COMMONWEALTH OF VIRGINIA
Meeting of the Virginia Prescription Drug Monitoring Advisory Committee

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Henrico, Virginia 23233

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Agenda of Meeting
March 22, 2018
10:00 AM
Board Room 1
TOPIC

Call to Order: Holly Morris, Chair

- Welcome and introductions
- Reading of emergency evacuation script: Ralph Orr
- Approval of Agenda
- Approval of minutes Tabled

Public Comment:

Department of Health Professions Report: David E. Brown, D.C., Director

Legislation and Regulation Update: Elaine Yeatts

Program Update:

- Integration update: NarxCare
- Interoperability update
- Prescriber Reports
- Clinical Alerts
    - Multiple Provider Episodes
    - MME Alert
    - Combination Therapy: Opioids and Benzodiazepines
    - Other Available Alerts
- Advanced Analytics/Program Statistics
- Emergency Department Care Coordination Initiative
- Education update

Periodic Reports and Website Presentation of PMP Data:

Meeting Dates for 2018: June 6, 2018, September TBD

Adjourn

Prescription Monitoring Advisory Committee

Report of the 2018 General Assembly

HB 1173 Controlled substances; limits on prescriptions containing opioids.

Chief patron: Pillion

Summary as introduced:

Limits on prescription of controlled substances containing opioids. Eliminates the surgical or invasive procedure treatment exception to the requirement that a prescriber request certain information from the Prescription Monitoring Program (PMP) when initiating a new course of treatment that includes prescribing opioids for a human patient to last more than seven days. Under current law, a prescriber is not required to request certain information from the PMP for opioid prescriptions of up to 14 days to a patient as part of treatment for a surgical or invasive procedure. The bill has an expiration date of July 1, 2022. This bill is identical to SB 632.

HB 1556 Prescription Monitoring Program; adds controlled substances included in Schedule V and naloxone.

Chief patron: Pillion

Summary as introduced:

Prescription Monitoring Program; covered substances. Adds controlled substances included in Schedule V for which a prescription is required and naloxone to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program. This bill is identical to SB 832.

SB 226 Prescription Monitoring Program; veterinarians.

Chief patron: Stanley

Summary as passed:

Prescription Monitoring Program; veterinarians. Requires veterinarians who dispense controlled substances to report certain information about the animal and the owner of the animal to the Prescription Monitoring Program (PMP).

SB 330 THC-A oil; dispensing, tetrahydrocannabinol levels.

Chief patron: Dunnavant

Summary as passed:

CBD and THC-A oil. Adds cannabidiol oil (CBD oil) or THC-A oil to the list of covered substances the dispensing of which must be reported to the Prescription Monitoring Program. The bill requires a practitioner, prior to issuing a written certification for CBD oil or THC-A oil to a patient, to request information from the Director of the Department of Health Professions for the purpose of determining what other covered substances have been dispensed to the patient.

The bill requires the Board of Pharmacy to (i) promulgate regulations that include a process for registering CBD oil and THC-A oil products and (ii) require an applicant for a pharmaceutical processor permit to submit to fingerprinting and provide personal descriptive information to be forwarded through the Central Criminal Records Exchange to the Federal Bureau of Investigation for a criminal history record search. The bill requires a pharmacist or pharmacy technician, prior to the initial dispensing of each written certification, to (a) make and maintain for two years a paper or electronic copy of the written certification that provides an exact image of the document that is clearly legible;(b) view a current photo identification of the patient, parent, or legal guardian; and (c) verify current board registration of the practitioner and the corresponding patient, parent, or legal guardian. The bill requires that, prior to any subsequent dispensing of each written certification, the pharmacist, pharmacy technician, or delivery agent view the current written certification; a current photo identification of the patient, parent, or legal guardian; and the current board registration issued to the patient, parent, or legal guardian.

Finally, the bill requires a pharmaceutical processor to ensure that the percentage of tetrahydrocannabinol in any THC-A oil on site is within 10 percent of the level of tetrahydrocannabinol measured for labeling and to establish a stability testing schedule of THC-A oil.

EMERGENCY

SB 728 Prescription Monitoring Program; prescriber and dispenser patterns, annual review, report.

Chief patron: Dunnavant

Summary as passed Senate:

Prescription Monitoring Program; prescriber and dispenser patterns. Requires the Director of the Department of Health Professions to annually review controlled substance prescribing and dispensing patterns. The bill requires the Director to conduct such review in consultation with an advisory panel consisting of representatives from the relevant health regulatory boards, the Department of Health, the Department of Medical Assistance Services, and the Department of Behavioral Health and Developmental Services. The bill requires the Director to make any necessary changes to the criteria for unusual patterns of prescribing and dispensing and report any findings and recommendations for best practices to the Joint Commission on Health Care by November 1 of each year. This bill is identical to HB 313.

SB 735 Prescription Monitoring Program; DHP to disclose information.

Chief patron: Dunnavant

Summary as introduced:

Prescription Monitoring Program; disclosure of information; Department of Medical Assistance Services. Allows the Director of the Department of Health Professions to disclose information about a specific recipient of covered substances who is a recipient of medical assistance services to a physician or pharmacist licensed in the Commonwealth or his designee who holds a multistate licensure privilege to practice nursing or a license issued by a health regulatory board within the Department of Health Professions and is employed by the Department of Medical Assistance Services, for the purpose of determining eligibility for and managing the care of the recipient in a Patient Utilization Management Safety or similar program.

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact § 54.1-2522.1, as it is currently effective, of the Code of Virginia, relating to prescribing of opioids; limit; surgical or invasive procedure.

[H 1173]

Approved

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2522.1, as it is currently effective, of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2522.1. (Effective until July 1, 2022) Requirements of prescribers.

A. Any prescriber who is licensed in the Commonwealth to treat human patients and is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance shall be registered with the Prescription Monitoring Program by the Department of Health Professions.

B. A prescriber registered with the Prescription Monitoring Program or a person to whom he has delegated authority to access information in the possession of the Prescription Monitoring Program pursuant to § 54.1-2523.2 shall, at the time of initiating a new course of treatment to a human patient that includes the prescribing of opioids anticipated at the onset of treatment to last more than seven consecutive days, request information from the Director for the purpose of determining what, if any, other covered substances are currently prescribed to the patient. In addition, any prescriber who holds a special identification number from the Drug Enforcement Administration authorizing the prescribing of controlled substances approved for use in opioid addiction therapy shall, prior to or as a part of execution of a treatment agreement with the patient, request information from the Director for the purpose of determining what, if any, other covered substances the patient is currently being prescribed. Nothing in this section shall prohibit prescribers from making additional periodic requests for information from the Director as may be required by routine prescribing practices.

C. A prescriber shall not be required to meet the provisions of subsection B if:

1. The opioid is prescribed to a patient currently receiving hospice or palliative care;

2. ~~The opioid is prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days;~~

~~3.~~ The opioid is prescribed to a patient during an inpatient hospital admission or at discharge;

~~4.~~ *3.* The opioid is prescribed to a patient in a nursing home or a patient in an assisted living facility that uses a sole source pharmacy;

~~5.~~ *4.* The Prescription Monitoring Program is not operational or available due to temporary technological or electrical failure or natural disaster; or

~~6.~~ *5.* The prescriber is unable to access the Prescription Monitoring Program due to emergency or disaster and documents such circumstances in the patient's medical record.

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact §§ 54.1-2519 and 54.1-2520 of the Code of Virginia, relating to Prescription Monitoring Program; covered substances.

[H 1556]

Approved

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2519 and 54.1-2520 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2519. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by (i) a practitioner or, under the practitioner's direction, his authorized agent or (ii) the patient or research subject at the direction and in the presence of the practitioner.

"Bureau" means the Virginia Department of State Police, Bureau of Criminal Investigation, Drug Diversion Unit.

"Controlled substance" means a drug, substance or immediate precursor in Schedules I through VI of the Drug Control Act, Chapter 34 (§ 54.1-3400 et seq.) of this title.

"Covered substance" means all controlled substances included in Schedules II, III, and IV*; controlled substances included in Schedule V for which a prescription is required; naloxone;* and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter.

"Department" means the Virginia Department of Health Professions.

"Director" means the Director of the Virginia Department of Health Professions.

"Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

"Dispenser" means a person or entity that (i) is authorized by law to dispense a covered substance or to maintain a stock of covered substances for the purpose of dispensing, and (ii) dispenses the covered substance to a citizen of the Commonwealth regardless of the location of the dispenser, or who dispenses such covered substance from a location in Virginia regardless of the location of the recipient.

"Drug of concern" means any drug or substance, including any controlled substance or other drug or substance, where there has been or there is the potential for abuse and that has been identified by the Board of Pharmacy pursuant to § 54.1-3456.1.

"Prescriber" means a practitioner licensed in the Commonwealth who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance or a practitioner licensed in another state to so issue a prescription for a covered substance.

"Recipient" means a person who receives a covered substance from a dispenser.

"Relevant health regulatory board" means any such board that licenses persons or entities with the authority to prescribe or dispense covered substances, including, but not limited to, the Board of Dentistry, the Board of Medicine, and the Board of Pharmacy.

§ 54.1-2520. Program establishment; Director's regulatory authority.

A. The Director shall establish, maintain, and administer an electronic system to monitor the dispensing of covered substances to be known as the Prescription Monitoring Program. ~~Covered substances shall include all Schedule II, III, and IV controlled substances, as defined in the Drug Control Act (§ 54.1-3400 et seq.), and any other drugs of concern identified by the Board of Pharmacy pursuant to § 54.1-3456.1.~~

B. The Director, after consultation with relevant health regulatory boards, shall promulgate, in accordance with the provisions of the Administrative Process Act (§ 2.2-4000 et seq.), such regulations as are necessary to implement the prescription monitoring program as provided in this chapter, including, but not limited to, the establishment of criteria for granting waivers of the reporting requirements set forth in § 54.1-2521.

C. The Director may enter into contracts as may be necessary for the implementation and maintenance of the Prescription Monitoring Program.

D. The Director shall provide dispensers with a basic file layout to enable electronic transmission of the information required in this chapter. For those dispensers unable to transmit the required information electronically, the Director shall provide an alternative means of data transmission.

E. The Director shall also establish an advisory committee within the Department to assist in the

implementation and evaluation of the Prescription Monitoring Program. Such advisory committee shall provide guidance to the Director regarding information disclosed pursuant to subdivision C 9 of § 54.1-2523.

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact §§ 54.1-2519, 54.1-2521, and 54.1-2522 of the Code of Virginia, relating to the Prescription Monitoring Program; veterinarians.

[S 226]

Approved

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2519, 54.1-2521, and 54.1-2522 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2519. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by (i) a practitioner or, under the practitioner's direction, his authorized agent or (ii) the patient or research subject at the direction and in the presence of the practitioner.

"Bureau" means the Virginia Department of State Police, Bureau of Criminal Investigation, Drug Diversion Unit.

"Controlled substance" means a drug, substance or immediate precursor in Schedules I through VI of the Drug Control Act, Chapter 34 (§ 54.1-3400 et seq.) of this title.

"Covered substance" means all controlled substances included in Schedules II, III, and IV and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter.

"Department" means the Virginia Department of Health Professions.

"Director" means the Director of the Virginia Department of Health Professions.

"Dispense" means to deliver a controlled substance to an ultimate user ~~or~~, research subject, *or owner of an animal patient* by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

"Dispenser" means a person or entity that (i) is authorized by law to dispense a covered substance or to maintain a stock of covered substances for the purpose of dispensing, and (ii) dispenses the covered substance to a citizen of the Commonwealth regardless of the location of the dispenser, or who dispenses such covered substance from a location in Virginia regardless of the location of the recipient.

"Drug of concern" means any drug or substance, including any controlled substance or other drug or substance, where there has been or there is the potential for abuse and that has been identified by the Board of Pharmacy pursuant to § 54.1-3456.1.

"Prescriber" means a practitioner licensed in the Commonwealth who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance or a practitioner licensed in another state to so issue a prescription for a covered substance.

"Recipient" means a person who receives a covered substance from a dispenser *and includes the owner of an animal patient.*

"Relevant health regulatory board" means any such board that licenses persons or entities with the authority to prescribe or dispense covered substances, including~~, but not limited to,~~ the Board of Dentistry, the Board of Medicine, *the Board of Veterinary Medicine,* and the Board of Pharmacy.

§ 54.1-2521. Reporting requirements.

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

B. Upon dispensing a covered substance, a dispenser of such covered substance shall report the following information:

1. The recipient's name and address.
2. The recipient's date of birth.
3. The covered substance that was dispensed to the recipient.
4. The quantity of the covered substance that was dispensed.
5. The date of the dispensing.
6. The prescriber's identifier number.
7. The dispenser's identifier number.
8. The method of payment for the prescription.
9. Any other non-clinical information that is designated by the Director as necessary for the

implementation of this chapter in accordance with the Department's regulations.

10. Any other information specified in regulations promulgated by the Director as required in order for the Prescription Monitoring Program to be eligible to receive federal funds.

C. *Except as provided in subdivision 7 of § 54.1-2522, in cases where the ultimate user of a covered substance is an animal, the dispenser shall report the relevant information required by subsection B for the owner of the animal.*

D. The reports required herein shall be made to the Department or its agent within 24 hours or the dispenser's next business day, whichever comes later, and shall be made and transmitted in such manner and format and according to the standards and schedule established in the Department's regulations.

§ 54.1-2522. Reporting exemptions.

The dispensing of covered substances under the following circumstances shall be exempt from the reporting requirements set forth in § 54.1-2521:

1. Dispensing of manufacturers' samples of such covered substances or of covered substances dispensed pursuant to an indigent patient program offered by a pharmaceutical manufacturer.

2. Dispensing of covered substances by a practitioner of the healing arts to his patient in a bona fide medical emergency or when pharmaceutical services are not available.

3. Administering of covered substances.

4. Dispensing of covered substances within an appropriately licensed narcotic maintenance treatment program.

5. Dispensing of covered substances to inpatients in hospitals or nursing facilities licensed by the Board of Health or facilities that are otherwise authorized by law to operate as hospitals or nursing homes in the Commonwealth.

6. Dispensing of covered substances to inpatients in hospices licensed by the Board of Health.

7. Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice *for a course of treatment to last seven days or less*.

8. Dispensing of covered substances as otherwise provided in the Department's regulations.

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact §§ 54.1-2519, 54.1-2521, 54.1-2522.1, as it is currently effective and as it shall become effective, 54.1-3442.6, and 54.1-3442.7 of the Code of Virginia, relating to dispensing of THC-A oil; tetrahydrocannabinol levels and stability testing.

[S 330]

Approved

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2519, 54.1-2521, 54.1-2522.1, as it is currently effective and as it shall become effective, 54.1-3442.6, and 54.1-3442.7 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2519. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by (i) a practitioner or, under the practitioner's direction, his authorized agent or (ii) the patient or research subject at the direction and in the presence of the practitioner.

"Bureau" means the Virginia Department of State Police, Bureau of Criminal Investigation, Drug Diversion Unit.

"Controlled substance" means a drug, substance or immediate precursor in Schedules I through VI of the Drug Control Act, Chapter 34 (§ 54.1-3400 et seq.) of this title.

"Covered substance" means all controlled substances included in Schedules II, III, and IV and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter. *"Covered substance" also includes cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia.*

"Department" means the Virginia Department of Health Professions.

"Director" means the Director of the Virginia Department of Health Professions.

"Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

"Dispenser" means a person or entity that (i) is authorized by law to dispense a covered substance or to maintain a stock of covered substances for the purpose of dispensing, and (ii) dispenses the covered substance to a citizen of the Commonwealth regardless of the location of the dispenser, or who dispenses such covered substance from a location in Virginia regardless of the location of the recipient.

"Drug of concern" means any drug or substance, including any controlled substance or other drug or substance, where there has been or there is the potential for abuse and that has been identified by the Board of Pharmacy pursuant to § 54.1-3456.1.

"Prescriber" means a practitioner licensed in the Commonwealth who is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance or a practitioner licensed in another state to so issue a prescription for a covered substance.

"Recipient" means a person who receives a covered substance from a dispenser.

"Relevant health regulatory board" means any such board that licenses persons or entities with the authority to prescribe or dispense covered substances, including, but not limited to, the Board of Dentistry, the Board of Medicine, and the Board of Pharmacy.

§ 54.1-2521. Reporting requirements.

A. The failure by any person subject to the reporting requirements set forth in this section and the Department's regulations to report the dispensing of covered substances shall constitute grounds for disciplinary action by the relevant health regulatory board.

B. Upon dispensing a covered substance, a dispenser of such covered substance shall report the following information:

1. The recipient's name and address.

2. The recipient's date of birth.

3. The covered substance that was dispensed to the recipient.

4. The quantity of the covered substance that was dispensed.

5. The date of the dispensing.

6. The prescriber's identifier number *and, in cases in which the covered substance is cannabidiol oil or THC-A oil, the expiration date of the written certification.*

7. The dispenser's identifier number.

8. The method of payment for the prescription.

9. Any other non-clinical information that is designated by the Director as necessary for the implementation of this chapter in accordance with the Department's regulations.

10. Any other information specified in regulations promulgated by the Director as required in order for the Prescription Monitoring Program to be eligible to receive federal funds.

C. The reports required herein shall be made to the Department or its agent within 24 hours or the dispenser's next business day, whichever comes later, and shall be made and transmitted in such manner and format and according to the standards and schedule established in the Department's regulations.

§ 54.1-2522.1. (Effective until July 1, 2022) Requirements of practitioners.

A. Any prescriber who is licensed in the Commonwealth to treat human patients and is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance shall be registered with the Prescription Monitoring Program by the Department of Health Professions.

B. A prescriber registered with the Prescription Monitoring Program or a person to whom he has delegated authority to access information in the possession of the Prescription Monitoring Program pursuant to § 54.1-2523.2 shall, at the time of initiating a new course of treatment to a human patient that includes the prescribing of opioids anticipated at the onset of treatment to last more than seven consecutive days, request information from the Director for the purpose of determining what, if any, other covered substances are currently prescribed to the patient. In addition, any prescriber who holds a special identification number from the Drug Enforcement Administration authorizing the prescribing of controlled substances approved for use in opioid addiction therapy shall, prior to or as a part of execution of a treatment agreement with the patient, request information from the Director for the purpose of determining what, if any, other covered substances the patient is currently being prescribed. Nothing in this section shall prohibit prescribers from making additional periodic requests for information from the Director as may be required by routine prescribing practices.

C. A prescriber shall not be required to meet the provisions of subsection B if:

1. The opioid is prescribed to a patient currently receiving hospice or palliative care;

2. The opioid is prescribed to a patient as part of treatment for a surgical or invasive procedure and such prescription is for no more than 14 consecutive days;

3. The opioid is prescribed to a patient during an inpatient hospital admission or at discharge;

4. The opioid is prescribed to a patient in a nursing home or a patient in an assisted living facility that uses a sole source pharmacy;

5. The Prescription Monitoring Program is not operational or available due to temporary technological or electrical failure or natural disaster; or

6. The prescriber is unable to access the Prescription Monitoring Program due to emergency or disaster and documents such circumstances in the patient's medical record.

D. Prior to issuing a written certification for the use of cannabidiol oil or THC-A oil in accordance with § 54.1-3408.3, a practitioner shall request information from the Director for the purpose of determining what, if any, other covered substances have been dispensed to the patient.

§ 54.1-2522.1. (Effective July 1, 2022) Requirements of practitioners.

A. Any prescriber who is licensed in the Commonwealth to treat human patients and is authorized pursuant to §§ 54.1-3303 and 54.1-3408 to issue a prescription for a covered substance shall be registered with the Prescription Monitoring Program by the Department of Health Professions.

B. Prescribers registered with the Prescription Monitoring Program shall, at the time of initiating a new course of treatment to a human patient that includes the prescribing of benzodiazepine or an opiate anticipated at the onset of treatment to last more than 90 consecutive days, request information from the Director for the purpose of determining what, if any, other covered substances are currently prescribed to the patient. In addition, any prescriber who holds a special identification number from the Drug Enforcement Administration authorizing the prescribing of controlled substances approved for use in opioid addiction therapy shall, prior to or as a part of execution of a treatment agreement with the patient, request information from the Director for the purpose of determining what, if any, other covered substances the patient is currently being prescribed. Nothing in this section shall prohibit prescribers from making additional periodic requests for information from the Director as may be required by routine prescribing practices.

C. The Secretary of Health and Human Resources may identify and publish a list of benzodiazepines or opiates that have a low potential for abuse by human patients. Prescribers who prescribe such identified benzodiazepines or opiates shall not be required to meet the provisions of subsection B. In addition, a prescriber shall not be required to meet the provisions of subsection B if the course of treatment arises from pain management relating to dialysis or cancer treatments.

D. Prior to issuing a written certification for the use of cannabidiol oil or THC-A oil in accordance with § 54.1-3408.3, a practitioner shall request information from the Director for the purpose of

determining what, if any, other covered substances have been dispensed to the patient.

§ 54.1-3442.6. Permit to operate pharmaceutical processor.

A. No person shall operate a pharmaceutical processor without first obtaining a permit from the Board. The application for such permit shall be made on a form provided by the Board and signed by a pharmacist who will be in full and actual charge of the pharmaceutical processor. The Board shall establish an application fee and other general requirements for such application.

B. Each permit shall expire annually on a date determined by the Board in regulation. The number of permits that the Board may issue or renew in any year is limited to one for each health service area established by the Board of Health. Permits shall be displayed in a conspicuous place on the premises of the pharmaceutical processor.

C. The Board shall adopt regulations establishing health, safety, and security requirements for pharmaceutical processors. Such regulations shall include requirements for (i) physical standards; (ii) location restrictions; (iii) security systems and controls; (iv) minimum equipment and resources; (v) recordkeeping; (vi) labeling and packaging; (vii) quarterly inspections; (viii) processes for safely and securely cultivating Cannabis plants intended for producing cannabidiol oil and THC-A oil, producing cannabidiol oil and THC-A oil, and dispensing and delivering in person cannabidiol oil and THC-A oil to a registered patient or, if such patient is a minor or an incapacitated adult as defined in § 18.2-369, such patient's parent or legal guardian; (ix) a maximum number of marijuana plants a pharmaceutical processor may possess at any one time; ~~and~~ (x) the secure disposal of plant remains*; and (xi) a process for registering a cannabidiol oil and THC-A oil product.*

D. Every pharmaceutical processor shall be under the personal supervision of a licensed pharmacist on the premises of the pharmaceutical processor.

E. *The Board shall require an applicant for a pharmaceutical processor permit to submit to fingerprinting and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information regarding the applicant. The cost of fingerprinting and the criminal history record search shall be paid by the applicant. The Central Criminal Records Exchange shall forward the results of the criminal history background check to the Board or its designee, which shall be a governmental entity.*

F. No person who has been convicted of a felony or of any offense in violation of Article 1 (§ 18.2-247 et seq.) or Article 1.1 (§ 18.2-265.1 et seq.) of Chapter 7 of Title 18.2 shall be employed by or act as an agent of a pharmaceutical processor.

§ 54.1-3442.7. Dispensing cannabidiol oil and THC-A oil; report.

A. A pharmaceutical processor shall dispense or deliver cannabidiol oil or THC-A oil only in person to (i) a patient who is a Virginia resident, has been issued a valid written certification, and is registered with the Board pursuant to § 54.1-3408.3 or (ii) if such patient is a minor or an incapacitated adult as defined in § 18.2-369, such patient's parent or legal guardian who is a Virginia resident and is registered with the Board pursuant to § 54.1-3408.3. Prior to *the initial* dispensing *of each written certification*, the *pharmacist or pharmacy technician at the location of the* pharmaceutical processor shall ~~verify that the practitioner issuing the written certification, the patient, and, if such patient is a minor or an incapacitated adult, the patient's parent or legal guardian are registered with the Board~~ *make and maintain for two years a paper or electronic copy of the written certification that provides an exact image of the document that is clearly legible; shall view a current photo identification of the patient, parent, or legal guardian; and shall verify current board registration of the practitioner and the corresponding patient, parent, or legal guardian. Prior to any subsequent dispensing of each written certification, the pharmacist, pharmacy technician, or delivery agent shall view the current written certification; a current photo identification of the patient, parent, or legal guardian; and the current board registration issued to the patient, parent, or legal guardian.* No pharmaceutical processor shall dispense more than a 30-day supply for any patient during any 30-day period. The Board shall establish in regulation an amount of cannabidiol oil or THC-A oil that constitutes a 30-day supply to treat or alleviate the symptoms of a patient's intractable epilepsy.

B. A pharmaceutical processor shall dispense only cannabidiol oil and THC-A oil that has been cultivated and produced on the premises of such pharmaceutical processor.

C. The Board shall report annually by December 1 to the Chairmen of the House and Senate Committees for Courts of Justice on the operation of pharmaceutical processors issued a permit by the Board, including the number of practitioners, patients, and parents or legal guardians of patients who have registered with the Board and the number of written certifications issued pursuant to § 54.1-3408.3.

D. A pharmaceutical processor shall ensure that the concentration of tetrahydrocannabinol in any THC-A oil on site is within 10 percent of the level of tetrahydrocannabinol measured for labeling and shall establish a stability testing schedule of THC-A oil.

2. That the Board of Pharmacy shall promulgate regulations to implement the provisions of this

act to be effective within 280 days of its enactment.
3. That an emergency exists and this act is in force from its passage.

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact § 54.1-2523.1 of the Code of Virginia, relating to the Prescription Monitoring Program; prescriber and dispenser patterns; annual review; report.

[S 728]

Approved

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2523.1 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2523.1. Criteria for indicators of misuse; Director's authority to disclose information; intervention.

A. The Director shall develop, in consultation with an advisory panel which shall include representatives of the Boards of Medicine and Pharmacy, *the Department of Health, the Department of Medical Assistance Services, and the Department of Behavioral Health and Developmental Services,* criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and misuse of covered substances by recipients and a method for analysis of data collected by the Prescription Monitoring Program using the criteria for indicators of misuse to identify unusual patterns of prescribing or dispensing of covered substances by individual prescribers or dispensers or potential misuse of a covered substance by a recipient. *The Director, in consultation with the panel, shall annually review controlled substance prescribing and dispensing patterns and shall (i) make any necessary changes to the criteria for unusual patterns of prescribing and dispensing required by this subsection and (ii) report any findings and recommendations for best practices to the Joint Commission on Health Care by November 1 of each year.*

B. In cases in which analysis of data collected by the Prescription Monitoring Program using the criteria for indicators of misuse indicates an unusual pattern of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or potential misuse of a covered substance by a recipient, the Director may, in addition to the discretionary disclosure of information pursuant to § 54.1-2523:

1. Disclose information about the unusual prescribing or dispensing of a covered substance by an individual prescriber or dispenser to the Enforcement Division of the Department of Health Professions; or

2. Disclose information about the specific recipient to (i) the prescriber or prescribers who have prescribed a covered substance to the recipient for the purpose of intervention to prevent misuse of such covered substance or (ii) an agent who has completed the Virginia State Police Drug Diversion School designated by the Superintendent of State Police or designated by the chief law-enforcement officer of any county, city, or town or campus police department for the purpose of an investigation into possible drug diversion.

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact § 54.1-2523 of the Code of Virginia, relating to Prescription Monitoring Program; disclosure of information; Department of Medical Assistance Services.

[S 735]

Approved

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2523 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2523. Confidentiality of data; disclosure of information; discretionary authority of Director.

A. All data, records, and reports relating to the prescribing and dispensing of covered substances to recipients and any abstracts from such data, records, and reports that are in the possession of the Prescription Monitoring Program pursuant to this chapter and any material relating to the operation or security of the program shall be confidential and shall be exempt from the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) pursuant to subdivision 2 of § 2.2-3705.5. Records in possession of the Prescription Monitoring Program shall not be available for civil subpoena, nor shall such records be disclosed, discoverable, or compelled to be produced in any civil proceeding, nor shall such records be deemed admissible as evidence in any civil proceeding for any reason. Further, the Director shall only have discretion to disclose any such information as provided in subsections B and C.

B. Upon receiving a request for information in accordance with the Department's regulations and in compliance with applicable federal law and regulations, the Director shall disclose the following:

1. Information relevant to a specific investigation of a specific recipient or of a specific dispenser or prescriber to an agent who has completed the Virginia State Police Drug Diversion School designated by the superintendent of the Department of State Police or designated by the chief law-enforcement officer of any county, city, or town or campus police department to conduct drug diversion investigations pursuant to § 54.1-3405.

2. Information relevant to an investigation or inspection of or allegation of misconduct by a specific person licensed, certified, or registered by or an applicant for licensure, certification, or registration by a health regulatory board; information relevant to a disciplinary proceeding before a health regulatory board or in any subsequent trial or appeal of an action or board order to designated employees of the Department of Health Professions; or to designated persons operating the Health Practitioners' Monitoring Program pursuant to Chapter 25.1 (§ 54.1-2515 et seq.).

3. Information relevant to the proceedings of any investigatory grand jury or special grand jury that has been properly impaneled in accordance with the provisions of Chapter 13 (§ 19.2-191 et seq.) of Title 19.2.

4. Information relevant to a specific investigation of a specific recipient, dispenser, or prescriber to an agent of a federal law-enforcement agency with authority to conduct drug diversion investigations.

5. Information relevant to a specific investigation, supervision, or monitoring of a specific recipient for purposes of the administration of criminal justice pursuant to Chapter 1 (§ 9.1-100 et seq.) of Title 9.1 to a probation or parole officer as described in Article 2 (§ 53.1-141 et seq.) of Chapter 4 of Title 53.1 or a local community-based probation officer as described in § 9.1-176.1 who has completed the Virginia State Police Drug Diversion School designated by the Director of the Department of Corrections or his designee.

C. In accordance with the Department's regulations and applicable federal law and regulations, the Director may, in his discretion, disclose:

1. Information in the possession of the program concerning a recipient who is over the age of 18 to that recipient. The information shall be mailed to the street or mailing address indicated on the recipient request form.

2. Information on a specific recipient to a prescriber, as defined in this chapter, for the purpose of establishing the treatment history of the specific recipient when such recipient is either under care and treatment by the prescriber or the prescriber is consulting on or initiating treatment of such recipient. In a manner specified by the Director in regulation, notice shall be given to patients that information may be requested by the prescriber from the Prescription Monitoring Program.

3. Information on a specific recipient to a dispenser for the purpose of establishing a prescription history to assist the dispenser in (i) determining the validity of a prescription in accordance with § 54.1-3303 or (ii) providing clinical consultation on the care and treatment of the recipient. In a manner specified by the Director in regulation, notice shall be given to patients that information may be

requested by the dispenser from the Prescription Monitoring Program.

4. Information relevant to an investigation or regulatory proceeding of a specific dispenser or prescriber to other regulatory authorities concerned with granting, limiting or denying licenses, certificates or registrations to practice a health profession when such regulatory authority licenses such dispenser or prescriber or such dispenser or prescriber is seeking licensure by such other regulatory authority.

5. Information relevant to an investigation relating to a specific dispenser or prescriber who is a participating provider in the Virginia Medicaid program or information relevant to an investigation relating to a specific recipient who is currently eligible for and receiving or who has been eligible for and has received medical assistance services to the Medicaid Fraud Control Unit of the Office of the Attorney General or to designated employees of the Department of Medical Assistance Services, as appropriate.

6. Information relevant to determination of the cause of death of a specific recipient to the designated employees of the Office of the Chief Medical Examiner.

7. Information for the purpose of bona fide research or education to qualified personnel; however, data elements that would reasonably identify a specific recipient, prescriber, or dispenser shall be deleted or redacted from such information prior to disclosure. Further, release of the information shall only be made pursuant to a written agreement between such qualified personnel and the Director in order to ensure compliance with this subdivision.

8. Information relating to prescriptions for covered substances issued by a specific prescriber, which have been dispensed and reported to the Program, to that prescriber.

9. Information about a specific recipient who is a member of a Virginia Medicaid managed care program to a physician or pharmacist licensed in the Commonwealth and employed by the Virginia Medicaid managed care program or to his clinical designee who holds a multistate licensure privilege to practice nursing or a license issued by a health regulatory board within the Department of Health Professions and is employed by the Virginia Medicaid managed care program. Such information shall only be used to determine eligibility for and to manage the care of the specific recipient in a Patient Utilization Management Safety or similar program. Notice shall be given to recipients that information may be requested by a licensed physician or pharmacist employed by the Virginia Medicaid managed care program from the Prescription Monitoring Program.

10. (Expires July 1, 2022) Information to the Board of Medicine about prescribers who meet a certain threshold for prescribing covered substances for the purpose of requiring relevant continuing education. The threshold shall be determined by the Board of Medicine in consultation with the Program.

11. Information about a specific recipient who is currently eligible for and receiving medical assistance from the Department of Medical Assistance Services to a physician or pharmacist licensed in the Commonwealth or to his clinical designee who holds a multistate licensure privilege to practice nursing or a license issued by a health regulatory board within the Department of Health Professions and is employed by the Department of Medical Assistance Services.

Such information shall be used only to determine eligibility for and to manage the care of the specific recipient in a Patient Utilization Management Safety or similar program. Notice shall be given to recipients that information may be requested by a licensed physician or pharmacist employed by the Department of Medical Assistance Services from the Prescription Monitoring Program.

D. The Director may enter into agreements for mutual exchange of information among prescription monitoring programs in other jurisdictions, which shall only use the information for purposes allowed by this chapter.

E. This section shall not be construed to supersede the provisions of § 54.1-3406 concerning the divulging of confidential records relating to investigative information.

F. Confidential information that has been received, maintained or developed by any board or disclosed by the board pursuant to subsection A shall not, under any circumstances, be available for discovery or court subpoena or introduced into evidence in any medical malpractice suit or other action for damages arising out of the provision of or failure to provide services. However, this subsection shall not be construed to inhibit any investigation or prosecution conducted pursuant to Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2.

Virginia Department of Health Professions

VIRGINIA'S PRESCRIPTION MONITORING PROGRAM

PMP Advisory Committee Meeting

March 22, 2018

PROGRAM UPDATE

Virginia Department of Health Professions

PDMPs:

- Promote safe prescribing and dispensing practices for covered substances
- Support health profession licensing boards with licensee investigations
- Facilitate analysis of data that can help identify trends with specific drugs, within geographic regions of the state, and by patient demographics
- Assist law enforcement to reduce doctor shopping, drug diversion, and illegal prescribing and dispensing
- Data supports a reduction in prescribed amounts of opioids and other covered substances available for misuse or abuse

Virginia Department of Health Professions

VPDMP USERS AND REQUESTS DATA

Authorized Users

- Prescribers and their delegates
- Pharmacists and their delegates
- Federal Law Enforcement
- State and Local Law Enforcement performing Drug Diversion Investigations, required training
- Health Regulatory Investigators
- Medical Examiners
- Practitioner Monitoring Program

Requests

	VPDMP Requests	PMPi Requests from Other States	Integration Requests	TOTAL
2013	777,269	82,496		859,765
2014	1,170,591	143,270		1,313,861
2015	1,577,194	293,002		1,870,196
2016	2,254,121	2,606,515		4,860,636
2017	3,038,504	2,439,749	1,670,417	7,148,670
2018	4,410,493	3,471,171	10,509,257	18,390,921

Virginia Department of Health Professions

Interoperability and Integration

PMPi Advantages

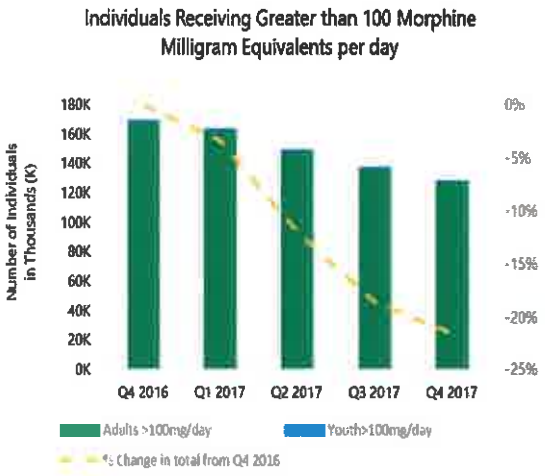
- Single MOU governs connections to multiple states
- One secured connection to maintain
- State retains control of connections and access
- Prescribers and Pharmacists can make their choice of which state PDMP data is desired
- All PMPi States make decisions as a whole committee
- No cost to PDMPs or to taxpayers

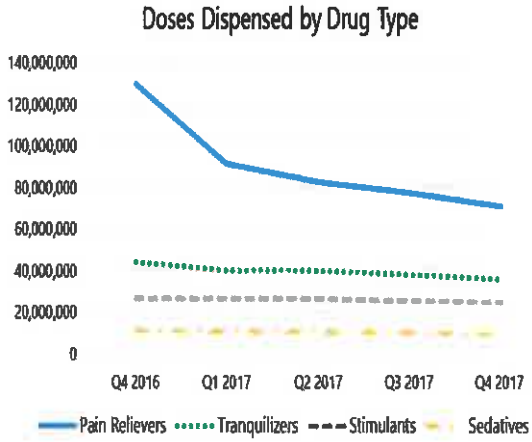
Integration Advantages

- Single sign-on saves prescriber and pharmacist time
- Focus on the patient's history and treatment needs not the process of accessing the data
- State retains control to ensure access is in compliance with state laws and regulations as well as security of data
- Risk Scores and other clinical support tools are available
- Interstate data is available

Virginia Department of Health Professions

IMPACT





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Virginia Department of Health Professions

PMP INTEGRATION REPORT

- Over 9,000 prescribers connected via NarxCare
- Over 14,000 prescribers in pipeline to be connected
- EMR vendors with available solutions include
  - EPIC, CERNER, NEXTGEN, MEDENT, Medicity, ProComp, Bizmatics, Netsmart, Glenwood Systems, Pinnacle Automation, ClariCare, PCE Systems, EasiestEMR, PastRx, Chetu, Zen Healthcare
- Approximately 150 pharmacies currently integrated
- Pharmacy Application vendors with available solutions include
  - QS1, PioneerRX, PDX*, RX30, Lagniappe, ScriptPro, HSBRx, Cerner Etreby,
- Many other vendors are in process of making integration solutions available, Please contact your vendor directly for specific questions on implementing integration, which versions are supported and/or when solutions will be available

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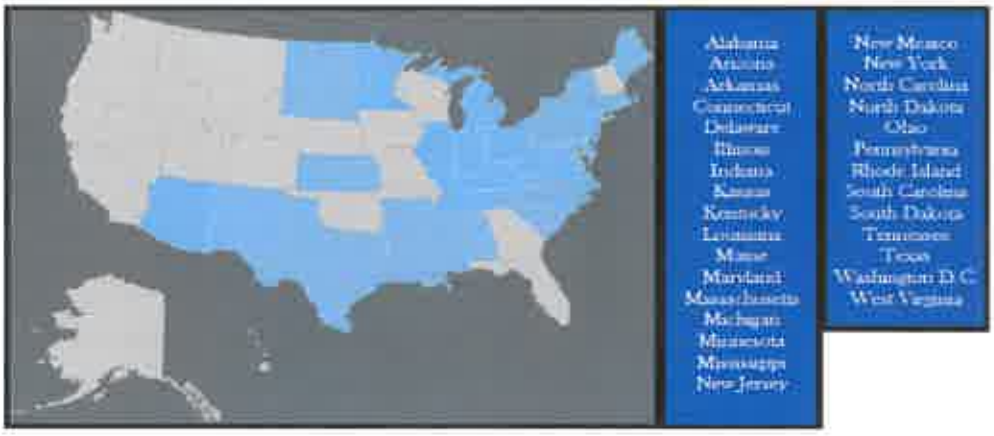
Virginia Department of Health Professions

PMP INTEROPERABILITY UPDATE

DIGITALLY CONNECTED WITH 29 OTHER STATES AND THE DISTRICT OF COLUMBIA



Virginia Department of Health Professions

PRESCRIBER REPORTS

- January Reports:
  - Over 14,000 reports sent
  - Healthcare specialty issues appear resolved
  - Some prescriber reports were resent due to missing PMP usage data
  - Delegates should be reminded to select the correct prescriber supervisor when making PMP requests
- Next Report: April 9-11
  - Prescribers should review profile to ensure correct DEA and Healthcare Specialty
  - Prescriber Reports are now available in AWARxE under the prescriber's account (if a report has been compiled for that prescriber)

Virginia Department of Health Professions

CLINICAL ALERTS

- Multiple Provider Episodes (MPE)—3 or more prescribers and pharmacies in a 60 day period
- MME Alert—over 120 Morphine Milligram Equivalents (MME) Daily
- Combination Therapy: Opioids and Benzodiazepines—active prescriptions at the same time
- Other Available Alerts
  - Daily Active Methadone Threshold
  - Opioid Consecutive Day Threshold

DATE	Total Alerts	Total Prescribers	MPE Alerts	MME Alerts	Opioid and Benzo Alerts
3/5-11 2018	29,255	6,904	5,017	8,386	15,852

Virginia Department of Health Professions

EMERGENCY DEPARTMENT CARE COORDINATION INITIATIVE

- Emergency Departments to be integrated with each other by June 30, 2018 for the purposes of care coordination—Vendor is Collective Medical
- PMP integration for prescribers in the Emergency Departments--NarxCare
- Report on status of PMP integration due July 1, 2018
- Solution for participation with
  - NarxScores, risk scores for narcotics, sedatives, and stimulants, will be provided and displayed when criteria for prompting an "alert" is met to providers in the Emergency Departments as well as downstream providers
  - A "button" or hyperlink will be available when a NarxScore is displayed to link to NarxCare report, this is in development by the two technical teams
  - If the EMR integrates with NarxCare, the NarxScores and access to NarxCare report will be available/shown for every patient encounter that triggers the "switch"
  - NOTE: NarxScore or link will not go to Health Plans; they do not have access to PMP data.

Virginia Department of Health Professions

EDUCATION UPDATE

- March 4, 2018 presentation in Roanoke
- May 9- VSP Drug Diversion School, Virginia Beach
- May 21-22- CDC Prevention for States Grantee Meeting, Atlanta, GA
- May 25- DEA training, Bristol, VA
- June 2 or 9 Prescription Drug Abuse Forum, Abingdon

- Upcoming activities, initiatives

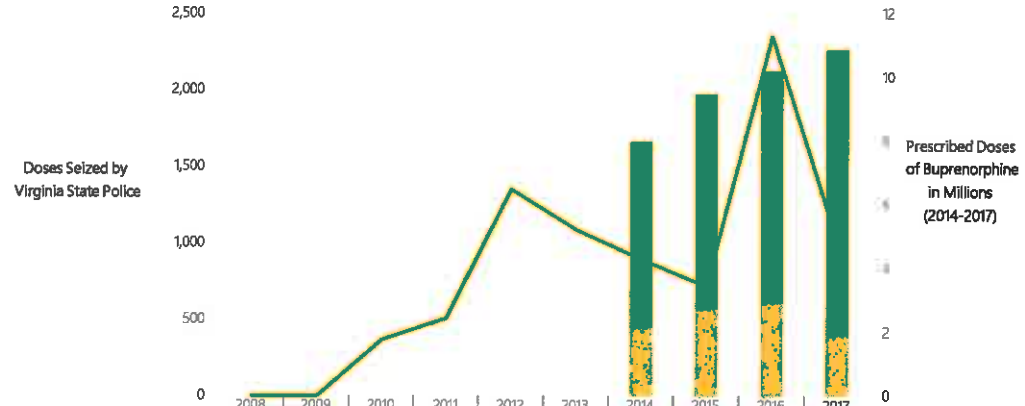
Virginia Department of Health Professions

ADVANCED ANALYTICS

- Phase 1 received November 15 along with enhanced version of Appriss provided TABLEAU (non-public)
- Staff invited to Appriss Headquarters in January for training on how to use Advanced Analytics in TABLEAU
- Phase 2 release scheduled for 2nd quarter 2018

Virginia Department of Health Professions

Virginia Buprenorphine Prescribing and Police Seizures



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Buprenorphine/Naloxone Doses Prescribed							5,793,69	6,693,41	7,224,71	8,906,70
Mono-Product Buprenorphine Doses Prescribed							2,169,06	2,754,27	2,956,24	1,940,79
Total Amount of Buprenorphine Doses Seized	0	0	366	509	1,349	1,084	894	719	2,348	1,011

Source: Buprenorphine Seizures Data 2008-2017 Virginia State Police Bureau of Criminal Investigations. Buprenorphine prescription doses (2014-2017) from Virginia Prescription Monitoring Program

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REPORTS

- Quarterly report is designed to follow certain data elements from quarter to quarter to help measure effects of new legislation, regulations, educational activities, etc
- Annual report will contain additional data elements based on requirements in legislation passed by 2018 General Assembly
- TABLEAU Public demonstration

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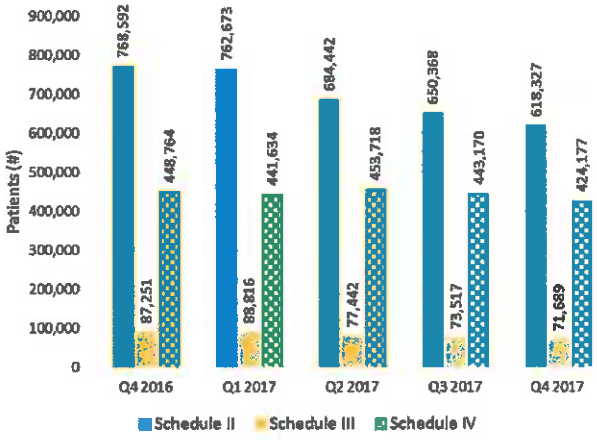
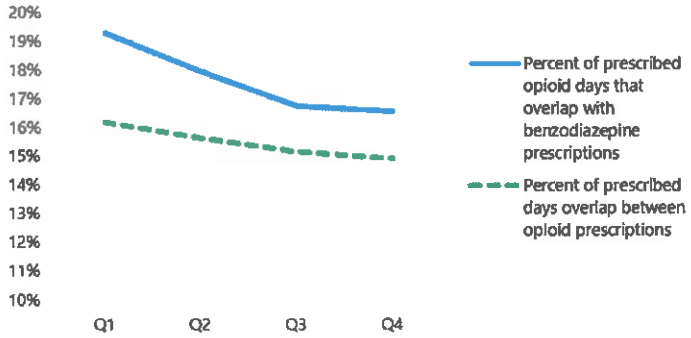
Virginia Department of Health Professions

Patients Receiving Prescriptions by Drug Schedule



Virginia Department of Health Professions

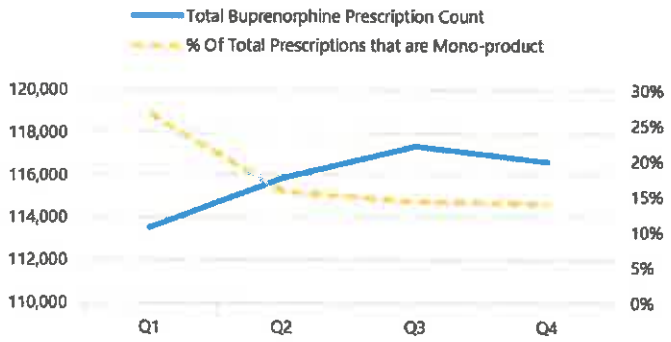
Percent of Overlapping Prescription Days CY 2017



The decline from the first quarter of 2017 to the fourth quarter of 2017 in percentage of days with overlapping opioid-opioid and opioid-benzodiazepine prescriptions from 16.2% to 14.9% and 19.3% to 16.6%, respectively, shows progress toward smarter, safer prescribing. In the fourth quarter of 2017, 719,254 queries were run before a new opioid or benzodiazepine prescription was issued.

Virginia Department of Health Professions

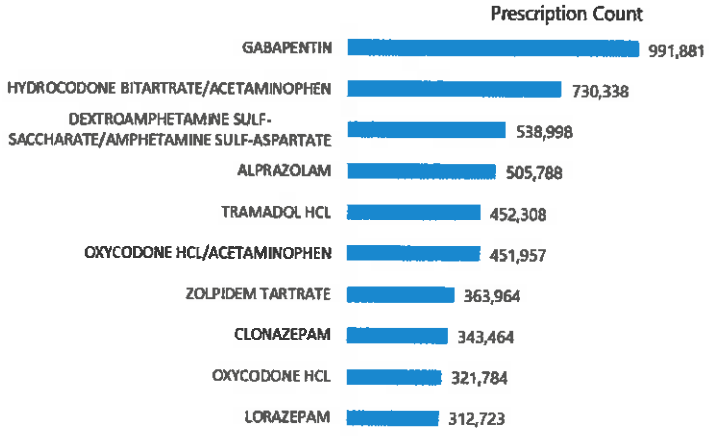
Buprenorphine Prescriptions 2017



Buprenorphine is a drug that can be used to treat opioid addiction. While increasing numbers of buprenorphine prescriptions in general indicates increases treatment usage, mono-product buprenorphine can be abused. Therefore, the decline in the percent of prescriptions that are mono- product buprenorphine indicates improved prescribing practices.

Virginia Department of Health Professions

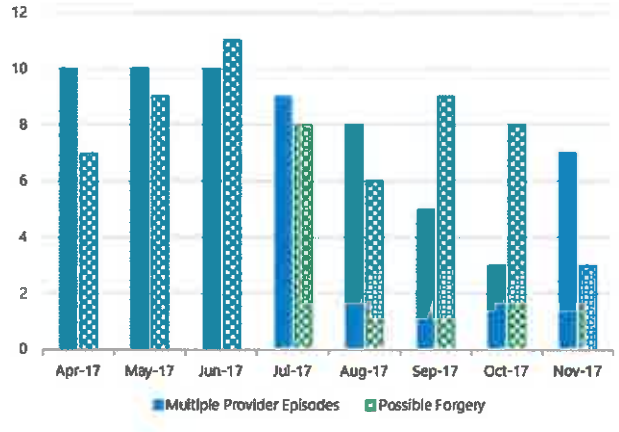
Top Drugs Prescribed Q3 & Q4 2017



The PMP has monitored Gabapentin statewide since July 2017 due to its new classification as a drug of concern. Since its inclusion, it has been the most prescribed drug reported to the PMP.

Virginia Department of Health Professions

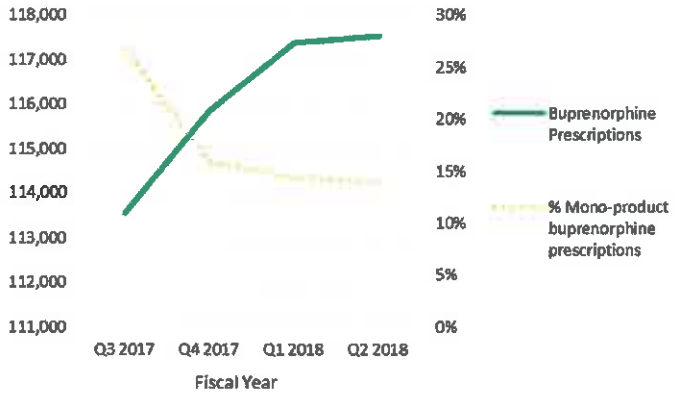
2017 Referrals to Virginia State Police



Unsolicited reports are sent to the Virginia State Police Drug Diversion unit to make them aware of either 1) multiple provider episodes which may represent diversion or 2) the act of obtaining of multiple prescriptions from one provider which may represent prescription fraud.

Virginia Department of Health Professions

Buprenorphine Prescriptions



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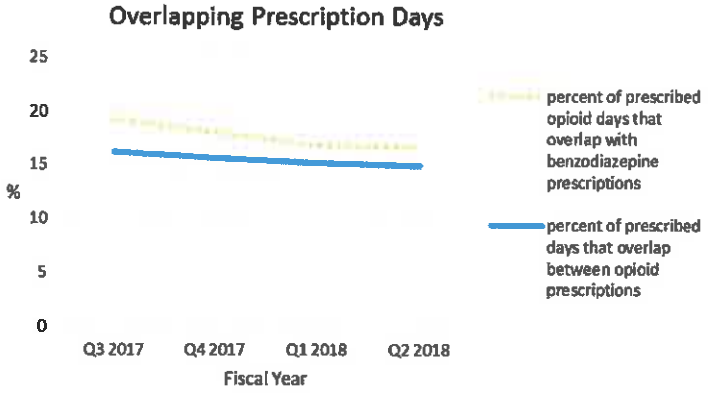

Overlapping opioid prescriptions and concurrent opioid and benzodiazepine prescribing increases the risk of overdose. The decline from Q3 FY 2017 to Q2 FY 2018 in percentage of days with overlapping opioid-opioid and opioid-benzodiazepine prescriptions from 16.2% to 14.9% and 19.3% to 16.6%, respectively, shows progress toward smarter, safer prescribing. There were 719,254 queries using the PMP system before a new opioid or benzodiazepine prescription was issued this quarter. In that same time period, 1,948,725 opioid and benzodiazepine prescriptions were issued. This amounts to 36.9 queries per 100 opioid or benzodiazepines prescriptions.

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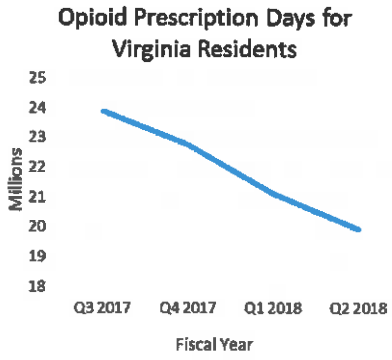
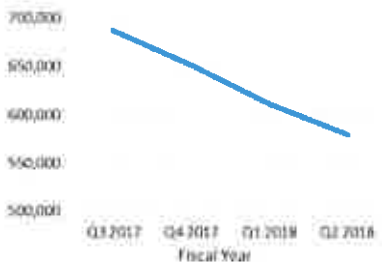


The Virginia Prescription Monitoring Program recorded 19,907,283 opioid prescription days for Commonwealth residents during Q2 2018. This is a decline of 1,187,623 from the previous quarter and a -16.59% change from Q3 2017. Prescription days or days' supply refers to the number of days of medication prescribed.

Health Professions

Virginia Residents Receiving Opioid Prescriptions



The Virginia Prescription Monitoring Program recorded 580,256 Virginia Residents received an opioid prescription in Q2 2018. This is a decline from the previous quarter and is part of a general downward trend in the number of Virginia residents who receive opioid prescriptions.

Health Professions

Patients Receiving > 90 MME per day across all opioid prescriptions

Morphine milligram equivalents (MME) per day is the amount of morphine an opioid dose is equal to and is often used to gauge the overdose potential of the amount of opioid being prescribed. The Centers for Disease Control indicates that individuals taking greater than 90 MME/day are at a higher risk of overdose and death. 10.41 percent of patients received prescriptions for opioids with more than an average daily dose of 90 MME/day across all opioid prescriptions.

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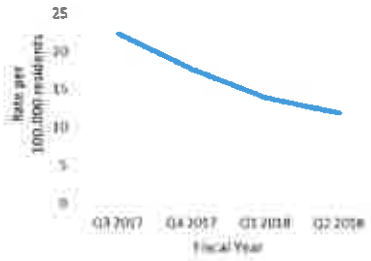
Multiple Provider Episodes for Prescription Opioids



Multiple Provider Episodes (MPEs), defined as five or more prescribers and five or more pharmacies in a 6-month period, can be an indicator of doctor shopping or issues with coordination of care. During Q2, MPEs occurred at a rate of 12 per 100,000 residents. This rate declined by 1.98 from Q1 2018 and by 10.23 overall from Q3 2017.

Health Professions

Q2 FY 2018 Oct 1st- Dec 31st Utilization	
Number of Prescribers that wrote at least 1 prescription for a controlled substance during the 3-month reporting period	59281
Number of law enforcement investigators who ran at least one PDMP report during the 3-month reporting period	116
Number of regulatory agency personnel who ran at least one PDMP report during the 3-month reporting period	50
PMP AWARxE requests	1060764
PMPi (Interoperability) requests	1296340
Gateway (Integration) In-State Only requests	3127877

Queries or requests are essentially searches of the PMP database by authorized individuals to assist in determining prescription history. PMP AWARxE is the platform for the Virginia Prescription monitoring program. PMPi facilitates interoperability and interstate data sharing between states' PMPs. Gateway integrates PMP data into electronic health records to facilitate pharmacist and physicians workflows.

Virginia Department of
Health Professions

Virginia Prescription Monitoring Program Quarterly Report

2nd Quarter FY 2018 Oct 1st-Dec 31st

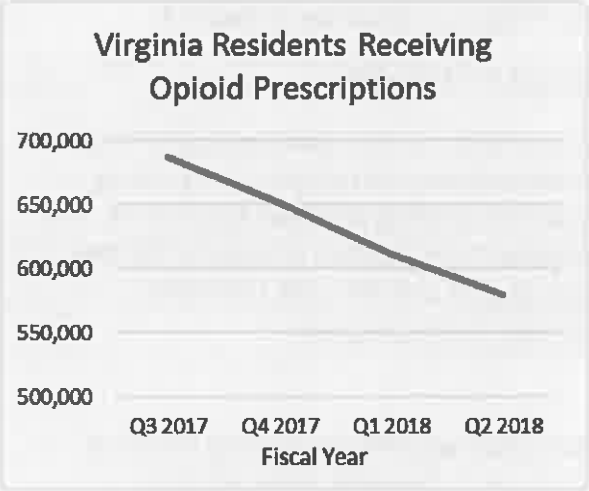
The Virginia Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed Schedule II-IV prescriptions and drugs of concern. The primary purpose of the PMP is to promote safe prescribing and dispensing practices for covered substances by providing timely and essential information to healthcare providers. The law governing Virginia's PMP is found in Chapter 25.2 of Title 54.1 of the Code of Virginia. Regulations governing the program are found at 18 VAC 76-20-10 et seq.

Q2 FY 2018 Summary Statistics

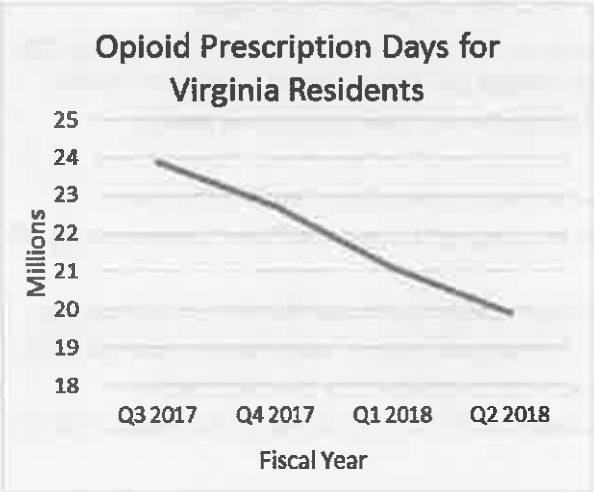
- The Virginia Prescription Monitoring Program recorded 580,246 Virginia residents received an opioid prescription in Q2 2018. Using US Census Bureau July 2017 population estimates, 6.85% of Virginians received an opioid prescription.
- There were 19,907,283 opioid prescription days for state residents reported during the quarter, which is enough for every Virginia resident to have 2.35 opioid prescription days. Prescription days or days' supply refers to the number of days an opioid medication was prescribed.
- Multiple Provider Episodes, defined as five or more prescribers and five or more pharmacies in a 6-month period, occurred at a rate of 12 per 100,000 residents in Q2 FY 2018.
- Of the 57,723 patients prescribed long acting/extended-release (higher dose) opioids, 7,307 or 12.66 percent were opioid naïve. Opioid naïve refers to patients who have not taken an opioid for at least 60 days and thus are at greater risk for respiratory depression and sedation by higher opioid doses such as long acting or extended-release.

Utilization	
Number of Prescribers that wrote at least 1 prescription for a controlled substance during the 3-month reporting period	59,281
Number of law enforcement investigators who ran at least one PMP report during the 3-month reporting period	116
Number of regulatory agency personnel who ran at least one PMP report during the 3-month reporting period	50
PMP AWARxE requests*	1,060,764
PMPi (Interoperability) requests*	1,296,340
Gateway (Integration) In-State Only requests*	3,127,877

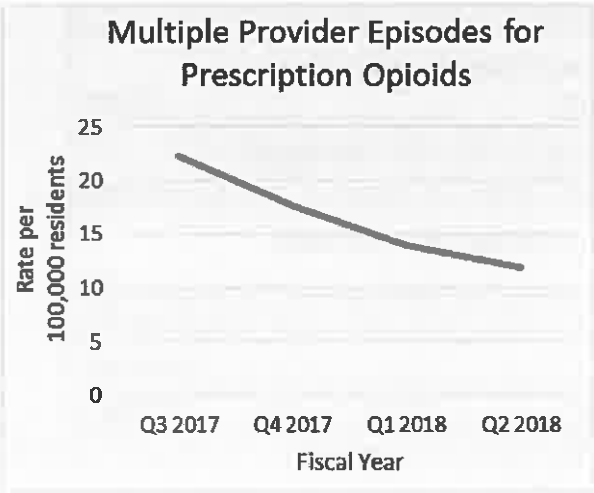
*Queries or requests are essentially searches of the PMP database by authorized individuals to assist in determining prescription history. PMP AWARxE is the platform for the Virginia Prescription monitoring program. PMPi facilitates interoperability and interstate data sharing between states' PMPs. Gateway integrates PMP data into electronic health records to facilitate pharmacist and physicians workflows.



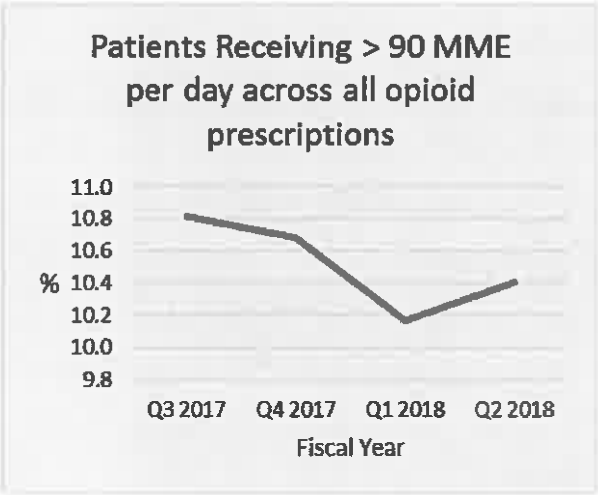
The Virginia Prescription Monitoring Program recorded 580,256 Virginia Residents received an opioid prescription in Q2 2018. This is a decline from the previous quarter and is part of a general downward trend in the number of Virginia residents who receive opioid prescriptions.



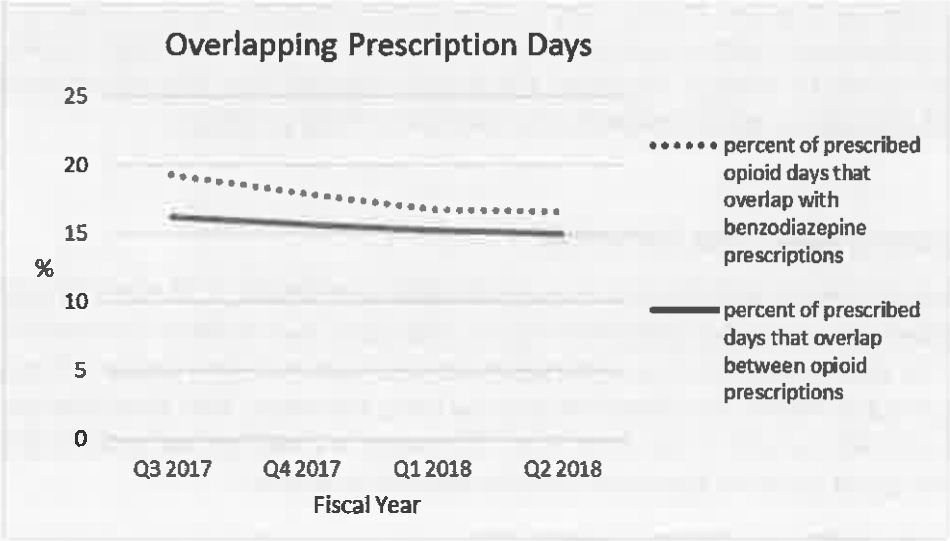
The Virginia Prescription Monitoring Program recorded 19,907,283 opioid prescription days for Commonwealth residents during Q2 2018. This is a decline of 1,187,623 from the previous quarter and a -16.59% change from Q3 2017. Prescription days or days' supply refers to the number of days of medication prescribed.



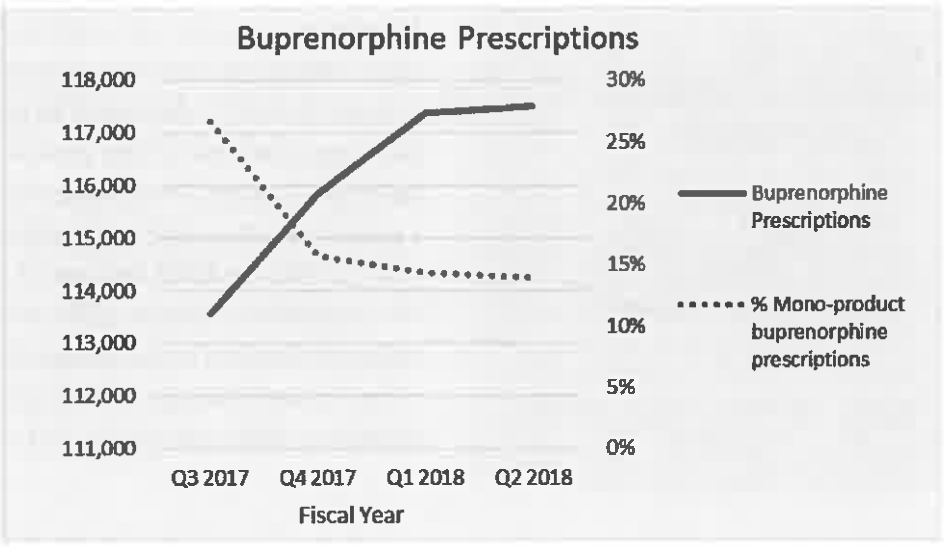
Multiple Provider Episodes (MPEs), defined as five or more prescribers and five or more pharmacies in a 6-month period, can be an indicator of doctor shopping or issues with coordination of care. During Q2, MPEs occurred at a rate of 12 per 100,000 residents. This rate declined by 1.98 from Q1 2018 and by 10.23 overall from Q3 2017.



Morphine milligram equivalents (MME) per day is the amount of morphine an opioid dose is equal to and is often used to gauge the overdose potential of the amount of opioid being prescribed. The Centers for Disease Control indicates that individuals taking greater than 90 MME/day are at a higher risk of overdose and death. 10.41 percent of patients received prescriptions for opioids with more than an average daily dose of 90 MME/day across all opioid prescriptions.



Overlapping opioid prescriptions and concurrent opioid and benzodiazepine prescribing increases the risk of overdose. The decline from Q3 FY 2017 to Q2 FY 2018 in percentage of days with overlapping opioid-opioid and opioid-benzodiazepine prescriptions from 16.2% to 14.9% and 19.3% to 16.6%, respectively, shows progress toward smarter, safer prescribing. There were 719,254 queries using the PMP system before a new opioid or benzodiazepine prescription was issued this quarter. In that same time period, 1,948,725 opioid and benzodiazepine prescriptions were issued. This amounts to 36.9 queries per 100 opioid or benzodiazepines prescriptions.



Buprenorphine is a drug that may be used to treat opioid addiction. While increasing numbers of buprenorphine prescriptions in general indicates increases treatment usage, mono-product buprenorphine may be abused. Therefore, the decline in the percent of prescriptions that are mono- product buprenorphine indicates improved prescribing practices.

Methods, Considerations, and Limitations

This quarterly report represents a snapshot of data as of March 1, 2018 and is subject to change. Differences with other published reports may occur due to differing case definitions or time lags. The PMP system relies on pharmacies to report accurate and timely information. They can correct or submit post-dated data at any time. Therefore, PMP data changes as pharmacies correct, amend, or resubmit data. This report is compiled and published quarterly. Quarters are based upon the fiscal year and are defined as follows:

- Quarter 1 (Q1): July 1st – September 30th
- Quarter 2 (Q2): October 1st – December 31st
- Quarter 3 (Q3): January 1st – March 31st
- Quarter 4 (Q4): April 1st – June 30st

Rate calculations are based upon Virginia population projections. These population estimates came from the US Census Bureau, Population Estimates Program (PEP), July 1, 2017 population estimates at https://www.census.gov/quickfacts/fact/table/VA/PST045217#viewtop retrieved on February 15, 2018.

Please direct questions concerning this report to PMP@dhp.virginia.gov