2017 Annual Report of Virginia's Prescription Monitoring Program

Department of Health Professions

COMMONWEALTH of VIRGINIA

David E. Brown, D C
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

MEMORANDUM

TO: Members of the Joint Commission on Healthcare

FROM: Ralph Orr
Director
Prescription Monitoring Program

DATE: November 3, 2017

RE: **2017 Annual Report of Virginia's Prescription Monitoring Program**

During the 2017 Session of the General Assembly, HB 2167 and SB 1180 were passed with an enactment clause to require an annual Prescription Monitoring Program (PMP) Report to address the Joint Commission on Health Care and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on the prescribing of opioids and benzodiazepines in the Commonwealth. The measure called for the report to include data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on a potential misuse of a covered substance by a recipient.

Your review of the report is appreciated. I am available to answer questions or provide additional information as appropriate.

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November 3, 2017

The Honorable Robert D. Orrock, Sr.
Chair
House Health Welfare and Institutions
General Assembly Building
Richmond, Virginia 23219

Dear Delegate Orrock:

Pursuant to HB 2167 and the SB 1180 enactment clause passed during the 2017 legislative session of the General Assembly to require an annual Prescription Monitoring Program (PMP) Report, I am pleased to provide you with the first edition.

The *2017 Prescription Monitoring Program Annual Report* contains information on:

- Data on the prescribing of opioids and benzodiazepines in the Commonwealth; and,
- Statistics regarding unusual patterns of prescribing or dispensing of covered substances by an individual prescriber or dispenser to the Enforcement Division of the Department of Health Professions (DHP) or on potential misuse of a covered substance by a recipient to prescribers or law enforcement.

Your review of the report is appreciated. I am available to answer questions or provide additional information.

Sincerely,

Ralph Orr
Director
Prescription Monitoring Program

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November 3, 2017

The Honorable Senator Steve Newman
Chair
Senate Committee on Education and Health
General Assembly Building
Richmond, Virginia 23219

Dear Senator Newman:

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The *2017 Prescription Monitoring Program Annual Report* contains information on:

- Data on the prescribing of opioids and benzodiazepines in the Commonwealth; and,
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Your review of the report is appreciated. I am available to answer questions or provide additional information.

Sincerely,

Ralph Orr
Director
Prescription Monitoring Program

I. EXECUTIVE SUMMARY

Authority for the PMP

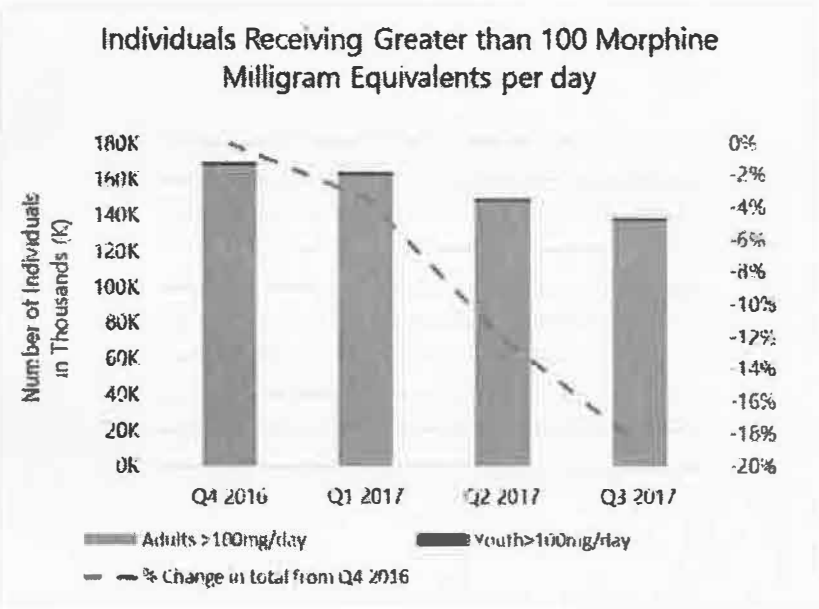
The law governing Virginia's Prescription Monitoring Program is found in Chapter 25.2 of Title 54.1 of the Code of the Virginia. Regulations governing the program are found at 18 VAC 76-20-10 et seq.

Information requested by HB 2167 and SB 1180 (2017 General Assembly): That the Prescription Monitoring Program at the Department of Health Professions shall annually provide a report to the Joint Commission on Health Care and the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health on the prescribing of opioids and benzodiazepines in the Commonwealth that includes data on reporting of unusual patterns of prescribing or dispensing of a covered substance by an individual prescriber or dispenser or on potential misuse of a covered substance by a recipient pursuant to §54.1-2523.1.

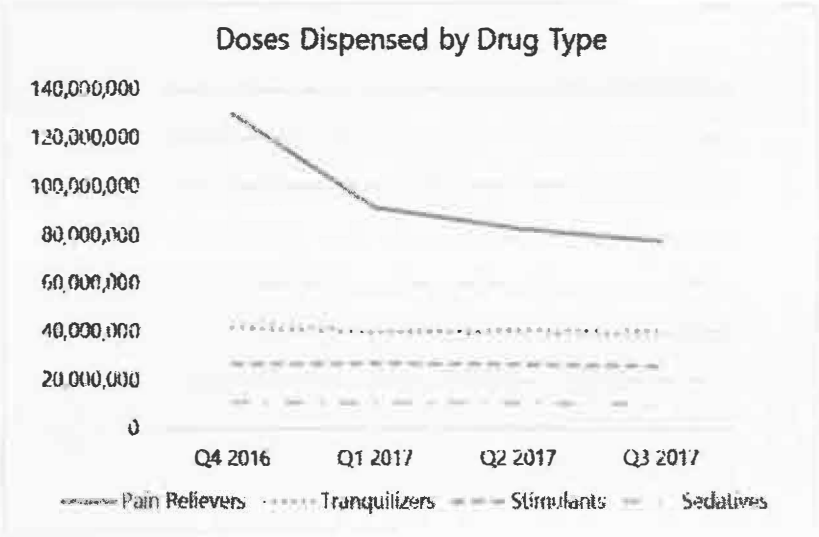
Highlights From This Year's Report

- From Q4 2016 to Q3 2017, the number of individuals receiving greater than 100 morphine milligram equivalents (MME) per day, which increases the risk of overdose and death, declined by 31, 527 individuals or an 18.6% decrease.
- From Q4 2016 to Q3 2017 Pain Reliever Doses declined from 129,797,789 to 77,729,833 which represents a 40.15% decline.
- Multiple provider episodes per 100,000 Virginia residents declined 45% between the 1st quarter of 2016 to 1st quarter of 2017.

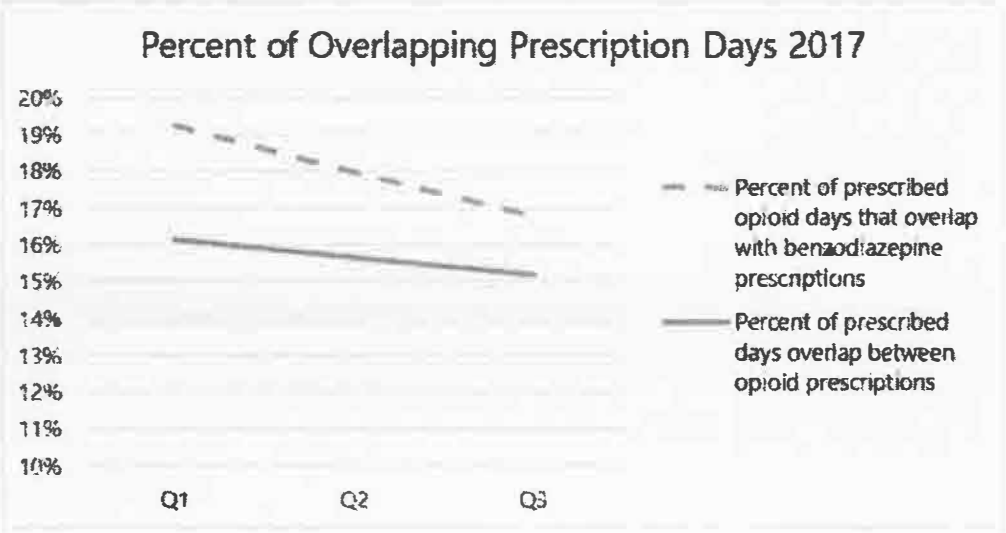
II. Data Related to the Prescribing and Dispensing of Opioids and Benzodiazepines



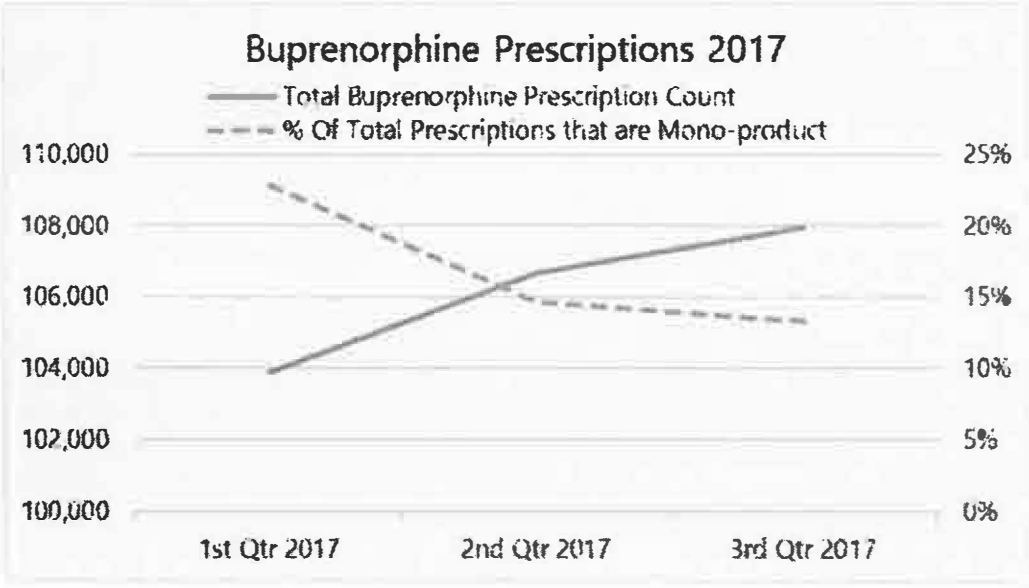
Morphine milligram equivalents (MME) per day is the amount of morphine an opioid dose is equal to, often used to gauge the abuse and overdose potential of the amount of opioid being prescribed at a particular time. The Centers for Disease Control indicate that individuals taking greater than 90 MME/day are at a higher risk of overdose and death. The total number of patients prescribed high dosages declined from 169,145 individuals in the fourth quarter of 2016 to 137,618 individuals in the third quarter of 2017, or an 18.6% decline in individuals receiving greater than 100 MME/day.



From the fourth quarter of 2016 to the third quarter of 2017 Pain Reliever Doses declined from 129,797,789 to 77,729,833 which represents a 40.15% decline. In that same time period, tranquilizer doses declined by 12.47% and sedatives declined by 7.98%. There was a 3.04% decline between the fourth quarter of 2016 & the third quarter of 2017 for stimulants but there was an increase from the fourth quarter of 2016 to peak in the first quarter of 2017.



Receiving more than one opioid prescription at a time and concurrent opioid and benzodiazepine prescribing increases the risk of overdose. The decline from the first quarter of 2017 to the third quarter of 2017 in percentage of days with overlapping opioid-opioid and opioid-benzodiazepine prescriptions from 16.2% to 15.2% and 19.3% to 16.8%, respectively, shows progress toward smarter, safer prescribing. In the third quarter of 2017, 432,968 queries were run before a new opioid or benzodiazepine prescription was issued. The PMP collected 1,185,255 opioid prescriptions and 701,786 benzodiazepine prescriptions during this quarter.



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.

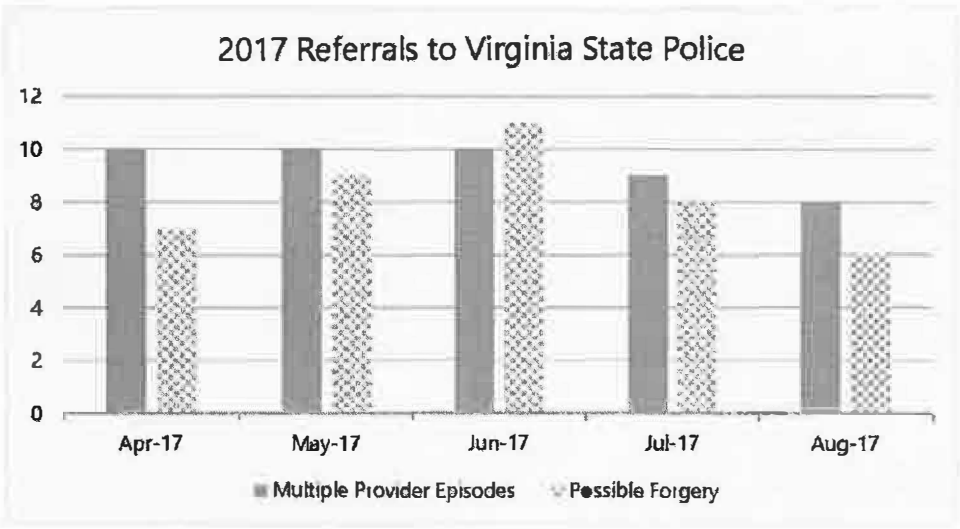
The PMP has monitored Gabapentin statewide since July 2017 due to its new classification as a drug of concern. Gabapentin has a synergistic effect when taken with other controlled substances which accelerates or enhances the high from opioid, muscle relaxants and benzodiazepines. It has recently started showing up on toxicology reports in opioid overdose deaths and there are reports that some addicts may use it to manage withdrawal symptoms. Since its inclusion, it has been the most prescribed drug reported to the PMP. Overall, prescriptions for all covered substances dispensed declined from December 2016 to September 2017 by 2.5%. However, excluding Gabapentin, there was a 15.36% decline in that same time period.

III. UNSOLICITED REPORTS

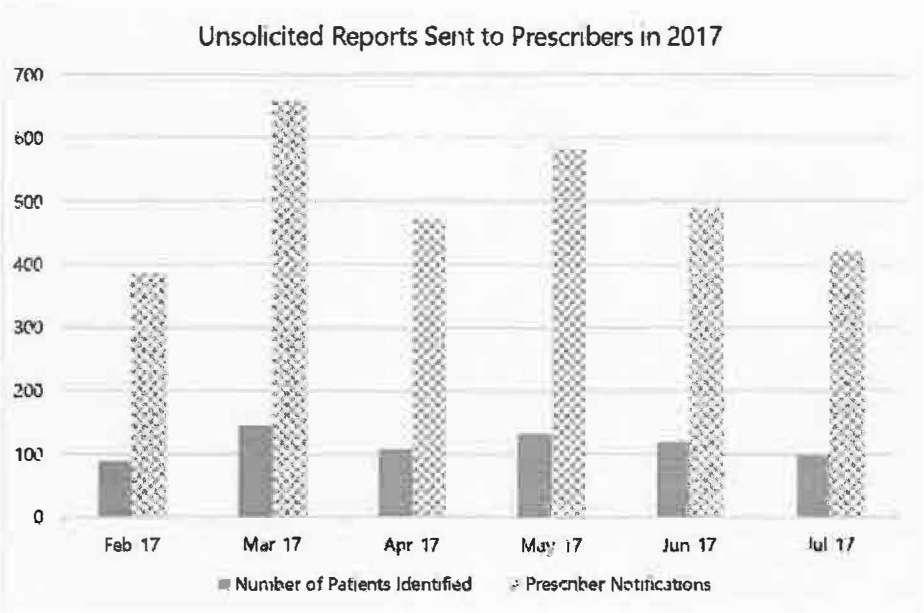
The Virginia PMP sends unsolicited reports to regulatory boards, the Virginia State Police Drug Diversion Unit, and prescribers. Unsolicited reports are based on criteria developed and agreed to by the PMP Advisory Committee or the PMP Advisory Panel. In order to be proactive and address the current opioid overdose epidemic in Virginia, the Panel was convened in response to legislation authorizing the PMP to forward to the Boards of Medicine and Pharmacy the names of prescribers or dispensers who may be over-prescribing or over-dispensing.

On October 28, 2016 the Advisory Panel for the Prescription Monitoring Program met to establish criteria for unsolicited reports on unusual occurrences of prescribing or dispensing to be sent to the Department of Health Professions' Enforcement Division for review and possible investigation. The criteria developed included information on prescribers and dispensers with ten or more patients with a Morphine Milligram Equivalent (MME) score greater than 1,000 and patients with an MME greater than 2,000. This initial query resulted in 18 cases being submitted to the Enforcement Division. The Enforcement Division developed internal processes for review of this information and made recommendations for future queries.

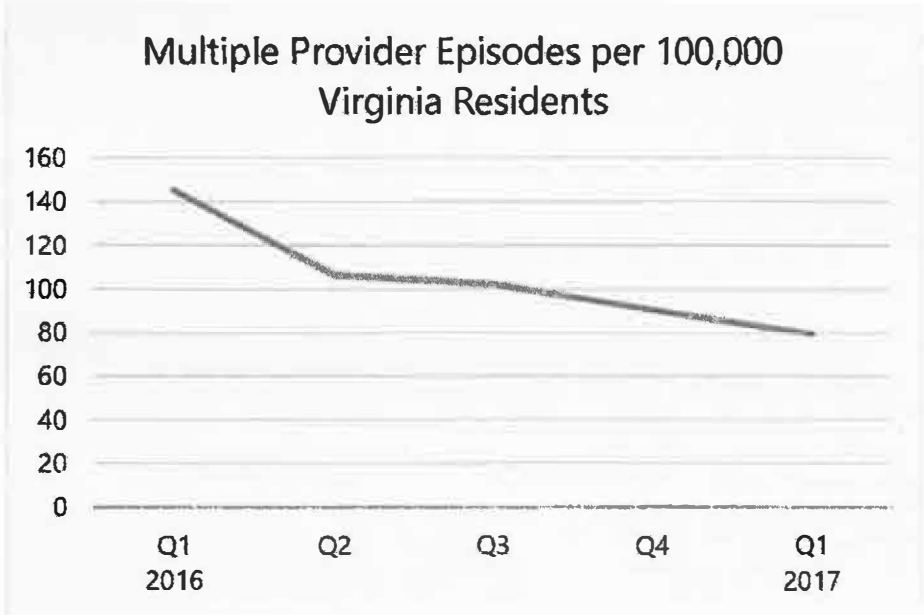
On September 9, 2017 the Advisory Panel met again to review the results of the initial queries sent to the Enforcement Division. All panel members agreed to the following parameters to be used for possible referral to the Enforcement Division: the top 25 dispensers and prescribers measured quarterly, any dispenser or prescriber with 5 or more patients with a MME over 750, or any dispenser or prescriber with 25 or more patients with a MME over 500. The current criteria of any prescriber or dispenser with a patient over 2000 MME was kept in place. These queries are now being run and information is being reviewed by the Enforcement Division in accordance with guidance provided by the Boards of Medicine and Pharmacy.



Unsolicited reports are sent to the Virginia State Police Drug Diversion unit for possible investigation 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.



Unsolicited reports are sent to prescribers to make them aware of multiple provider episodes which may be indicative of a substance use disorder (SUD) and/or diversion of prescription medications. The Virginia PMP has been providing unsolicited reports to prescribers since the inception of the program. The unsolicited reports sent to prescribers are notified via email, directed to log into their AWARxE account with the Virginia PMP, where the report can be viewed in their dashboard under "Patient Alerts".



In fact, there has been a decline in multiple provider episodes per 100,000 Virginia residents by quarter from 145.15 in the first quarter of 2016 to 79.43 in the first quarter of 2017, a 45% decline. Multiple provider episode rate is defined as use of 5 or more prescribers and 5 or more pharmacies within 3 months.