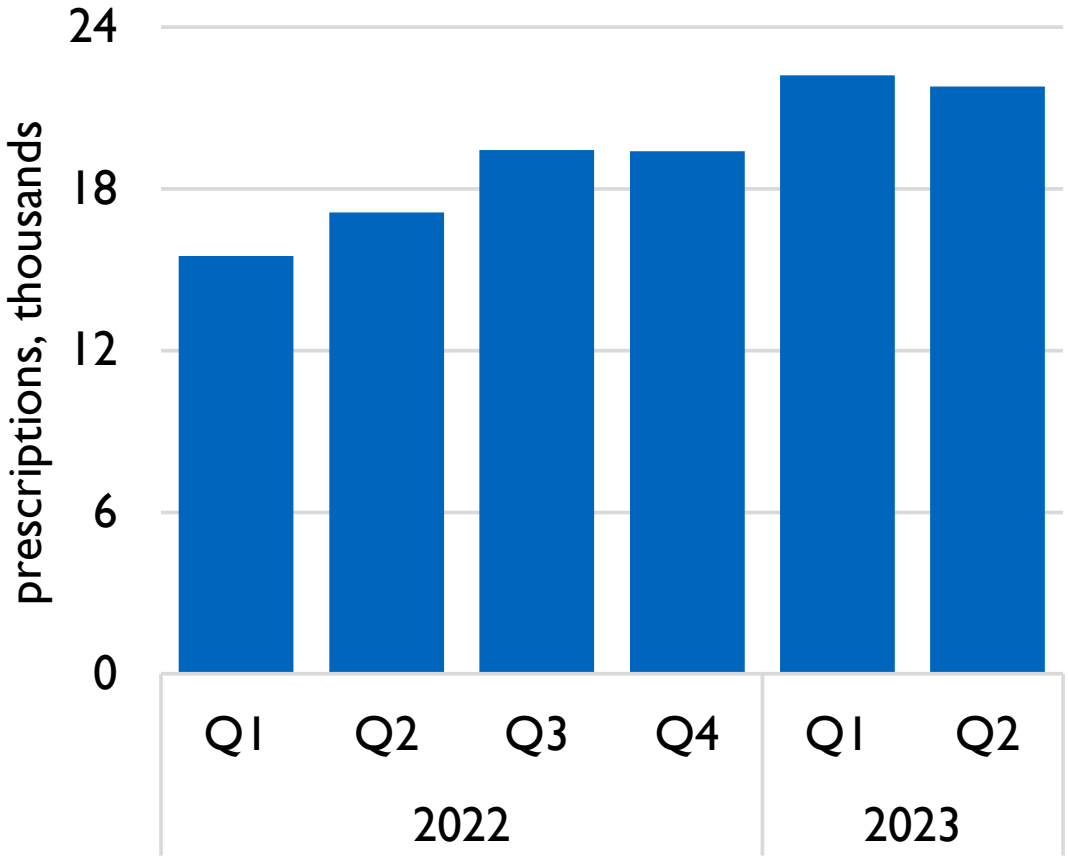


18VAC85-21 Regulations Governing Prescribing of Opioids and Buprenorphine https://law.lis.virginia.gov/admincode/title18/agency85/chapter21/

Naloxone

- Naloxone became reportable to PMP as of July 1, 2018
- In March 2023, the Food and Drug Administration (FDA) approved Narcan® for over-the-counter use and it is expected to be available later this summer

Naloxone prescriptions dispensed in pharmacies, 2022Q1-2023Q2



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