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

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Henrico, Virginia 23233 **804-527-4470(Fax)**

Agenda of Meeting
June 12, 2019
1:00 PM
Board Room 1

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: Barbara Allison-Bryan, M.D., Chief Deputy Director

Legislation and Regulation Update: Ralph Orr

Program Update:

Program Operations:

- Compliance update
- Webpage
- User Account Management

Program Analytics:

- Quarterly reports
- VDH Opioid Dashboard-county level presentation of PMP data
- Data for reports to Enforcement Division
- Other projects

Program Director Report:

- Electronic health record (EHR) and pharmacy software application (PSA) integration update
- Emergency Department Care Coordination (EDCC) initiative
- NPEDE
- Prescriber reports
- Reporting of CBD and THC-A oil dispensing to the PMP

Meeting Dates for 2019: 9/18

Adjourn

DRAFT

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

Thursday, March 14, 2019 — 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 1:02 p.m.
PRESIDING	Rodney Stiltner, PharmD, VCU Health System
MEMBERS PRESENT:	Dan Beauglass, Pharmacist, DMAS Brenda Clarkson, Hospice and Palliative Care Randall Clouse, Office of the Attorney General Debbie Condrey, Virginia Department of Health Tana Kaefer, Pharmacist, Bremo Pharmacy Virginia LeBaron, Assistant Professor, University of Virginia School of Nursing Mary McMasters, M.D., Addiction Medicine Physician Mellie Randall, Representative, Department of Behavioral Health and Developmental Services Mark Ryan, M.D., VCU Health Systems John Welch, 1SG, Virginia State Police
MEMBERS ABSENT:	Jeffrey Gofton, M.D., Office of the Chief Medical Examiner Vacant Positions: Pain Management Specialist, Physician
STAFF PRESENT:	Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP Ralph A. Orr, Director, Prescription Monitoring Program Ashley Carter, Deputy for Analytics, Prescription Monitoring Program Carolyn McKann, Program Deputy of Operations, Prescription Monitoring Program
WELCOME AND INTRODUCTIONS	Mr. Orr welcomed everyone to the meeting of the Advisory Committee and all attendees introduced themselves.
APPROVAL OF AGENDA	The agenda was approved as amended.
APPROVAL OF MINUTES	The minutes for the previous meeting held September 2018 were approved as presented.
PUBLIC COMMENTS	None.
Barbara Allison-Bryan. M.D.: DEPARTMENT OF HEALTH PROFESSIONS REPORT	Dr. Allison-Bryan noted that she recently presented at psychiatric grand rounds at Eastern Virginia Medical School. During the grand rounds, she was able to discuss tremendous improvements in prescribing patterns over the past two to three years. She also presented what she calls “What the Heck Happened to My

	PMP." This presentation about the PMP included information regarding the development and interpretation of NarxScores. Dr. Allison-Bryan announced that DHP is updating its entire web site since it has been many years since the website was created. The Board of Nursing will be first to roll out the new look. Dr. Allison-Bryan also discussed bills introduced during the recent General Assembly session. She stated that DHP has been tasked to study the provision of telemedicine. The study is related to two bills introduced about telemedicine for which it became apparent more information was required to produce desired results. She further noted with respect to medical education, foreign medical graduates now only need one year of residency in the U.S. within the same residency program for licensure. This is the same requirement for stateside medical graduates. Dr. Allison-Bryan also noted that DHP's 14th regulatory board, the Board of Health Professions, is tasked with studying whether to regulate a new profession -- music therapy. Five pharmaceutical processors currently have provisional licenses to produce CBD oil in Virginia. Dr. Allison-Bryan noted there was a bill to add four more processors, one more in each service area which did not go forward. Dr. Allison-Bryan reported that Virginia is reviewing a recently released notification of a CDC grant. Eligibility for funding is conditional upon the state's PMP meeting several special conditions. DHP is working closely with all stakeholders involved. Under this funding opportunity, Virginia is eligible for a grant award of up to $5.5 million annually for three years.
Ralph Orr: LEGISLATION AND REGULATION UPDATE	Mr. Orr noted that there were three bills that directly affected the PMP. HB 2557: Gabapentin is now a Schedule V controlled substance in Virginia effective July 1, 2019. The inventory requirements for a dispenser will apply, but other requirements such as obtaining a DEA registration to prescribe gabapentin do not apply because it is not federally scheduled. SB1516: The Department of Corrections has law enforcement agents within their facilities who conduct drug diversion investigations. These individuals will be allowed to register to use the PMP, but they will have to attend the State Police Drug Diversion School prior to registration. SB 1653: Amendment to the veterinarian bill. This bill resulted from concerns about feline buprenorphine and canine butorphanol dispensing by veterinarians and lack of availability of these products at retail pharmacies. The bill authorizes dispensing to be exempted from reporting, but veterinarians shall maintain separate records and DHP investigators will be

	checking these records for compliance during facility inspections.
Ralph Orr: **PROGRAM UPDATE**	Mr. Orr introduced 12 new videos that have been added to the DHP YouTube channel and may be found via the DHP homepage. To view, scroll down to the section entitled "DHP on Social Media" and select the YouTube button. DHP is redesigning their website to use WordPress and once transitioned to the new platform, a new section on the PMP webpage will more prominently feature the videos. The videos include: The Many Benefits of the PMP, Virginia's Opioid Regulations and the PMP, and five NarxCare tutorial videos. "The Proper Dose" is a series of five videos with conversations between Mr. Orr and each of the following: DHP Director, Dr. David Brown; Dr. Allison-Bryan; Secretary of Health and Human Resources, Dr. Daniel Carey; former Secretary of Health and Human Resources, Dr. Bill Hazel; and State Health Commissioner, Dr. Norm Oliver.
Ashley Carter: PROGRAM ANALYTICS	Ashley Carter discussed the PMP's Annual Report. The document is submitted as a Report to the General Assembly in accordance with the Division of Legislative Automated Systems (DLAS) publication guidelines. The content of this report was adapted into a series of one or two page fact sheets entitled "Progress Toward Safer Prescribing." Dr. Allison-Bryan noted that these fact sheets would be an excellent addition to the Board of Medicine periodic newsletter and may be of interest to other Boards. Beginning July 1, 2020 any prescription containing an opioid must be submitted electronically from prescriber to dispenser. Ms. Carter reported that, overall, e-prescribing for opioids is increasing incrementally each quarter, but presently only 16% of opioid prescriptions are electronically submitted. By comparison, in July 2017, only 8% of opioids were electronic. Legislation passed this year will enable licensing boards, under certain circumstances, to grant prescribers a waiver of the electronic prescription requirement for up to one year. Mr. Orr noted that NY State was first to require e-prescribing and initially offered similar waivers. Ms. Carter covered current trends in doses and prescriptions dispensed by drug class. The PMP is now trending opioids, benzodiazepines, stimulants and non-benzodiazepine sedative hypnotics. Ms. Carter asked the committee if anything should be added. Dr. Ryan suggested tracking gabapentin. It was noted that buprenorphine is not tracked here, but its volume is very low. Dr. McMasters indicated that buprenorphine should be included as use of this medication for pain is increasing. Methadone for pain

	is included among opioids. Virginia LeBaron asked if Long Acting (LA) formulations could be further analyzed. Ms. Carter also presented the CDC performance measures for the Prevention for States (PFS) grant. The next award from CDC which will be replacing the PFS grant may have different performance measures. Ms. Carter discussed the VDH Opioid Addiction Indicators Dashboard. Ms. Carter noted that the next iteration of the dashboard will include county-level totals of opioid prescription count, dose quantity, and days' supply based on the patient's residence. This will be the first time that Virginia's PMP data has been made available to the public by county. Debbie Condrey noted that VDH will be sharing the prototypes of the re-designed dashboard with DHP and discussing online placement of the tool. Further, Ms. Condrey stated that emergency department data on overdoses and overdose reversals will be included. Expected completion for the dashboard is August 2019. A quick glimpse of top ten cites/counties by prescribing rate in 2018 was provided for opioids, benzodiazepines, stimulants, and non-benzodiazepine sedative hypnotics. Mellie Randall noted that the top-ranked counties comes as no surprise since many are medically underserved areas and substance misuse is associated with social determinants of health.
Carolyn McKann: PROGRAM OPERATIONS	Carolyn McKann discussed PMP's compliance activities and noted regulatory requirements for reporting and error correction. Ms. McKann stated that the PMP is working closely with Appriss to develop reports to track compliance with reporting requirements. These reports will be based more on both the frequency of delinquency and the identification of trends related to error correction. Ms. McKann reported on utilization data and discussed the three types of tracking elements: the AWARxE (login) platform, PMPi or interoperability (data sharing between PMPs), and integration (providing PMP information within the clinical workflow). Integration is driving most of the increase in volume. Ms. McKann noted that PMPi now includes the U. S. Territory Puerto Rico, the Military Health Systems, and the State of Florida. Ms. McKann discussed registration initiatives and the committee agreed that delegate accounts should be reviewed annually and disabled if not accessed. Ms. McKann noted that PMP staff have identified over 25,000 accounts that were migrated from the

	Optimum Technology platform and have never been used. Many of these are duplicate accounts and are scheduled to be disabled. The committee also agreed that all accounts should be reviewed annually to ensure need for continued access.
Ralph Orr: DIRECTOR REPORT	Mr. Orr introduced EDCC, or Emergency Department Care Coordination. Mr. Orr noted that this is a care coordination initiative and that the PMP is required by law to be integrated for health care providers in the emergency department. Ms. Condrey noted that the PMP overdose risk score was added about two weeks ago. Mr. Orr noted that the greatest barrier to health systems or pharmacies becoming integrated is the legal review process. However, most of Virginia's major health systems are presently integrated. Ms. Condrey mentioned that simplicity and efficiency, like that afforded by integration, are key. The PMP is part of the EDCC's alert criteria; currently a NarxScore of 500 or higher may trigger an alert. An additional alert to identify opioid naïve patients is being considered. Mr. Orr also discussed NPEDE which is a grant program with three major components. The first is adding a dataset that will inform the overdose risk score when an individual has recently been released from incarceration. The second is adding information about a patient admitted to an emergency department for a drug overdose. This will inform the overdose risk score and be annotated on a patient's NarxCare report as an additional risk indicator. The third part of the project is adding information to the data collection process to identify the person picking up a controlled prescription. This could be a point of sale system similar to NPLEX which is currently used to track pseudoephedrine purchases. Such a requirement would require legislation; in the interim, a pilot may be conducted where a pharmacy already collects this information. Virginia will be exploring turning on the use of incarceration data first. Inclusion of overdose data may require additional legislative authority. Mr. Orr provided an update on prescriber reports. He noted that during each cycle, the PMP receives fewer questions about the reports. In order to receive a prescriber report, a prescriber must prescribe at least one opioid prescription during the report period and be a registered user with a current active DEA, email address, and their healthcare specialty indicated. During the last cycle, approximately 15,000 prescriber reports were generated. An additional 10,000 prescribers, otherwise meeting inclusion criteria, did not have their specialty indicated and, consequently, did not receive a report. Approximately 900 prescribers did not receive a report because the DEA number in their user account was invalid. Provided with each prescriber report was an updated user guide based on previously provided feedback. The next prescriber reports will be generated on April 25, 2019.

	Dr. Mark Ryan asked if it was possible to get a hot link to the patients with dangerous combination therapy that is noted on the prescriber report. This will be an item brought to the vendor's attention for review.
MEETING DATES FOR 2019:	June 12, 2019 and September 18, 2019.
NEXT MEETING	The next meeting will be held on June 12, 2019 from 1:00 to 3:00 p.m.
ADJOURN:	With all business concluded, Dr. Stiltner adjourned at 3:08 p.m.
	_____
	Rodney Stiltner, PharmD, Vice-Chair Presiding
	_____
	Ralph A. Orr, Director

Tools for Tracking Compliance with Reporting Requirements

1. AWARxE
2. MLO (DHP's licensing database)
3. Clearinghouse: The database utilized by dispensers to submit their prescription data
4. Tableau: The analytics platform used by Appriss Health for Virginia PMP data
5. Specific requests from Appriss Tech Support

AWARxE

Attributes

- Can provide a list of all current delinquent pharmacies at any given time in descending order by number of days delinquent
- Can provide a "pharmacy analysis" of each delinquent pharmacy which indicates what was submitted on each date, or if no action was taken

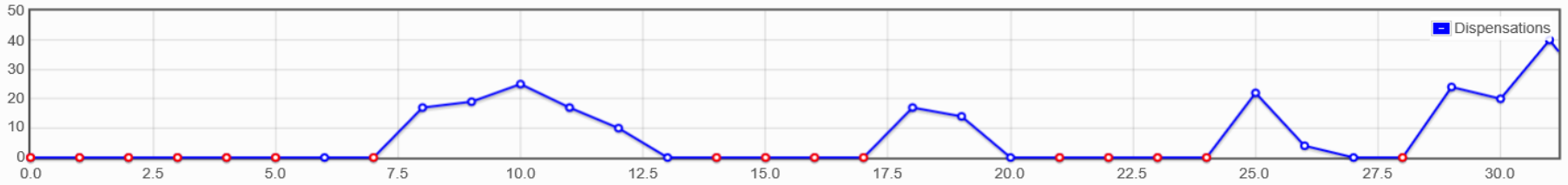
Limitations

- 2-day delay in the delinquent pharmacy list
- Delinquent dates are not updated in AWARxE in the pharmacy analysis function

Virginia Department of Health Professions

Sample: AWARxE

2nd Quarter 201 ▾ 30 Days ▾



☑ Highlight Row

CSV Export

Day	Submission Type	Records Received	Date Received
1	Delinquent	0	2019-04-01
2	Delinquent	0	2019-04-02
3	Delinquent	0	2019-04-03
4	Delinquent	0	2019-04-04
5	Delinquent	0	2019-04-05
6	Delinquent	0	2019-04-06
7	Exempt	0	2019-04-07
8	Delinquent	0	2019-04-08
9	Prescription	17	2019-04-09
10	Prescription	19	2019-04-10
11	Prescription	25	2019-04-11
12	Prescription	17	2019-04-12
13	Prescription	10	2019-04-13
14	Zero Report	0	2019-04-14

MLO: Attributes

- Can verify a current active license
- Can view scanned correspondence regarding licensure status

Clearinghouse

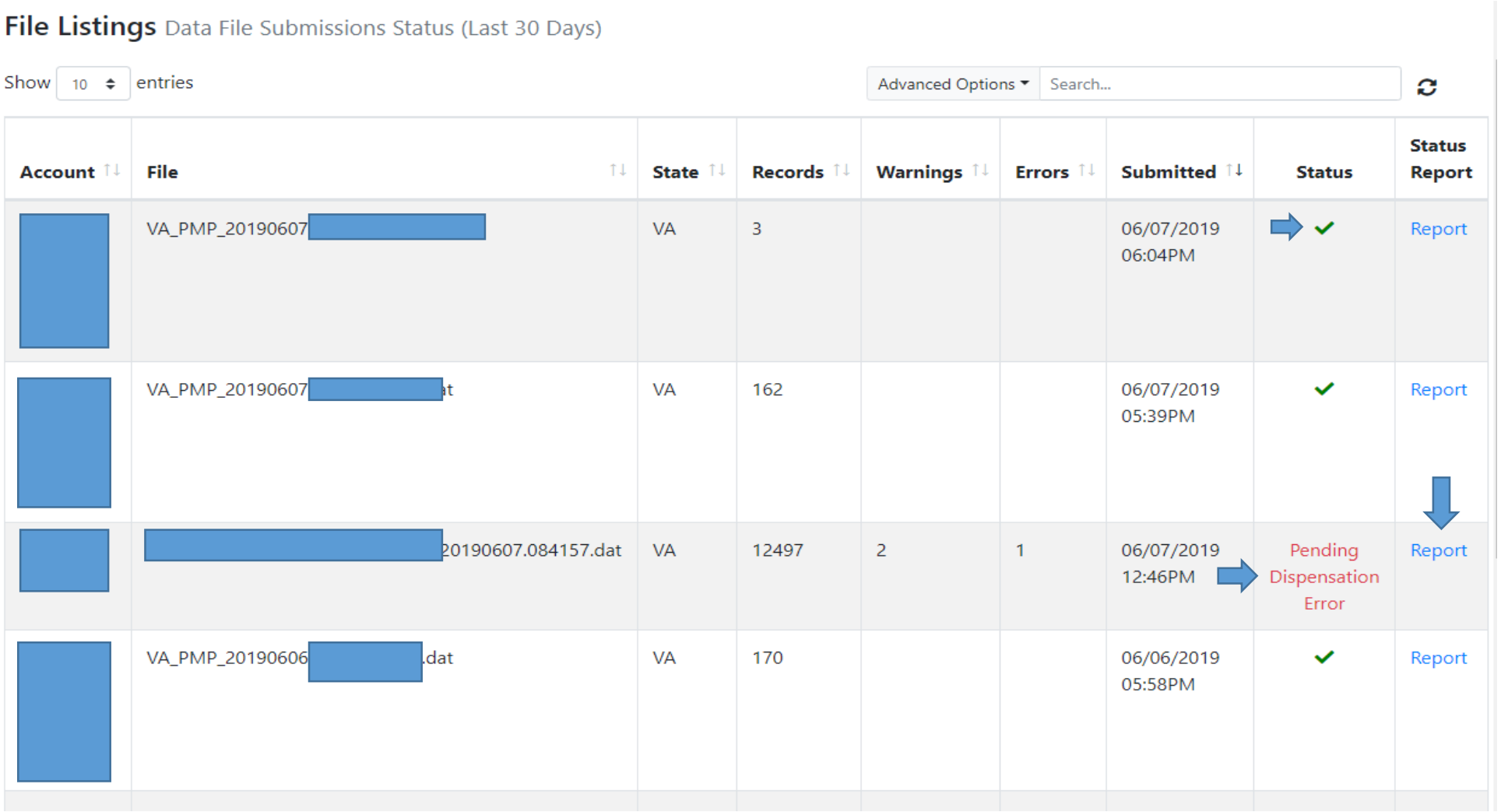
Attributes

- Can look up a specific dispenser by DEA or pharmacy name
- Can provide a list of all file submissions made by a given dispenser within the last 30 days
- Can view the status report for each submitted file which includes the total # of dispensations reported as well as the total # of errors in that file

Limitations

- File information is only available up to 30 days
- If a large software vendor reports on a dispenser's behalf (e.g., McKesson), the dispenser's reporting is bundled under that software vendor

Sample: Clearinghouse



File Listings Data File Submissions Status (Last 30 Days)

Show 10 entries — Advanced Options — Search...

Account	File	State	Records	Warnings	Errors	Submitted	Status	Status Report
[redacted]	VA_PMP_20190607[redacted]	VA	3			06/07/2019 06:04PM	✓	Report
[redacted]	VA_PMP_20190607[redacted]t	VA	162			06/07/2019 05:39PM	✓	Report
[redacted]	[redacted]20190607.084157.dat	VA	12497	2	1	06/07/2019 12:46PM	Pending Dispensation Error	Report
[redacted]	VA_PMP_20190606[redacted].dat	VA	170			06/06/2019 05:58PM	✓	Report

You can view each status report here.

Virginia Department of Health Professions

Sample: Clearinghouse Status Report

DEA	NCPDP	NPI	Prescription	Filled	Segment	Field	Type	Message
[redacted]			00854720	20190604	Prescriber	DEA_number	WARNING	DEA number warning: DEA NPI number not found in registry.
			01008633	20190604	Drug	quantity	ERROR	Quantity value must be present.
			02349225	20190604	Prescriber	DEA_number	WARNING	DEA number warning: DEA NPI number not found in registry.

Summary:
* File name: [redacted]/VA/VA.20190607.084157.dat
* ASAP Version: 4.2
* Transaction Control Number : CXS226A
* Transaction Control Type : send
* Date of submission: June 7, 2019
* Total Records Count : 12497
* Duplicate Records Count: 1
* In Process Count: 0
* Records with Error Count: 1
* Records with Warning Count: 2
* Imported Records Count: 12495
* Invalid Records Count: 1
* Deleted Records Count: 0
* Delete Records Not Found: 0
* Unapproved County Records Rejected: 0
* Unapproved Drug Schedule: 0
* Exempt Minor Records: 0
* Records Exempt by Fill Date: 0
* Unapproved Records: 0
* Accepted Pharmacy DEAs:

This is the status report referenced on the previous slide describing the errors and warnings

Health Professions

Tableau: Compliance Dashboard

Attributes

- Can look up submission details for each dispensing pharmacy or entity by DEA number or pharmacy name
- Can determine the last date the pharmacy submitted data and/or zero report to corroborate the delinquent list in AWARxE

Limitations

- File information is only available up to 30 days
- Does not tell you the delinquent status of each dispenser

Virginia Department of Health Professions

Sample: Tableau

Submission Detail

	Total Records	Error Records	Error Rate	Voided Recor..	Void Rate
June 5, 2019	45	0	0.0%	0	0.0%
June 4, 2019	59	0	0.0%	0	0.0%
June 3, 2019	1	0	0.0%	0	0.0%
June 2, 2019	14	0	0.0%	0	0.0%
June 1, 2019	39	0	0.0%	0	0.0%
May 31, 2019	39	0	0.0%	0	0.0%
May 30, 2019	44	0	0.0%	0	0.0%
May 29, 2019	60	0	0.0%	1	1.7%
May 28, 2019	1	0	0.0%	0	0.0%
May 27, 2019	1	0	0.0%	0	0.0%
May 26, 2019	34	0	0.0%	1	2.9%
May 25, 2019	57	0	0.0%	0	0.0%
May 24, 2019	41	0	0.0%	0	0.0%
May 23, 2019	45	0	0.0%	1	2.2%

Dispensation Dates

June 4, 2019	45
June 3, 2019	59
June 1, 2019	14
May 31, 2019	37
May 30, 2019	40
May 29, 2019	44
May 28, 2019	58
May 27, 2019	1
May 25, 2019	35
May 24, 2019	58
May 23, 2019	40
May 22, 2019	47
May 21, 2019	39
May 20, 2019	65
May 18, 2019	12

Zero Reports

DEA Number	Day of Created At	Day of Start Date	Day of End Date
	June 3, 2019	June 2, 2019	June 2, 2019
	May 28, 2019	May 27, 2019	May 27, 2019
	May 27, 2019	May 26, 2019	May 26, 2019
	May 20, 2019	May 19, 2019	May 19, 2019
	May 13, 2019	May 12, 2019	May 12, 2019
	May 6, 2019	May 5, 2019	May 5, 2019
	April 29, 2019	April 28, 2019	April 28, 2019
	April 22, 2019	April 21, 2019	April 21, 2019
	April 15, 2019	April 14, 2019	April 14, 2019
	April 8, 2019	April 7, 2019	April 7, 2019
	April 1, 2019	March 31, 2019	March 31, 2019
	March 25, 2019	March 24, 2019	March 24, 2019
	March 18, 2019	March 17, 2019	March 17, 2019
	March 11, 2019	March 10, 2019	March 10, 2019

Error Detail

Segment	Element	Error Records	Avg. Error Age
Dispensation	filled_at	1	266.7
Prescription	written_at	1	266.7

Error Dispensations

DEA Number	Prescription ..	Element	Message	Day of Fill	
	02069165	filled_at	Filled at must be newer than written at	September 12, 2018	1
		written_at	Written at must be older than filled at	September 12, 2018	1

Compliance Tracking

DAILY

- Run a “Delinquent Pharmacies” Report from the AWARxE platform
- Monitor those who have surpassed 7-14 days delinquent

Compliance Tracking

Weekly

- Email all users with 7-14 or more days documented without a file submission (either data or a zero report)

As Needed

- Call all users who have not responded to previous emails regarding delinquent status

Note: Research from among the five sources of information is usually required to resolve each delinquency.

Error Types

1. Data Integrity: This is when the submitter (dispenser) submits the wrong information. Data is submitted without the system recognizing an error exists.

   Note: These are not identified by the delinquency report but through contacts from prescribers, dispensers or patients themselves.

2. Submission Errors: When incomplete or incorrect data is submitted (or no information is sent). If the majority of the file contains the same error/omission, the entire file may be rejected.

Health Professions

Errors: Data Integrity

Examples include:

- Submitters select and/or type in the wrong prescriber DEA
- Veterinarians submit the pet's name instead of the owner's name (creating a patient profile/PMP on a pet)
- Dispensers submit a patient's incorrect date of birth; this may result in the inability of the system to match the record
- Submitters estimate the wrong days supply, possibly creating a record identifying an incorrect overlap of prescriptions

Errors: Top 10 Submission Types as of May 2019

1. Address: street
2. Address: zip code
3. Address: city
4. Address: state
5. DEA
6. Partial fill
7. Drug (product identifier)
8. Authorized Refill count
9. Filled at…
10. Written at…

Note: These are items which may cause the file to be rejected because the system recognizes the error.

Sample Error Details

Birthdate value must be between 05/30/1894 and 05/30/2019	Patient	birthdate
Birthdate value must be between 05/31/1894 and 05/31/2019	Patient	birthdate
Birthdate value must be between 06/03/1894 and 06/03/2019	Patient	birthdate
Birthdate value must be between 06/05/1894 and 06/05/2019	Patient	birthdate
Birthdate value must be present.	Patient	birthdate
City value must be present.	PatientAddress	city
Days supply value must be present.	Dispensation	days_supply
Days supply value must fall between 1 and 367.	Dispensation	days_supply
Dea number or national_provider_identifier must be a valid ident..	Prescriber	dea_number
Dea number or national_provider_identifier must be present.	Prescriber	dea_number
Filled at must be newer than written at	Dispensation	filled_at
Filled at value must be present.	Dispensation	filled_at
First name value must be present.	Patient	first_name
	Prescriber	first_name
Gender value must be present.	Patient	gender
Jurisdiction value must be less than or equal to 2 character(s) in l..	Identification	jurisdiction
Last name value must be present.	Patient	last_name
	Prescriber	last_name
Partial fill value must be present.	Dispensation	partial_fill

Actions

1. PMP staff consistently work with Appriss Health to identify tools within the Tableau compliance dashboard to improve delinquent pharmacy tracking. Recently worked with Appriss Health to obtain a report available in the Tableau compliance dashboard which provides more error detail to share with the dispensers, aiding the ability to bring more dispensers into compliance
2. In June 2019, the Virginia PMP has enabled a “fault tolerance threshold” to automatically reject ftp files with a minimum of 40 records where 70% of the records have an existing error
3. The Virginia PMP is a leader among all state PMPs with respect to tracking compliance and following up with dispensers to bring them into compliance.

User Account Management

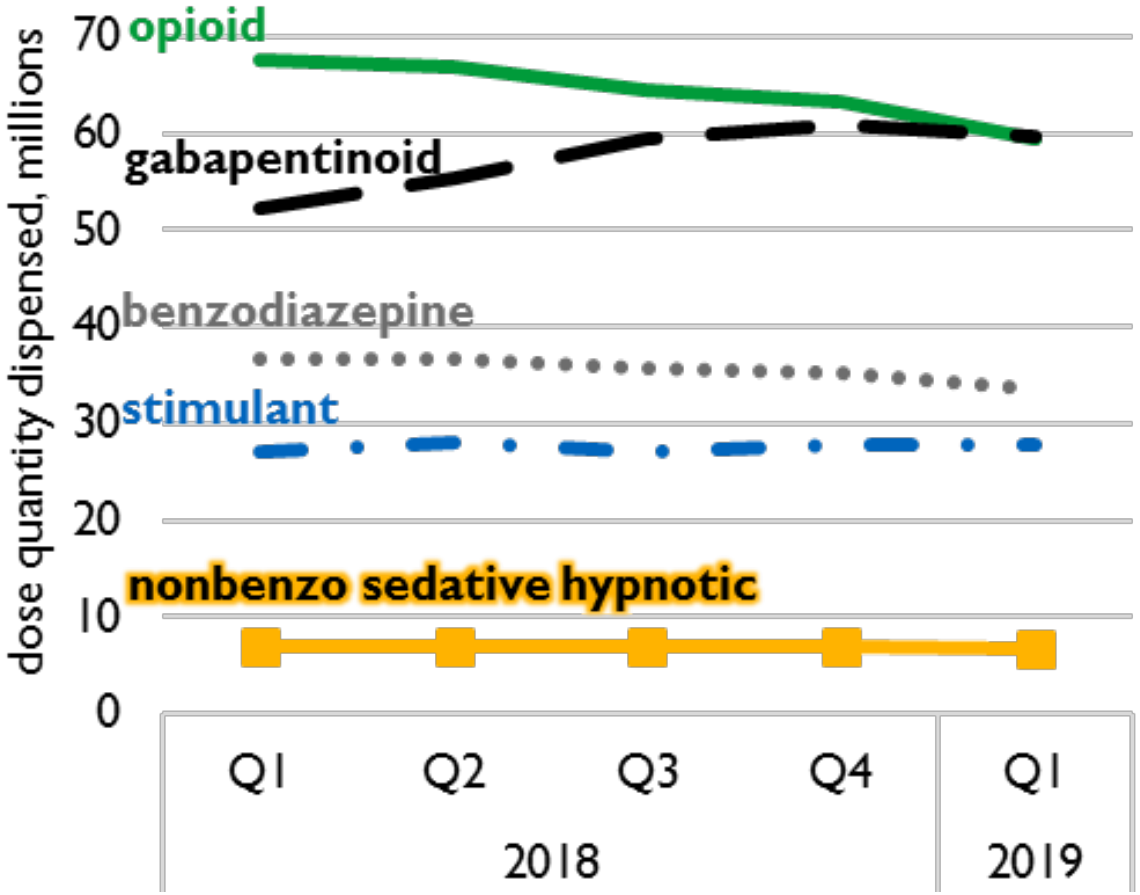
- Per PMP Advisory Committee recommendation, Appriss Health identified 29,876 users who had been migrated from the Optimum Technology platform to the AWARxE platform in November of 2016 and have never activated their accounts. These account holders have been scheduled to be removed from the system as of May 31, 2019
- Per PMP Advisory Committee recommendation, after the users with inactive accounts have been removed, Virginia PMP staff will begin addressing delegate account holders who have not accessed the system in greater than 12 months

Updated Web DHP Site/ PMP Web Pages

- Seeking contributions with respect to design and layout of the PMP site
- Plan to replace the “PMP Toolkit”. Seeking also input on items to be included in toolkit

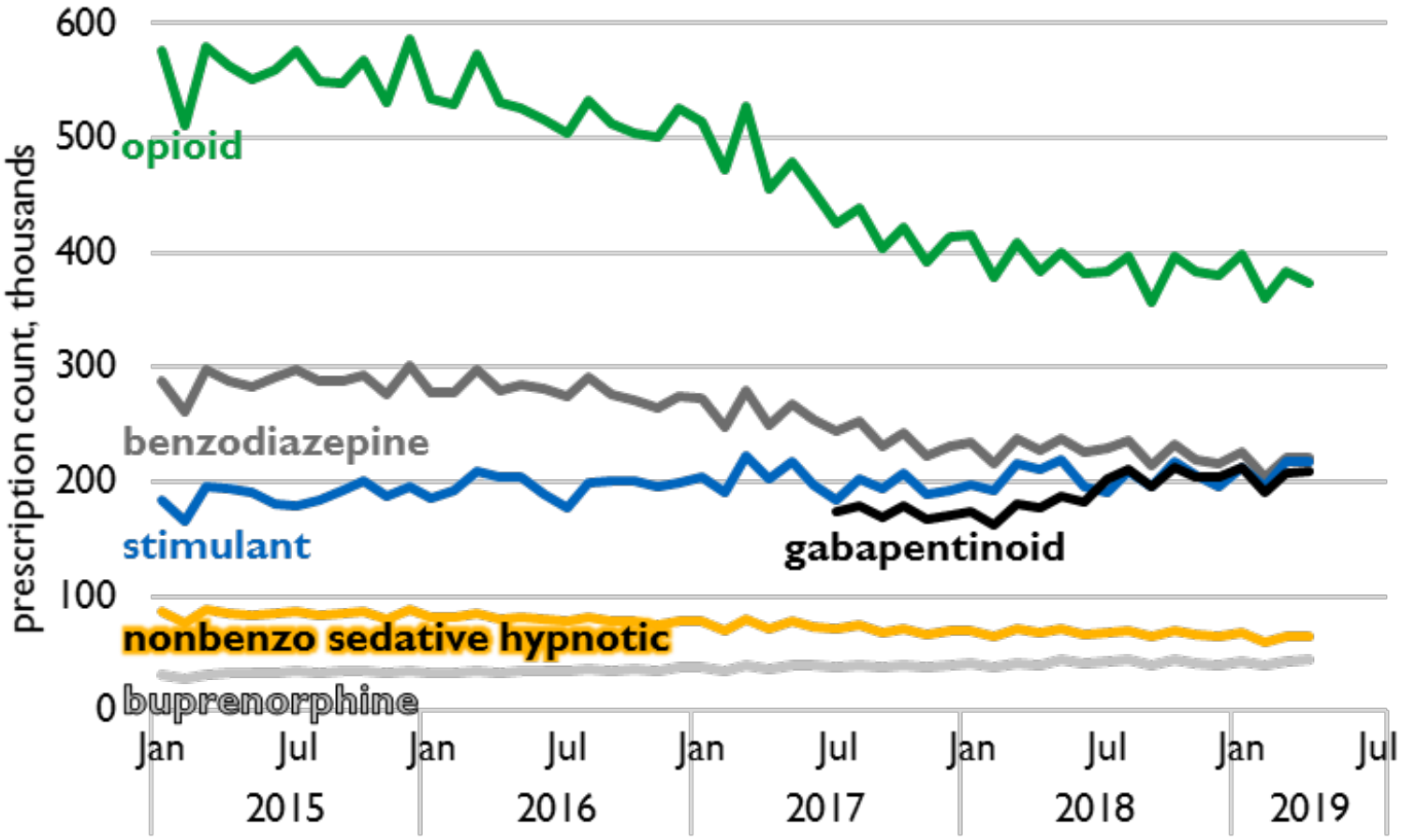
http://www.dhp.virginia.gov/

Doses dispensed by drug class, 2018-2019Q1



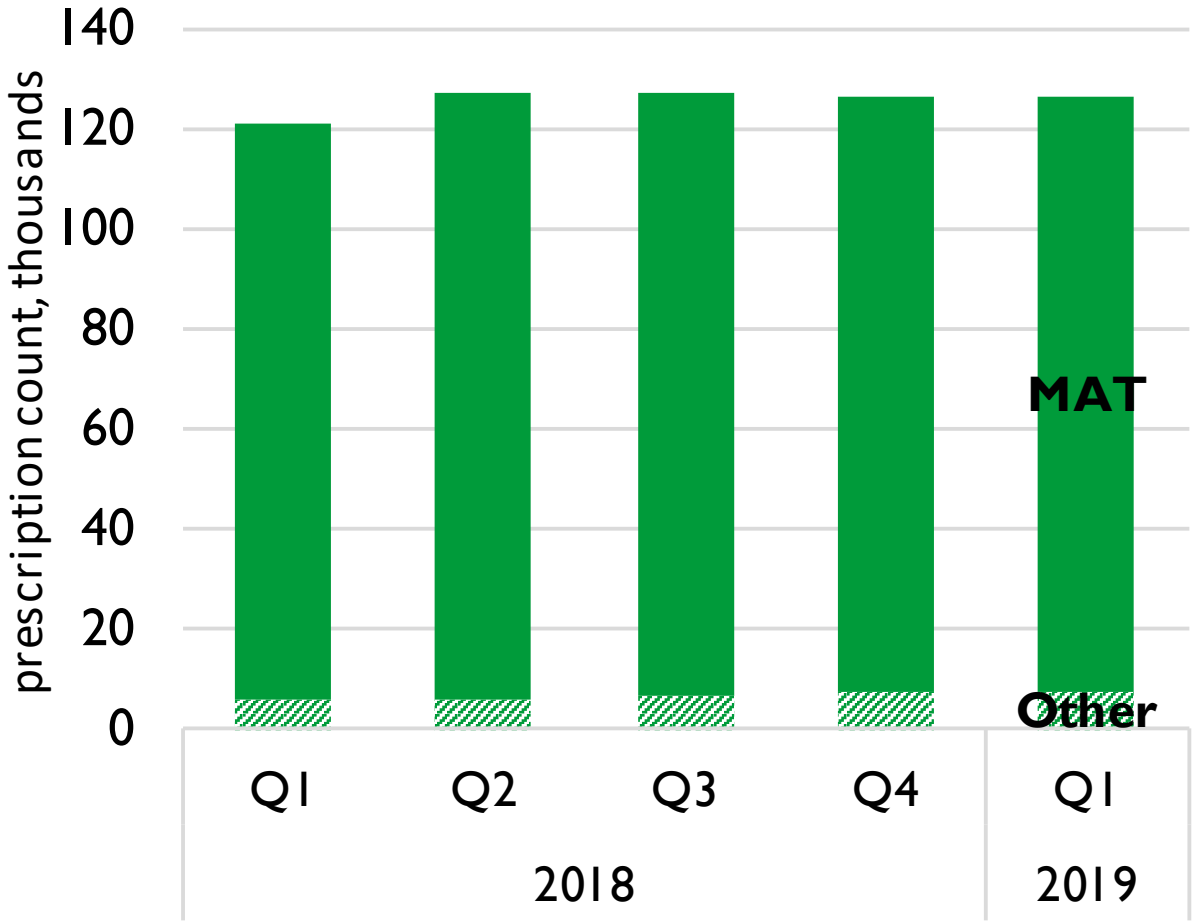
- Opioids
  - 12% decrease
  - includes tramadol
- Gabapentinoid
  - 14% increase
  - Gabapentin, pregabalin (Lyrica®)
- Benzodiazepines
  - 9% decrease
  - diazepam (Valium®), temazepam (Restoril®)
- Stimulants
  - 3% increase
  - methylphenidate (Ritalin®), amphetamine salts (Adderall®)
- Nonbenzodiazepine sedative hypnotics
  - 6% decrease
  - Z drugs: eszopiclone (Lunesta®), suvorexant (Belsomra®), zaleplon (Sonata®), zolpidem (Ambien®)

Trends in monthly prescriptions by drug class, 2015-April 2019



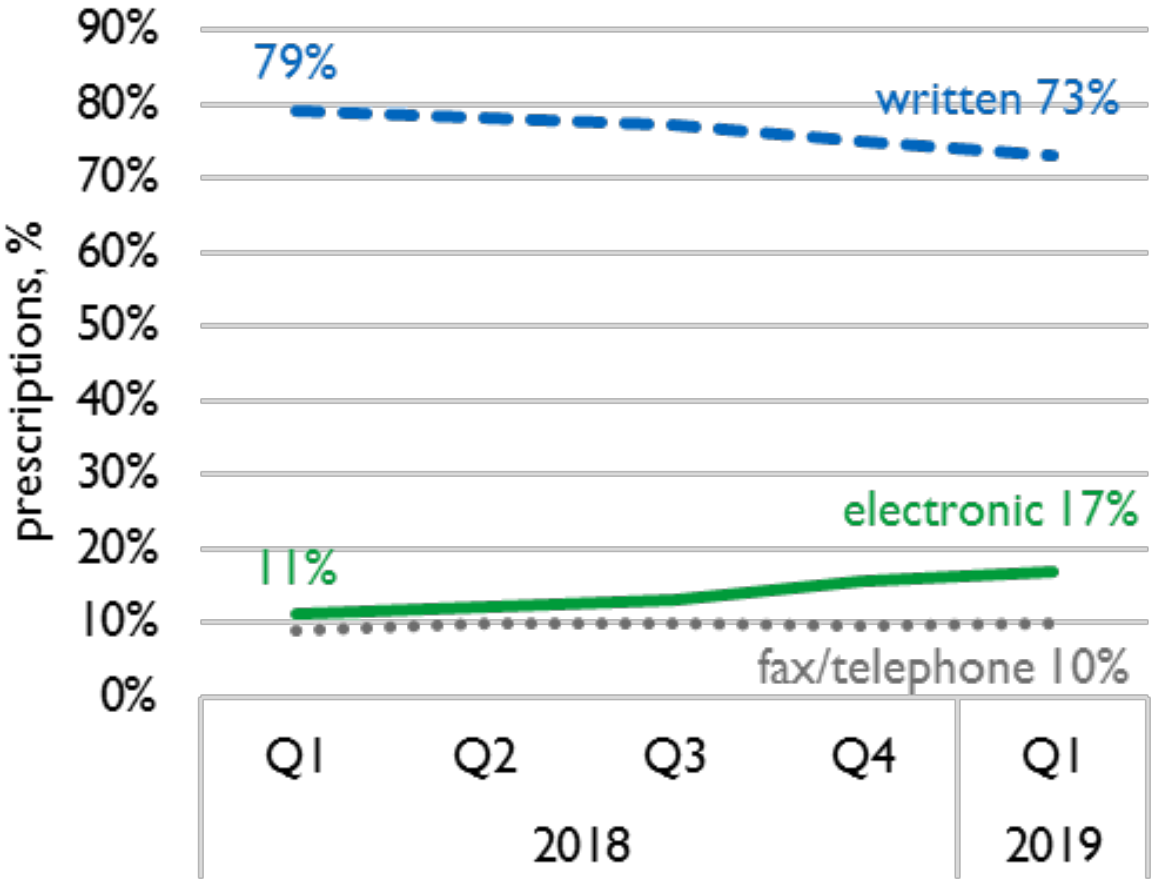
- Gabapentinoid
  - 20% increase
- Buprenorphine
  - 39% increase
  - Any indication

Buprenorphine prescriptions by indication



- MAT
  - 3% increase
- Other (non-MAT) indications
  - 30% increase
  - 5,559 to 7,239/qtr

Electronic prescribing for opioids, 2018-2019Q1



- Currently, Schedule II (opioids, stimulants) prescriptions must be written (§54.1-3410) or electronic
  - Percentage of electronic opioid prescriptions is increasing gradually
- 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
  - Only 16% of opioid prescriptions were transmitted electronically in Q4 2018
- By comparison, gabapentin: 55% electronic, 31% fax/telephone, and 14% written
  - Gabapentin is not a controlled substance so EPCS requirements do not apply

Analysis restricted to prescriptions reporting a mode of transmission
Code of Virginia § 54.1-3410 https://law.lis.virginia.gov/vacode/title54.1/chapter34/section54.1-3410/

Quarterly Report

VIRGINIA PRESCRIPTION MONITORING PROGRAM

QUARTERLY REPORT
January 1-March 31, 2019

THE Virginia Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed Schedule II-V prescriptions, naloxone, drugs of concern, and cannabidiol oil or THC-A oil from an in state pharmaceutical processor. 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 *Code of Virginia* §54.1-25.2 and applicable regulations at 18VAC76-20.

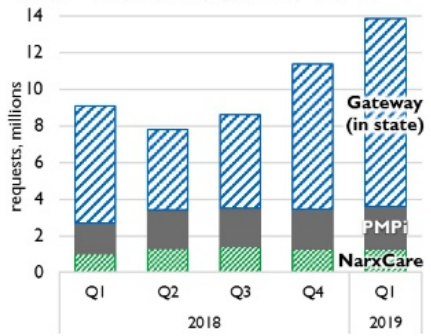
Key Findings for the First Quarter (2019Q1)

- Utilization of the PMP by prescribers, pharmacists, and their delegates as a risk management tool has increased steadily over time. Enhancements to PMP are ongoing and improvements to ease of use have contributed positively to overall utilization. Compared to the previous quarter, requests for a patient's prescription history increased by 22%, from 11,401,441 to 13,873,502.
- Prescribers conducted 1,418,771 PMP requests before issuing a new opioid or benzodiazepine prescription this quarter. This was an increase of 13% from the previous quarter and 78% since 2018Q1.
- Over six percent of Virginians, or 537,967 residents, received an opioid prescription.
- Through this period, 30,528 prescribers wrote at least one prescription for an opioid medication dispensed by a Virginia-licensed pharmacy.
- Long acting or extended-release opioids put patients at greater risk of respiratory depression and overdose compared to immediate-release. Patients who have not taken an opioid medication within the previous 45 days, referred to as opioid naïve, are at particularly high risk of overdose from these types of opioids. Of the 53,802 patients prescribed long acting/extended-release opioids, 5,449 or 10% were opioid naïve.

Database Utilization

Authorized users of the PMP are able to search within the database for a patient's prescription history; each search is referred to as a request. There are three types of requests: NarxCare (previously AWARxE), interoperability (PMPi), and integration (Gateway). NarxCare requests are those that are submitted via the web-based application. PMPi facilitates interoperability and interstate data sharing among states' PMPs. Gateway integrates PMP data into electronic health records and is viewable within the clinical workflow. Integration within the workflow is a significant advancement in ease of use and efficiency and has contributed positively to increasing utilization. Quarterly Gateway integration requests exceeded 10 million for the first time and comprised 74% of total PMP use. In 2019Q1, total requests increased by 22% over the previous quarter and 52% since 2018Q1.

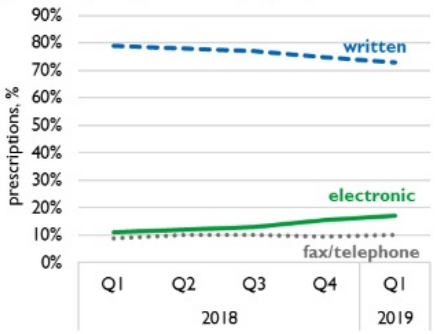
Prescription history requests by type, January 2018-March 2019



Electronic Prescribing for Opioids

Pursuant to *Code of Virginia* §54.1-3408.02, beginning July 1, 2020 any prescription containing an opioid must be transmitted electronically (e-prescribing) from the prescriber to the dispenser. Currently, prescriptions for Schedule II controlled substances (opioids, stimulants) must be written (§54.1-3410) or electronic. Although only 17% were electronic in 2019Q1 (among prescriptions with a mode of transmission reported), this represents a 50% increase since 2018Q1 (11%). By comparison, 55% of gabapentin prescriptions were transmitted electronically. Because gabapentin is not classified as a controlled substance, the electronic transmission of gabapentin is not subject to the same technological security standards applicable to opioids. While many practitioners are using e-prescribing, fewer are able to e-prescribe controlled substances.

Opioid prescriptions by transmission type, January 2018-March 2019



Multiple Provider Episodes for Opioids

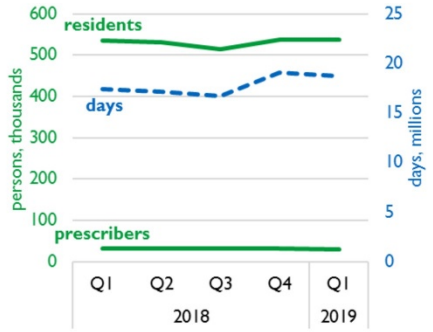
Multiple provider episodes (MPEs), defined as five or more prescribers and five or more pharmacies in a six month period, can be an indicator of doctor shopping and/or inadequate care coordination. MPEs occurred at a rate of 8.6 per 100,000 residents throughout the quarter. This rate remained stable throughout 2018 to present.

Opioid Prescriptions

The Virginia PMP recorded 537,967 Virginia residents received an opioid prescription in 2019Q1 from 30,528 prescribers. Both the number of residents and prescribers has remained stable.

The Virginia PMP recorded 18,738,843 opioid prescription days for commonwealth residents during 2019Q1. This is a decrease of 2% from the previous quarter but an 8% increase since 2018Q1. Prescription days or days' supply refers to the number of days of medication prescribed. This quantity is enough for every Virginia resident to have a two day supply of opioid medications.

Opioid prescriptions for Virginia residents, January 2018-March 2019

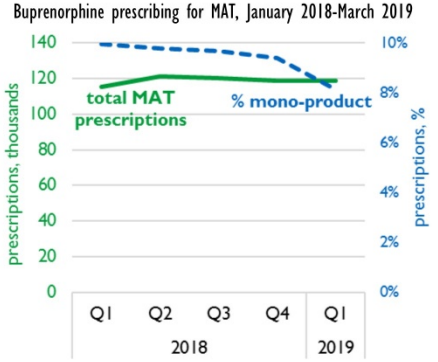


Morphine milligram equivalent (MME) is a way to calculate the total amount of opioids and account for differences in opioid drug type and strength. As MME increases, overdose risk increases. The Centers for Disease Control and Prevention (CDC) guidelines specify that dosages of 90 MME per day or greater should be avoided due to risk for fatal overdose. Among Virginians receiving opioid prescriptions, 7% of patients had an average dose at or above 90 MME per day. The average MME per day for state residents was 43. Buprenorphine used to treat opioid dependence or addiction is excluded.

Buprenorphine for Opioid Use Disorder

Medication-assisted treatment (MAT) is the use of medications, like buprenorphine, in combination with counseling and behavioral therapies to treat opioid use disorders and prevent opioid overdose. Increasing numbers of buprenorphine prescriptions in general indicates increased treatment usage (3% since 2018Q1); however buprenorphine without naloxone (mono-product buprenorphine) may be abused. Therefore, the pronounced decline in mono-product buprenorphine prescriptions (16% since 2018Q1) indicates improved prescribing practices.

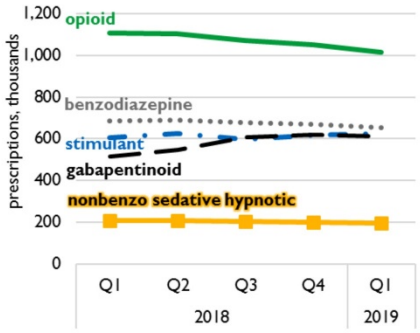
Buprenorphine prescribing for MAT, January 2018-March 2019



Drug Class

Five drug classes (opioid, benzodiazepine, stimulant, gabapentinoid, and nonbenzodiazepine sedative hypnotics) represent 89% of all dispensations reported to PMP in 2019Q1. Nonbenzodiazepine sedative hypnotics are sleeping medications such as zolpidem (Ambien®). Prescriptions for stimulants and gabapentinoids increased in 2019Q1 compared to the same quarter in 2018 by 3% and 19%, respectively. In contrast, benzodiazepine (5%), nonbenzodiazepine sedative hypnotics (6%), and opioid (9%) prescriptions each decreased.

Prescriptions dispensed by drug class, January 2018-March 2019



Methods, Considerations, and Limitations

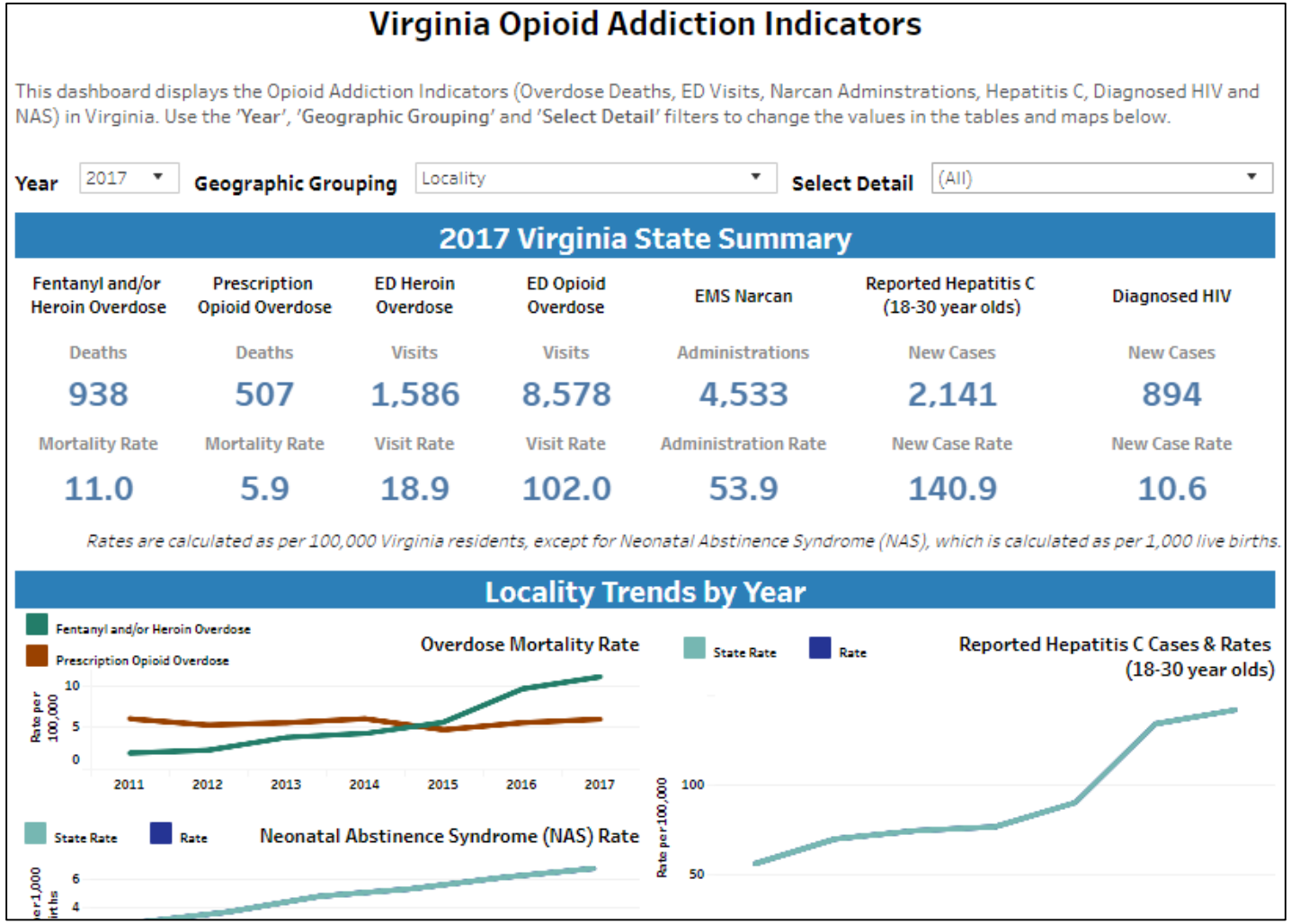
This quarterly report represents a snapshot of data as of May 15, 2019. The PMP relies on pharmacies and other dispensers to submit accurate, timely information. Dispensers can correct or submit post-dated data at any time; therefore, PMP data is expected to change. Components of this report may not be comparable to previous publications due to case definition revisions or reporting artifacts. Quarters referenced are based upon the calendar year.

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

Virginia Department of Health Professions

Opioid Addiction Indicators Dashboard

- Developed by VDH
- Next iteration will include PMP opioid prescription data at county level by month
  - Use a zip code to county crosswalk and assign counts proportionally based on resident population
- New dashboard infrastructure will accommodate inclusion of other drug classes (e.g., buprenorphine, benzodiazepines)



Indicators of unusual prescribing/dispensing

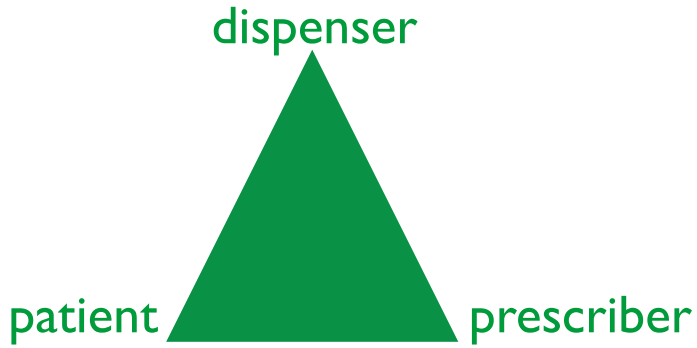
Prescriber	
A.	Top 10 prescribers of opioids per quarter by dose quantity
B.	Top 10 prescribers of opioids with minimal PMP use
C.	Prescribers of patients with a daily MME ≥ 1,500 [with overlapping benzodiazepine]
D.	Top 10 prescribers of ER/LA opioids to opioid naïve patients
E.	Top 10 prescribers of buprenorphine for MAT dosing > 24mg/day

Dispenser	
F.	Top 10 dispensers of opioids from out of state [out of health region] prescribers
G.	Top 10 dispensers based on ratio of CS II to all CS II-V prescriptions

Dispenser

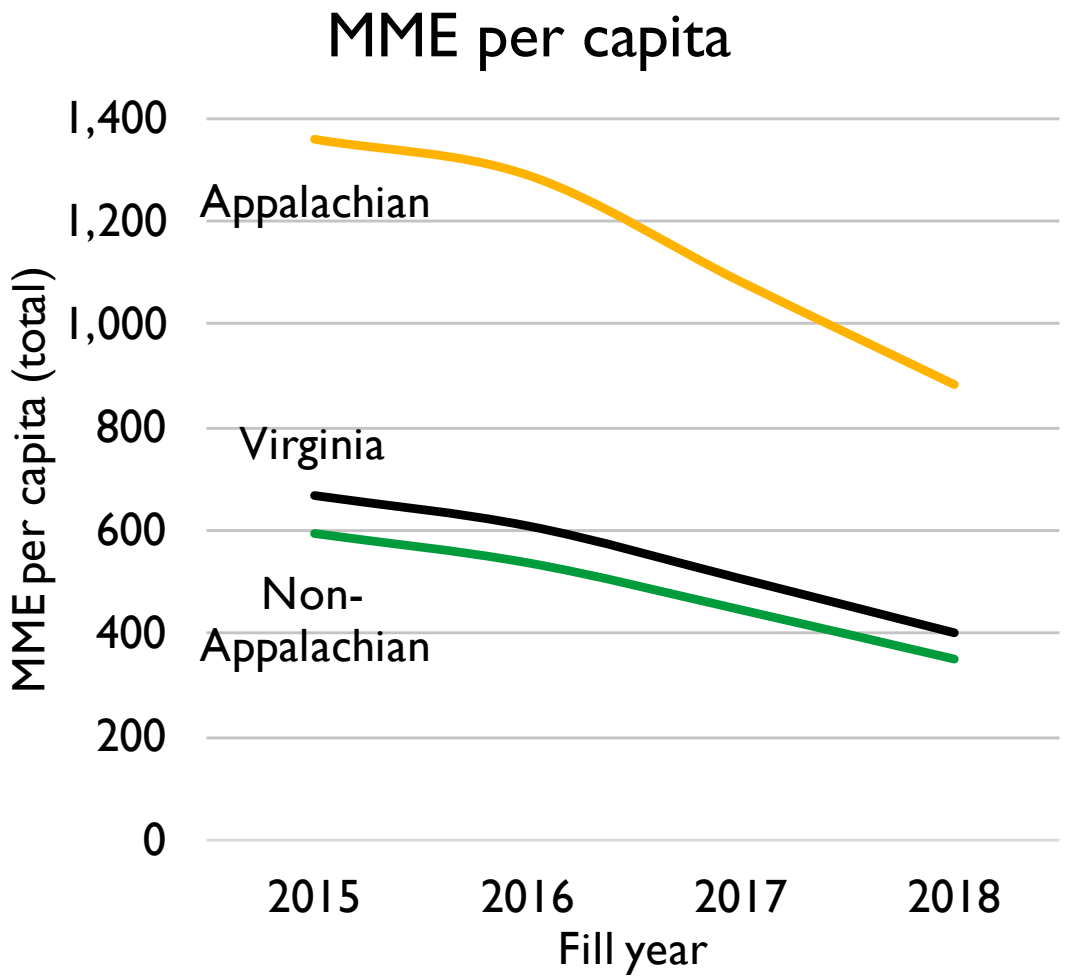
F.	Top 10 dispensers of opioids from out of state [out of health region] prescribers
G.	Top 10 dispensers based on ratio of CS II to all CS II-V prescriptions

- Indicator for distance was based on discordant state/health region
  - Limitation: pharmacies in border areas were over represented
- Newly available: Mileage between center of zip codes
  - Patient to prescriber
  - Prescriber to pharmacy
  - Patient to pharmacy
- Mileage between zip codes provides a better metric
- Provided both simultaneously to Enforcement Division for review and prioritization

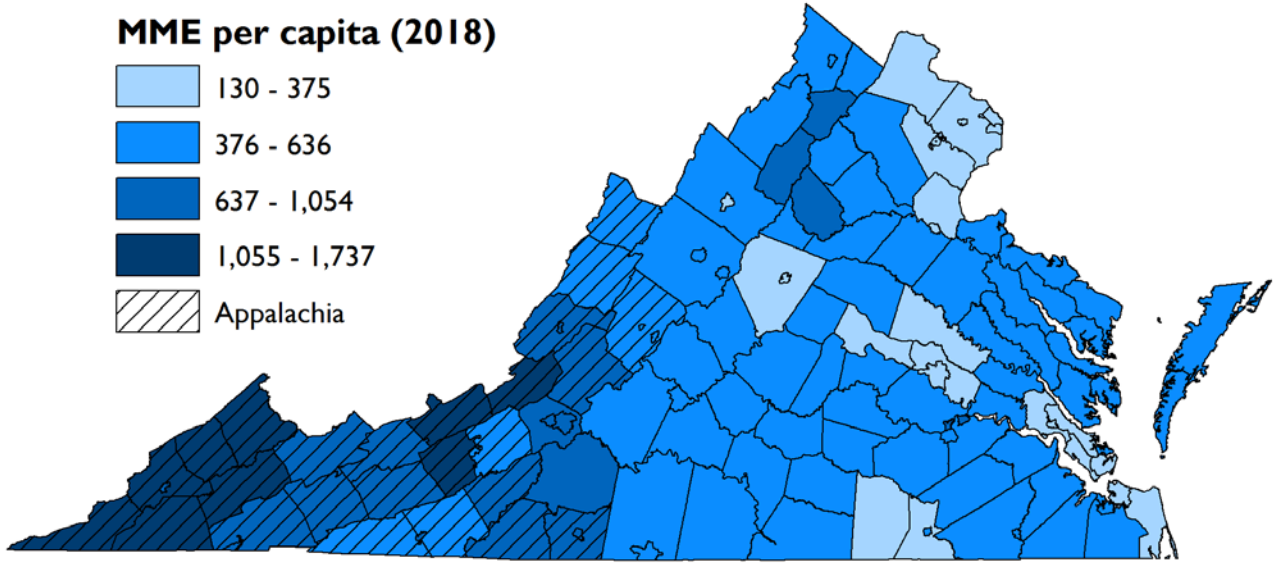


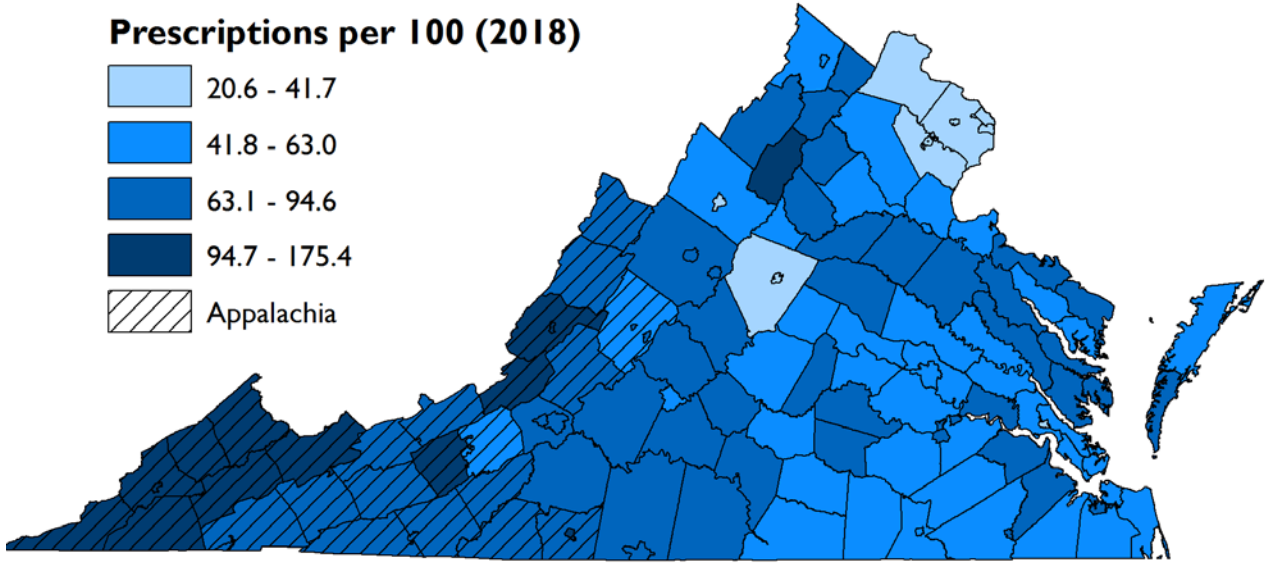
Another Prescription for Chronic Pain: Access to Licensed Physical Therapy Providers in Virginia's Appalachian Region

- Opioid dispensations, 2015-2018
- PT/PTA full time equivalency units (FTEs), 2016, Virginia Healthcare Workforce Data Center
- Virginia's Appalachian region, as defined by the Appalachian Regional Commission, comprises 33 localities

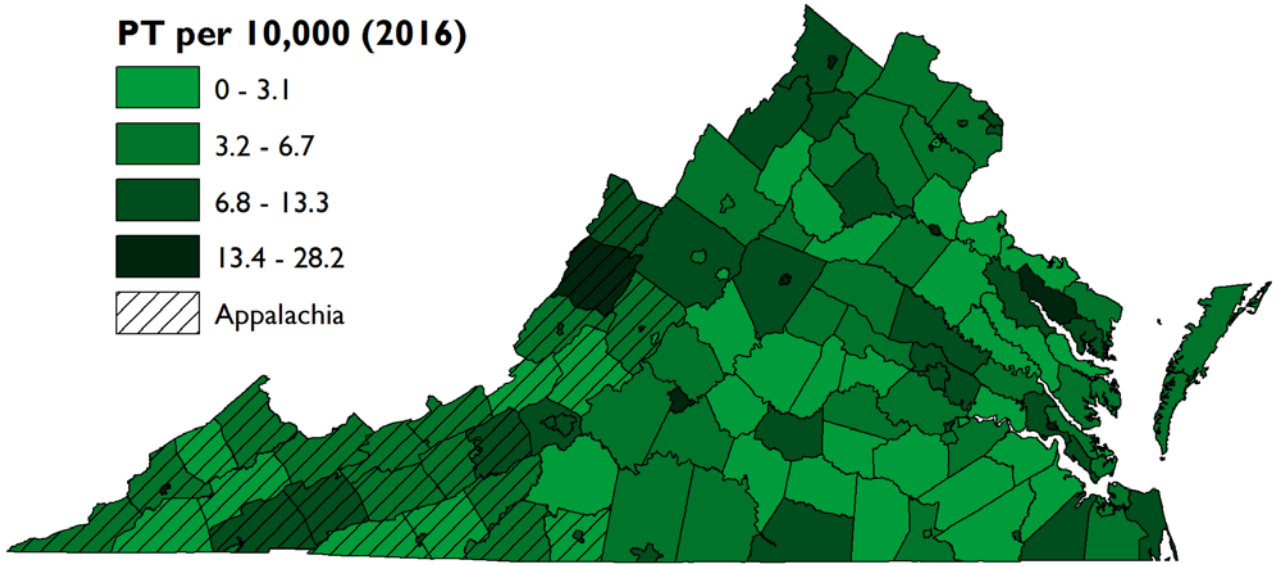


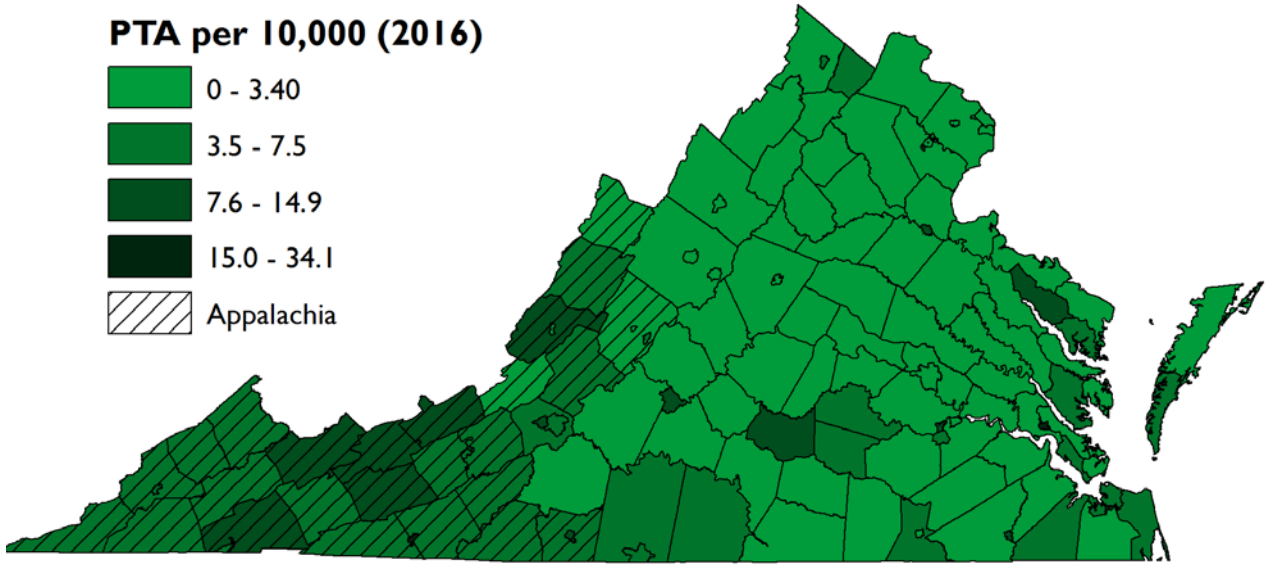
Opioid prescribing by county





PT/PTA workforce by county





Opioid prescribing and PT/PTA workforce by region

	Virginia	Region		
		Appalachian	Non-Appalachian	Ratio App to Non-App
Prescribing measures (2018)				
MME per capita (total)	399.4	882.9	352.5	2.5
Overall prescribing rate[a]	50.2	89.9	46.3	1.9
High-dose prescribing rate (≥90 MME/d)[a]	5.4	9.8	5.0	2.0
Extremely high-dose prescribing rate (≥120 MME/d)[a]	3.2	5.6	2.9	1.9
Average duration of prescriptions, d	17	22	16	1.4
Physical therapy workforce (2016) [b]				
Physical therapist	6.6	5.4	6.6	0.8
Physical therapist assistant	2.9	6.4	2.6	2.5

[a]Prescribing rates presented per 100 population

[b]Provider-to-population rates presented per 10,000 population

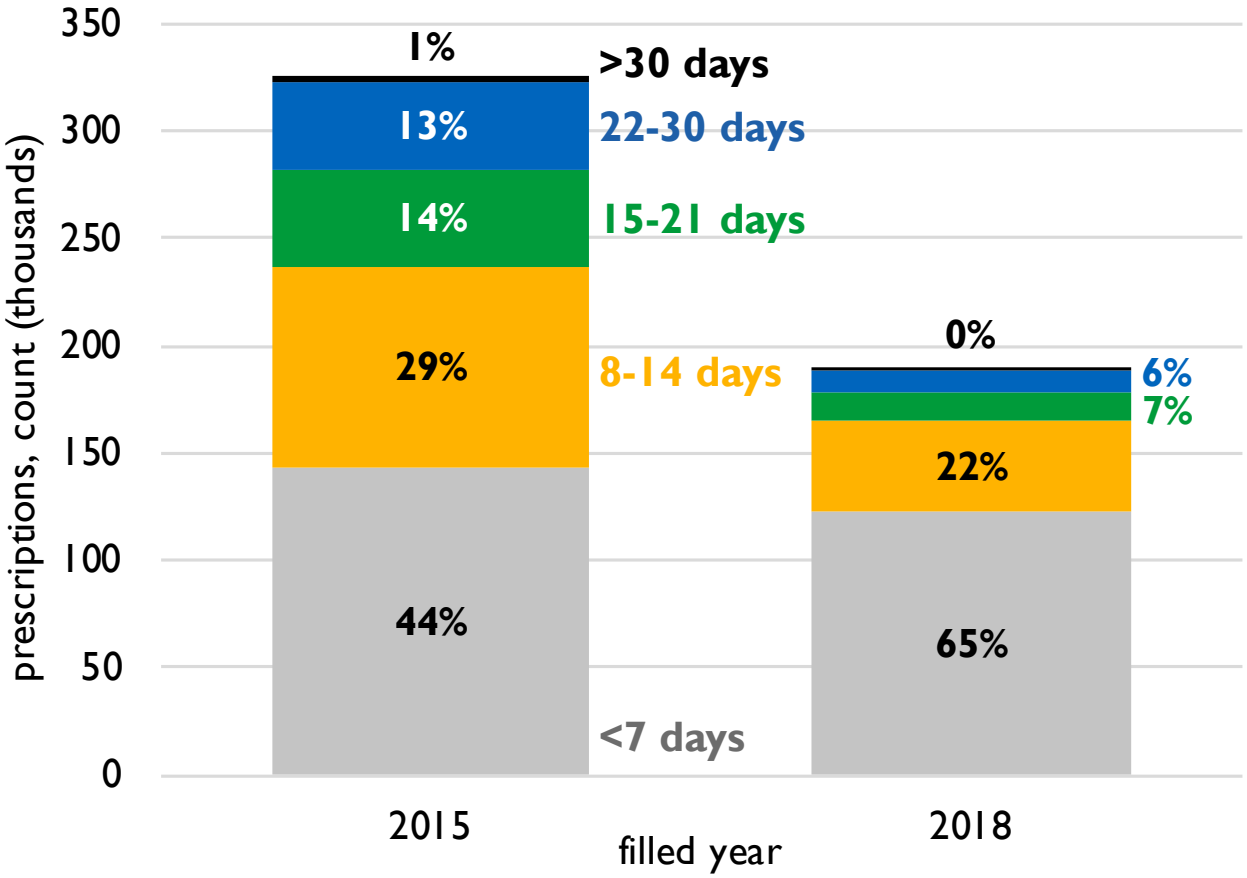
Virginia Department of Health Professions

Orthopaedic Surgeon Opioid Prescriptions Habits: A Changing Landscape

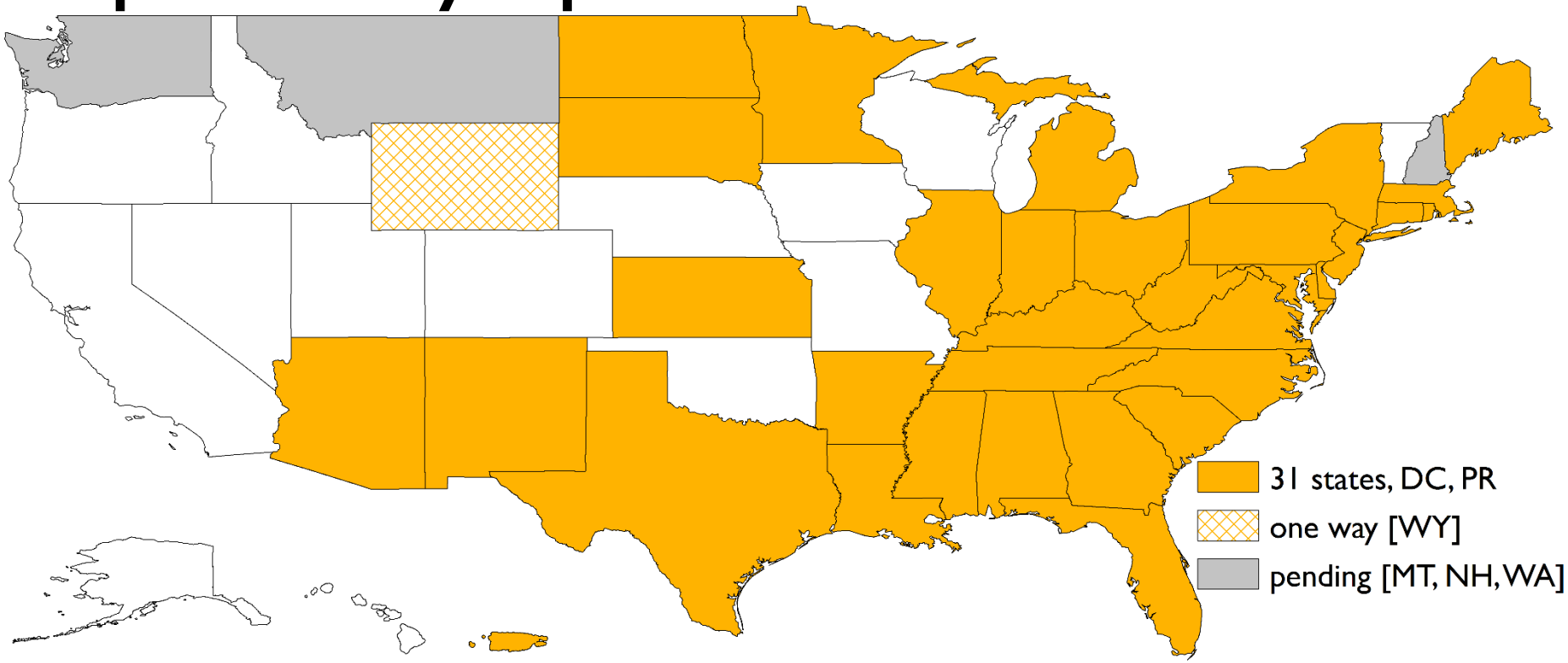
Orthopaedic surgeons represent:

- **3.4%** of prescribers
- **4.5%** of opioid prescriptions
- **3.1%** of opioid doses dispensed
- **2.2%** of opioid prescription days supplied

Two-thirds of prescriptions for <7 days

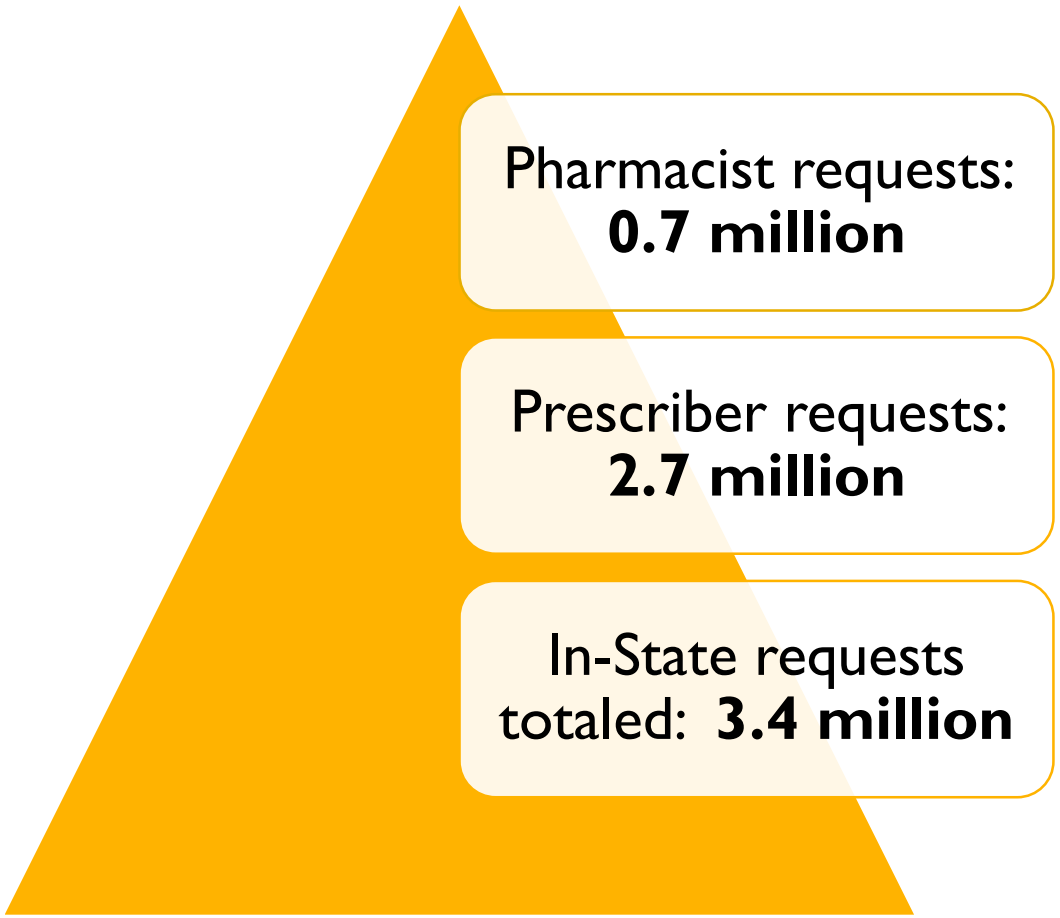


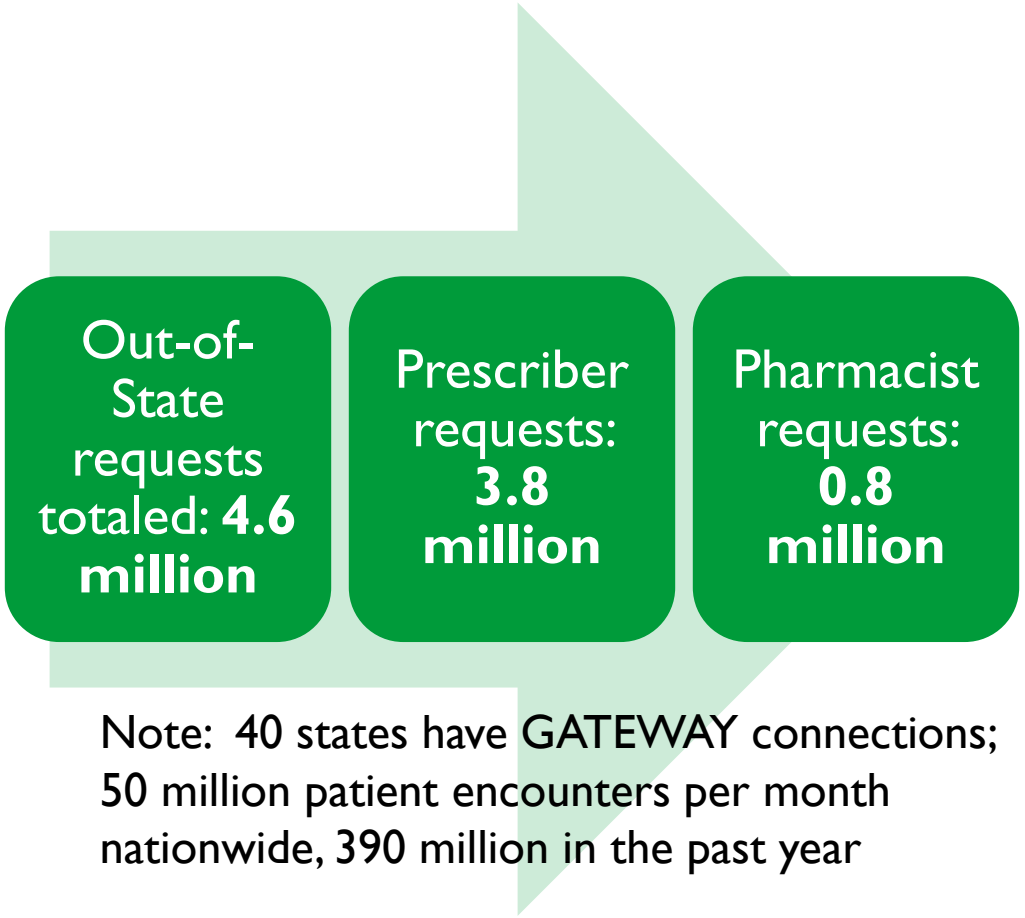
Interoperability update



- Virginia is interoperable with 33 PMPs, including all bordering states and DC
- Department of Defense Military Health System
- In May, Virginia's PMP processed 644,000 requests from other PMPs; 2.9M requests Jan-May 2019

PMP Integration Requests, May 2019





Note: 40 states have GATEWAY connections; 50 million patient encounters per month nationwide, 390 million in the past year

TOTAL REQUESTS

NarxCare (web-based):	• May: **0.5 million**	2019 YTD: **2.2 million**
PMPi:	• May: **0.6 million**	2019 YTD: **2.9 million**
GATEWAY:	• May: **3.4 million**	2019 YTD: **17.1 million**
2019 YTD Total:	• May: **4.5 million**	2019 YTD: **22.2 million**

CY2018 Total: **33.8 million**

EDCC UPDATE

9 fully implemented and integrated health systems

1 implemented but not integrated

6 in final legal review or fast track process

5 in progress

As of March 2019, the **majority of ED encounters** were at health systems implemented with the PMP

- Narx Score "ribbon" is published in an EDIE alert if the health system is implemented (has an approved license for PMP GATEWAY)
- Providers in the ED of an integrated system can "click" on the ribbon and view the NarxCare report
- Narx Score >500 will generate an EDIE alert
- Overdose Risk Score does not generate an EDIE alert

NPEDE UPDATE

Purpose:

Combine data sets from **PMP**, **Law Enforcement**, **Hospital EDs/Overdoses**, and other applicable data sets to improve patient risk models

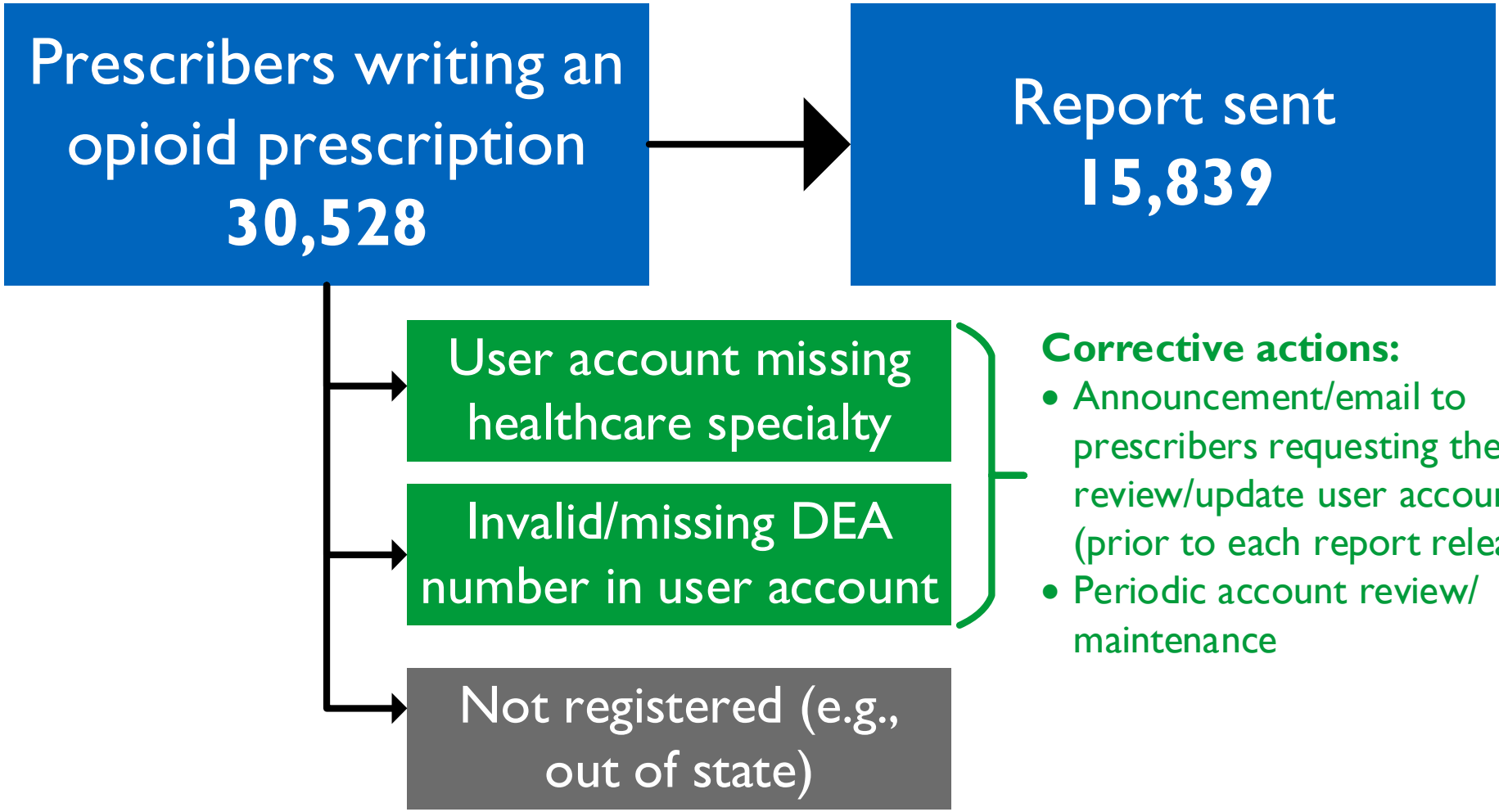
Virginia's current focus:

- Recent release from incarceration
- Non-fatal overdose reversal at an Emergency Department

Legislation may be required to authorize the sharing of this specific data

Other data sets may be explored in the future

PRESCRIBER REPORTS, 2019Q1



REPORTING OF CBD AND THC-A OILS

- Board of Pharmacy is the responsible authority for the Pharmaceutical Processor program
- Pharmaceutical processors dispensing CBD and THC-A oils must report to the PMP
- Dispensing will appear on NarxCare reports the same as a prescription for a covered substance
  - Exception: written date will reflect the expiration date of the patient's registration
- Specific Dispensing Guide for Pharmaceutical Processors will be published soon, mirrors general Dispenser Guide