



Preventing
and Recognizing
Prescription
Drug Abuse

Vermont Prescription Monitoring System

Report for July 1, 2009 – December 31, 2010

Published January 2011



Alcohol & Drug Abuse Programs

healthvermont.gov/adap/VPMS.aspx

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Executive Summary

The Vermont Prescription Monitoring System (VPMS) is a free, web-based, clinical tool that Vermont licensed providers can use when prescribing Schedule II-IV controlled substances to their patients. Information from the database is available to pharmacists and prescribers to use in the active treatment of a patient.

The purpose of the database is to provide a complete picture of a patient's controlled substance use, so that the provider and pharmacist can properly manage the patient's treatment, including the referral of a patient to treatment services.

The goal of the program is to reduce the incidence of abuse of, and addiction to, controlled substances in the population of Vermont, while ensuring that patients receive adequate and timely medication for pain and other conditions that can benefit from a regimen of controlled substances.

The Vermont Department of Health was authorized by the Vermont Legislature to establish the VPMS in July 2006 and received a development grant to do so. Since that time, the Health Department has been awarded two consecutive enhancement grants that support VPMS program costs.

The VPMS began implementation on January 12, 2009 with weekly collection of controlled substance Schedule II through IV prescription data from licensed Vermont pharmacies. Data is collected retroactively to July 1, 2008, and there are now over 2 million prescription records in the database.

On April 20, 2009, the VPMS opened registration for Vermont licensed health care providers and dispensers. Registered health care providers and dispensers are able to request information relating to a current patient directly from the VPMS database.

Quarterly reports are automatically generated by the VPMS on patients who exceed certain thresholds related to the number of providers or pharmacies used. These “Patient Threshold Reports” are mailed to the prescribers to whom the prescriptions were attributed to insure that they have a complete picture of the patient’s prescribed controlled substance use.

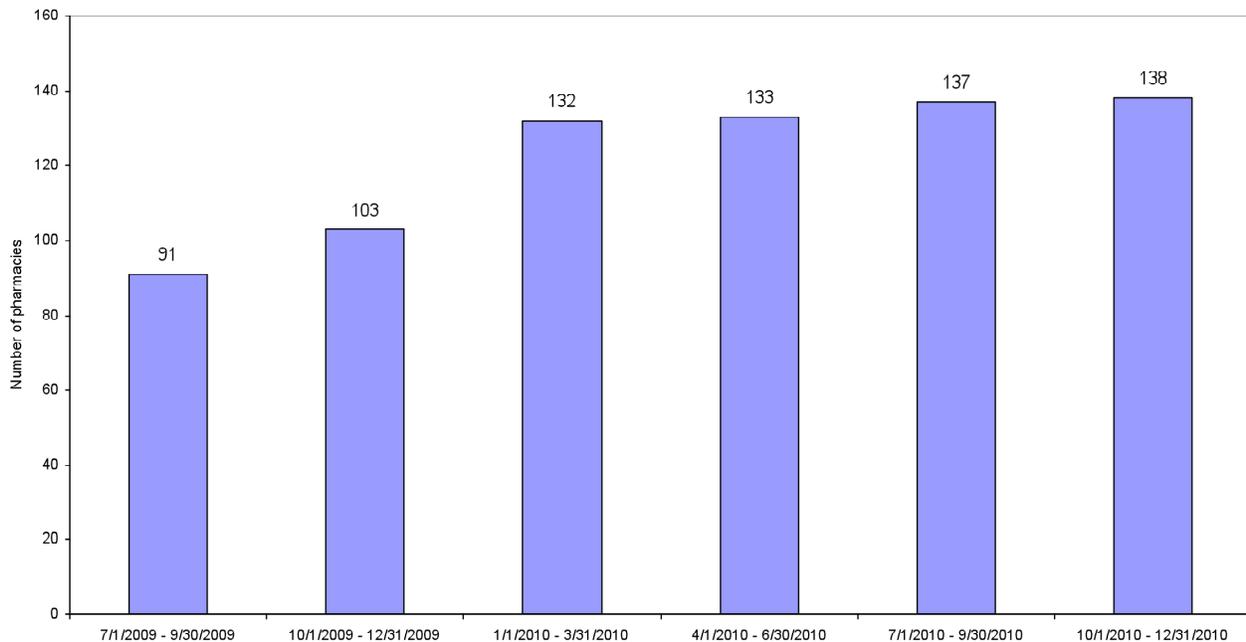
Benefits of the Vermont Prescription Monitoring System:

1. Facilitates coordination of care among health care providers.
2. Encourages collaborative provider/pharmacist relationships to improve patient care.
3. Provides useful feedback to prescribers on their own prescribing trends, information on a patient’s prescription history, and information for a provider who suspects a patient may not be complying with orders regarding prescription use.
4. Alerts providers to their patients whose total prescription use for a given time period exceeds pre-determined threshold levels.
5. Identifies patients who can benefit from early assessment, treatment and rehabilitation for drug abuse and addiction.

**Reporting Sources:
In-State Licensed Pharmacies
Reporting Regularly, by Quarter**

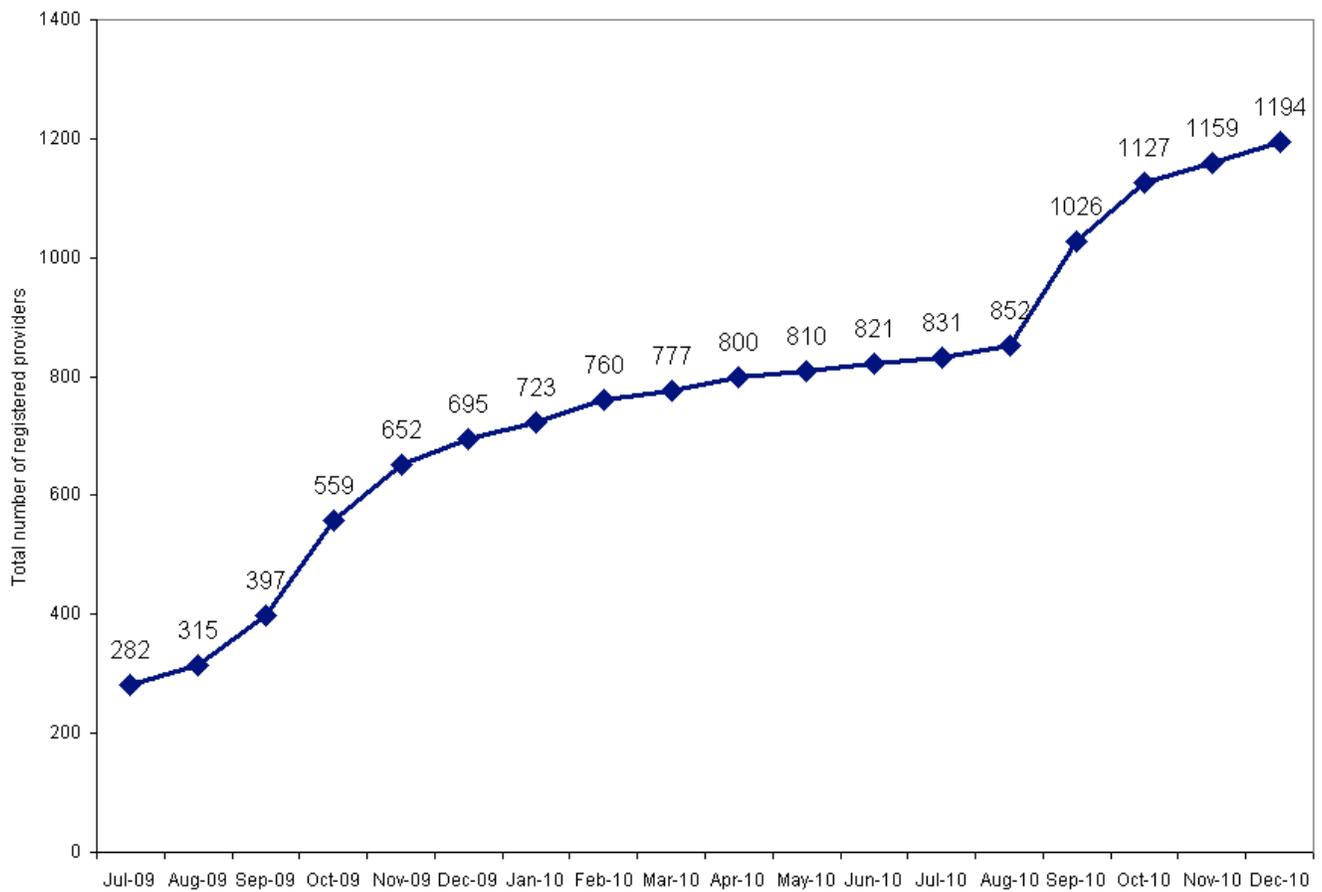
July 1, 2009 – December 31, 2010

By the end of 2010, 100% of Vermont in-state pharmacies
were reporting to VPMS regularly.



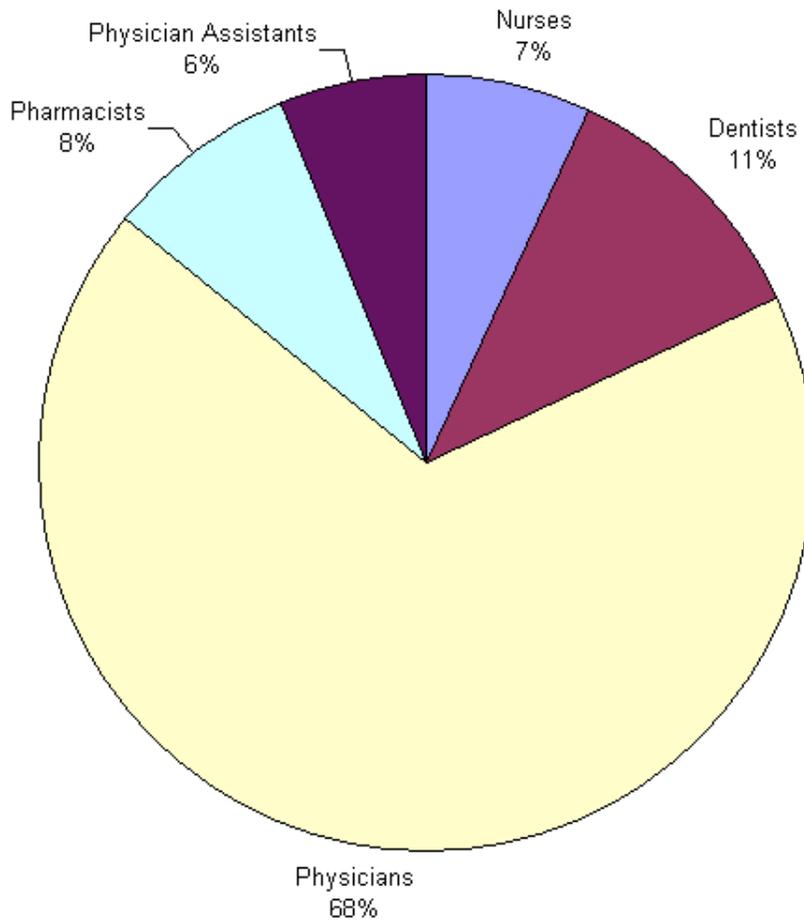
Reporting Sources: Total # Registered Providers, by Month

July 1, 2009 – December 31, 2010



**Reporting Sources:
Registered Providers and Dispensers,
by Profession**

July 1, 2009 – December 31, 2010



**Prescription Data:
Total # People Receiving Schedule II-IV Prescriptions
Total # Schedule II-IV Prescriptions
by Gender**

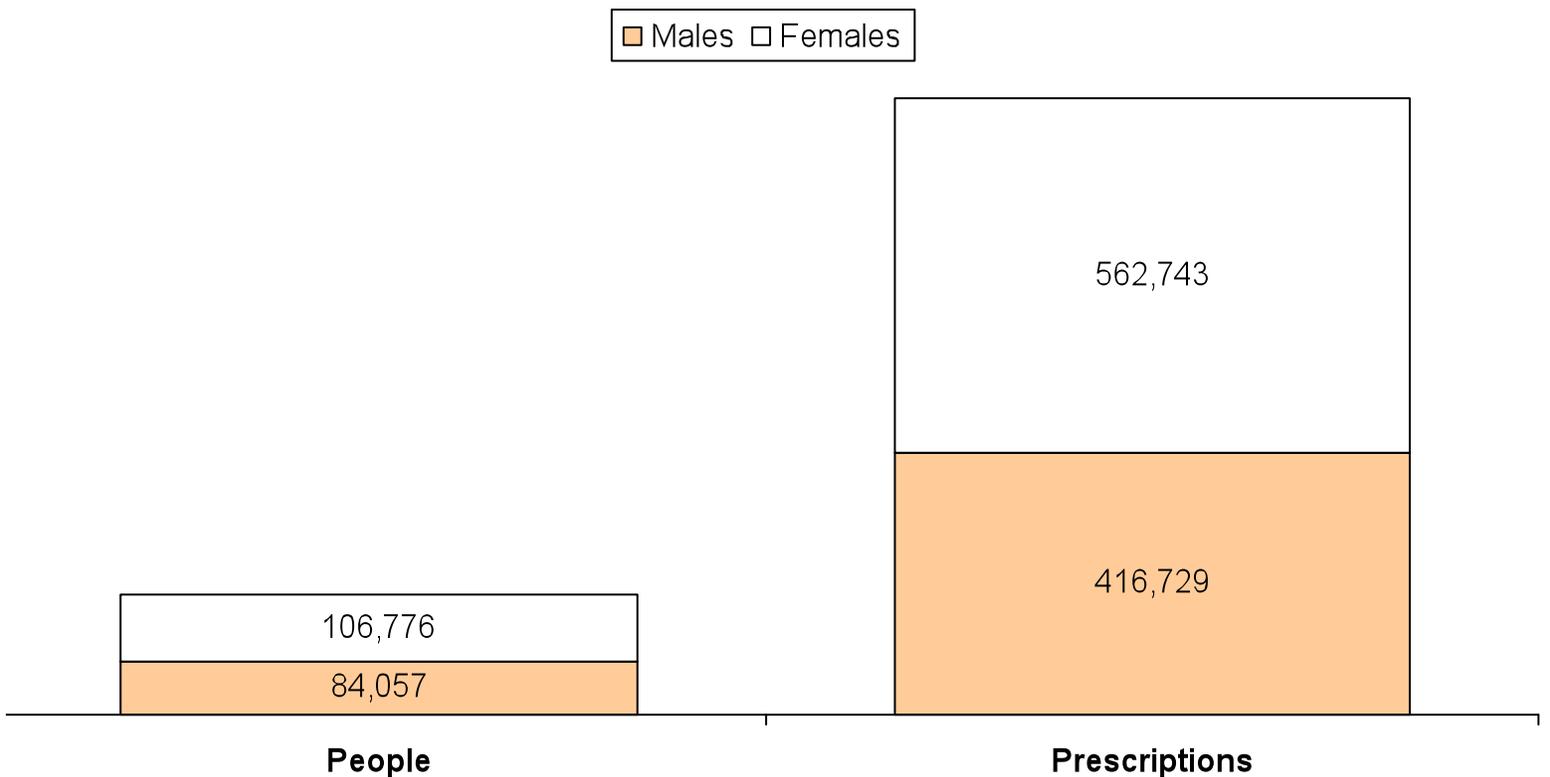
July 1, 2009 – June 30, 2010

NOTE:

In Fiscal Year '10, 190,833 * individuals filled 979,472 Schedule II-IV prescriptions at in-state and out-of-state licensed Vermont pharmacies.

TOTAL # People * = 190,833

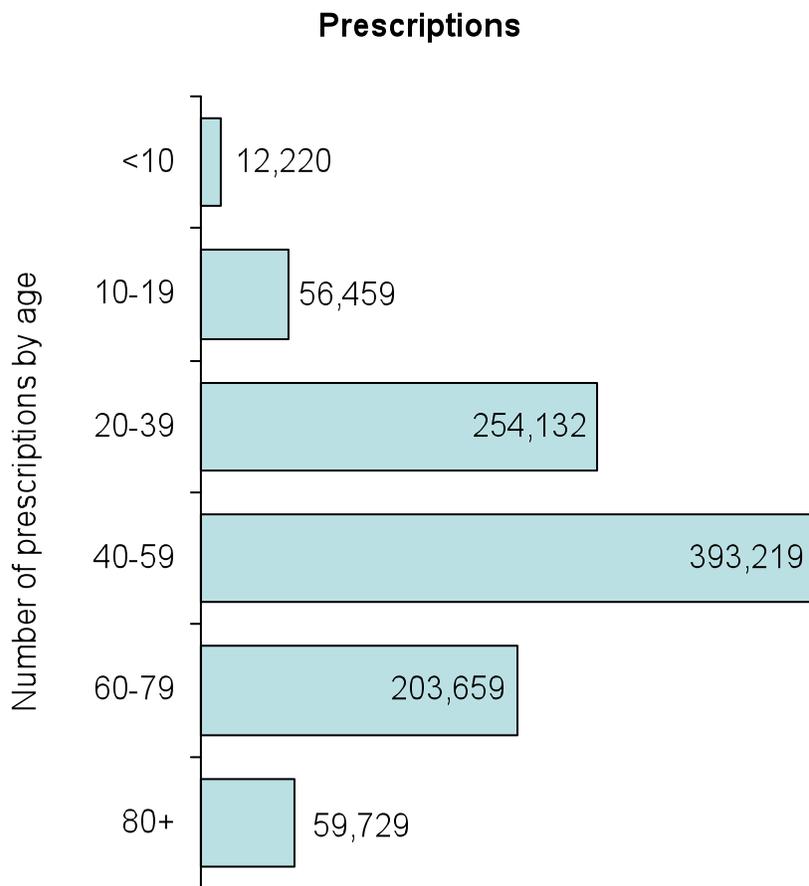
TOTAL # Prescriptions = 979,472



* Some individuals may be counted more than once due to multiple pharmacy records.

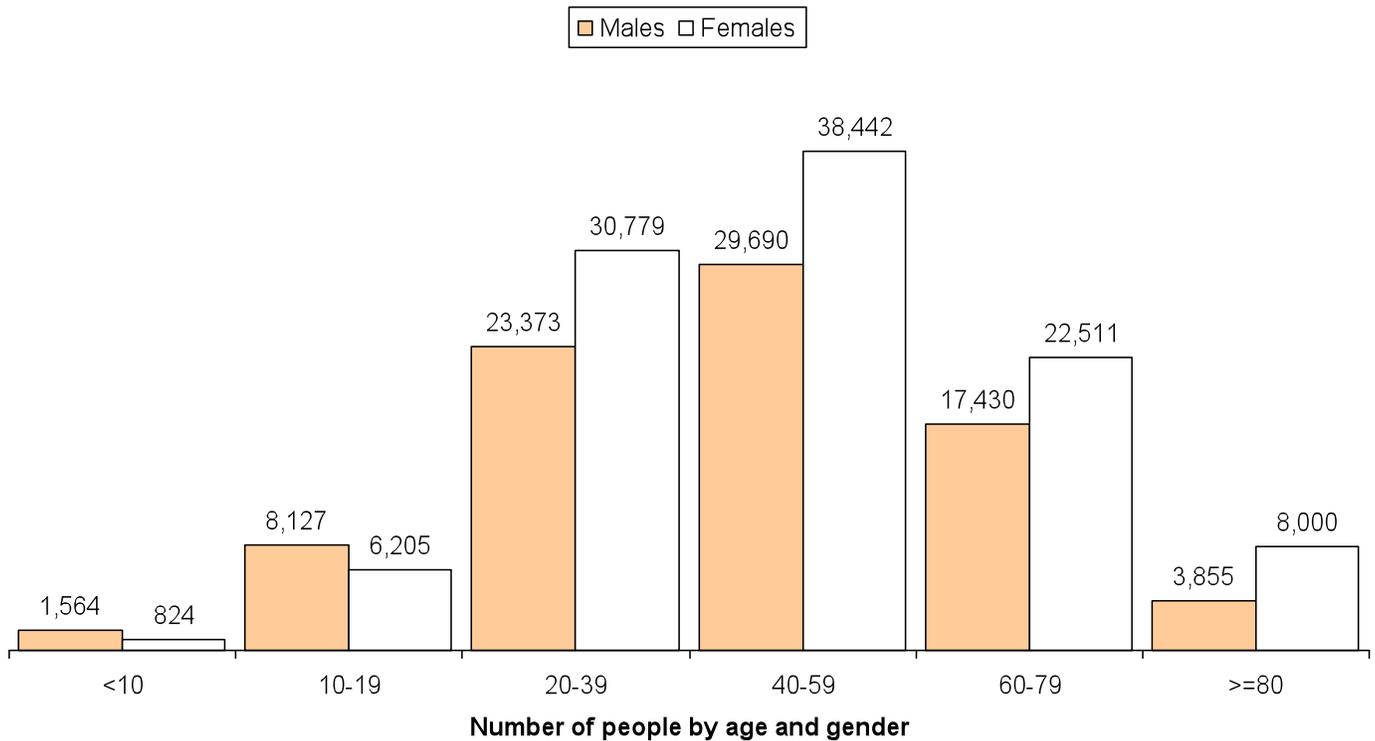
**Prescription Data:
Total # Schedule II-IV Prescriptions,
by Age**

July 1, 2009 – June 30, 2010



**Prescription Data:
Total # People Receiving Schedule II-IV Prescriptions,
by Age and Gender**

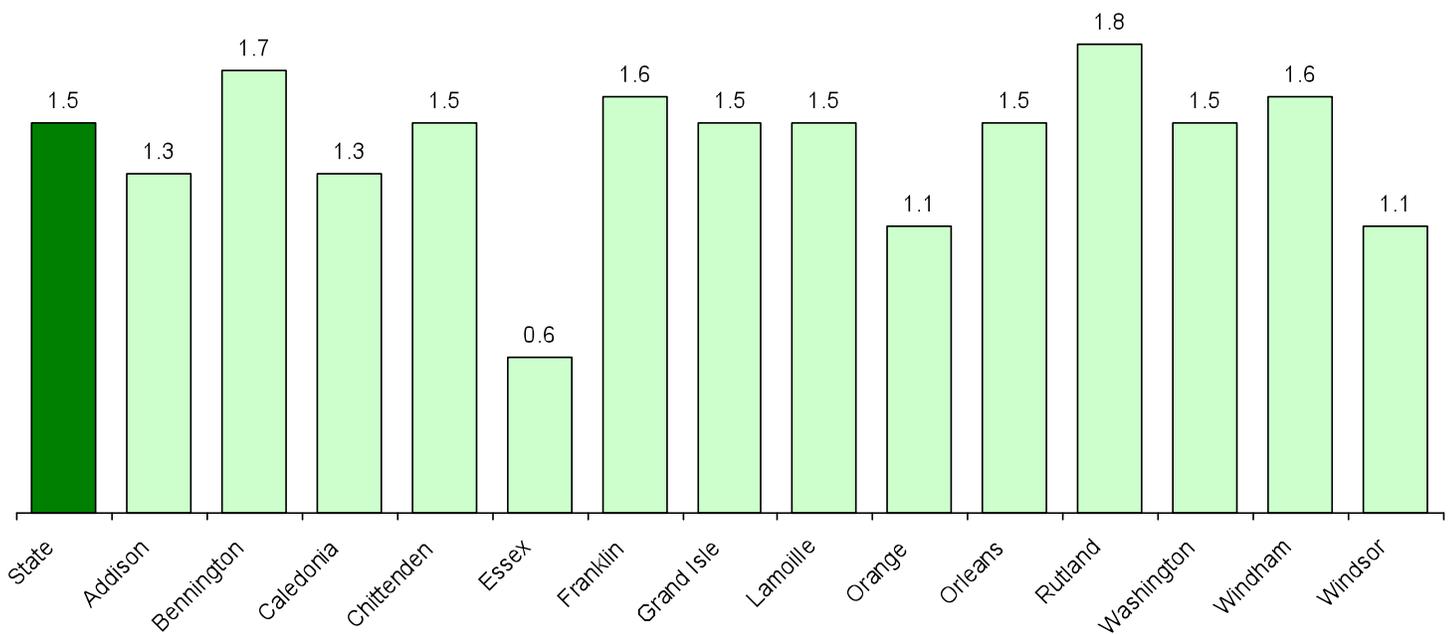
July 1, 2009 – June 30, 2010



**Prescription Data:
Prescriptions per Capita, by County**

July 1, 2009 – June 30, 2010

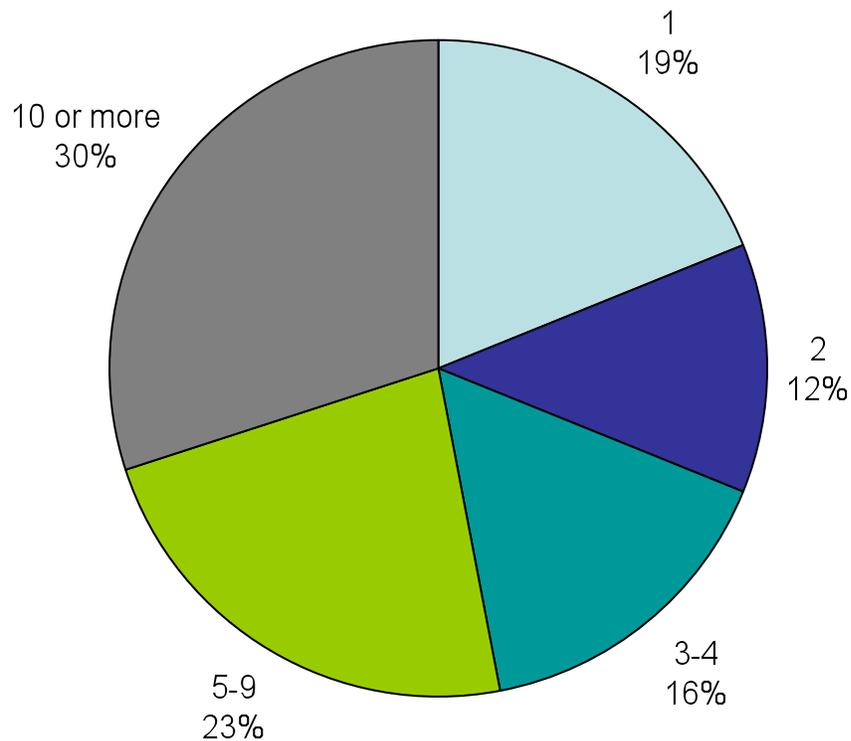
NOTE:
Vermont and Maine have the same rate of scheduled prescriptions per capita (1.5)



**Prescription Data:
Prescriptions per Person**

July 1, 2009 – June 30, 2010

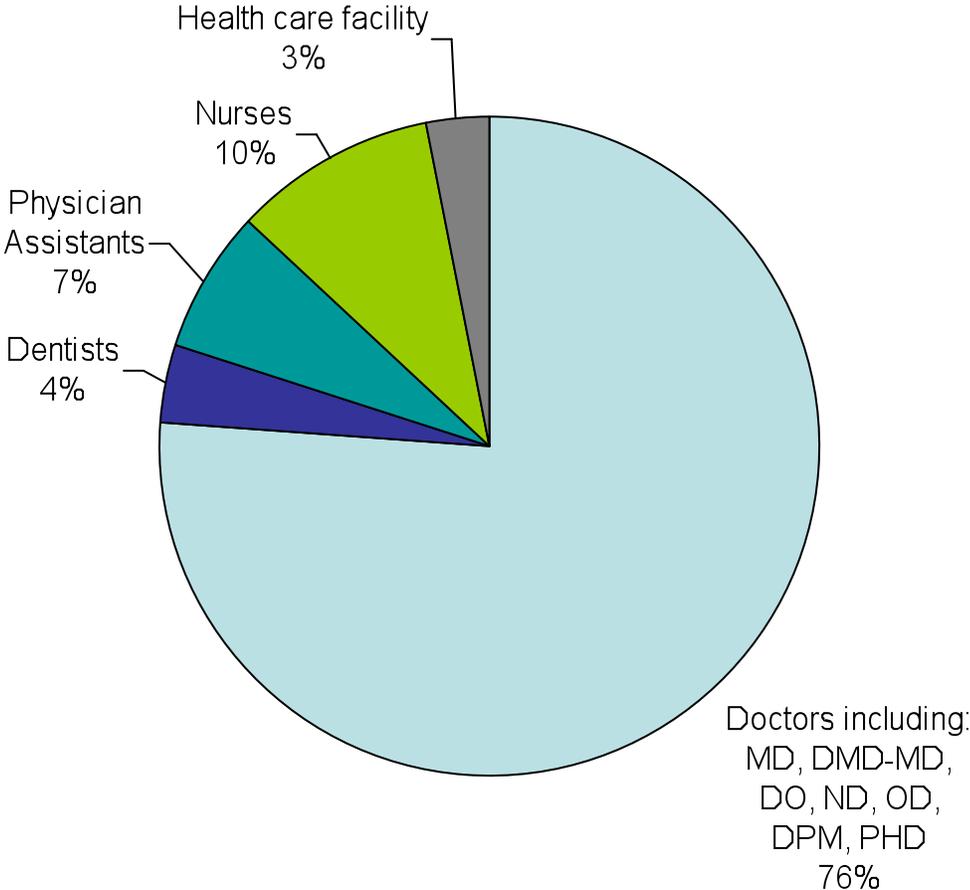
NOTE:
70% of the individuals filling Schedule II-IV prescriptions filled nine or fewer scripts in Fiscal Year '10.



The number of prescriptions per person does not account for the number of days prescribed. Individuals filling 10 or more prescriptions may have been filling multiple prescriptions with fewer days' supply (e.g.: one, three or five-day scripts).

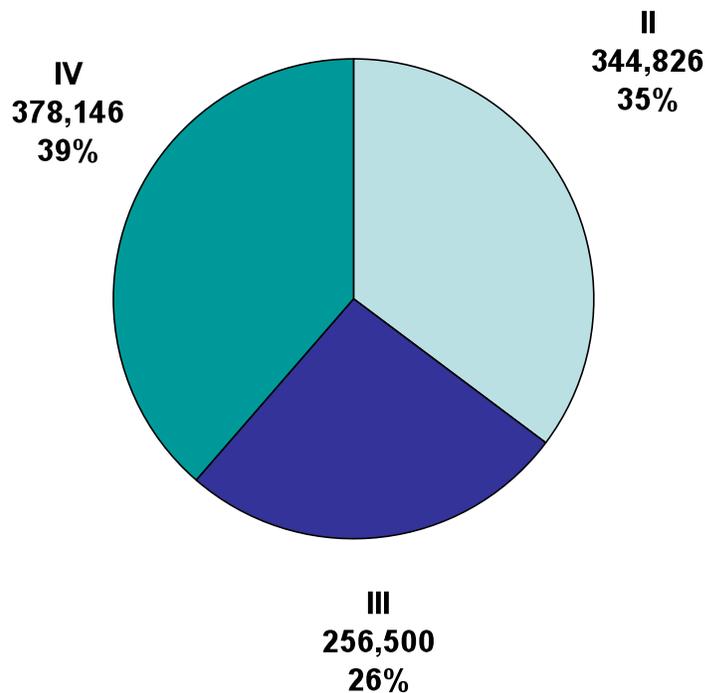
**Prescription Data:
Distribution of Prescribers, by Professional Degree**

July 1, 2009 – June 30, 2010



Prescription Data:
Total # Schedule II-IV Prescriptions, by DEA Schedule

July 1, 2009 – June 30, 2010



Schedule II drugs are those with high abuse potential. Such drugs are filled with a written prescription and no refills. *Examples include:* drugs containing amphetamine/ methamphetamine (Dexedrine, Ritalin, Concerta) or drugs containing codeine, hydrocodone, methadone, morphine, oxycodone, opium (Percocet, OxyContin).

Schedule III drugs are those with moderately high abuse potential. Such drugs are filled with a written or telephone prescription with refills. *Examples include:* Tylenol with codeine; buprenorphine; hydrocodone combination products (Vicodin, Lortab); opium combination products; anabolic steroids.

Schedule IV drugs are those with moderate abuse potential. Such drugs are filled with a written or telephone prescription with refills. *Examples include:* sedatives (Xanax, Valium, Ambien, Sonata); anticonvulsants.

Pain relievers containing opiates fall into each Schedule, depending upon the amount of opiate in the dosage.

Source: Drug Enforcement Agency

Prescription Data: Total # Schedule II-IV Prescriptions, by Selected Therapeutic Classes

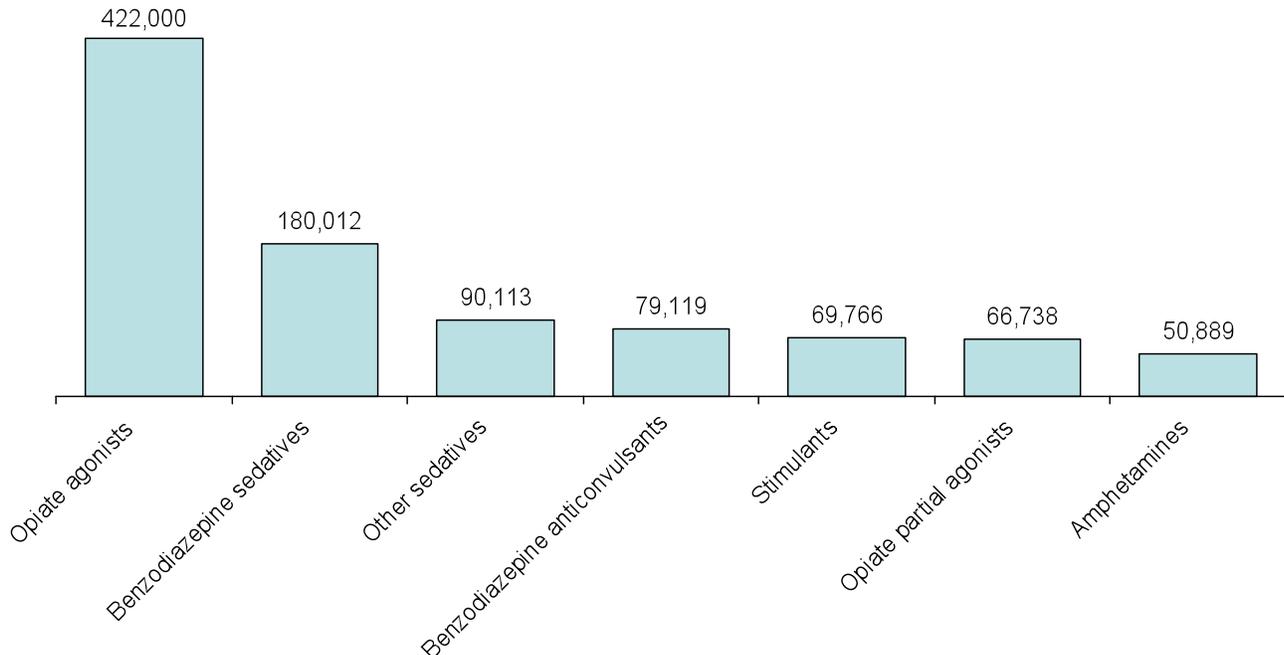
July 1, 2009 – June 30, 2010

Opiate agonists are pain relievers that contain opiates.

Benzodiazepine sedatives are anti-anxiety medication, while other sedatives include sleeping medications.

Anticonvulsants are used primarily to treat epilepsy and bipolar disorder. Stimulants and amphetamines are used primarily to treat ADD/ADHD.

Buprenorphine-containing drugs make up the majority of opiate partial agonists in VPMS.



These seven classes represent 98% of the total prescriptions in VPMS.

Androgens, antitussives, barbiturate sedatives, and NSAIDs have between 1,000 - 10,000 prescriptions representing 1.9% of the total.

Ten classes have fewer than 1,000 prescriptions representing 0.1% of the total.

**Prescription Data:
Leading Schedule II-IV Drugs Dispensed**

July 1, 2009 – June 30, 2010

| Generic Name | Schedule | Drug Class | Number of prescriptions | Percent of total |
|-------------------------------|----------|---|-------------------------|------------------|
| Hydrocodone-Acetaminophen | III | Narcotic analgesic | 150,982 | 15 |
| Oxycodone-Acetaminophen | II | Narcotic analgesic | 87,887 | 9 |
| Lorazepam | IV | Benzodiazepine anxiolytic, sedative, hypnotic | 87,302 | 9 |
| Clonazepam | IV | Benzodiazepine anticonvulsant | 79,119 | 8 |
| Zolpidem Tartrate | IV | Misc. anxiolytic, sedative, hypnotic | 78,098 | 8 |
| Buprenorphine | III | Opioid partial agonist-antagonist | 66,013 | 7 |
| Oxycodone Hydrochloride | II | Narcotic analgesic | 60,271 | 6 |
| Methylphenidate | II | Stimulant | 55,820 | 6 |
| Alprazolam | IV | Benzodiazepine anxiolytic, sedative, hypnotic | 37,838 | 4 |
| Diazepam | IV | Benzodiazepine anxiolytic, sedative, hypnotic | 35,313 | 4 |
| Morphine | II | Narcotic analgesic | 29,082 | 3 |
| Dextroamphetamine-Amphetamine | II | Stimulant | 23,801 | 2 |
| Acetaminophen-Codeine | III | Narcotic analgesic | 21,832 | 2 |

This list includes all drugs that contributed more than or equal to 2.0% of the total number of prescribed medications in FY'10, and represents 83% of the total prescriptions. All brand-name medications that contain the generic name are included in the generic name group. The next slide lists the generic names, the type of medication, and the associated brand name(s).

Schedule II-IV Drugs

| Generic Name | Drug Class | Brand Name |
|-----------------------------------|---|--|
| Hydrocodone-Acetaminophen | Narcotic analgesic | Anexsia®, Dolorex Forte®, Hycet®, Liquicet®, Lorcet®, Lorcet Plus®, Lortab®, Maxidone®, Norco®, Polygesic®, Stagesic®, Vicodin®, Vicodin ES®, Vicodin HP®, Xodol®, Zamacet®, Zydone®. |
| Oxycodone-Acetaminophen | Narcotic analgesic | Endocet®, Magnacet®, Narvox®, Percocet®, Roxicet®, Tylox® |
| Lorazepam | Benzodiazepine anxiolytic, sedative, hypnotic | Ativan® |
| Clonazepam | Benzodiazepine anticonvulsant | Klonopin®, Clonopin® |
| Zolpidem tartrate | Misc. anxiolytic, sedative, hypnotic | Ambien®, Ambien CR® |
| Buprenorphine | Opioid partial agonist-antagonist | Suboxone®, Subutex®, Buprenex® |
| Oxycodone Hydrochloride | Narcotic analgesic | ETH-Oxydose®, OxyContin®, Oxyfast®, Oxyir®, Percolone®, Roxicodone®, Roxicodone Intensol® |
| Methylphenidate | Stimulant | Concerta®, Daytrana®, Methylin®, Methylin ER®, Metadate®, Metadate CD®, Metadate ER®, Ritalin®, Ritalin LA®, Ritalin SR® |
| Alprazolam | Benzodiazepine anxiolytic, sedative, hypnotic | Niravam®, Xanax®, Xanax XR® |
| Diazepam | Benzodiazepine anxiolytic, sedative, hypnotic | Diastat®; Diastat Acudial; Valium® |
| Morphine | Narcotic analgesic | Avinza®, Kadian®, MS Contin®, MSIR®, Oramorph SR®, Roxanol® |
| Dextroamphetamin e-Amphetamine | Amphetamine (stimulant) | Adderall®, Adderall XR® |
| Acetaminophen-Codeine | Narcotic analgesic | Capital® with Codeine Suspension, Cocet®, EZ III®, Phenaphen with Codeine, Tylenol® with Codeine, Tylenol® with Codeine #2, Tylenol® with Codeine #3, Tylenol® with Codeine #4, Vopac® |