COMMONWEALTH of VIRGINIA

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TO: The Honorable Mark D. Sickles
Chairman, House Committee on Health, Welfare, and Institutions

The Honorable Ghazala F. Hashmi
Chairman, Senate Committee on Education and Health

The Honorable Rodney T. Willett
Chairman, Joint Commission on Healthcare

FROM: Arne W. Owens *Arne W. Owens*
Director, Virginia Department of Health Professions

DATE: November 27, 2024

RE: Report on All Prescription Monitoring Options pursuant to Ch. 628 of the 2023 General Assembly

The Department of Health Professions submits this report in compliance with Enactment Clause 3 of Chapters 113 and 406 (Regular Session, 2016) and Virginia Code § 54.1-2523.1. Per Enactment Clause 3 of Chapters 113 and 406 (Regular Session, 2016), the Prescription Monitoring Program (PMP) was directed to report on utilization of the PMP by prescribers and dispensers to include any impact on the prescribing of opioids. Additionally, Virginia Code § 54.1-2523.1 specifies that:

> The Director shall develop, in consultation with an advisory panel which shall include representatives of the Boards of Medicine and Pharmacy, the Department of Health, the Department of Medical Assistance Services, and the Department of Behavioral Health and Developmental Services, criteria for indicators of unusual patterns of prescribing or dispensing of covered substances by prescribers or dispensers and misuse of covered substances by recipients and a method for analysis of data collected by the Prescription Monitoring Program using the criteria for indicators of misuse to identify unusual patterns of prescribing or dispensing of covered substances by individual prescribers or

dispensers or potential misuse of a covered substance by a recipient. *The Director, in consultation with the panel, shall annually review controlled substance prescribing and dispensing patterns and shall (i) make any necessary changes to the criteria for unusual patterns of prescribing and dispensing required by this subsection and (ii) report any findings and recommendations for best practices to the Joint Commission on Health Care by November 1 of each year.*

Should you have questions about this report, please feel free to contact me at (804) 367-4648 or arne.owens@dhp.virginia.gov.

AO/EB
Enclosure

CC: The Honorable Janet Kelly, Secretary of Health and Human Resources

Preface

The following report meets two legislative requirements. First, per Enactment Clause 3 of Chapters 113 and 406 (Regular Session, 2016), the Prescription Monitoring Program (PMP) was directed to report on utilization of the PMP by prescribers and dispensers to include any impact on the prescribing of opioids. Additionally, Virginia Code § 54.1-2523.1 specifies that:

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Prescription Monitoring Program, Virginia Department of Health Professions

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Table of Contents

Executive Summary

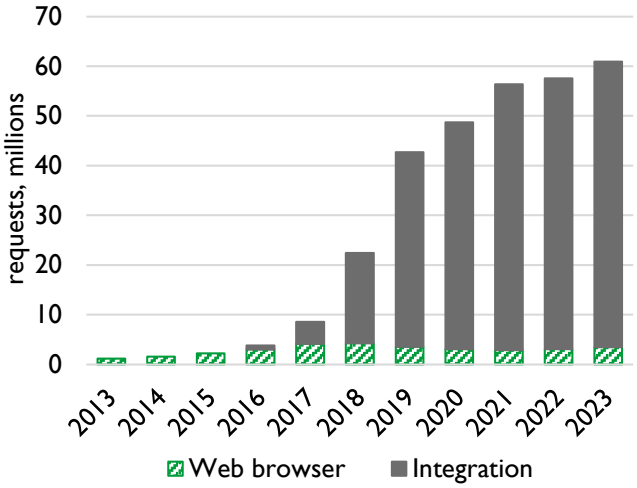
Virginia's Prescription Monitoring Program was established in 2006 and is used to track Schedule II-V controlled substances, naloxone, and medical cannabis dispensed in the Commonwealth. The primary purpose of the PMP is to promote safe prescribing and dispensing practices for covered substances by providing timely and essential information to healthcare providers. Both the Code of Virginia (Chapter 25.2 of Title 54.1) and the Virginia Administrative Code (18VAC76-20) contain laws and regulations applicable to the PMP.

On average, nearly 1.3 million prescriptions are reported to the PMP monthly. There are approximately 79,000 providers and dispensers registered to use the PMP and over 60 million requests for individual patient prescription history in the last calendar year. In addition to the utility for healthcare providers, the data collected can be useful in identifying unusual patterns of prescribing and dispensing for review by the applicable regulatory board. Investigative findings by regulatory boards and analysis methodologies are regularly reviewed and refined. Notably, 17% of cases initiated through this process resulted in a violation. "Identifying unusual patterns of prescribing and dispensing," beginning on page 3, describes this process and case findings in depth.

Utilization of the PMP database

Authorized users of the PMP can view a patient's prescription history via web browser or through an integrated software application. Integration within the clinical workflow of electronic health records (EHR), pharmacy dispensing systems (PDS), and e-prescribing platforms is a significant advancement in ease of use and efficiency and consequently has led to dramatic increases in use. Concurrent with increases in integration requests, use via web browser has declined. (*See* Fig. 1.)

Figure 1. Prescription history requests, 2013-2023



Impact on prescribing of opioids

As requests for individual patient prescription history have increased markedly in recent years, prescribing for opioids has decreased. The rate of opioid prescriptions dispensed to Virginians declined by 18%, from 54 prescriptions per 100 population in 2019 to 45 per 100 in 2023.

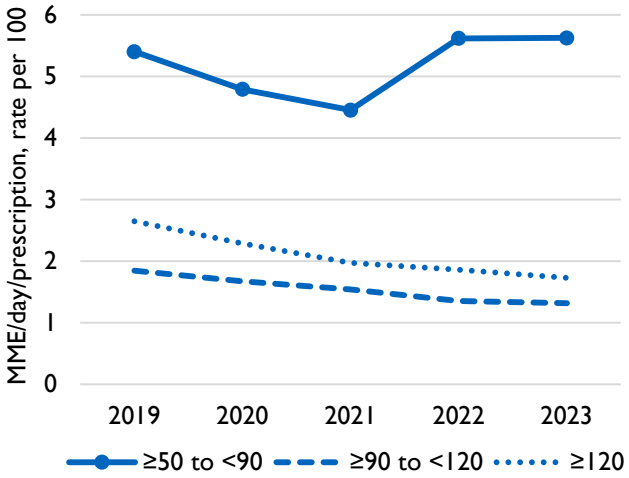
Morphine milligram equivalent (MME) is a way to calculate the relative potency of opioids and account for differences in opioid drug type and strength. As MME increases, overdose risk increases. The *Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain*, first published in March 2016 and updated in 2022, recommends that clinicians carefully consider increasing daily dosage to 50 MME or greater.[1] Virginia regulations impose specific requirements on practitioners when prescribing daily dosages exceeding 50 and 120 MME thresholds. (*See* 18VAC85-21-10 *et seq.*)

Between 2019 and 2023, daily MME per prescription decreased minimally overall as measured by rate per 100 population. Prescriptions for daily dosages between 90 and 120 MME per day and 120 MME or greater had a sustained decline by similar percentages (29% and 35%, respectively) over five years. Overall, prescriptions for daily dosages of 50 to 90 MME increased

[1] Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. *CDC Clinical Practice Guideline for Prescribing Opioids for Chronic Pain — United States, 2022*. MMWR Recomm Rep 2022;71(No. RR-3):1–95. Accessed September 13, 2023 from http://dx.doi.org/10.15585/mmwr.rr7103a1.

by 4% overall between 2019 and 2023. Following a 26% increase from 2021 to 2022, current rates are consistent with pre-pandemic rates. (*See* Fig. 2.)

Figure 2. Opioid daily dosage by prescription, 2019-2023



A central utility of the PMP is to monitor a patient's use of multiple prescribers and pharmacies in acquiring controlled substances. Frequency of multiple provider episodes, defined as a recipient obtaining opioids from a minimum of five prescribers and five dispensers within a six-month time period, decreased from 7.3 to 2.1 per 100,000 residents between 2019 and 2023.

Identifying unusual patterns of prescribing and dispensing

The PMP received statutory authority in July 2017 to disclose data indicative of unusual prescribing and dispensing to the Enforcement Division of the Department of Health Professions. An Advisory Panel approved indicators to identify aberrations. (*See* Fig. 3.) A new position was created in 2018, with a focus on building program analytic capacity, and was integral to developing, reviewing, and refining analysis methodologies to inform subsequent case investigations. The position, eliminated in 2022, was reestablished in 2024 and will continue this work.

For a detailed description of indicators used, see Figure 3 below.

Figure 3. Indicators of unusual prescribing and dispensing

- Highest ranked
    - prescribers/dispensers of all covered substances by prescription count
    - prescribers of opioids
    - prescribers of opioids with minimal PMP use
    - dispensers of opioids according to distance from patient, prescriber, and pharmacy
    - dispensers based on ratio of Schedule II to all Schedule II-V prescriptions

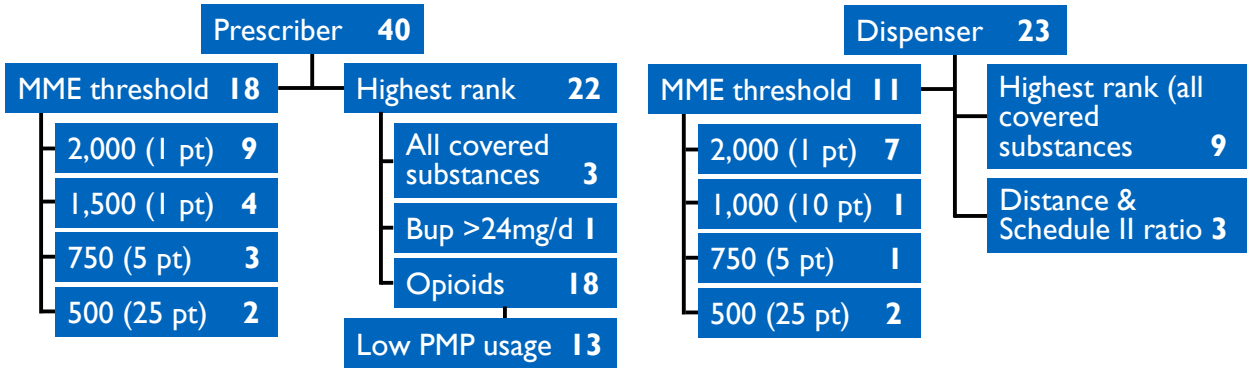
- prescribers of buprenorphine for opioid use disorder (OUD) dosing > 24 mg/day

- Prescribers/dispensers for patients meeting daily MME thresholds
  - One patient at 2,000 MME/day
  - One patient at 1,500 MME/day (prescribers only)
  - 10 patients at 1,000 MME/day (dispensers only)
  - 5 patients at 750 MME/day
  - 25 patients at 500 MME/day

Case investigations and findings

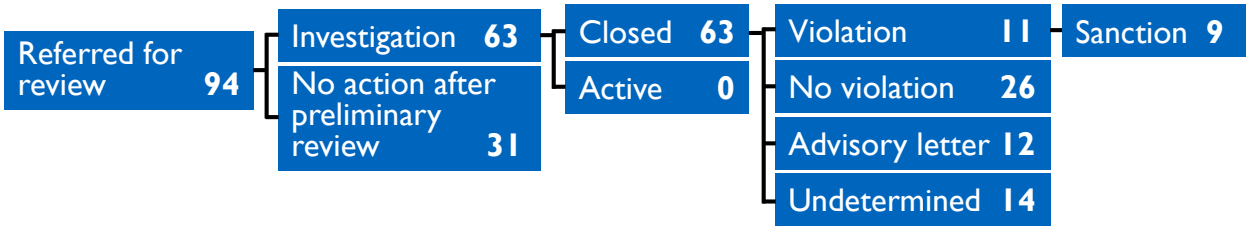
Through September 2024, the Enforcement Division has conducted 94 reviews and initiated 63 case investigations of prescribers (n=40) and dispensers (n=23; Fig. 4).

Figure 4. Cases investigated by licensee type and indicator, 2016-September 2024



Among the completed PMP-generated cases (n=63), 17% resulted in a violation and most were sanctioned by the applicable board. (*See* Fig. 5.) Nearly the same number were issued an advisory letter (19%), pursuant to § 54.1-2400, or closed as undetermined (22%). Cases with an undetermined final disposition are those for which the relevant board concluded disciplinary proceedings would not be instituted at present but retain the ability to do so in the future. All PMP-generated cases have been closed.

Figure 5. Cases investigated by status and outcome, 2016- September 2024



In closing, for additional information please contact the director of the Prescription Monitoring Program, Ashley Carter, at ashley.carter@dhp.virginia.gov.