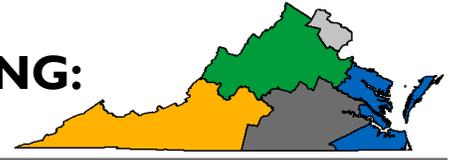


PROGRESS TOWARDS SAFER PRESCRIBING: Opioids



PRESCRIPTION opioids are often used to treat acute and chronic pain and, when used appropriately, can be an important component of treatment. However, there are serious risks associated with their use including misuse, opioid use disorder (addiction), overdose, and death. Overall, there was a 30% decrease in the number of opioid doses dispensed between January 2017 and June 2018 (29 million to 20 million).¹ Each opioid prescription provided an average of 17 days' supply of medications.

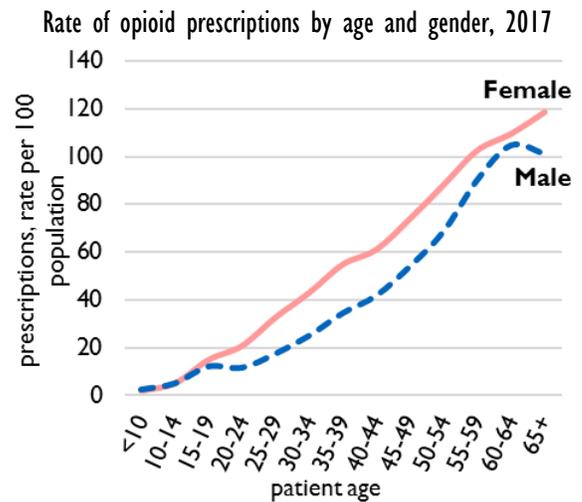
Patient gender was reported to PMP for 87% of opioid prescriptions in 2017 despite only becoming required as of July 1 that year. Prescribing rates did not differ by gender during childhood but diverged beginning in the late teen years. Overall, rates of opioid prescribing are higher among females compared to males (60 and 44 prescriptions per 100 population, respectively).

Indicators of progress toward safer prescribing: fewer **prescriptions**, for fewer **days**, at lower **dosages**

Prescribing

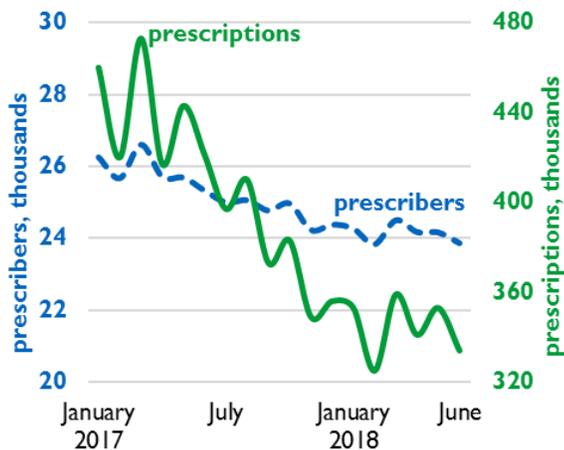
An average of 300,000 Virginians per month received an opioid prescription between January 2017 and June 2018 from approximately 25,000 prescribers. Throughout the 18-month period, there was a 25% reduction in patients receiving prescription opioids and 10% fewer practitioners prescribing.

In 2017, the number of opioid prescriptions per capita was 0.6 or 61 prescriptions per 100 Virginians. This volume of opioid prescriptions is enough for nearly two of every three Virginians to receive one prescription over the course of a year. The rate in Virginia is consistent with that reported for the United States (58 per 100 Americans).²



Rate of opioid prescribing for females (solid pink) exceeds males (dashed blue) beginning in the late teen years; patients with unknown gender are excluded

Opioid prescribers and prescriptions by month, January 2017-June 2018



10% decrease in prescribers of opioids (dashed blue); 27% reduction in prescriptions (solid green)

Multiple provider episodes

Frequency of multiple provider episodes, defined as a recipient obtaining opioids from a minimum of five prescribers and five dispensers within a six-month time period, has declined precipitously. The rate declined by two-thirds (63%), from 22 to 8 per 100,000 population, over an 18-month period.



CDC guidelines specify that dosages of ≥ 90 MME/day should be avoided due to risk for fatal overdose

Morphine milligram equivalent

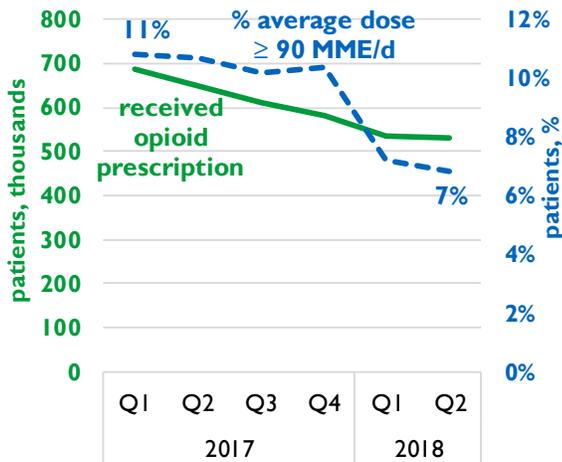
Morphine milligram equivalent (MME) is a way to calculate the total amount of opioid and account for differences in opioid drug type and strength. As MME increases, overdose risk increases. The Centers for Disease Control and Prevention (CDC) guidelines specify that dosages of 90 MME per day or greater should be avoided due to risk for fatal overdose.³ The MME per prescription decreased 4% between January 2017 and June 2018. Among Virginians receiving opioid prescriptions, the quarterly percentage of patients with an average dose at or above 90 MME per day decreased 37% (11% to 7%).



Enough opioids were prescribed in 2017 to provide 2 out of every 3 Virginians with a prescription



Patients receiving an average dose of 90 MME per day or greater, January 2017-June 2018

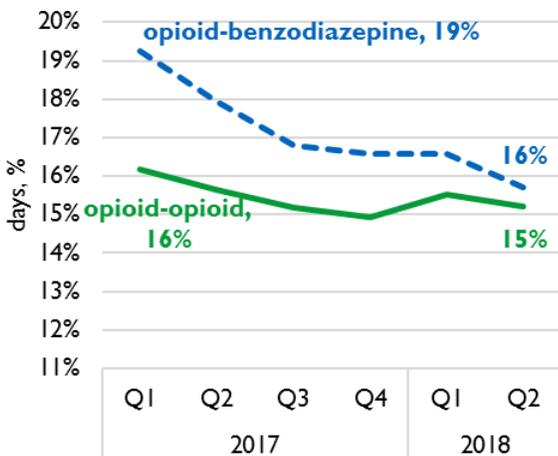


25% decrease in patients receiving an opioid prescription (solid green); percentage of patients receiving an average daily dose of ≥90 MME decreased from 11% to 7% (dashed blue)

Overlapping prescriptions

Overlapping opioid prescriptions and concurrent opioid and benzodiazepine prescribing also increases the risk of overdose. Between January 2017 and June 2018, the percentage of days with overlapping opioid prescriptions remained relatively stable at an average of 15%. However, the percent of days with overlapping opioid and benzodiazepine prescriptions decreased from 19% to 16%.

Percent of overlapping opioid and opioid-benzodiazepine prescription days, January 2017-June 2018



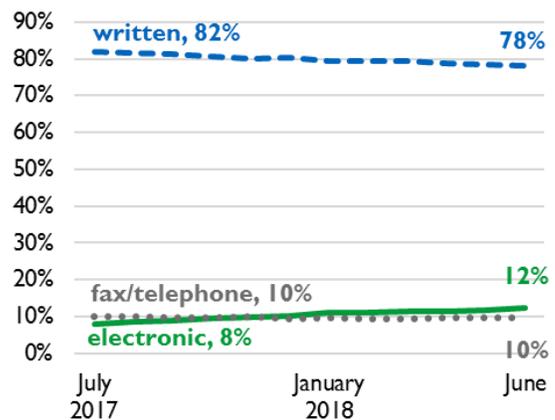
% days with overlapping opioid prescriptions remained stable at an average of 15% (solid green); % days with overlapping opioid-benzodiazepine decreased from 19% to 16% (dashed blue)

Electronic prescribing for opioids

Pursuant to Code of Virginia § 54.1-3408.02, beginning July 1, 2020 any prescription containing an opioid must be transmitted electronically (e-prescribing) from the

prescriber to the dispenser. Currently, prescriptions for Schedule II controlled substances (opioids, stimulants) must be written (§ 54.1-3410) or electronic. Though the percentage of opioid prescriptions transmitted electronically is gradually increasing, only 12% were electronic in June 2018. By comparison, 56% of gabapentin prescriptions are transmitted electronically. Because gabapentin is not classified as a controlled substance, the electronic transmission of gabapentin is not subject to the same technological security standards applicable to opioids.⁴ While many practitioners are using e-prescribing, fewer are able to e-prescribe controlled substances.

Opioid prescriptions by transmission type, July 2017-June 2018



Opioid prescriptions by transmission: written, decreased from 82% to 78% (dashed blue); fax/telephone, stable at 10% (dotted gray); electronic, increased 8% to 12% (solid green)

As of July 1, 2020 opioid prescriptions must be transmitted electronically from prescriber to dispenser



References

- ¹Buprenorphine used to treat opioid use disorder or addiction is excluded.
- ²Centers for Disease Control and Prevention. 2018 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published August 31, 2018. Accessed October 9, 2018 from <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>
- ³Dowell 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>
- ⁴Requirements for Electronic Orders and Prescriptions, 21 C.F.R. § 1311 (2010).