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

Perimeter Center, 9960 Mayland Drive, Second Floor **804-367-4566(Tel)**
Henrico, Virginia 23233 **804-527-4470(Fax)**

Agenda of Meeting
September 27, 2018
1:00 PM
Board Room 1
TOPIC

Call to Order:

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

Public Comment:

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

Legislation and Regulation Update: Ralph Orr

Election of Chair and Vice-Chair for FY2019

Program Update:

- NarxCare Enterprise
- NPEDE
- CDC Prevention for States Grant Projects
    - Prescriber Reports
    - Clinical Alerts
    - Advanced Analytics/Program Statistics
    - Communications Initiative
    - MME Calculator
- Integration update:
    - Emergency Department Care Coordination Initiative
    - Purdue/Appriss Grant Initiative
- Interoperability update

Overview of PMP Advisory Panel Activities:

Periodic Reports and Website Presentation of PMP Data:

Meeting Dates for 2019: 3/14, 6/12, and 9/18

Adjourn

DRAFT

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
VIRGINIA PRESCRIPTION MONITORING PROGRAM
MINUTES OF ADVISORY COMMITTEE

Thursday, March 22, 2018 — 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463

CALL TO ORDER:	A meeting of the Advisory Committee of the Prescription Monitoring Program was called to order at 10:08 a.m.
PRESIDING	Holly Morris, RPh, Chair
MEMBERS PRESENT:	Shaheen Lakhan, M.D., Chief Manager, Carilion Clinic Mark Ryan, M.D., VCU Health Systems Matthew Keats, M.D., Medical Director, DMAS
MEMBERS ABSENT:	Harvey Smith, 1SG, Virginia State Police Rodney Stiltner, PharmD, VCU Health Systems Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Jeffrey Gofton, M.D., Office of the Chief Medical Examiner Randall Clouse, Office of the Attorney General Brenda Clarkson, Executive Director, Virginia Association for Hospices and Palliative Care
STAFF PRESENT:	Lisa Hahn, Chief Operating Officer, Department of Health Professions (DHP) Barbara Allison-Bryan, M.D., Deputy Director, Department of Health Professions James Rutkowski, Assistant Attorney General, Office of the Attorney General Ralph A. Orr, Director, Prescription Monitoring Program Desiré Brown, Admin. & Data Compliance Specialist, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Ms. Morris welcomed everyone to the meeting of the Advisory Committee and all attendees introduced themselves.
APPROVAL OF AGENDA	The agenda was approved as presented.
APPROVAL OF MINUTES	Ms. Morris asked for a motion to postpone the approval of the minutes from the September 14, 2017 meeting of the PMP Advisory Committee and all were in favor. The approval of the minutes have been postponed to June 6, 2018
PUBLIC COMMENTS	Dr. Kurt Elward, President of the Medical Society of Virginia, commended the PMP staff for the exceptional service received and how beneficial the Prescription Monitoring Program is to Primary Care physicians. Dr. Elward asked that the PMP insure prescriber reports are readily accessible and encouraged

	participation in committee activities by prescribers across the spectrum of care. Dr. Elward ended his comments stating, "Physicians remain committed to using the PMP for prescribing in Virginia and are eager to lend our help to solve the opioid crisis in Virginia."
DEPARTMENT OF HEALTH PROFESSIONS REPORT	Lisa Hahn introduced Dr. Barbara Allison-Bryan as the new Chief Deputy of the Department of Health Professions and Lisa Speller-Davis as a Policy Analyst in the Board of Nursing. Dr. Allison-Bryan thanked the committee for its work and stated she is looking forward to working with PMP as well as all the staff and boards at DHP.
Ralph Orr: **LEGISLATION AND REGULATION UPDATE**	Ralph Orr presented the legislative update on behalf of Ms. Elaine Yeatts. Mr. Orr reviewed legislation passed during the 2018 General Assembly; following are summary of bills affecting the PMP. <u>HB1173:</u> 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 (7) days. Mr. Orr noted the language has an expiration date of July 1, 2022. <u>HB1556:</u> Schedule V prescriptions and Naloxone dispensed by pharmacies shall be reported to the Prescription Monitoring Program. Mr. Orr noted the bill becomes effective July 1, 2018. <u>SB226:</u> Requires veterinarians who dispense covered substances as part of a course of treatment lasting more than seven (7) days to report certain information to the Prescription Monitoring Program (PMP). Mr. Orr emphasized the Species Code data element added to reporting requirements in July 2017 led to approximately 50,000 prescriptions reported to the PMP under the animal species code in the second quarter. Preceding the effective date, the PMP will be working with the Boards of Veterinary Medicine and Pharmacy to educate Veterinarians and Pharmacists on correct procedures of reporting animal prescriptions to the PMP. <u>SB330:</u> 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. Mr. Orr noted the Prescription Monitoring Program would be required to track the dispensing of these products from pharmaceutical processors approved by the Board of Pharmacy. Mrs. Hahn mentioned interested pharmaceutical processors would have to request an application and undergo an evaluation process created by the

	Board of Pharmacy. The amount of permit requests will be limited; application submissions will begin in April. SB728: Expands the PMP Advisory Panel, which is responsible for assisting with the development of criteria for unsolicited reports, to include representatives from the Department of Health, Department of Medical Assistant Services and the Department of Behavioral Health and Development Services. The PMP has not determined a date for the first meeting with the expanded panel. The bill also requires the PMP to add additional information to the existing annual report sent to the Joint Commissioner on Health Care by November 1st of each year. SB735: 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 employees of the Department of Medical Assistance Services for the purposes of determining eligibility for and managing the care of the recipient in a Patient Utilization Management Safety.
PROGRAM UPDATE Ralph Orr	Mr. Orr reported that he had presented a brief overview of the Prescription Monitoring Program to congressional staff members from the Senate "HELP" Committee and the House Committee of Energy and Commerce in DC March 13. The primary purpose of the briefing was to provide information on existing interoperability initiatives and integration processes taken by Virginia. Mr. Orr presented slides used which provide an overview of what PMPs do; describes users of the PMP and requests made via traditional login application, interoperability requests from other states, and in-state integration requests; provides critical details on PMPi (interoperability) and Integration advantages; and the impact that is shown by use of PMP data. In reviewing the requests made to the program, Mr. Orr pointed out that in 2012, there were 859,765 requests made to the PMP. In five short years, the total number of requests rose to over 18 million requests.
Integration Report	Mr. Orr provided information on the NarxCare initiative stating there are currently over 9,000 prescribers connected via NarxCare and another 14,000 prescribers are awaiting integration. The newest health system to implement NarxCare is INOVA and Valley Health Systems on March 15. Approximately 150 pharmacies are currently integrated; many vendors are in the process of making integration solutions available. Mr. Orr noted there is still grant funding available to prescribers and pharmacies to aid in the integration process of NarxCare. This grant funding will be available until June 30th, 2019. Dr. Ryan inquired about the specific algorithm used for NarxScore (risk indicator scores) and the availability of interstate information via

	an integration solution. Mr. Orr suggested that a demonstration of NarxCare and an overview of the NarxScores at the next PMP Advisory Committee Meeting might be helpful; all committee members agreed. Mr. Orr explained that interstate requests are still available in an integration solution but it is a system decision as to which states the system will query. Mr. Orr also provided a short list of EMR and Pharmacy Dispensing applications with currently available integration solutions.
Interoperability Report	The PMP is now interoperable with twenty-nine (29) states and the District of Columbia, the newest state added to Virginia's PMP is North Carolina in January 2018. Mr. Orr noted prescribers and pharmacists could set "Default PMPi States" within their PMP account. This allows the user to receive patient data from those states without the need to select those states for each request.
Prescriber Reports	In January, over 14,000 reports were sent to prescribers. Mr. Orr reviewed the requirements of receiving a prescriber report and discussed the importance of having delegates for prescribers correctly specify on whose behalf they are making a PMP request to better track the "PMP Usage". Mr. Orr then noted a new enhancement to the PMP interface; prescribers now have the ability to review past Prescriber Reports within their PMP profile. A reminder will be sent shortly to all active prescribing users to ensure all requirements to receive a prescriber report is met; this includes an active email address, an active DEA number and the selection of a healthcare specialty, if there were no covered substances reported during the six-month time frame a prescriber report will not be sent. The next quarterly prescriber report is scheduled for April 9-11.
Clinical Alerts	There are currently three clinical alerts set within the Prescription Monitoring Program. Multiple Provider Episodes (MPE) alerts the prescribing physician a patient has visited three (3) or more prescribers and pharmacies in a thirty-day period. Morphine Milligram Equivalent (MME) alerts the prescribing physician a patient has exceed the 120 daily recommended MME value and finally Combination Therapy – Opioids and Benzodiazepines alerts the prescriber a patient has prescriptions for an opioid and a benzodiazepine, the notification is set only for concurrent active prescriptions. Mr. Orr noted the week of March 5th – 11th, 29,255 alerts were recorded and 6,904 total prescribers received the alert, of those 15,852 were Combination Therapy – Opioid and Benzodiazepine Alerts. Mr. Orr asked committee members of their opinion on additional clinical alerts to include a Daily Active Methadone Threshold and an Opioid Consecutive Day Threshold, this will be a follow-up item for the next meeting. Dr. Ryan and Dr. Lakhan felt more customizability and specifications of intervals might be beneficial to the end user.

	Dr. Ryan along with other committee members addressed concerns related to the issue of the exemption from reporting for Narcotic Treatment Programs; Mr. Orr stated 42-CFR Part 2 prevents the Prescription Monitoring Program from receiving data from these treatment programs. SAMHSA is reviewing the regulatory language but there does not seem to be movement towards easing the restrictions that prohibit reporting of dispensing from a program to a PMP unless it comes via federal legislation.
EMERGENCY DEPARTMENT CARE COORDINATION	The 2017 Virginia General Assembly established the Emergency Department Care Coordination (EDCC) Program to provide a single, statewide technology solution that connects all hospital emergency departments in the Commonwealth to facilitate real-time communication and collaboration among physicians, other health care providers and clinical care management personnel for improving the quality of patient care services. Mr. Orr stated emergency department integration is required by June 30th, 2018. The Prescription Monitoring Program will provide a report on the status of PMP integration by July 1st, 2018. Mr. Orr addressed the collaboration efforts with the PMP and Collective Medical and the concern of providing meaningful information to prescribers in the Emergency Department in addition to meeting the requirements of the Prescription Monitoring Program set in law. The solution currently in development includes the display of a NarxScore (Risk Score for narcotics, stimulants, sedatives, and overdose) that has met certain criteria developed by the programmer. A hyperlink will display the NarxCare report to prescribers within the emergency department. Mr. Orr stated the NarxScore or a link to PMP data would not be available to Health Plans.
Education Update	Mr. Orr reported on recent and upcoming educational activities. The PMP is looking at developing more video and FAQ type information for posting on the program webpage.
Advanced Analytics	Mr. Orr reviewed the timeline of events leading up to today's improved VAPDMP software system and noted the PMP has received grant funding through the Virginia Department of Health (VDH) from the Centers for Disease Control for advanced analytics. The PMP implemented Phase One November 15, 2017 along with an enhanced version of Tableau products provided by Appriss, Phase Two is scheduled for release in the 2nd quarter of 2018.
PERIODIC REPORTS AND WEBSITE PRESENTATION OF PMP DATA Ralph Orr	Mr. Orr noted the annual report will contain additional data elements based on requirements in legislation passed by the 2018 General Assembly and then reviewed the recently posted quarterly report and emphasized the purpose is to help measure the effects of new legislation and regulation. The PMP is

	exploring solutions to publish de-identified statistical reports by using products such as TABLEAU PUBLIC on the program website. Mr. Orr highlighted in the fourth quarter of 2017, 719,254 queries were made before a new opioid or benzodiazepine prescription was issued.
ADDITIONAL MEETING DATES FOR 2018:	TBD September 2018
NEXT MEETING	The next meeting will be held on June 6, 2018 from 10 a.m. to 2:00 p.m.
ADJOURN:	With all business concluded, the committee adjourned at 1:00 p.m.
	_____
	Holly Morris, Chairman
	_____
	Ralph A. Orr, Director

PMP ADVISORY COMMITTEE MEETING 9/27/18

Program Update, PMP Advisory Panel, Reports, and Website

NARXCARE ENTERPRISE

- Live August 1
- All users receive the same information regardless of whether accessing via the login platform or an integration solution
- Complete PMP information
- Risk scores and PMP information defaulted for previous 2 years
- Ability to add other types of data in the future

NEW LOGIN MENU FEATURES

DAVE TESTPATIENT, 118

Narx Report | Resources

Date: 8/29/2018

Print Report | Download CSV

TESTPATIENT, DAVE

Risk Indicators

NARX SCORES

Narcotic	Sedative	Stimulant
120	040	000

Explanation and Guidance

OVERDOSE RISK SCORE

310

(Range 000-999)

Explanation and Guidance

ADDITIONAL RISK INDICATORS (1)

! > 100 MME total and 40 MME/day average

Explanation and Guidance

This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete.

Graphs

RX GRAPH

Narcotic | Sedative | Stimulant

Summary

Summary		Narcotics* (excluding buprenorphine):		Sedatives*		Buprenorphine*	
Total Prescriptions:	5	Current Qty:	0	Current Qty:	0	Current Qty:	0
Total Prescribers:	3	Current MME/day:	0.00	Current LME/day:	0.00	Current mg/day:	0.00
Total Pharmacies:	2	30 Day Avg MME/day:	0.00	30 Day Avg LME/day:	0.00	30 Day Avg mg/day:	0.00

Rx Data

PRESCRIPTIONS

Total Prescriptions: 5
Total Private Pay: 5

Fill Date	ID	Written	Drug	Qty	Days	Prescriber	Rx #	Pharmacy	Refill	Daily Dose *	Pymt Type	PMP
12/12/2016	1	12/12/2016	OXYCODONE HCL 20 MG TABLET	60	30	DA TES	TP000009	Dav(0000)	0	60.00 MME	Private Pay	VA
12/12/2016	1	12/12/2016	OXYCODONE HCL 20 MG TABLET	60	60	EV TES	TP000011	Dav(0000)	0	30.00 MME	Private Pay	VA
12/09/2016	1	12/09/2016	OXYCODONE HCL 20 MG TABLET	60	25	BO TES	TP000002	Bob(1111)	0	72.00 MME	Private Pay	VA
11/09/2016	1	11/09/2016	OXYCODONE HCL 20 MG TABLET	60	30	BO TES	TP000003	Bob(1111)	0	60.00 MME	Private Pay	VA
10/09/2016	1	10/09/2016	OXYCODONE HCL 20 MG TABLET	60	30	BO TES	TP000004	Bob(1111)	0	60.00 MME	Private Pay	VA

*Per CDC guidance, the MME conversion factors prescribed or provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. LME = Lorazepam milligram equivalents. mg = dose in milligrams.

PROVIDERS

Total Providers: 3

Name	Address	City	State	Zipcode	DEA
TESTPRESCRIBER, BOB	8888 NOWHERE ST	RESTON	VA	20190	XR1111111
TESTPRESCRIBER, DAVE	890 NO PLACE ST	RESTON	VA	20190	XD6666666
TESTPRESCRIBER, EVE	10110 TEST ST	RESTON	VA	20190	XE8888888

PHARMACIES

Total Pharmacies: 2

Name	Address	City	State	Zipcode	DEA
Bob's PHARMACY	1234 NOT-A-REAL-PLACE DR	RESTON	VA	20190	ZB1111111
Dave's PHARMACY CHAIN	7th TEST ST	RESTON	VA	20190	ZD0000000

Virginia Department of
Health Professions
Prescription Monitoring Program

DAVE TESTPATIENT, 118

Narx Report | Resources

Access to Treatment

Mat Providers

Find the 30 closest MAT providers for this patient. The patient's zip code is prep-populated if available. View more information about the treatment locator.

Search for providers near:

Zip Code

20189

Submit

Educational Resources

INFORMATIONAL DOCUMENTS

Click the associated link and print. View more information about resources.

What You Need to Know

Opioids and Chronic Pain

Pregnancy and Opioids

NPEDE: NATIONAL PDMP ENHANCED DATA EXCHANGE

- Initial funding is at no cost
- Virginia is one of 5 pilot states (NV, MI, IN, and MN)
- Initial focus on:
  - Overdose Data from hospitals and first responders to help identify at-risk patients (2018 General Assembly bills that generated request for information, HB882, HB1175, identical language in Senate Bill)
  - Criminal Justice Data may include recent release from incarceration integrated into specific reports and risk models

CDC PFS GRANT PROJECTS: PRESCRIBER REPORTS

- Next round of reports goes out October 8-9
- Almost 15,000 reports went out in July
- Healthcare Specialties and Metrics Document

CDC PFS Grant Projects: Clinical Alerts

- Not currently presented in user accounts due to NarxCare Enterprise Implementation, data is still being collected
- MME Alert (120 daily MME or higher) averages 21,000 alerts monthly
- Opioid/benzodiazepine Alert averages 54,500 alerts monthly but is starting to trend lower
- Multiple Provider Alert averages 22,400 alerts monthly, this alert is trending slightly higher (all covered substances)

CDC PFS GRANT PROJECTS: ADVANCED ANALYTICS

- Specialty and provider-level data compared to overall average for easy identification of high prescribing specialties
- Patient zip code level detail
- Dispensation trends month over month
- New Capabilities added periodically

CDC PFS GRANT PROJECTS: COMMUNICATIONS INITIATIVE

- Additional Funding Found for Communication Projects
- Must be Complete by December 31, 2018
- Five-minute Video Short (in production)
- Emergency Opioid Regulations Video Overview (in production)
- NarxCare Video Tutorial (Script development)
- Video/podcast shorts with “guests”

CDC PFS Grant Projects: MME Calculator

- VDH supported project
- Contract with VCU
- In initial phase
- https://youtu.be/u2Cm3FOpiUs

INTEGRATION UPDATE: PURDUE – APPRISS GRANT INITIATIVE

- Integrated with 31 EMR and pharmacy software entities in Virginia
- 1.8 million integration requests processed in August 2018 (another 1.7 million requests from out-of-state integrated entities)
- Several Health Systems and pharmacies are currently working towards integration
- Currently 39 EMR and Pharmacy software vendors with solutions for clients—most recent Athena Health and E-Clinical Works

INTEGRATION UPDATE: EMERGENCY DEPARTMENT CARE COORDINATION

- NarxScore Ribbon available in 7 health systems and presented on EDIE Alerts
  - Each system has at least an End User License Agreement with Appriss Health for integration
  - Fully implemented systems already have NarxCare reports within their workflow
- NarxScore Ribbon on the EDIE Alert will become “active” in Phase II for prescribers in Emergency Departments that have implemented integration

INTEROPERABILITY UPDATE:

DIGITALLY CONNECTED WITH 30 OTHER STATES AND THE DISTRICT OF COLUMBIA

Alabama
Arizona
Arkansas
Connecticut
Delaware
Georgia
Illinois
Indiana
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi

New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Washington D.C.
West Virginia

OVERVIEW OF ADVISORY PANEL MEETING:

- New members added to Panel
- Review of existing indicators and status of previous PMP-initiated investigations
- Recommended prescriber/dispenser indicators for coming year with preliminary data findings
  - Proposed indicators result of collaboration between PMP and Enforcement Division to maximize resources and impact

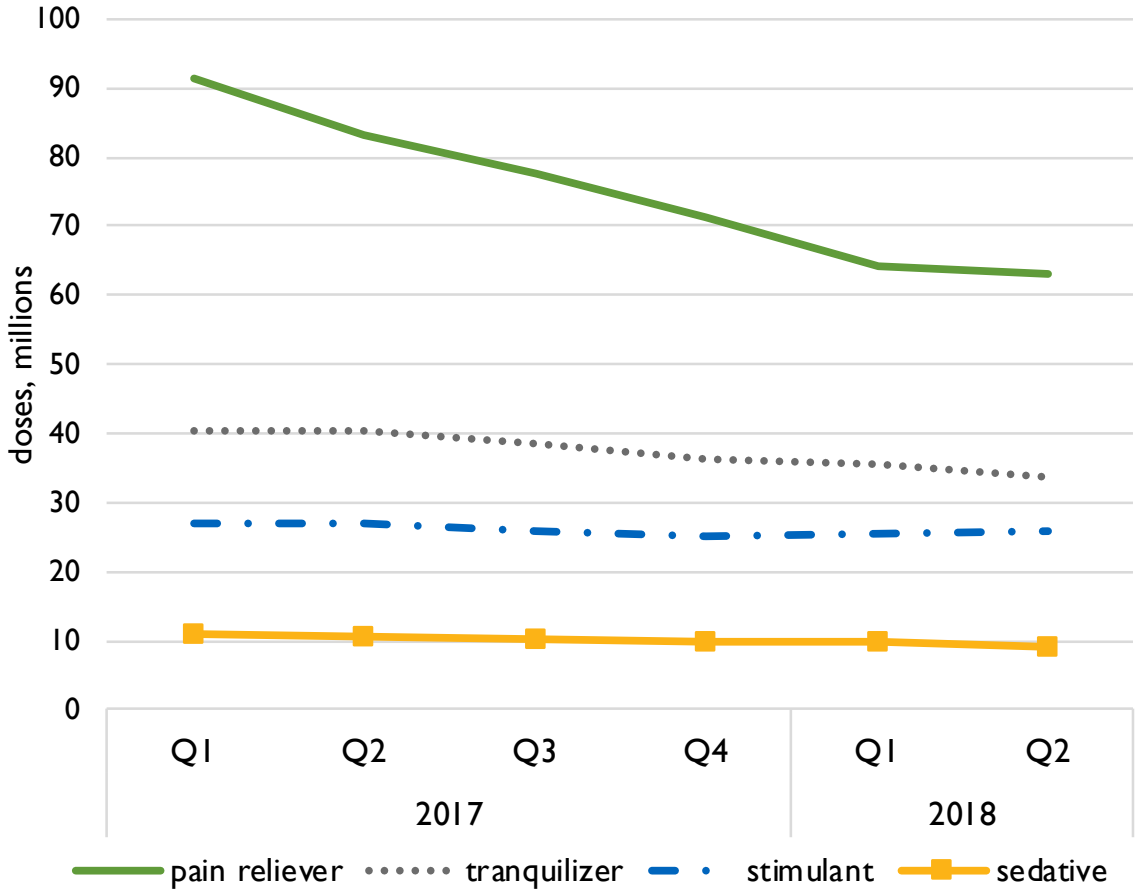
PERIODIC REPORTS: SCHEDULED REPORTS AND OTHER DATA

- Quarterly Reports (Handout)
- Annual Report (Due November 1)
- Requests from other agencies
  - Utilization of State Health Commissioner standing order for naloxone (VDH)
- EDCC Initiative report requirement (Due July 1, Handout)

PMP DATA BY SUBJECT AREA

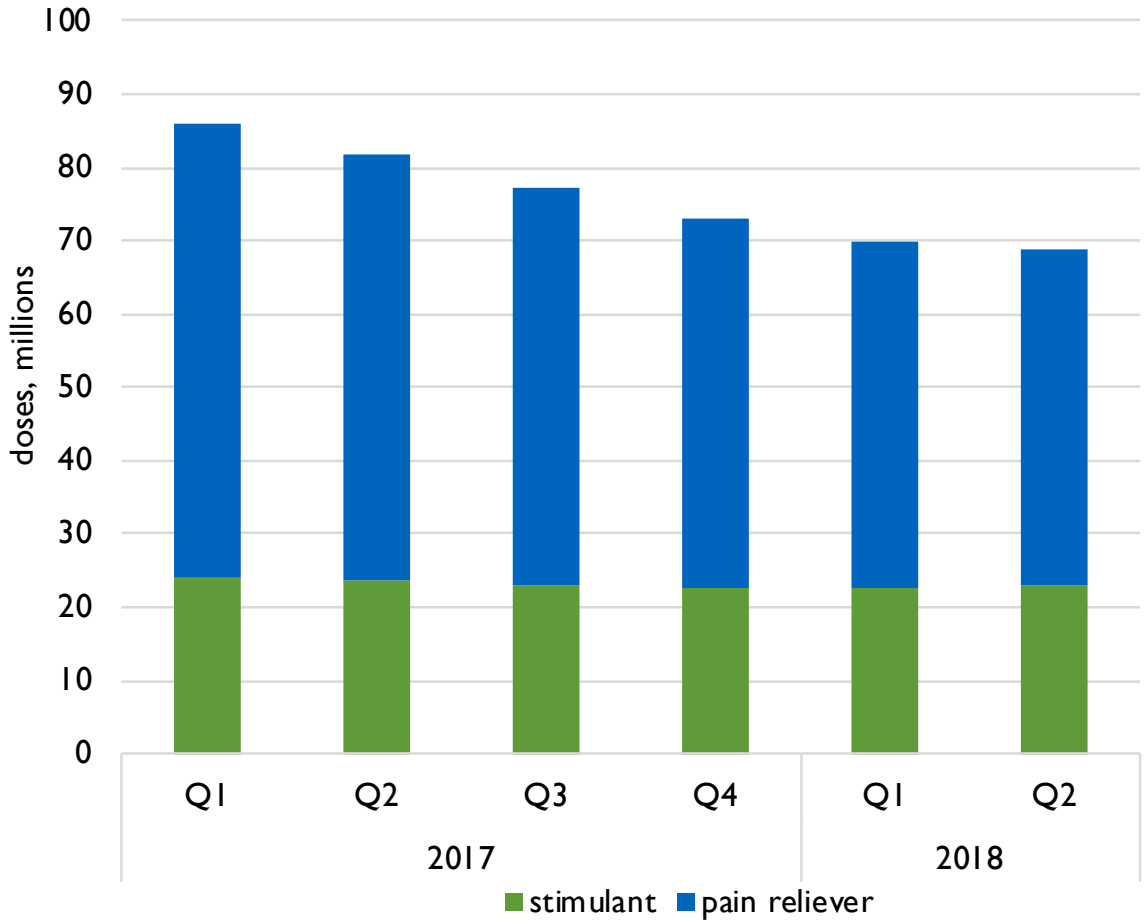
- Drug Type
- Opioids
- Overlaps
- Buprenorphine
- Utilization

DOSES DISPENSED BY DRUG TYPE



- Pain reliever ⬇⅓ (31%)
  - opioids, tramadol
- Tranquilizer ⬇16%
  - longer-acting benzodiazepines (e.g., diazepam/Valium®), muscle relaxants
- Stimulant doses remained stable
  - often used to treat ADHD
- Sedative ⬇18%
  - sleeping medications, shorter-acting benzodiazepines (e.g., temazepam/Restoril®), barbiturates

Schedule II doses by drug type

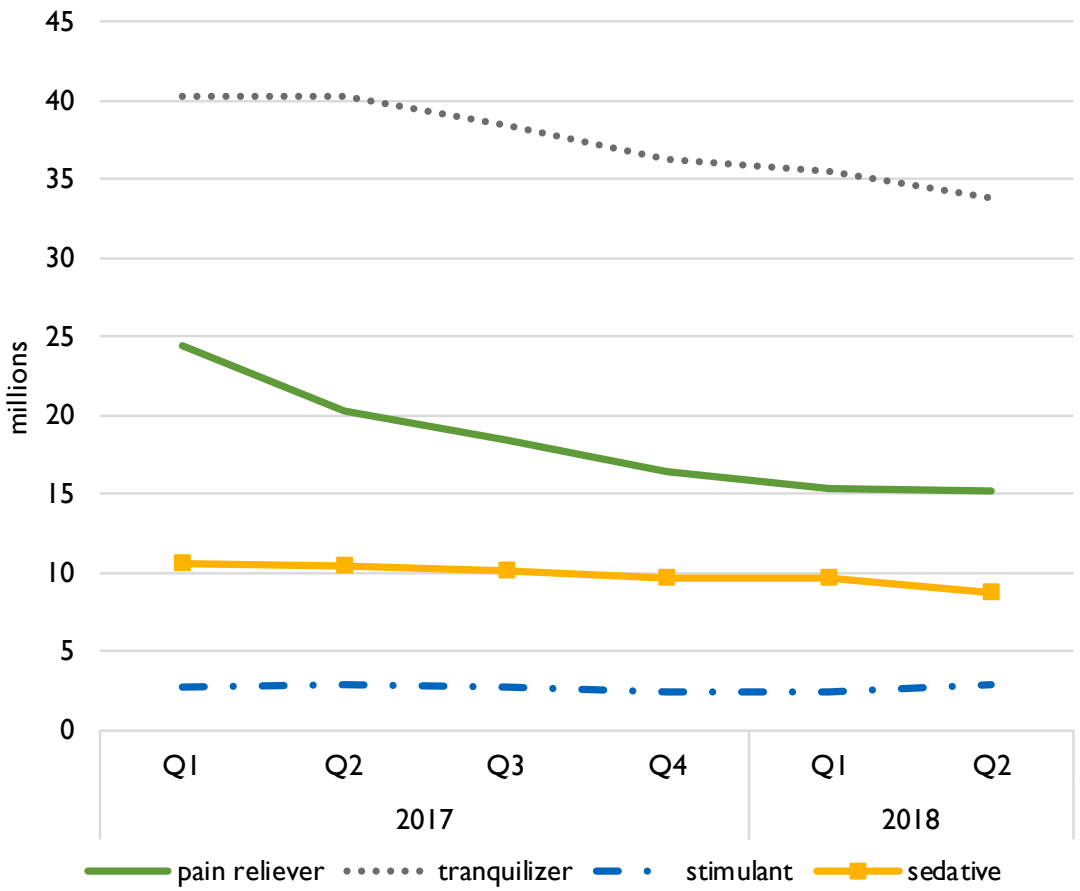


- Overall reduction in Schedule II controlled substance is specific to changes in pain reliever dispensations
- Stimulant dispensations remained stable

Sedative (<0.1%) and tranquilizer (0%) were excluded

drug type: schedule II

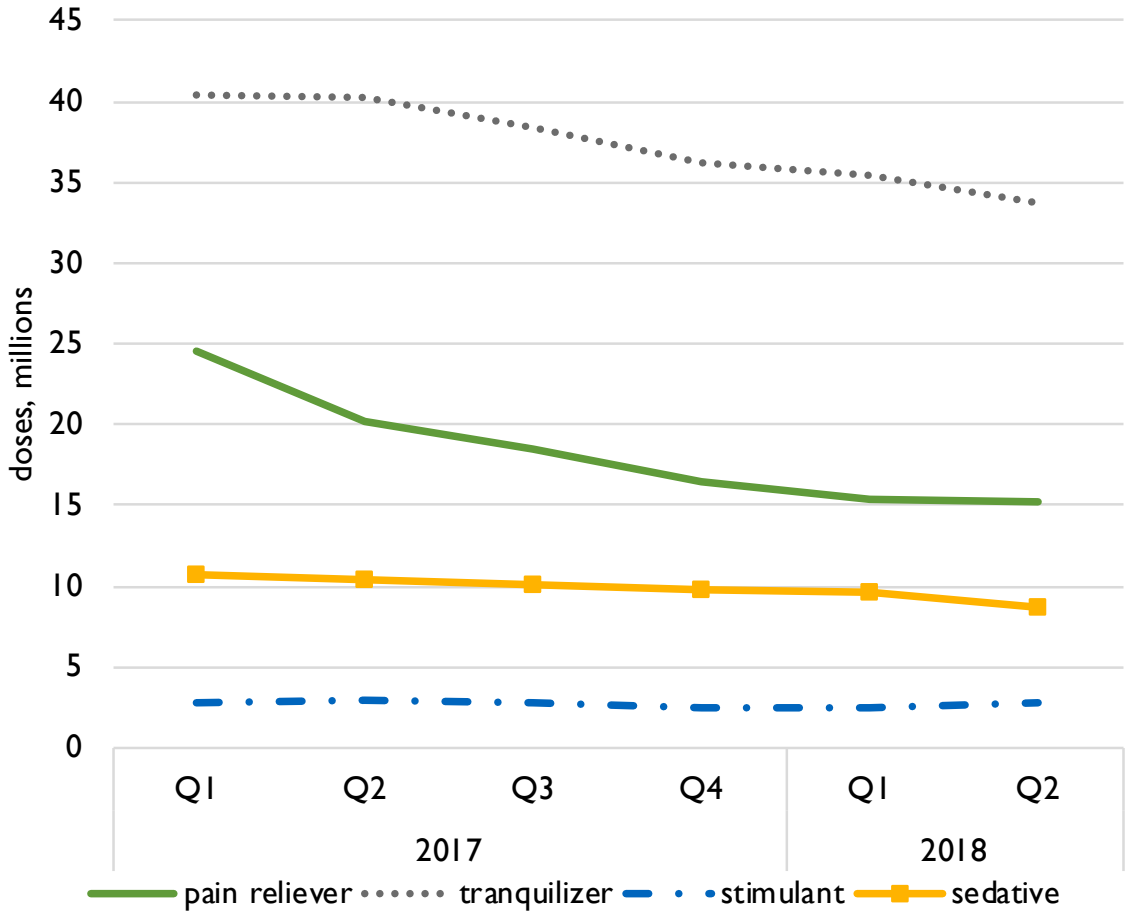
Schedule IV doses by drug type



- Pain reliever: tramadol
- Tranquilizer: longer-acting benzodiazepines, muscle relaxants
  - diazepam (Valium®)
  - carisoprodol (Soma®)
- Stimulant: modafinil (Provigil®)
- Sedative: sleeping medications, shorter-acting benzodiazepines, barbiturates
  - temazepam (Restoril®)
  - zolpidem (Ambien®)

drug type: schedule

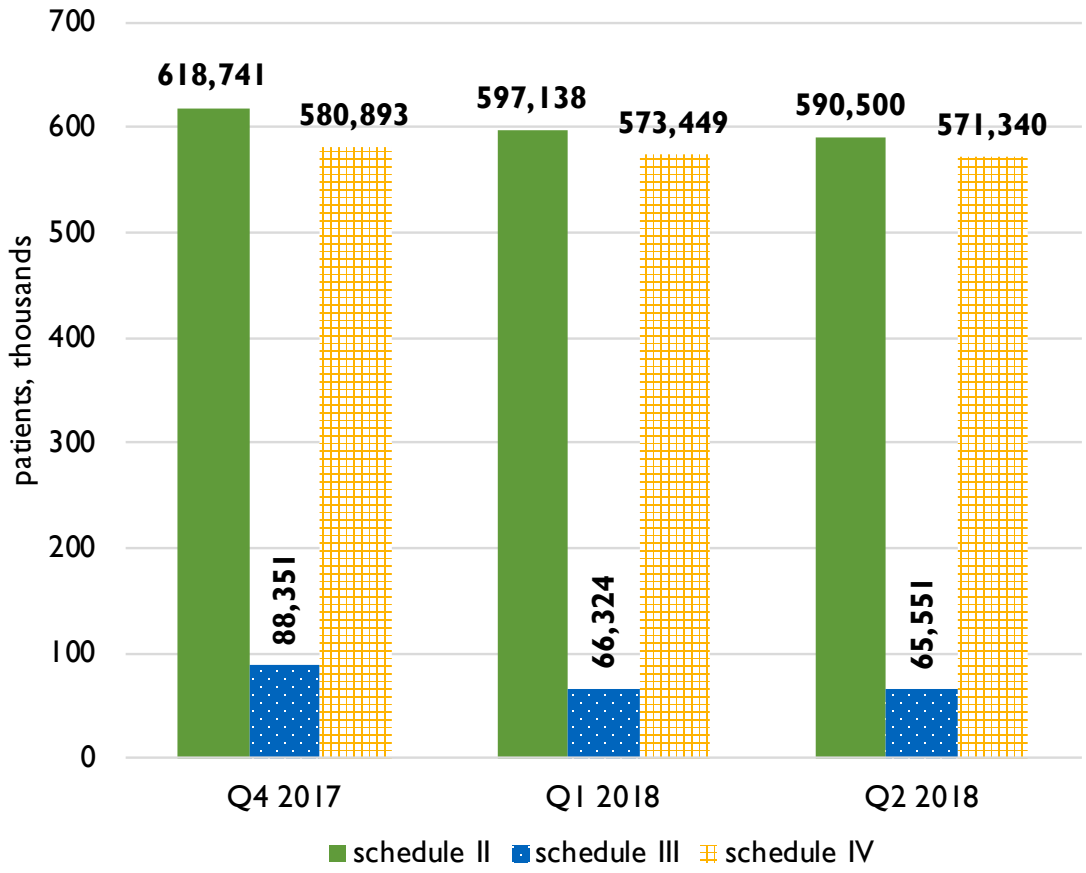
Pain reliever doses dispensed by schedule



- Pain relievers dispensed decreased across all schedules, not just opioids (schedule II)
- Schedule III: Tylenol® with Codeine
- Schedule IV: tramadol

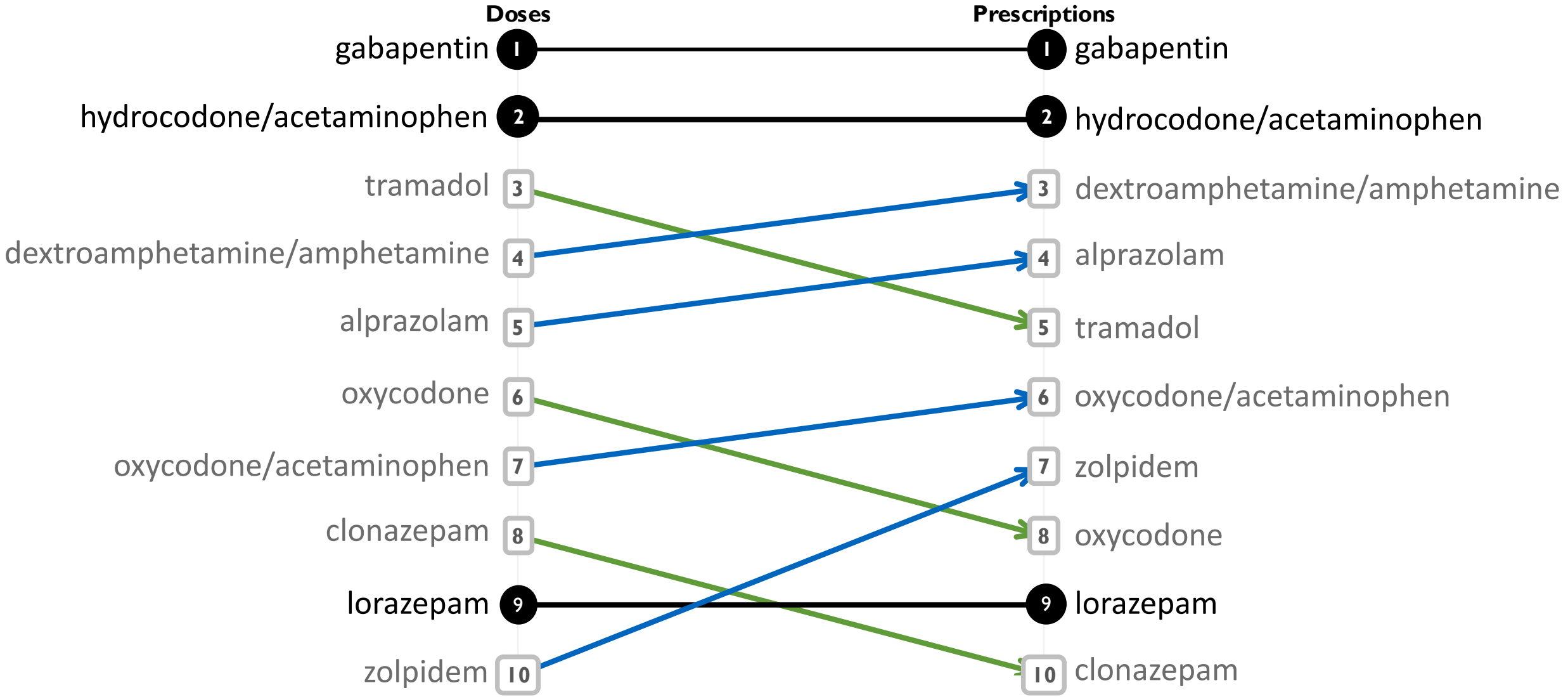
drug type: pain reliever by schedule

Patients receiving controlled substances by schedule



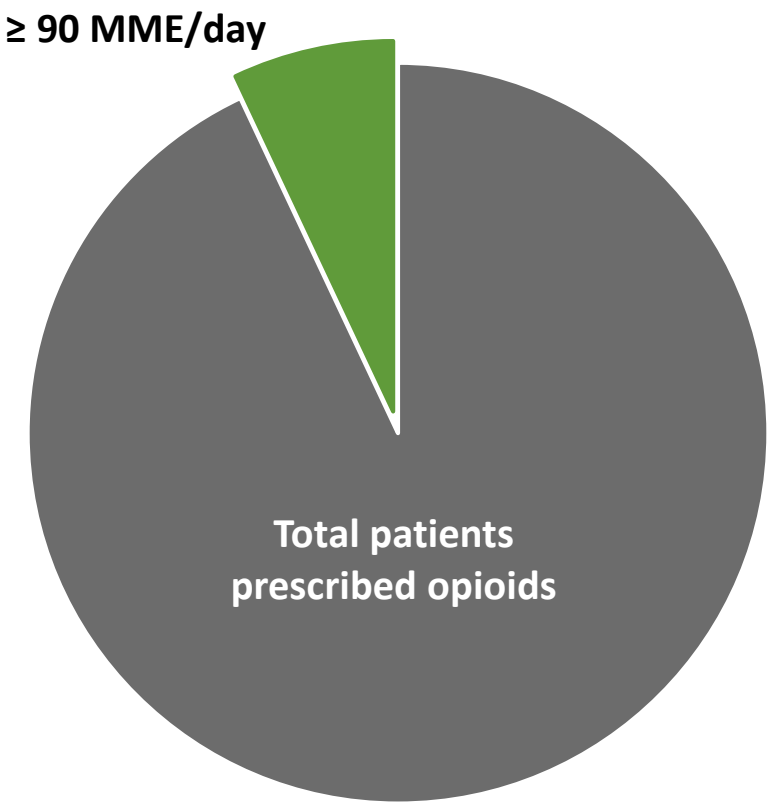
- Examples of medications by schedule
  - Schedule II: opioids, amphetamine (Adderall®), methylphenidate (Ritalin®)
  - Schedule III: Tylenol® with codeine, buprenorphine, anabolic steroids
  - Schedule IV: tramadol, benzodiazepines, muscle relaxants (carisoprodol/Soma®), modafinil (Provigil®), zolpidem (Ambien®)

Top generic medications, January-June 2018



drug type: top 10 meds

Patients receiving ≥ 90 MME/day

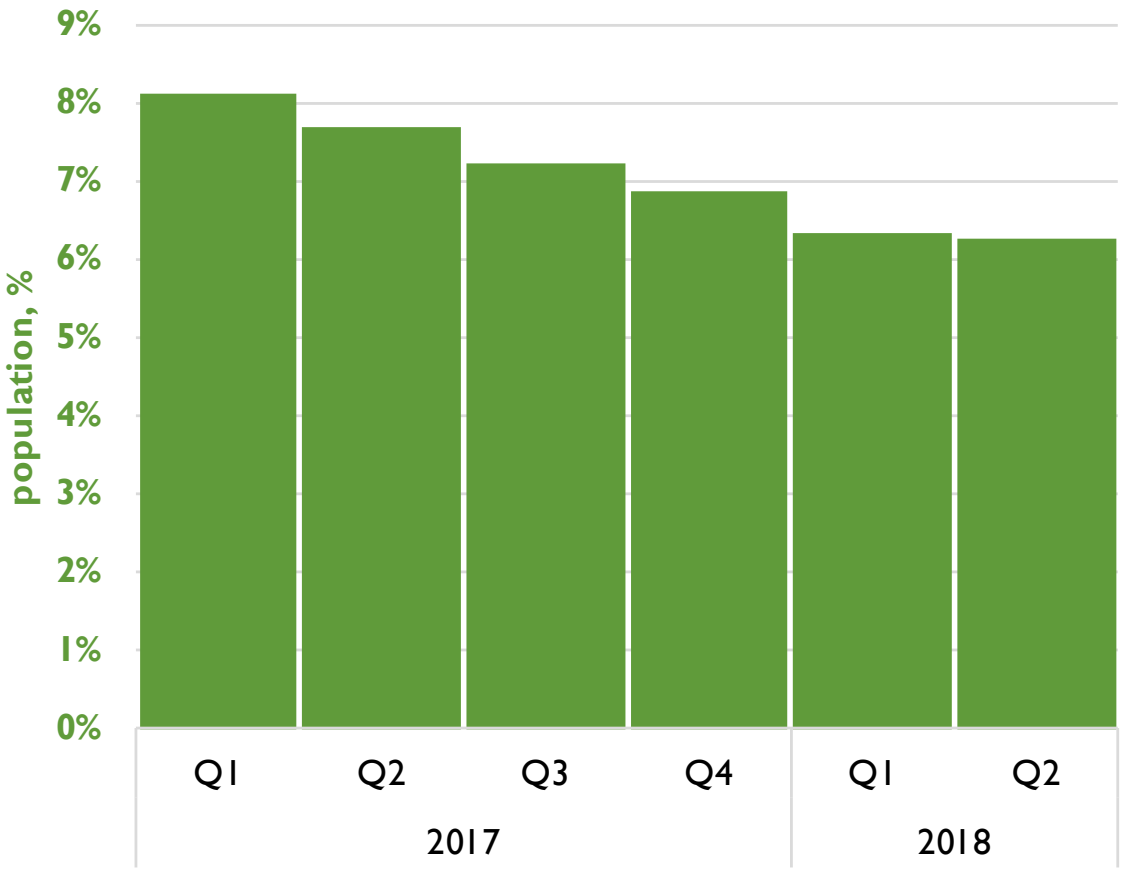


- Morphine milligram equivalent (MME) is a way to calculate the total amount of opioids and account for differences in opioid drug type and strength
  - CDC guidelines specify dosages of ≥ 90/day should be avoided due to risk for fatal overdose
  - As MME ⬆, overdose risk ⬆
- Almost 7% of opioid prescription recipients had an average dose ≥ 90 MME/day
- Progress towards safer prescribing: patients receiving opioids are being prescribed safer dosages putting them at less risk of overdose

Buprenorphine used to treat opioid use disorder and addiction is excluded

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 prescriptions among Virginia residents



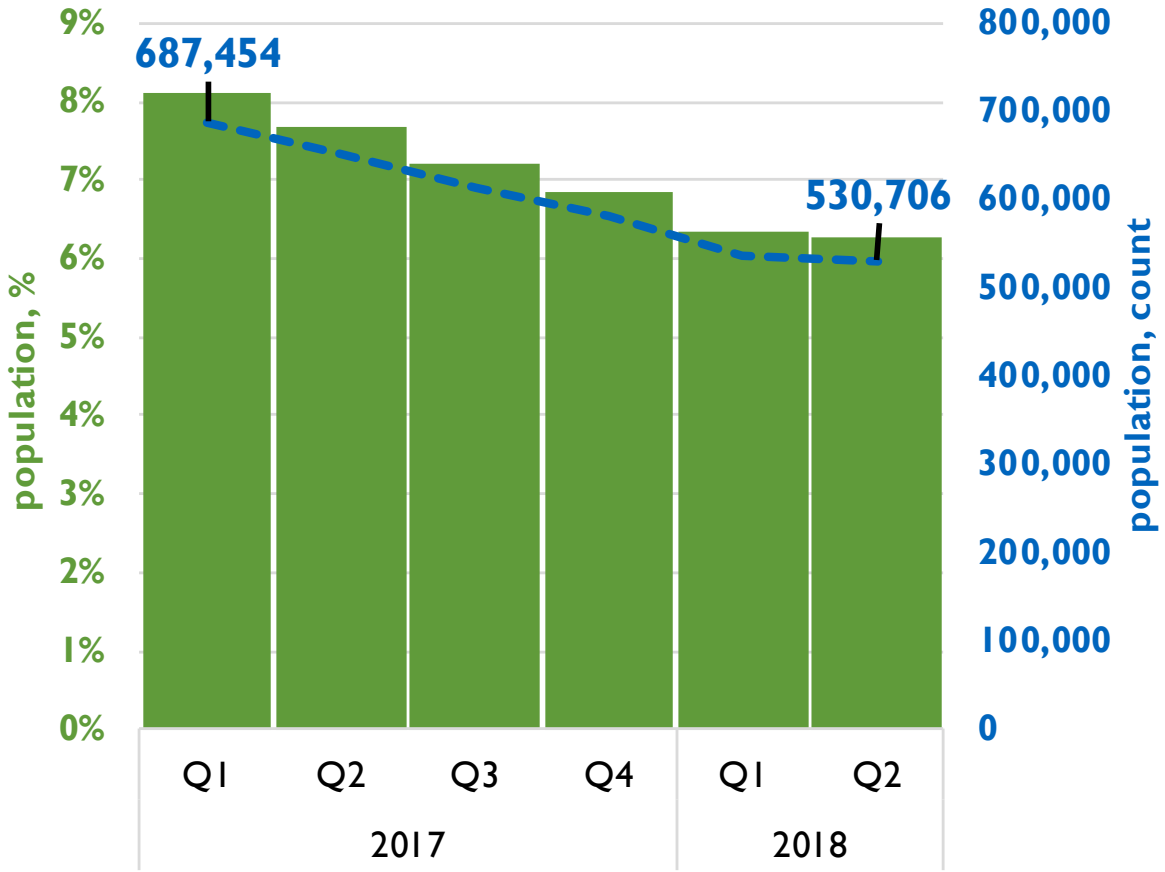
- 6% of Virginians received an opioid prescription in 2018
  - Decrease from 8% in early 2017

Opioid prescriptions among Virginia residents

- 17,161,413 opioid prescription days for state residents
  - Enough for every resident to have a 2 day supply of opioid medications
  - 28% decline in doses dispensed in 1 ½ years
- Total prescription days dispensed declined more than number of patients receiving a prescription
  - 28% and 23%, respectively
  - Patients who are receiving opioids are receiving fewer day supply

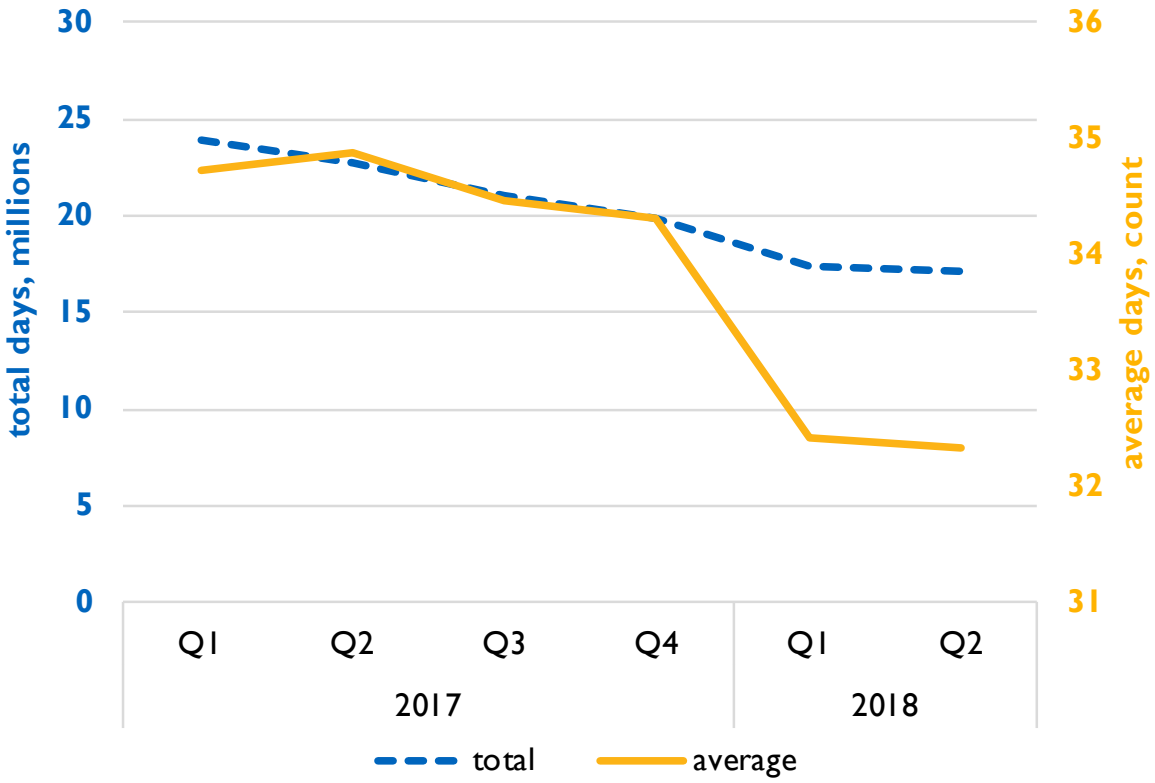
opioids: rx, rx days

Opioid prescriptions among Virginia residents



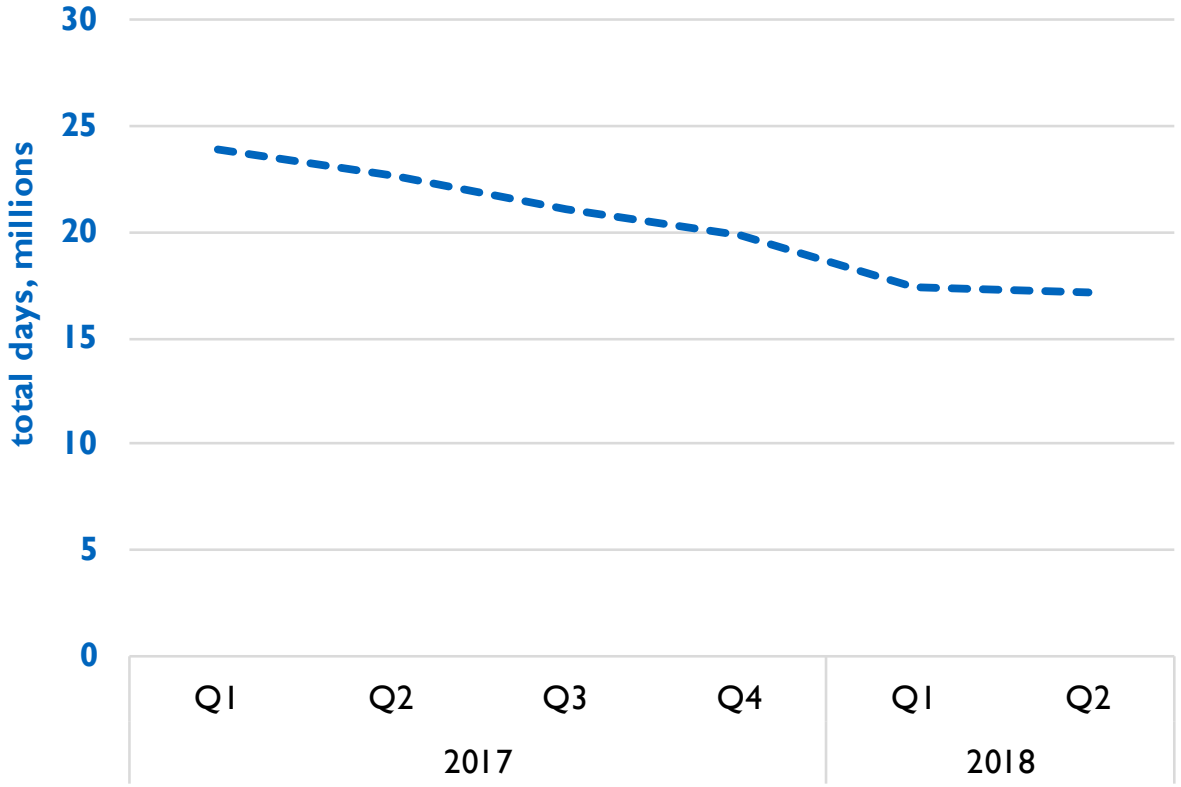
- 6% of Virginians received an opioid prescription in 2018
  - Decrease from 8% in early 2017
- 23% decrease in number of patients receiving an opioid prescription since early 2017

Opioid prescription days among Virginia residents



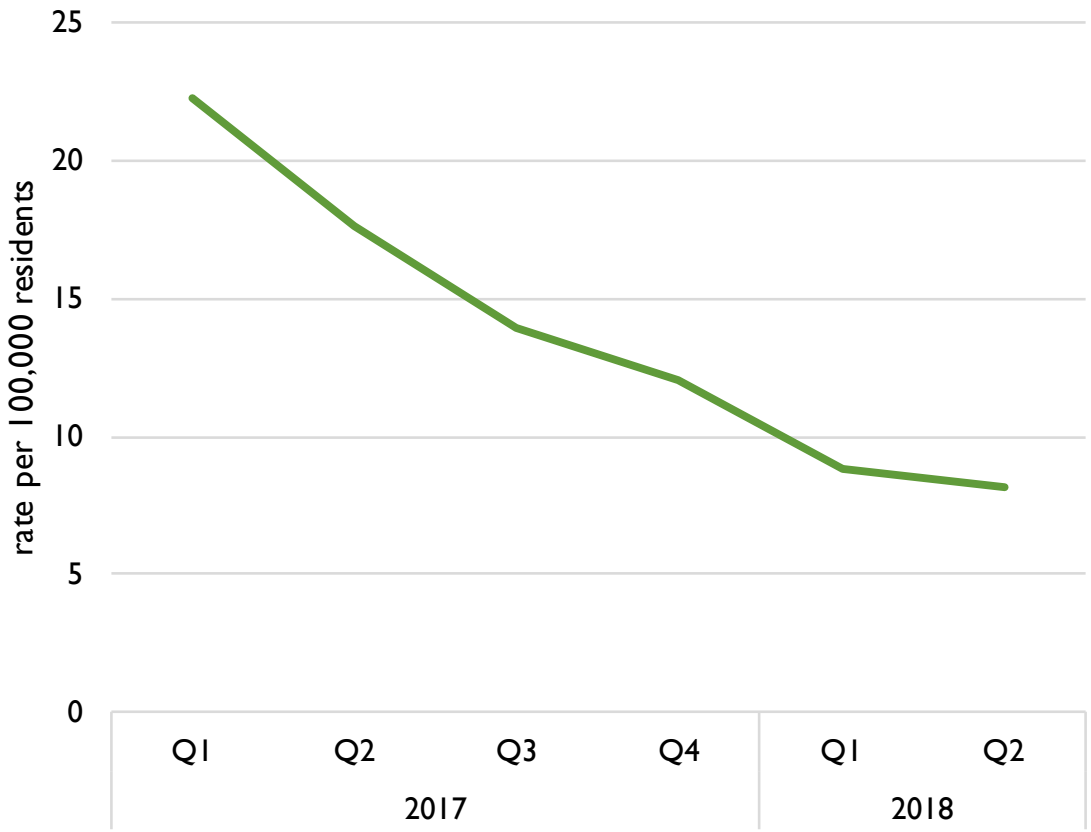
- Prescription days or days' supply refers to the number of days of medication prescribed
- Total prescription days ↓ 28%
  - Enough for every resident to have a 2 day supply of opioid medications
- Average days' supply decreased from 35 to 32 (↓ 7%)

Opioid prescription days among Virginians



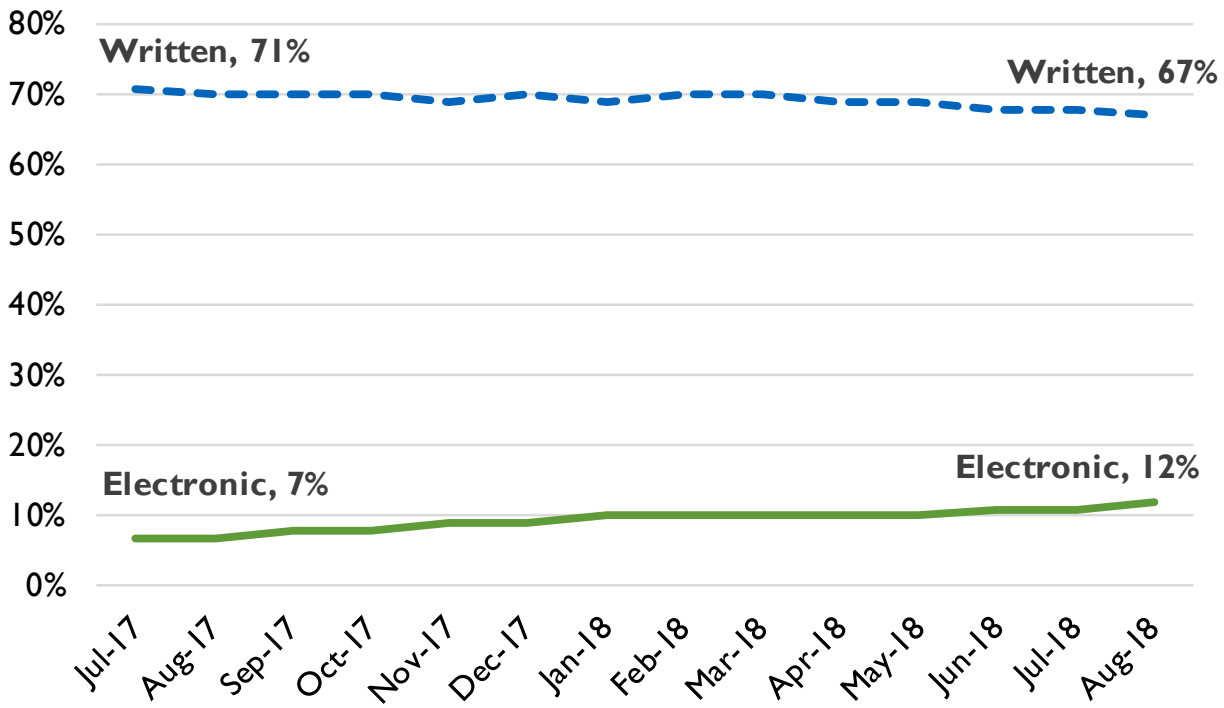
- Total prescription days ↓ 28%
  - Enough for every resident to have a 2 day supply of opioid medications

Multiple provider episodes for prescription opioids



- Multiple provider episodes (MPEs): ≥ 5 prescribers and ≥ 5 pharmacies in 6 months
- Can be an indicator of doctor shopping and/or inadequate care coordination
- Rate declined from 22 per 100,000 people to 8 per 100,000
  - ⅔ (63%)

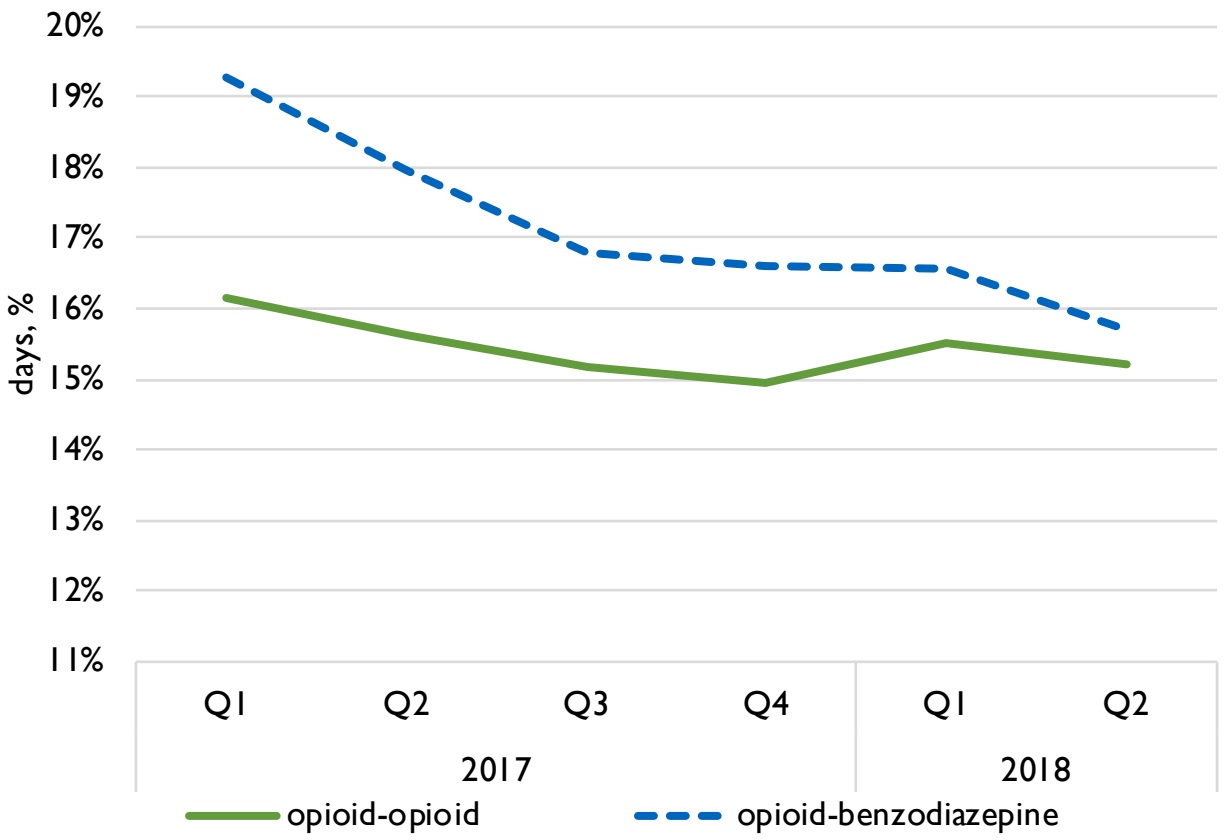
Electronic prescribing for opioids



- Currently, Schedule II (opioids, stimulants) prescriptions must be written (§ 54.1-3410) or electronic
- Effective July 1, 2020, any prescription containing an opiate must be electronic (§ 54.1-3408.02)
  - Electronic Prescriptions for Controlled Substances (EPCS): DEA promulgated regulations in June 2010 to allow e-prescribing of controlled substances
- By comparison, gabapentin: 45% electronic and 13% written
  - Gabapentin is a drug of concern and reportable to PMP, it is not a controlled substance

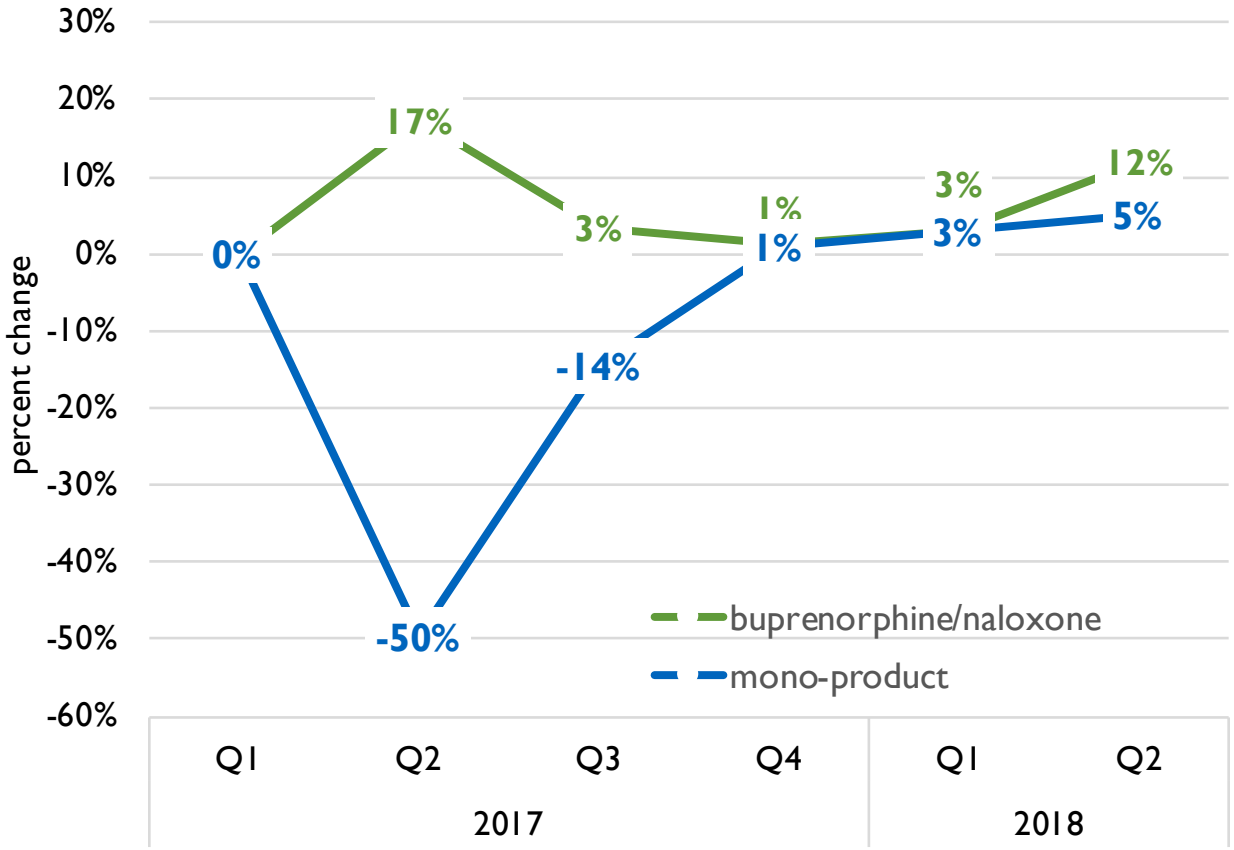
Code of Virginia § 54.1-3410 https://law.lis.virginia.gov/vacode/title54.1/chapter34/section54.1-3410/

Overlapping opioid and opioid-benzodiazepine prescription days



- Overlapping opioid prescriptions and concurrent opioid and benzodiazepine prescribing increases the risk of overdose
- Opioid-benzo prescribing decreased from 19% in early 2017 to 16% in the most recent quarter (18% change)
- Trend in opioid-opioid prescribing remained stable

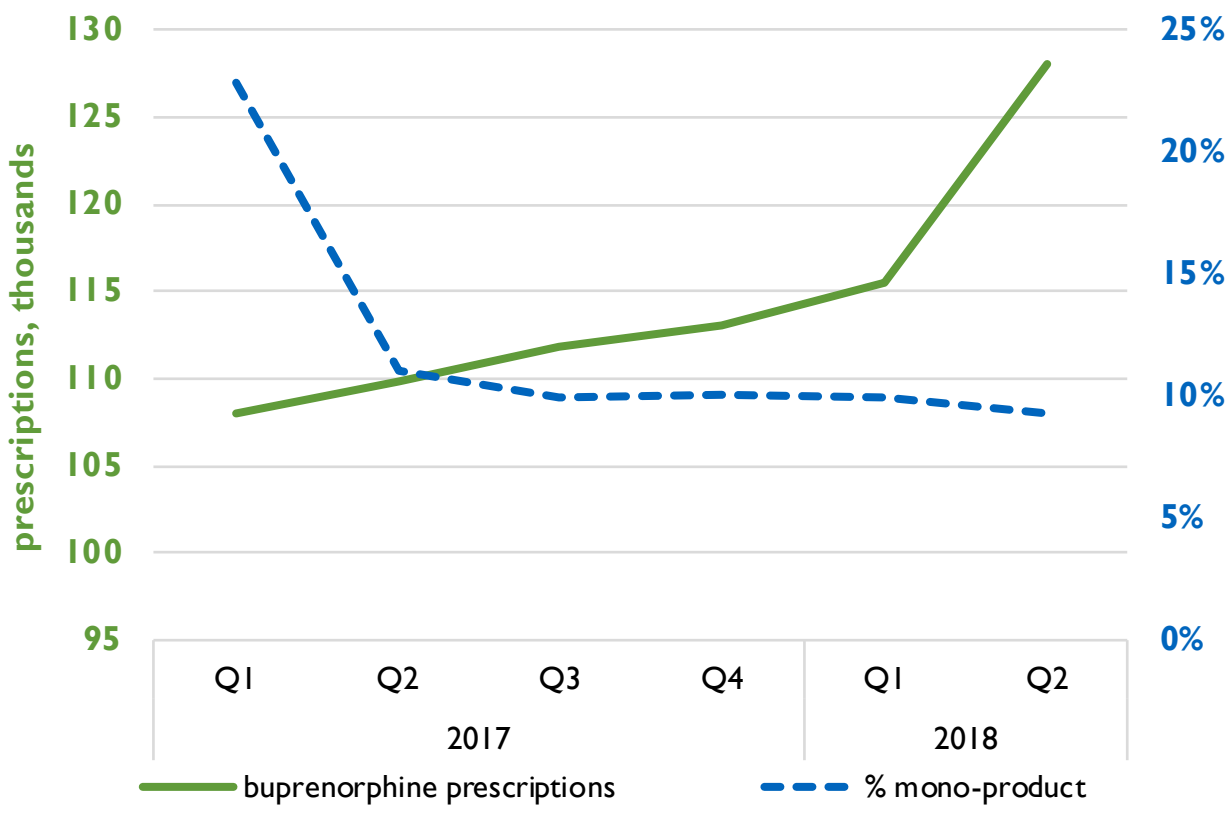
Changes in MAT prescribing



- Medication-assisted treatment (MAT) is the use of medications, like buprenorphine, in combination with counseling and behavioral therapies to treat opioid use disorder and prevent overdose
  - Increasing buprenorphine/naloxone prescriptions indicates increased treatment usage (41% overall increase in days supplied)
- Buprenorphine without naloxone (mono-product buprenorphine) may be abused
  - 18VAC85-21 Regulations Governing Prescribing of Opioids and Buprenorphine from the (emergency regulations effective March 2017) imposed limits on mono-product prescribing
  - Resulted in an immediate decline in mono-product days supplied but since has stabilized
  - Overall 52% decrease in mono-product days supplied

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

Buprenorphine prescribing for MAT



- Buprenorphine without naloxone (mono-product buprenorphine) may be abused
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  - Overall 52% decrease in mono-product prescriptions
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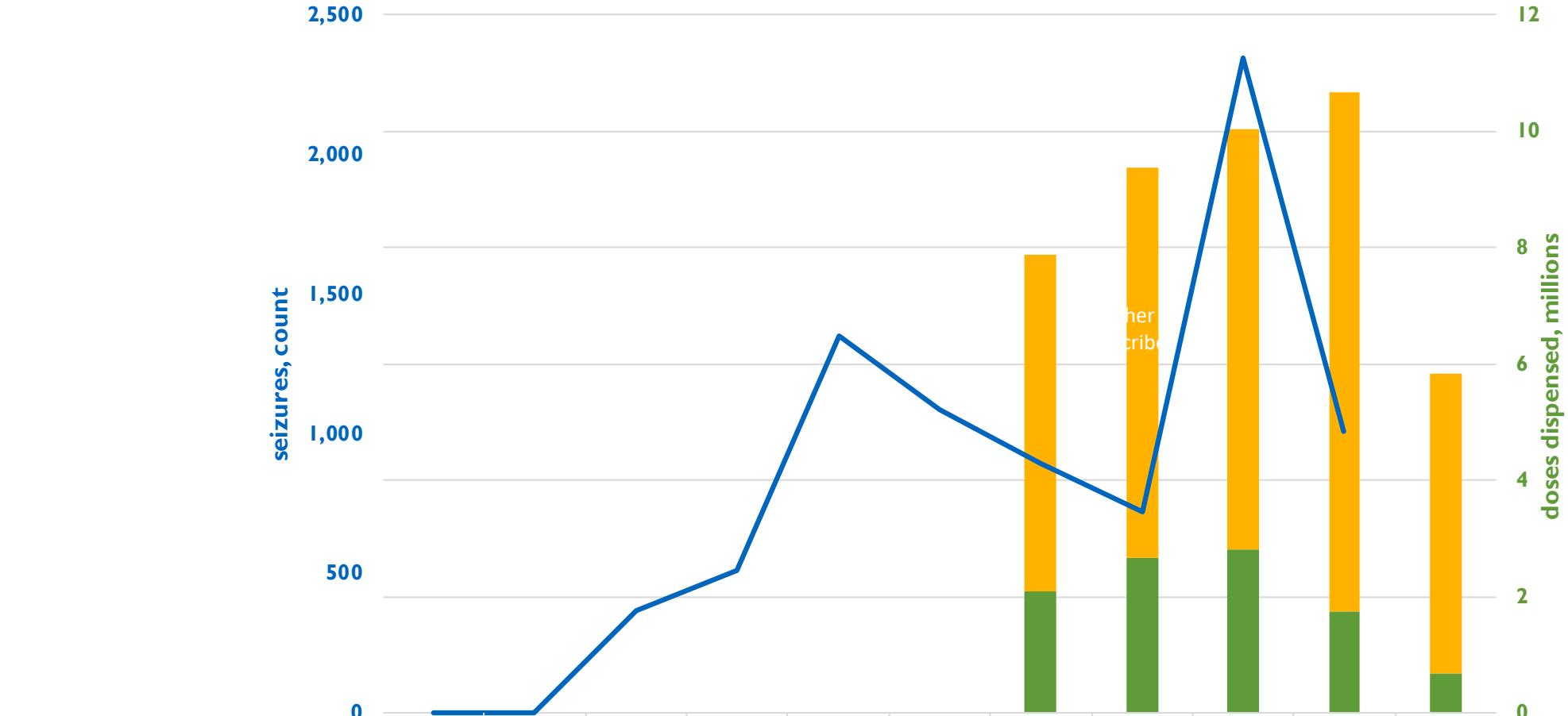
18VAC85-21 Regulations Governing Prescribing of Opioids and Buprenorphine https://law.lis.virginia.gov/admincode/title18/agency85/chapter21/

Buprenorphine prescribing and police seizures



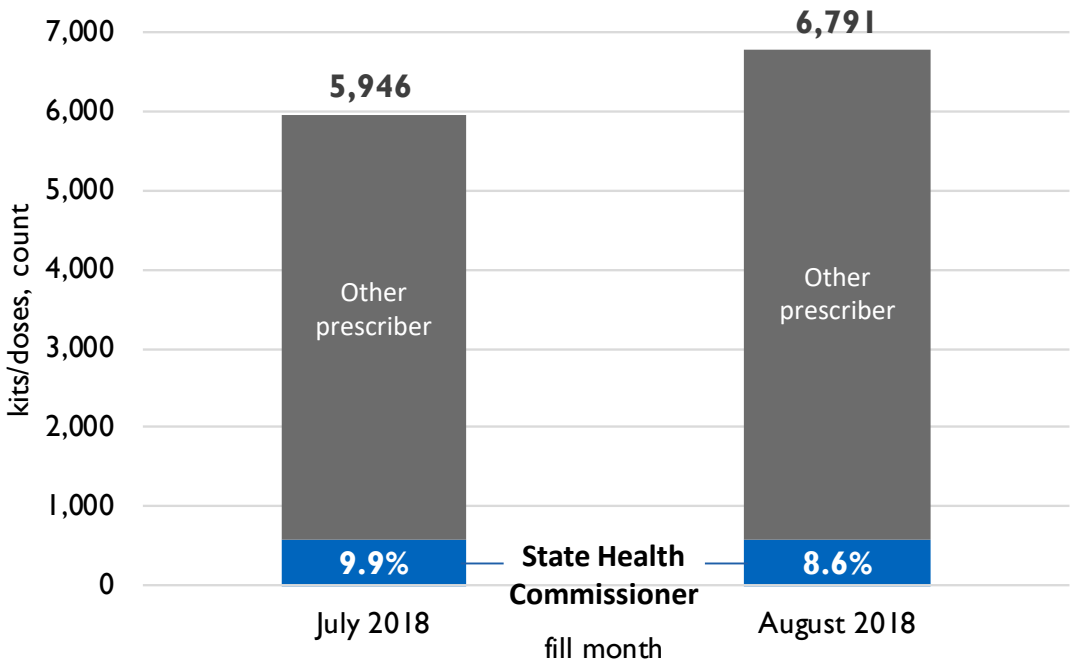
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018*
Buprenorphine/naloxone dispensed							5,793,710	6,693,496	7,224,797	8,920,007	5,148,278
Mono-product dispensed							2,088,009	2,672,544	2,812,732	1,749,099	694,405
Virginia State Police seizures†	0	0	366	509	1,349	1,084	894	719	2,348	1,011	

*Data through June 30, 2018 (Q2); buprenorphine products indicated for pain management excluded

†Buprenorphine seizures data 2008-2017, Bureau of Criminal Investigations, Virginia State Police

State Health Commissioner's naloxone standing order

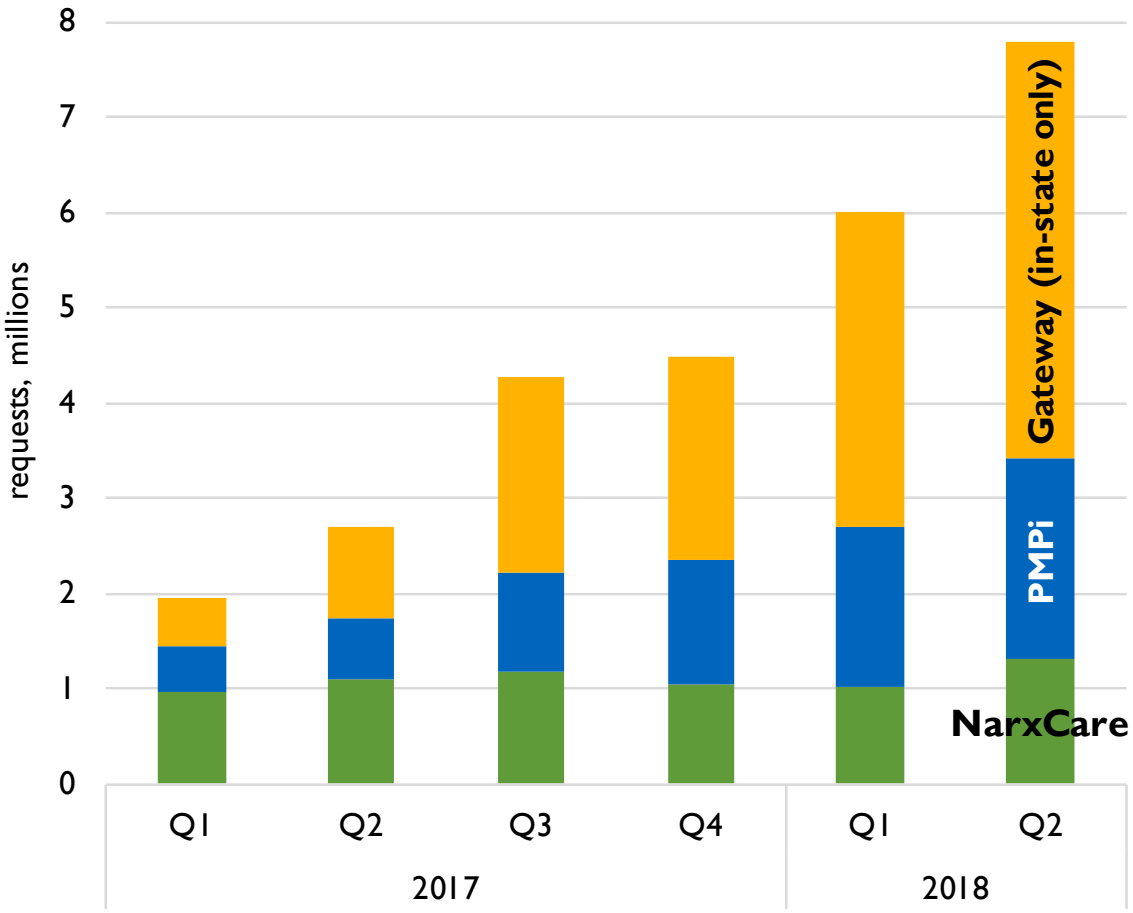
- Virginia Statewide Standing Order for Naloxone
  - "This order authorizes pharmacists… in a pharmacy located in Virginia… to dispense one of the following naloxone formulations in accordance with § 54.1-3408 and the current Board of Pharmacy-approved protocol."
    - Intranasal
      - Naloxone 2mg/2mL prefilled syringe, #2 syringes
      - Narcan® Nasal Spray 4mg, #2
    - Auto-Injector: Naloxone 2mg/auto-injector



- Naloxone became reportable to PMP as of July 1, 2018

Virginia Statewide Standing Order for Naloxone http://www.vdh.virginia.gov/content/uploads/sites/4/2016/11/Standing-Order-w-o-DEA-FINAL.pdf

Utilization is increasing



- Requests for a patient's prescription history nearly *quadrupled* since early 2017
  - Gateway: integrates PMP data within health record clinical workflow
  - PMPi: interoperability among states' PMPs
  - NarxCare (previously AWARxE): web-based application
- Progress towards safer prescribing: PMP use by prescribers, pharmacists, and their delegates as a risk management tool continues to increase

WEBSITE PRESENTATION OF PMP DATA:

- Dashboard vs. Repository
  - Dynamic vs. Static
- Quarterly Updates
- PowerPoint Slide Set Availability