

Quarterly Report

April 1-June 30, 2020

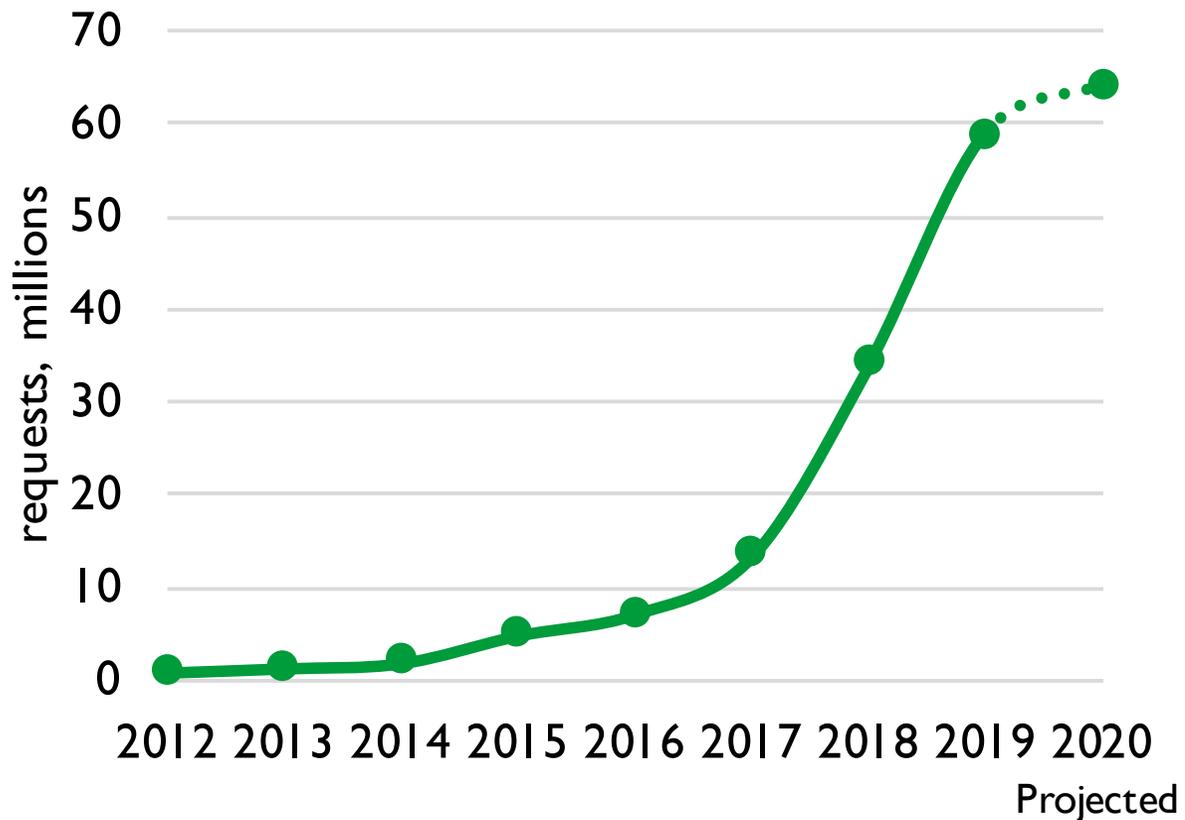
2020Q2

Virginia Prescription Monitoring Program

Key Findings for the Second Quarter (2020Q2)

- The disruption to the healthcare system due to COVID-19 also impacted observed trends in PMP use and dispensations. There was a 12% reduction in PMP requests and 13% decrease in opioid prescriptions compared to 2020Q1.
- Through this period, 27,649 prescribers wrote at least one prescription for an opioid medication dispensed by a Virginia-licensed pharmacy. Opioid prescribers averaged 30,055 between 2019Q1 and 2020Q1.
- Almost five percent of Virginians, or 394,634 residents, received an opioid prescription. This excludes individuals who received buprenorphine products.

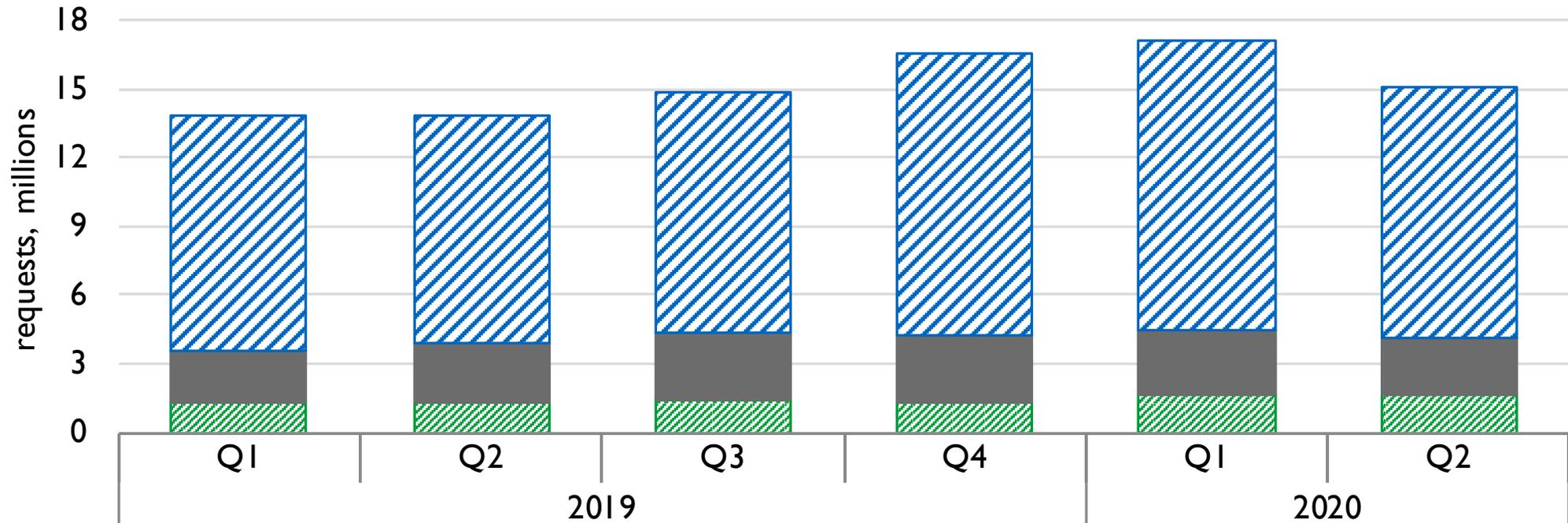
Increasing PMP utilization



- Requests for a patient's prescription history grow exponentially each year
- Increased 9% in 2020Q2 compared to 2019Q1
- Rapid rise in utilization of the PMP is primarily the result of expansions in integration within the electronic health record and pharmacy software applications
 - 72% of total requests are through an integrated application

Increasing PMP utilization

Prescription history requests by type, 2019Q1-2020Q2



	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2
Gateway (in state)	10,293,612	9,838,711	10,512,500	12,360,177	12,656,690	10,928,283
PMPi	2,304,254	2,631,224	2,997,430	2,833,550	2,873,530	2,543,759
NarxCare	1,275,636	1,332,175	1,396,875	1,359,457	1,614,970	1,618,420

- 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 2019Q1-2020Q2

Opioid* ↓ 13%

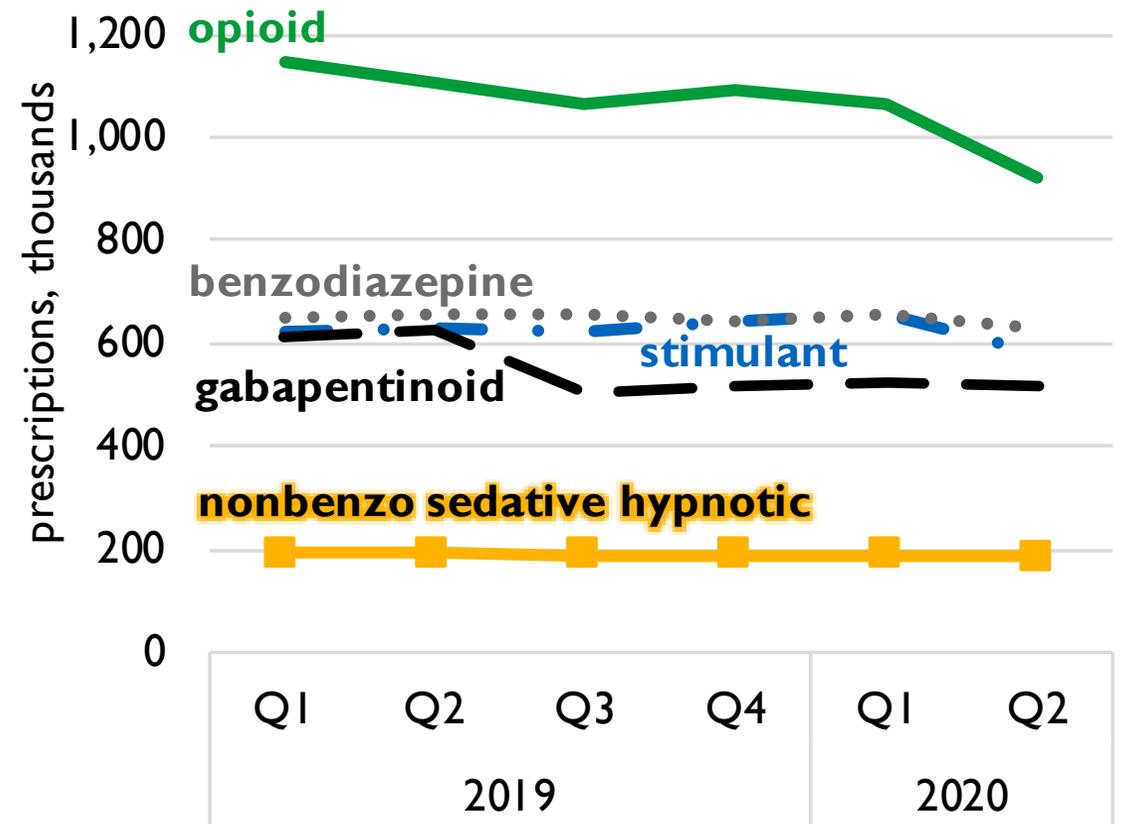
Benzodiazepine ↓ 4%

Stimulant ↓ 6%

Gabapentinoid ↓ 15%

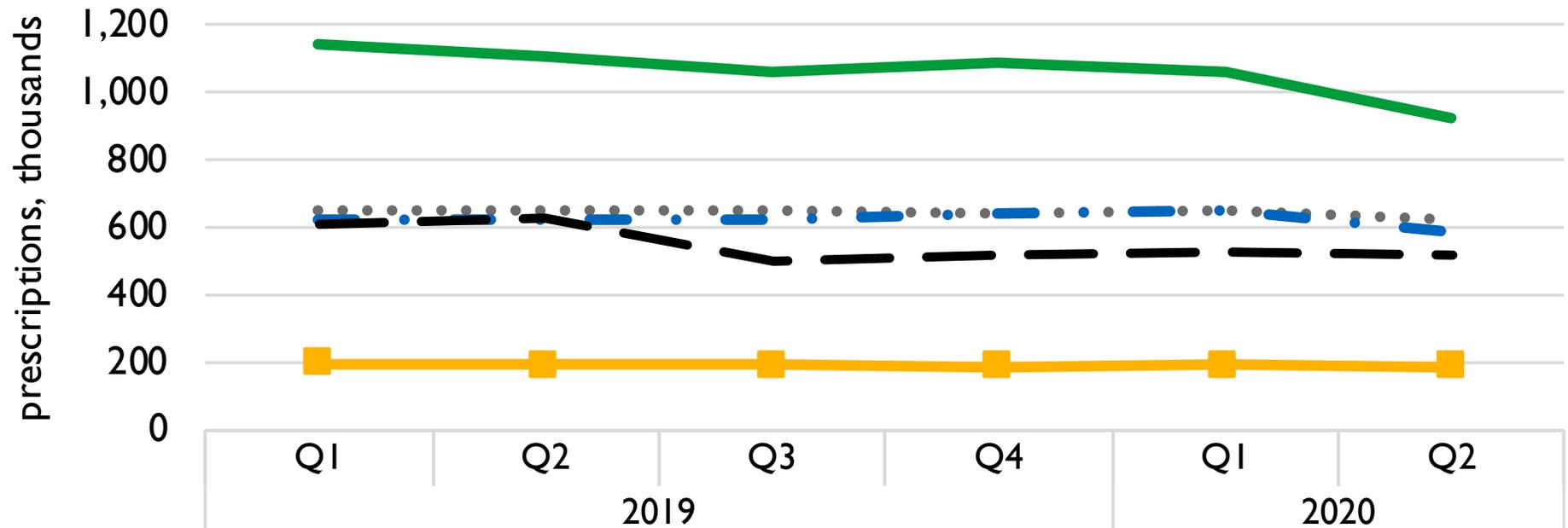
Nonbenzo sedative hypnotics ↓ 5%

Prescriptions dispensed by drug class, 2019Q1-2020Q2



*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, 2019Q1-2020Q2



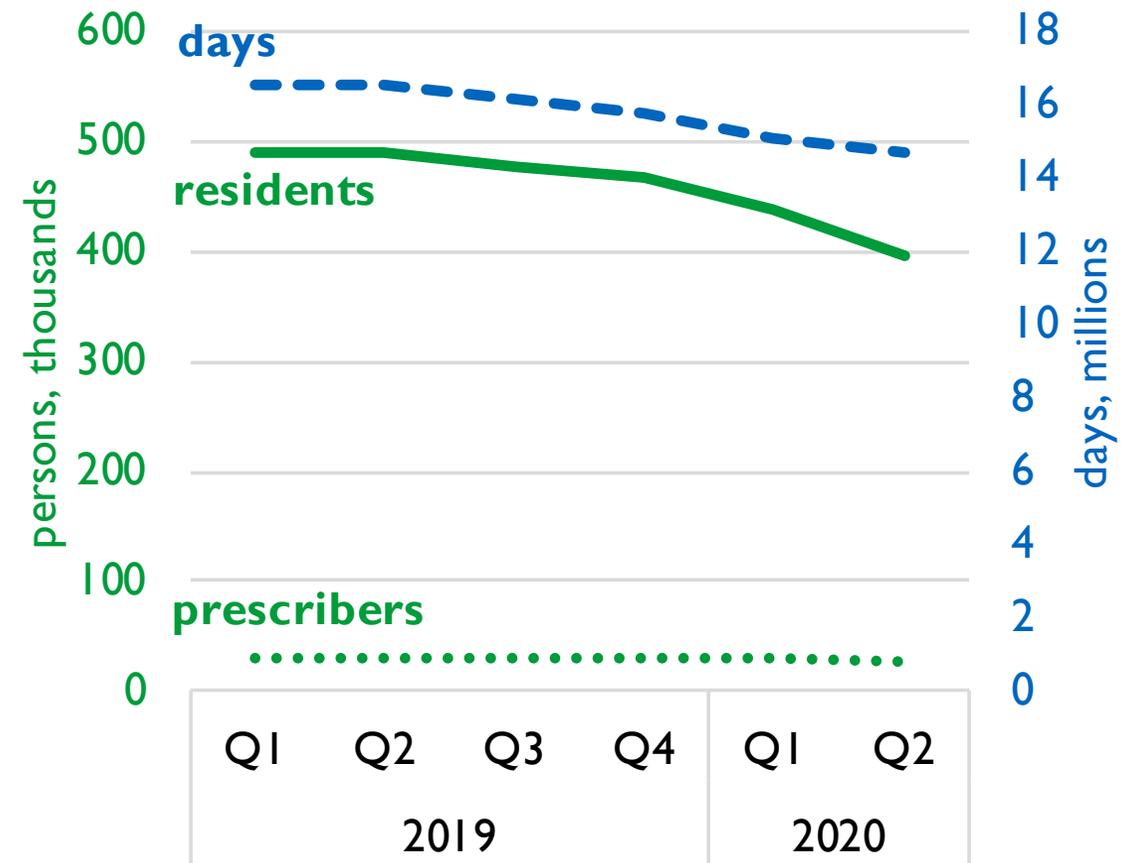
	2019 Q1	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2
— opioid	1,143,469	1,103,293	1,064,619	1,089,898	1,065,206	923,984
••••• benzodiazepine	652,621	654,493	654,057	643,239	654,955	626,449
—• stimulant	624,121	627,412	619,779	641,573	654,359	584,884
— gabapentinoid	612,037	623,280	502,199	520,480	526,641	519,113
—■ nonbenzo sedative hypnotic	194,179	191,287	190,267	188,852	189,704	184,901

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Opioid prescriptions

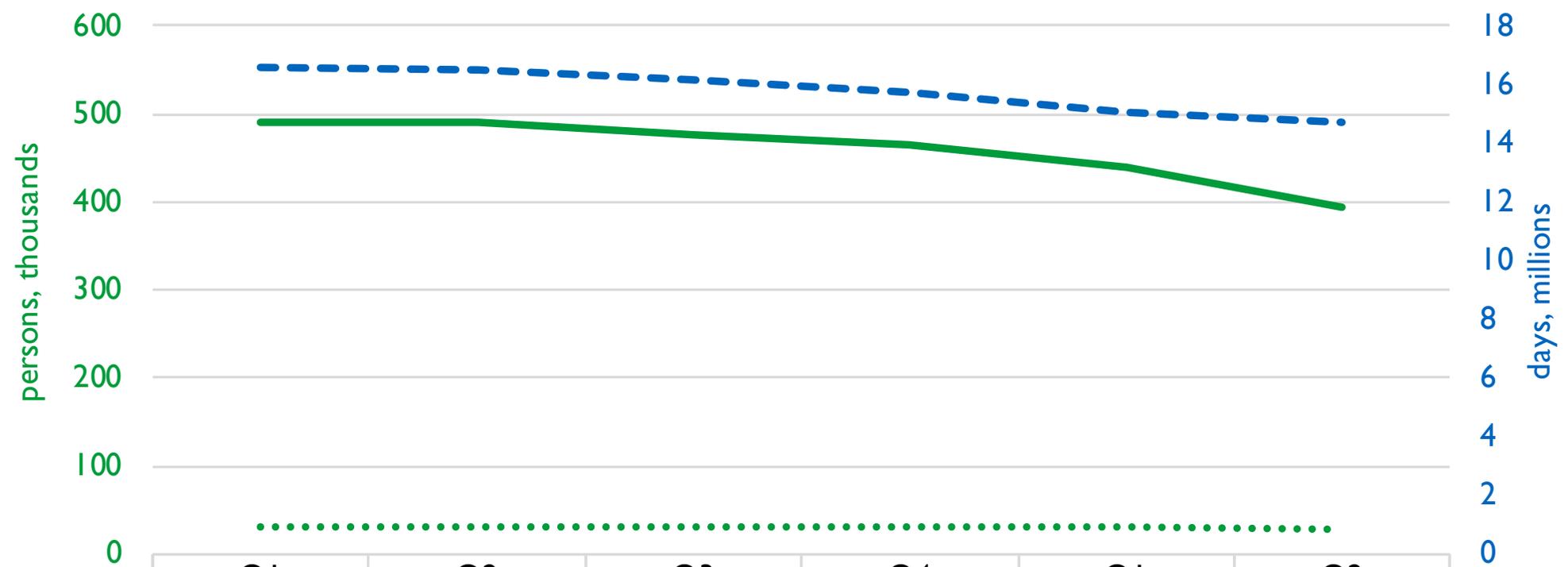
- 394,634 Virginia residents received an opioid prescription in 2020Q2 from 27,649 unique prescribers
- 14,691,492 opioid prescription days for commonwealth residents during 2020Q2
- Prescription days or days' supply refers to the number of days of medication prescribed

Opioid prescriptions for Virginia residents, 2019Q1-2020Q2



*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

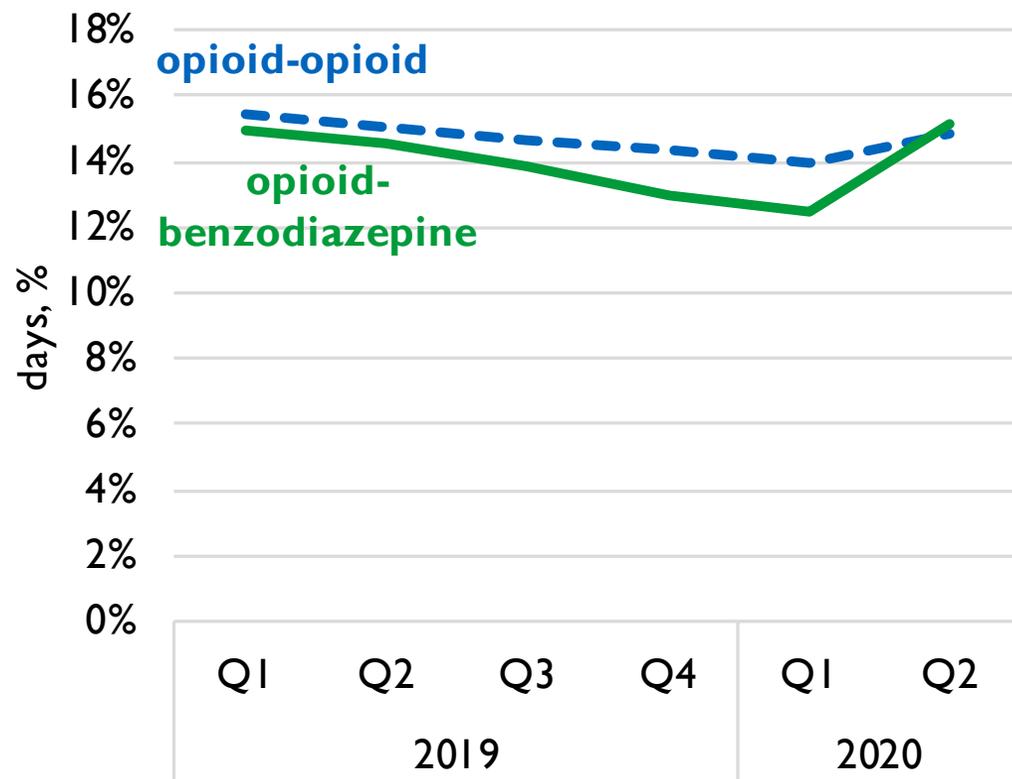


	2019				2020	
	Q1	Q2	Q3	Q4	Q1	Q2
— residents	490,869	490,843	477,642	465,586	439,218	394,634
..... prescribers	29,211	30,502	30,638	30,487	29,438	27,649
- - - days	16,568,985	16,545,969	16,130,148	15,746,518	15,084,143	14,691,492

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Overlapping prescriptions

Overlapping opioid and opioid-benzodiazepine prescription days, 2019Q1-2020Q2



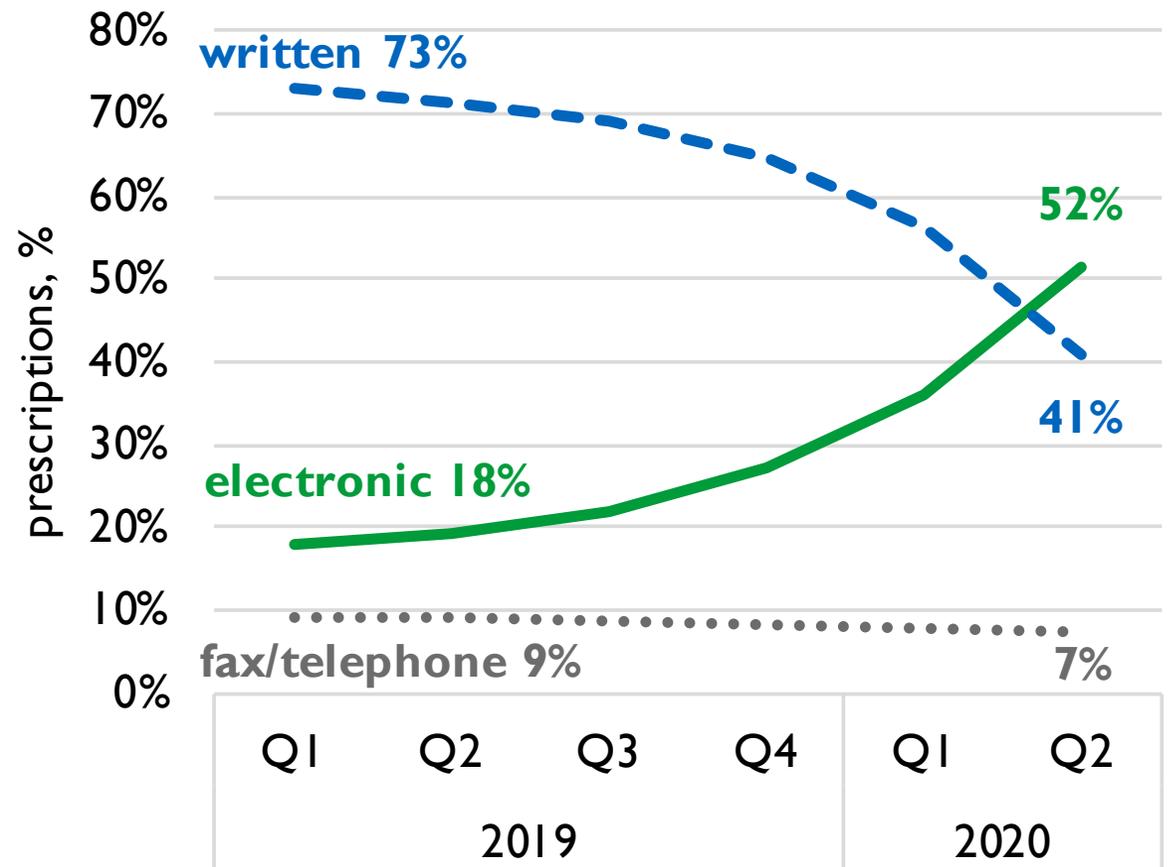
- Overlapping **opioid** prescriptions, which increase a patient's MME, and concurrent **opioid and benzodiazepine** prescribing increases the risk of overdose
- **Opioid-benzo** and **opioid-opioid** days were comparable in 2020Q2 to 2019Q1 following a year of trending downward

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Electronic prescribing for opioids

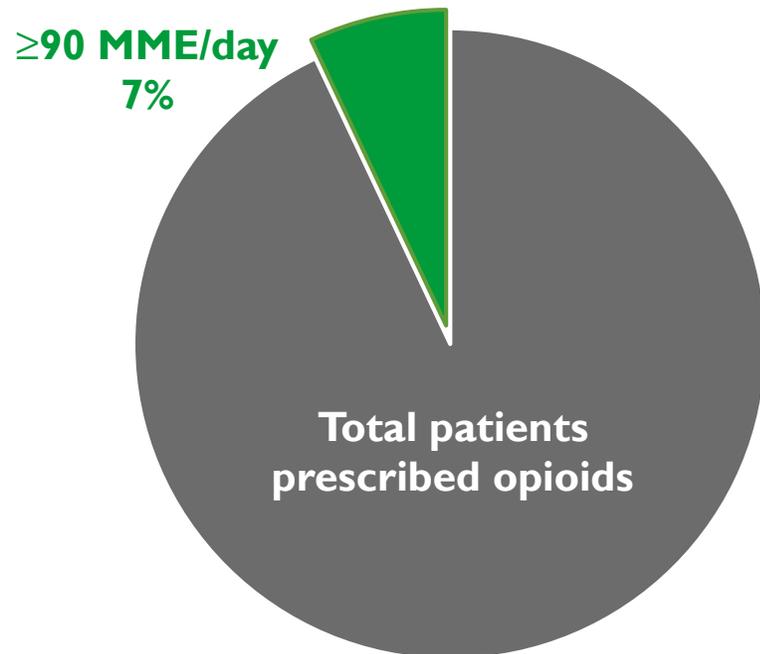
- As of July 1, 2020 any prescription containing an opioid must be transmitted electronically from the prescriber to the dispenser (*Code of Virginia § 54.1-3408.02*)
- 52% of opioid prescriptions were **electronic** in 2020Q2
 - Surpassed written prescriptions

Opioid prescriptions by transmission type, 2019Q1-2020Q2



Patients receiving ≥ 90 MME/day

Patients receiving ≥ 90 MME/day, 2020Q2



- 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
- 7% of opioid prescription recipients had an average dose ≥ 90 MME/day (2020Q2)

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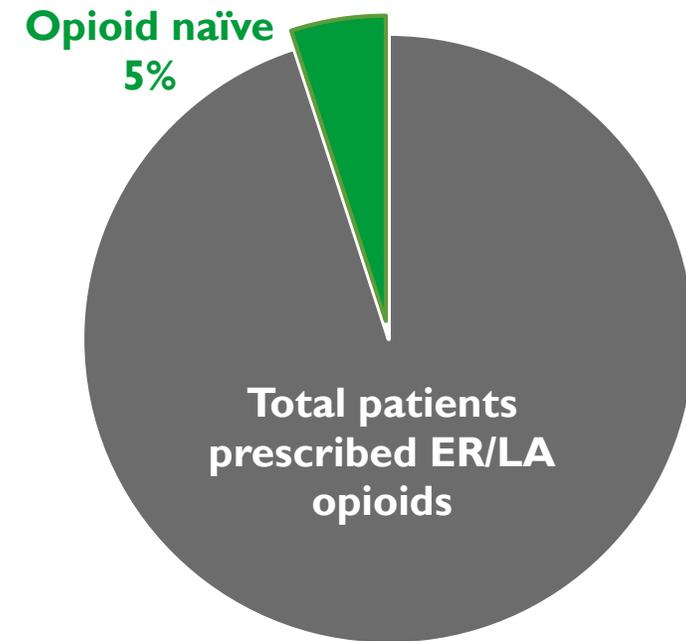
Reference: Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49.

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

Opioid naïve patients receiving ER/LA opioids

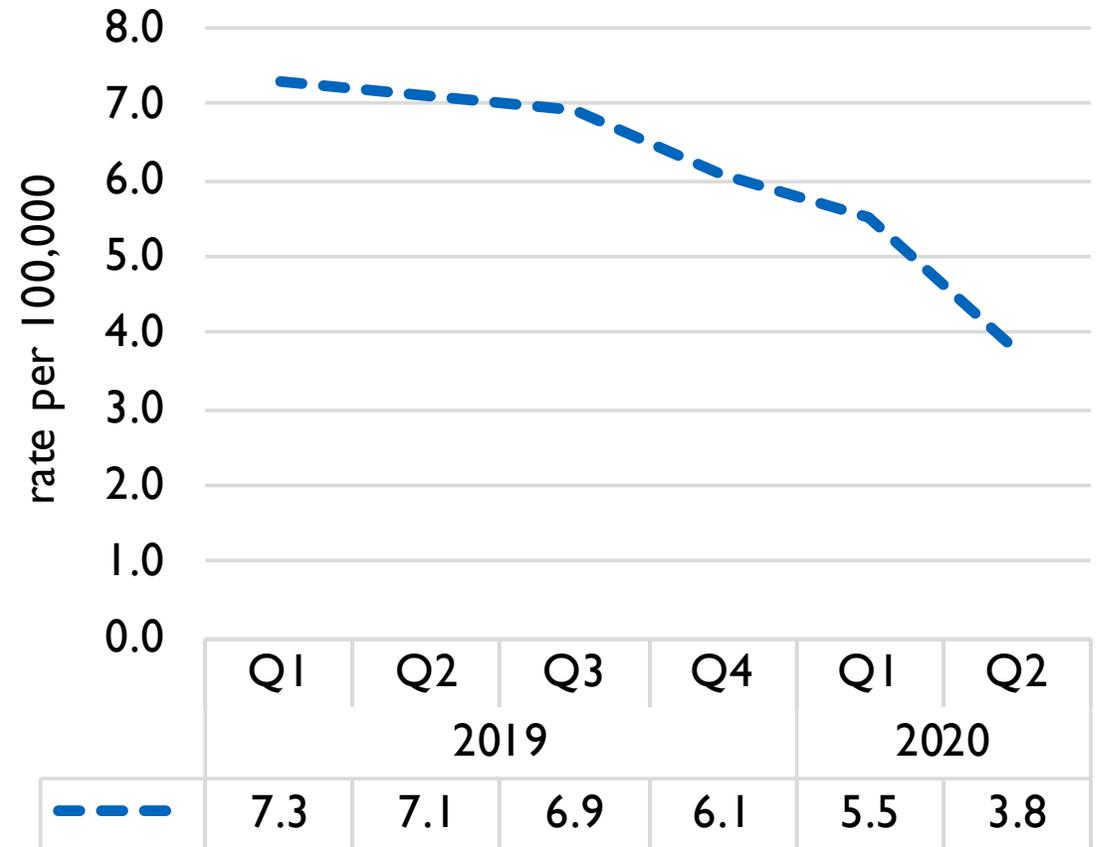
- Extended-release or long acting (ER/LA) opioids put patients at greater risk of respiratory depression and overdose compared to immediate-release (IR)
 - Opioid naïve patients are at particularly high risk of overdose from ER/LA opioids
- Opioid naïve refers to patients who have not taken an opioid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

Opioid naïve patients receiving ER/LA opioids, 2020Q2



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
- Dropped from 7.3 to 3.8 per 100,000 residents in since 2019Q1



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Opioid prescriptions exceeding 120 MME/day

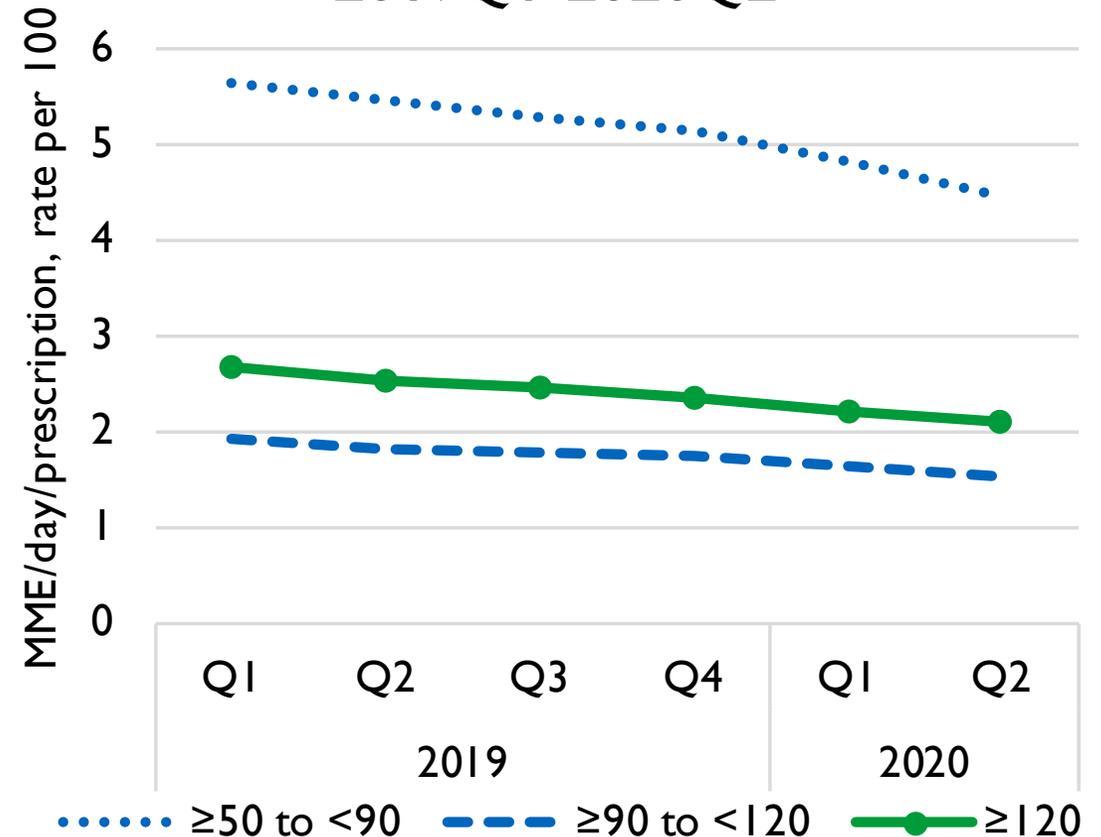
- *Regulations Governing Prescribing of Opioids and Buprenorphine (18VAC85-21-70)*

- Specific requirements of prescribers if exceeding 120 MME/d

- % change, 2019Q1-2020Q2

- ≥50 to <90 -15%
- - - - ≥90 to <120 -14%
- —●— ≥120 **-17%**

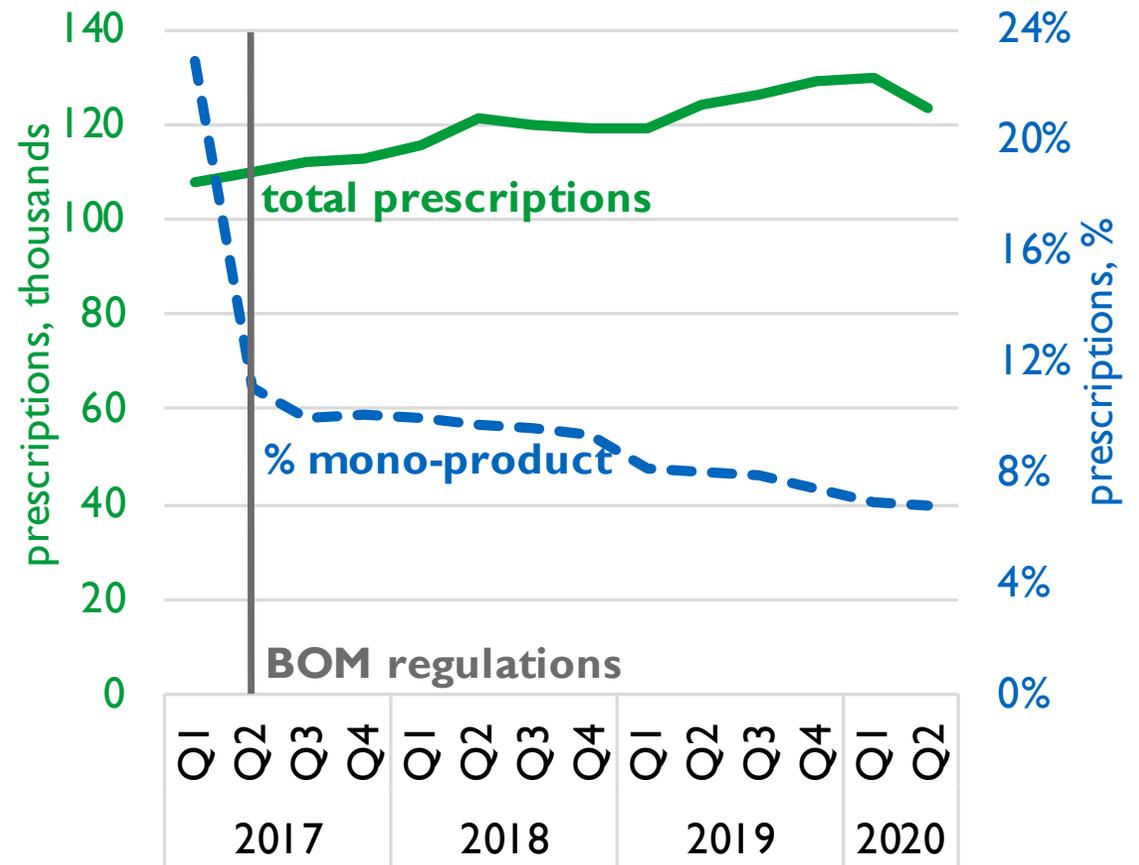
Opioid prescriptions by MME/day, 2019Q1-2020Q2



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 that has since stabilized (7% in 2020Q2)

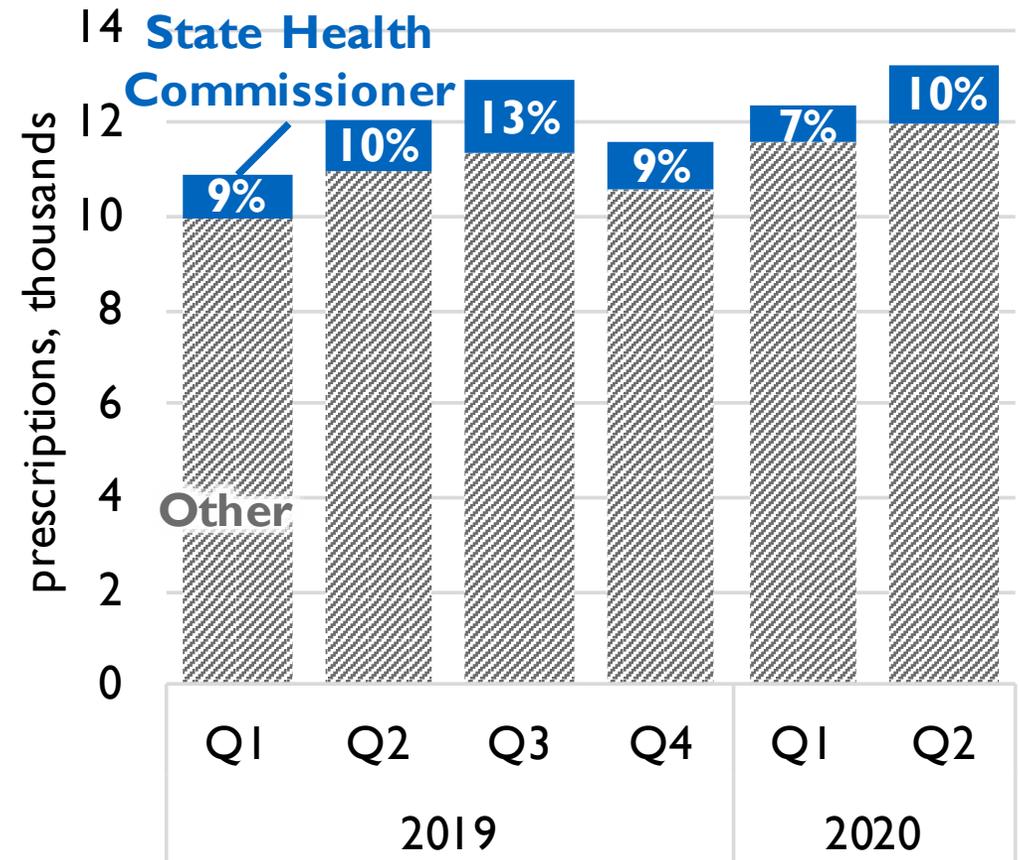
Buprenorphine prescribing for OUD, 2017Q1-2020Q2



Naloxone

- State Health Commissioner's standing order authorizes Virginia pharmacies to dispense naloxone without a prescription
- 10% of total dispensations in 2020Q2 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, 2019Q1-2020Q2



Technical notes

- Covered substances
 - Schedule II-V medications, naloxone
 - Gabapentin is a Schedule V in Virginia
 - Cannabidiol and THC-A oils from in state pharmaceutical processor
- 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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<https://virginia.pmpaware.net/login>