



# WEST VIRGINIA BOARD OF PHARMACY

## CONTROLLED SUBSTANCES MONITORING PROGRAM

2022 Annual Report

## **2022 CONTROLLED SUBSTANCES MONITORING PROGRAM HIGHLIGHTS**

- ❖ **The total number of controlled substance doses West Virginia patients received this year was over five million less than in 2021**
- ❖ **The powerful opioids hydrocodone and oxycodone were responsible for most of that decline with an over two million dose decreases from last year, and a combined 98 million dose reduction since 2011**
- ❖ **Currently sharing prescription data with the border states OH, VA, MD, KY and PA, in addition to 25 other states, DC, Military Health System and the VA**
- ❖ **Our system receives over 15 million patient queries a month, primarily through integrated facilities in West Virginia and other states**
- ❖ **Abnormal Prescriber reports continue to be submitted to the appropriate licensing boards**
- ❖ **CSMP epidemiologists continue to create and maintain numerous data maps and analyses to help identify potential issues with controlled substance prescribing and patient activity in West Virginia, while they also participate in various other data projects**

# **WV CONTROLLED SUBSTANCES MONITORING PROGRAM**

## **2022 ANNUAL REPORT**

### **Introduction**

The West Virginia Controlled Substances Monitoring Program (CSMP) is a central repository, maintained by the West Virginia Board of Pharmacy, for collected data related to the prescription and dispensing of all Schedule II, III, IV and V controlled substances. As required by §60A-9-5, this report is intended to give a brief history of the monitoring program, including the Advisory and the Database Review Committees, highlighting the accomplishments of the CSMP, providing general and statistical information regarding CSMP data and to also recommend legislation to enhance and improve the CSMP and its use.

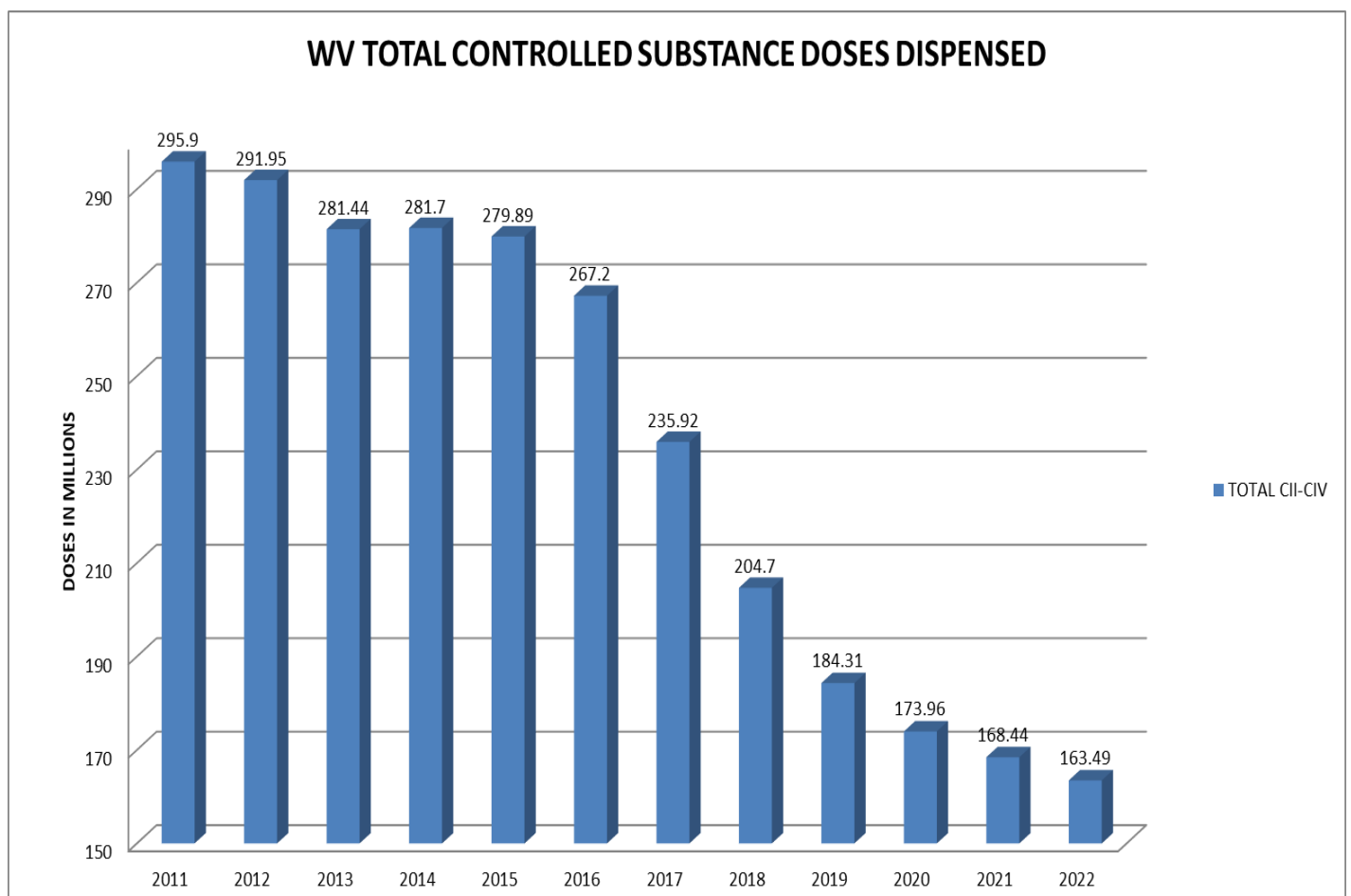
### **West Virginia's CSMP Reporting**

Each time a controlled substance is dispensed to an individual in West Virginia, it must be reported to the CSMP by the medical services provider as soon as possible, within 24 hours. The dispensing report includes information about the patient, the prescriber who wrote the prescription, the pharmacy that filled the prescription, the product dispensed and the prescription (prescription #, no. doses, refills, form of payment, etc.). The CSMP collects information on almost five million controlled substance dispensings each year. Beginning in June 2016, the CSMP also began collecting dispensing data for opioid antagonist products, such as Narcan. Schedule V drugs such as gabapentin and pregabalin are now also being collected, as are non-fatal overdose reports. Contracts with Mahantech Corporation are in place to administer the CSMP and to manage the collection of this data, and provide access for authorized users. Board-employed program staff, consisting of an administrator and a clerk, oversees the day-to-day operation of the CSMP, act as liaisons with the software vendor, seek out and maintain grant funding to support the CSMP and provide administrative support to the West Virginia Board of Pharmacy.

The CSMP then offers direct, internet-based, electronic access to this data, primarily for practitioners for purposes of patient treatment. The information in the system is also open to inspection for specific investigations by authorized law enforcement officials, agents of licensing boards of practitioners, agents of the Office of the Chief Medical Examiner (OCME), agents of Bureau of Medical Services, agents of the Office of Health Facility Licensure and Certification, medical school deans, facility chief medical officers and persons with an enforceable court order.

## CSMP Dispensing Statistics

Overall dosage unit dispensing numbers have declined over the last several years in West Virginia (See Figure 1). The top 12 products by number of doses dispensed is listed in Figure 2. Also listed are the significant numbers of schedule V drug products Gabapentin (Neurontin) and pregabalin (Lyrica) dispensed, which were only required in the last four years. The Schedule II opioids hydrocodone and oxycodone have seen the most significant drop in numbers, with a combined decrease of over 95 million doses in the last 10 years, and a 2.95 million dose decrease last year alone (Figure 3). Buprenorphine, a product commonly used to treat opioid addiction, and amphetamines, stimulant products used to treat ADHD and narcolepsy, are the only drug products that showed a significant increase. Figures 4 & 5 shows data for various drug products.



**Figure 1**

## WEST VIRGINIA 2022 CONTROLLED SUBSTANCE DOSES

Rank	Drug Category	Schedule	No. Dispensed
1.	Hydrocodone Products	II	24.75 Million
2.	Tramadol Products	IV	20.66 Million
3.	Alprazolam Products	IV	17.52 Million
4.	Oxycodone Products	II	17.16 Million
5.	Buprenorphine Products	III	12.23 Million
6.	Clonazepam Products	IV	12.97 Million
7.	Lorazepam Products	IV	10.97 Million
8.	Amphetamine Products	II	9.28 Million
9.	Zolpidem Products	IV	5.41 Million
10.	Diazepam Products	IV	4.53 Million
11.	Codeine Products	III	4.03 Million
12.	Methylphenidate Products	II	3.03 Million
	All Other Products	II-IV	20.95 Million
	<b>TOTAL</b>	<b>II-IV</b>	<b>163.49 Million</b>
	Gabapentin	V	60.26 Million
	Pregabalin	V	10.51 Million

Figure 2

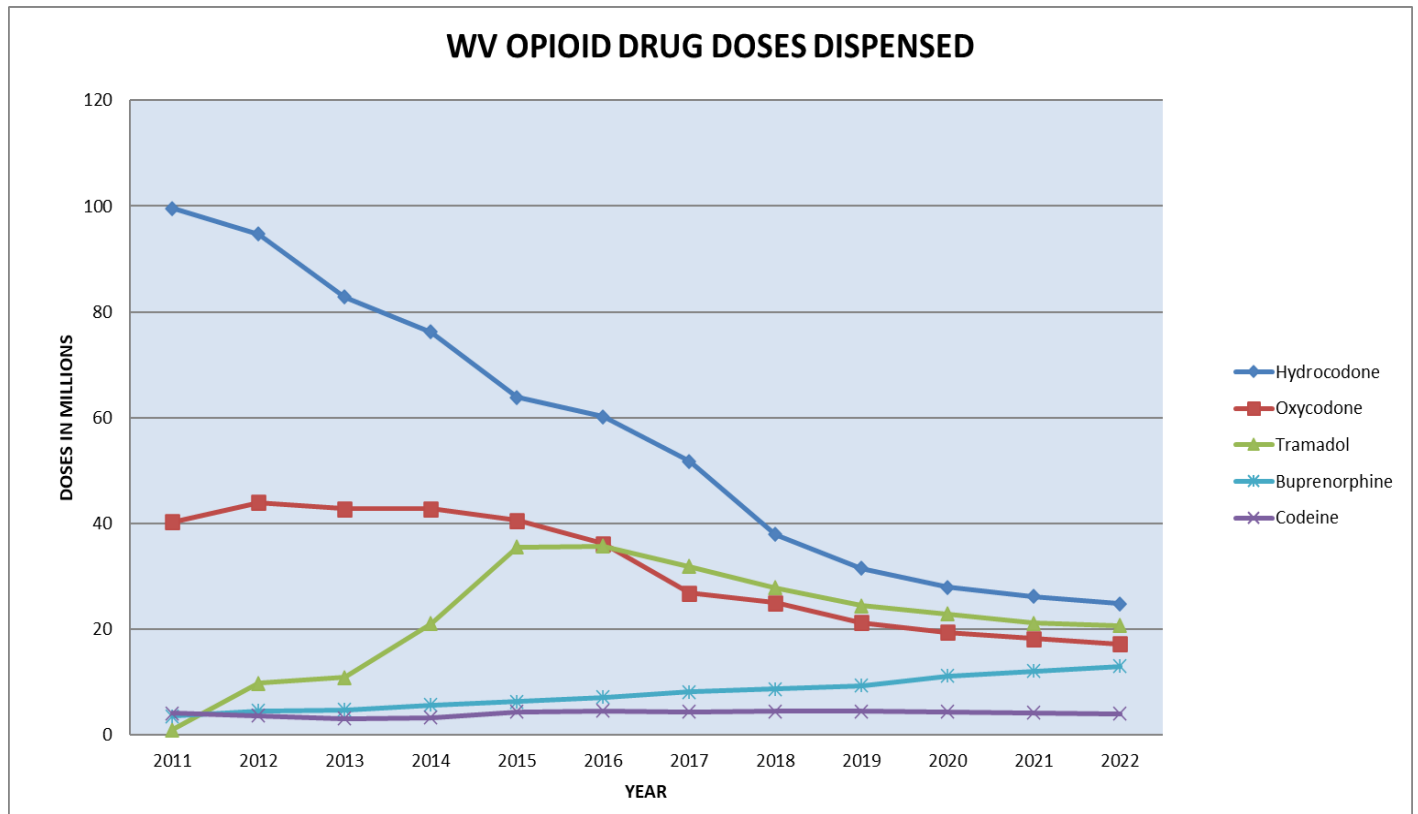
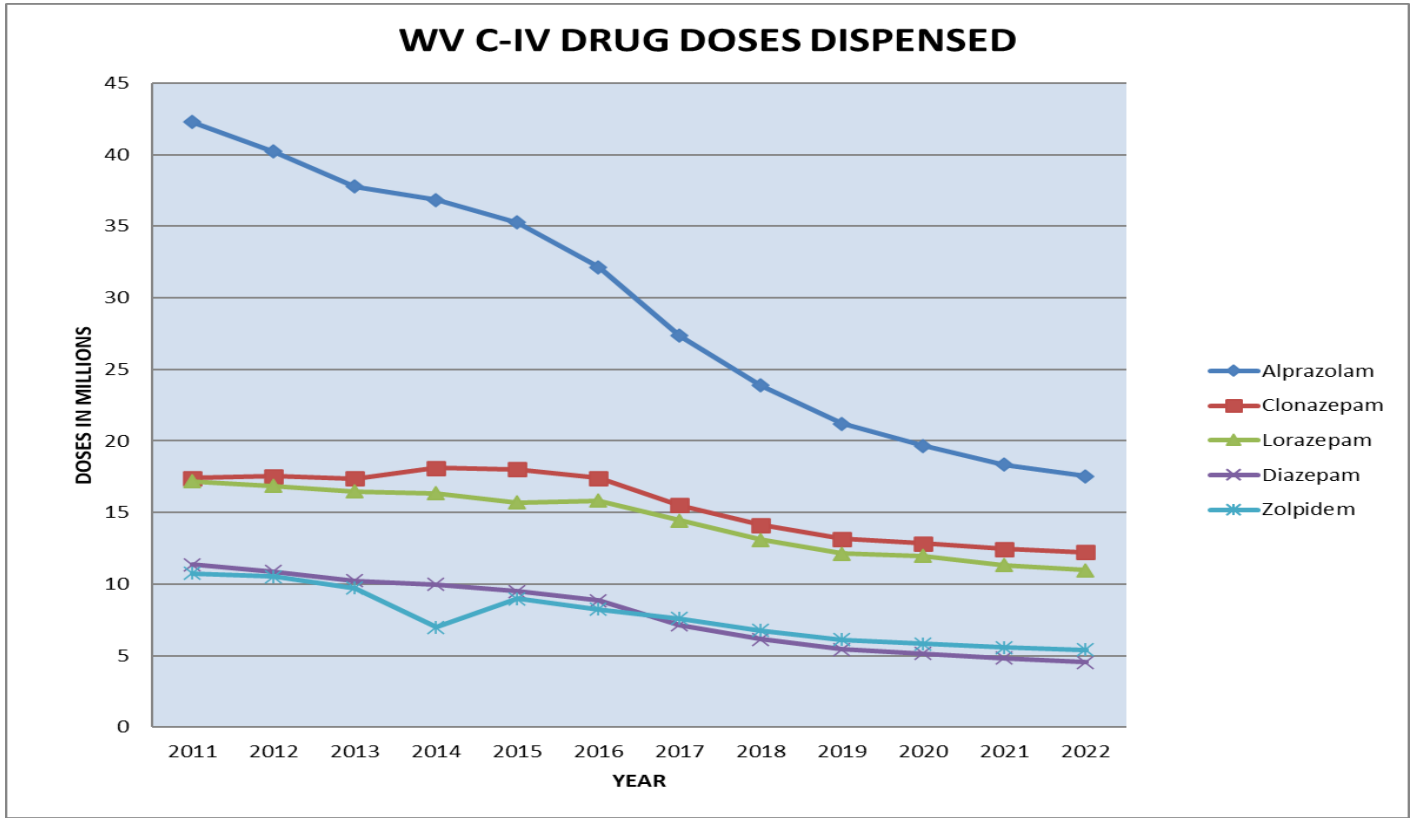
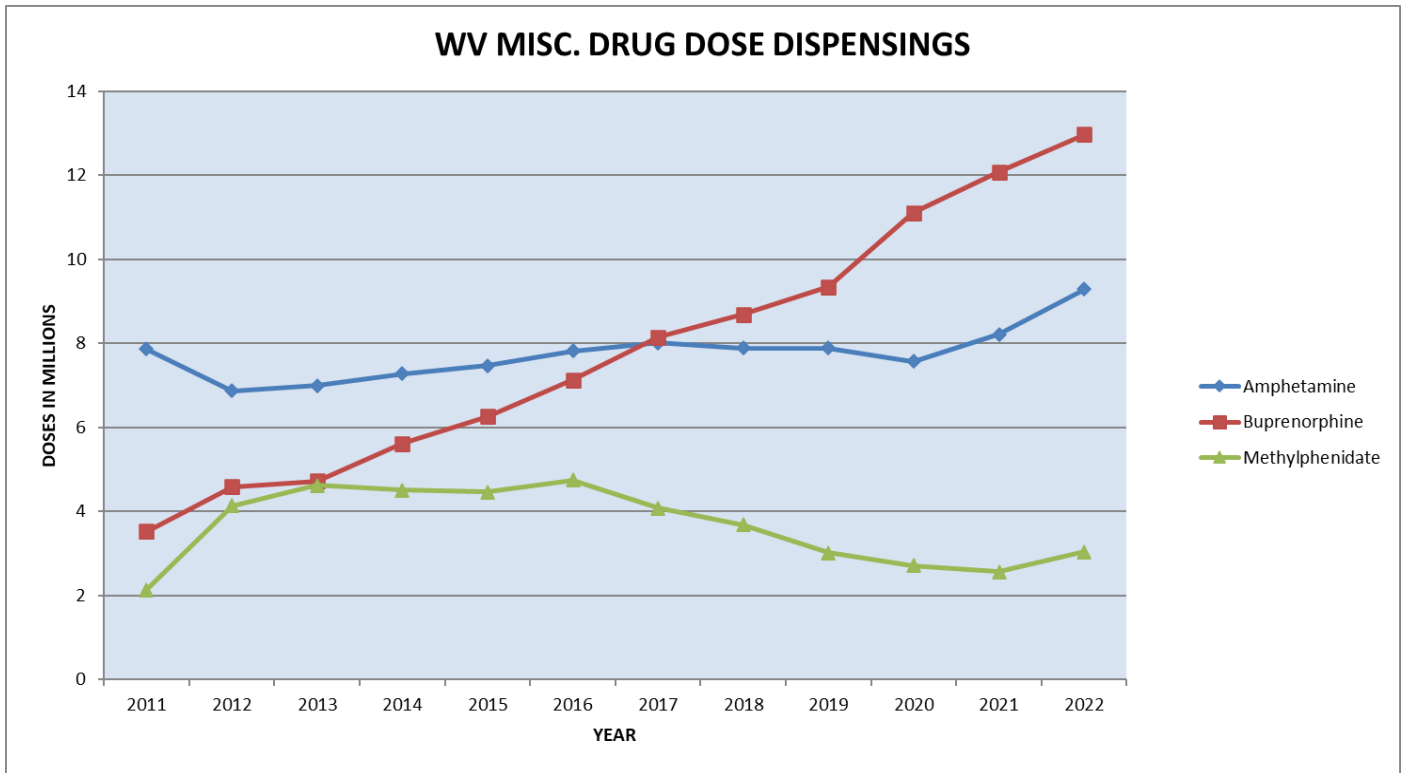


Figure 3



**Figure 4**



**Figure 5**

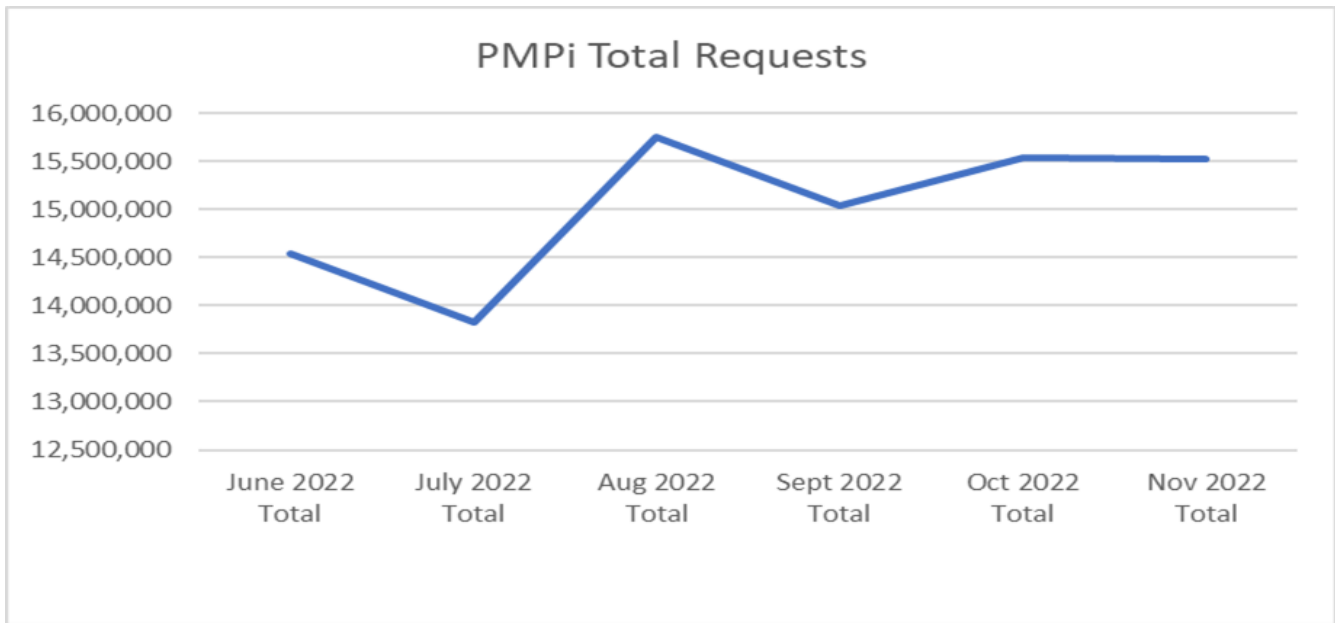
## **Interstate Data Sharing**

In March of 2014, West Virginia successfully deployed its interface with the Prescription Monitoring Program Interconnect (PMPI). PMPI is a data sharing hub, through which authorized users from one state are permitted to obtain patient information from other participating states through their home PMP. West Virginia is currently sharing prescription data with our border states Virginia, Ohio, Kentucky, Maryland and Pennsylvania. We are also sharing data with South Carolina, Wisconsin, Delaware, Indiana, Arkansas, Connecticut, Arizona, Nevada, Kansas, Louisiana, New Mexico, Maine, Massachusetts, Michigan, New York, New Jersey, North Carolina, Minnesota, Oklahoma, Tennessee, Rhode Island, North Dakota, Colorado, Washington, Wyoming, the District of Columbia, Military Health Systems and the Veteran's Administration. We are actively working toward connecting with a number of other states.

## **Federal Grant Opportunities**

The West Virginia Board of Pharmacy and the CSMP continues to work with a federal CDC grant, which among other things is intended to facilitate CSMP use, to maximize our system capabilities, to analyze and evaluate existing policies designed to reduce prescription drug overdose morbidity and mortality and produce a plan for addressing these issues, including a comprehensive list of best practices. The CDC grant included hiring three epidemiologists to assist the Board in the analyses. They also work closely with other experts within the WV DHHR.

This grant has also allowed the Board to partner with Bamboo Health to utilize, analyze, and present information from CSMP into the clinical workflow of both prescribers and pharmacists via the comprehensive platform NarxCare. This product will integrate this CSMP information, as well as additional data sources, into Electronic Health Records or Pharmacy Management Systems to empower clinicians to identify patients that may be at risk for prescription drug addiction, overdose and death, and equips those clinicians and care teams with the advanced analytics, tools and technology they need to help those patients. These invaluable insights and tools can be presented and accessed within clinical workflow, up front, for every patient, every time. By obtaining CSMP prescription information, which can include data from neighboring states, this one-click workflow process eliminates the need for prescribers and pharmacists to manually log into the WV CSMP website separately and then enter a patient's name and demographics to search for them. We are currently receiving over 15 million queries a month through the various integrations in WV and surrounding states, which has risen tremendously since it began (See Figure 6).



**Figure 6**

### **Abnormal Prescribers**

During the 2018 Regular Legislative Session, the Board of Pharmacy was required to establish parameters and to issue reports of abnormal or unusual prescribing or dispensing patterns. After consulting with various licensing Boards, the advisory committee established the initial algorithm to identify abnormal prescribing. A prescriber is considered abnormal or unusual if they appear in the top 5% of prescribers in the state in 4 or more of the following categories:

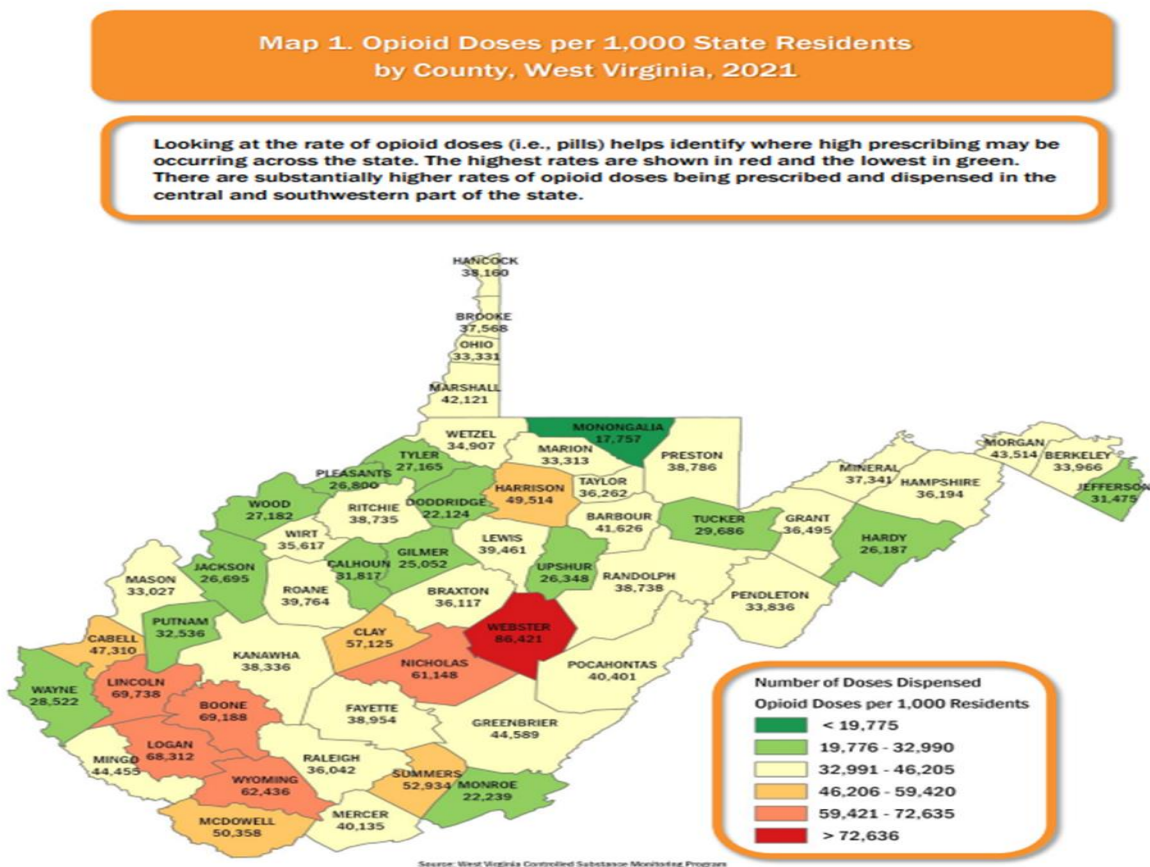
- Average MED per Rx
- Total MME prescribed
- Total opioid doses prescribed
- # of unique opioid patients
- # of days supply of overlapping opioids and benzodiazepines



## Other Initiatives

We continue to add new functionality to the CSMP for easier access and enhanced data analytics. We have incorporated non-fatal overdose data into patient reports as one key component required by recently enacted legislation. We now send out non-fatal overdose notifications to any physician who has prescribed a controlled substance to one of these reported overdose victims. Doctor Report Cards (tool to inform practitioners about how they compare to their peers), geocoding/mapping capabilities and new trend reports are also being improved.

There have been a number of data maps created (Figures 7 & 8), that provide valuable insight into prescription activity around the state. Additionally, monthly surveillance reports are being produced to summarize various key statistics related to West Virginia prescribing. County profiles are also available, which displays how a county rates to the others in West Virginia in various prescription categories. Naloxone utilization, youth stimulant prescribing studies, Medication Assistance Treatment (MAT) data and other indicators are also being processed currently. A number of these maps, data sets and also an interactive dashboard is available at our website: [www.wvbop.com](http://www.wvbop.com).

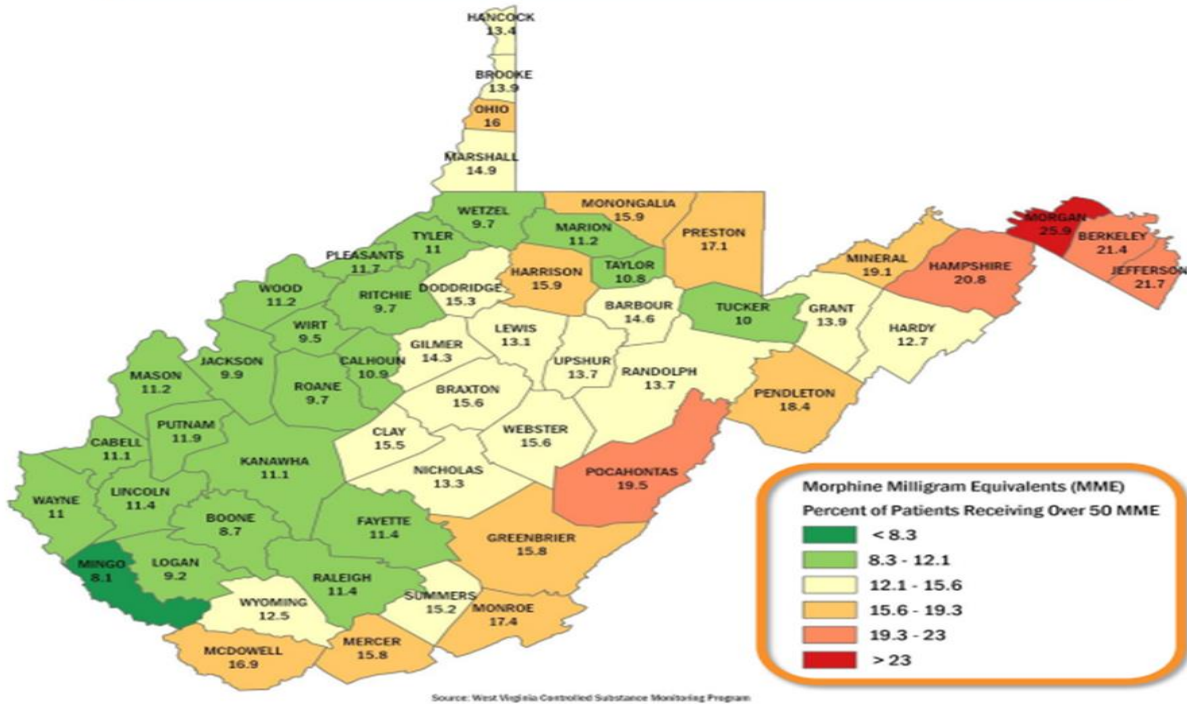


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Figure 7

**Map 3. Percent of Patients Receiving a High-Daily Dose of Prescribed Opioids by County, West Virginia, 2021**

The average high-risk daily dose (i.e.,  $\geq 50$  Morphine Milligram Equivalents (MME)) helps identify where high and possible problematic prescribing is occurring across the state. High-risk daily dose prescribing is most common the northern and southeastern part of the state, with the highest percentage of patients being dispensed high-risk daily doses in the southeastern boarder and in the eastern panhandle.



8

Figure 8