Vermont Prescription Monitoring System

Report for July 1, 2010 – June 30, 2011

Published February 2012

VERMONT
DEPARTMENT OF HEALTH

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For more information –

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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 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 3.5 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.

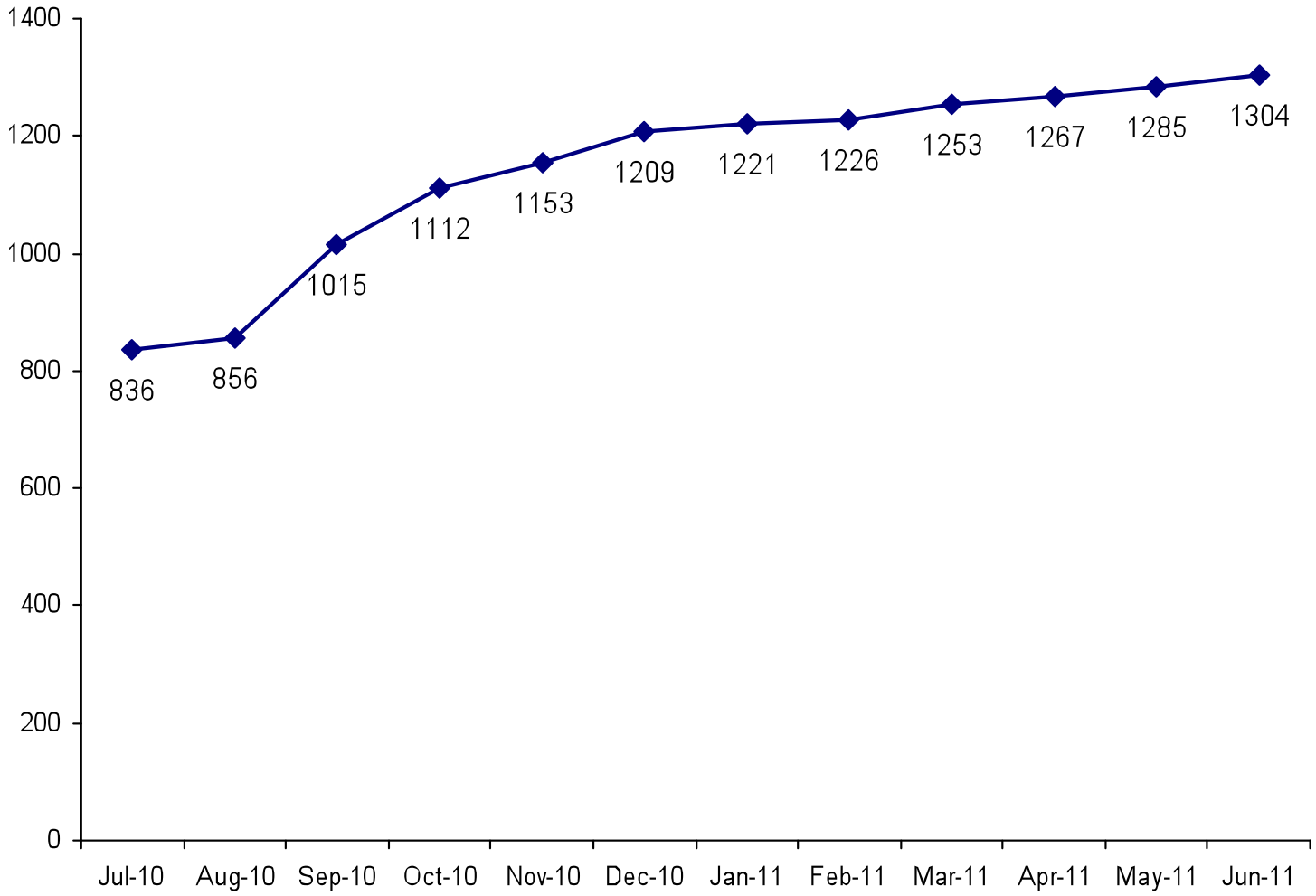
3. Provides useful feedback to prescribers on their own prescribing trends, information on a patient’s prescription history, and information for a provider who suspects a patient may not be complying with orders regarding prescription use.

4. Alerts providers to their patients whose total prescription use for a given time period exceeds pre-determined threshold levels.

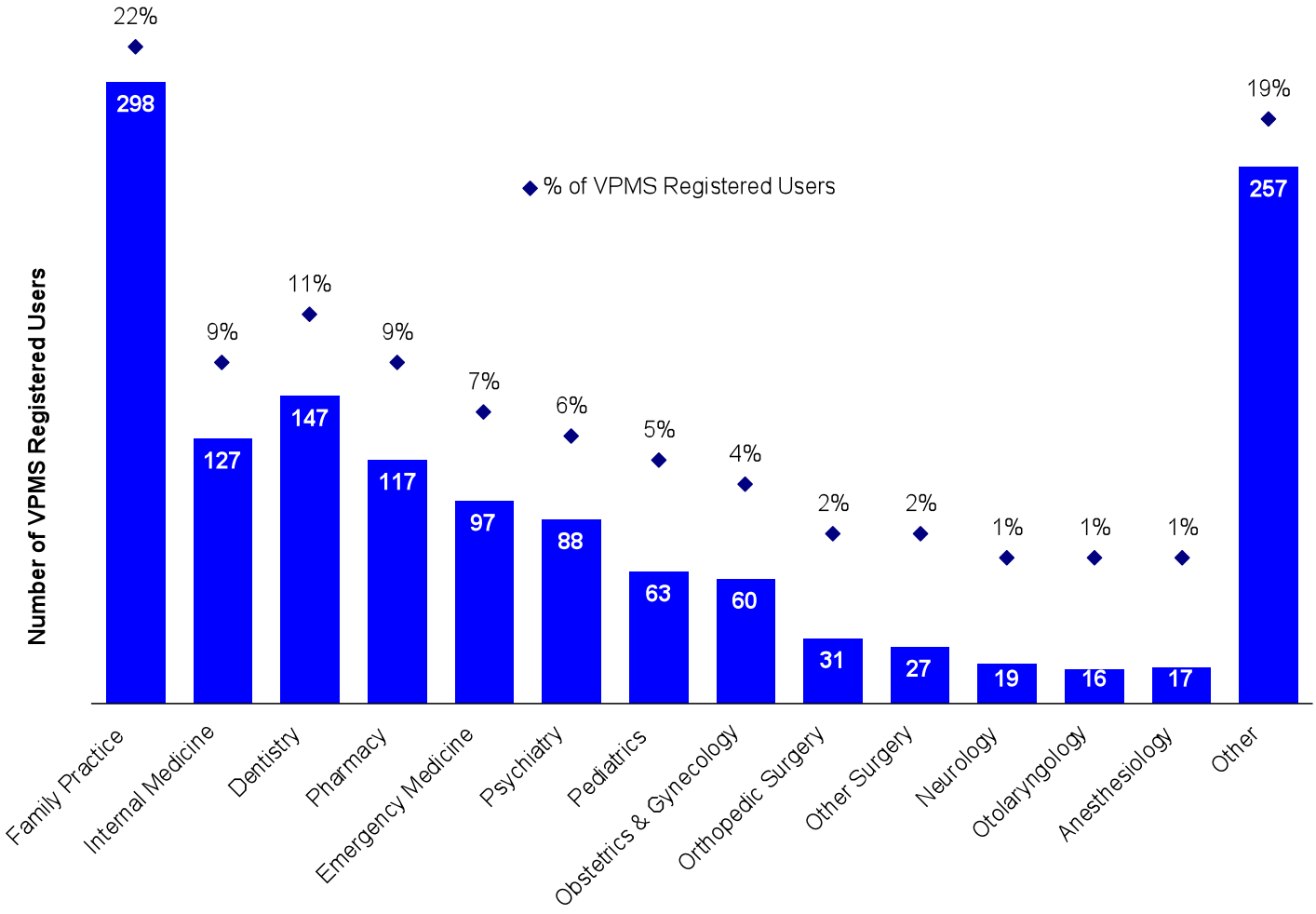
5. Identifies patients who can benefit from early assessment, treatment, and rehabilitation for drug abuse and addiction.

Reporting Sources:
Total # of Registered Providers and Dispensers by Month

July 1, 2010 – June 30, 2011



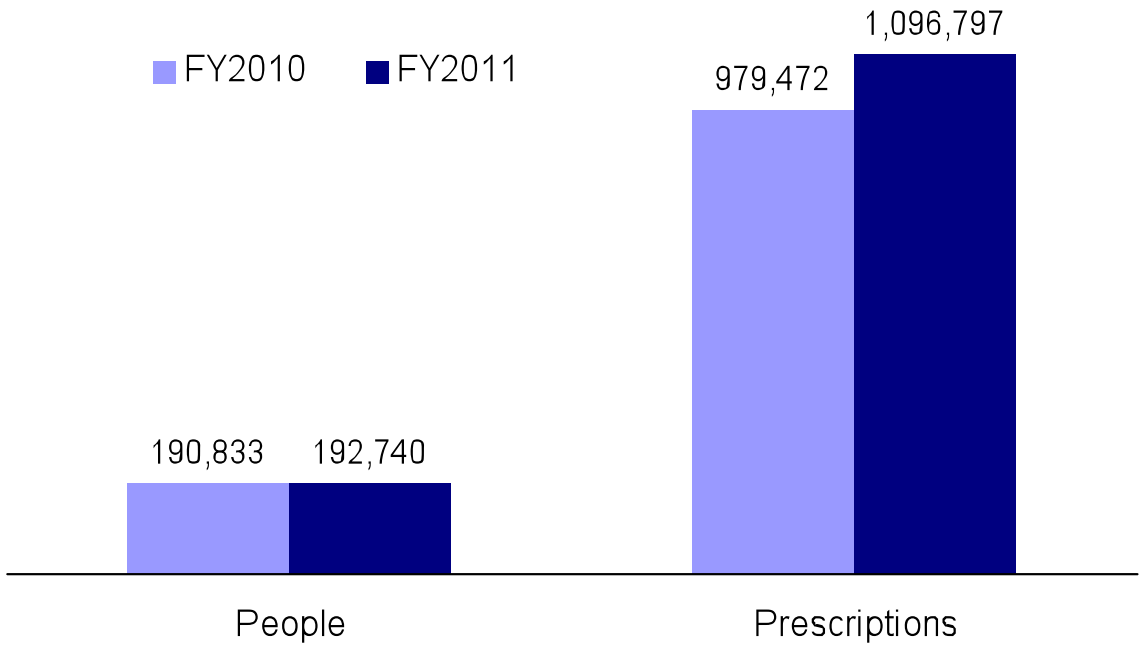
Reporting Sources:
Registered Providers and Dispensers
by Specialty



Note: There is a difference of 60 registered providers and dispensers when comparing this graph to the graph on page 5. Page 5 is reflective of the database as of June 30, 2011. This graph is reflective of the database as of December 29, 2011 and shows a greater number of providers and dispensers due to an increase in those registered to use VPMS.

Prescription Data:
Total # of People Receiving Schedule II-IV Prescriptions
Total # of Schedule II-IV Prescriptions

Comparing Fiscal Year 2010 (FY2010) and Fiscal Year 2011 (FY2011)

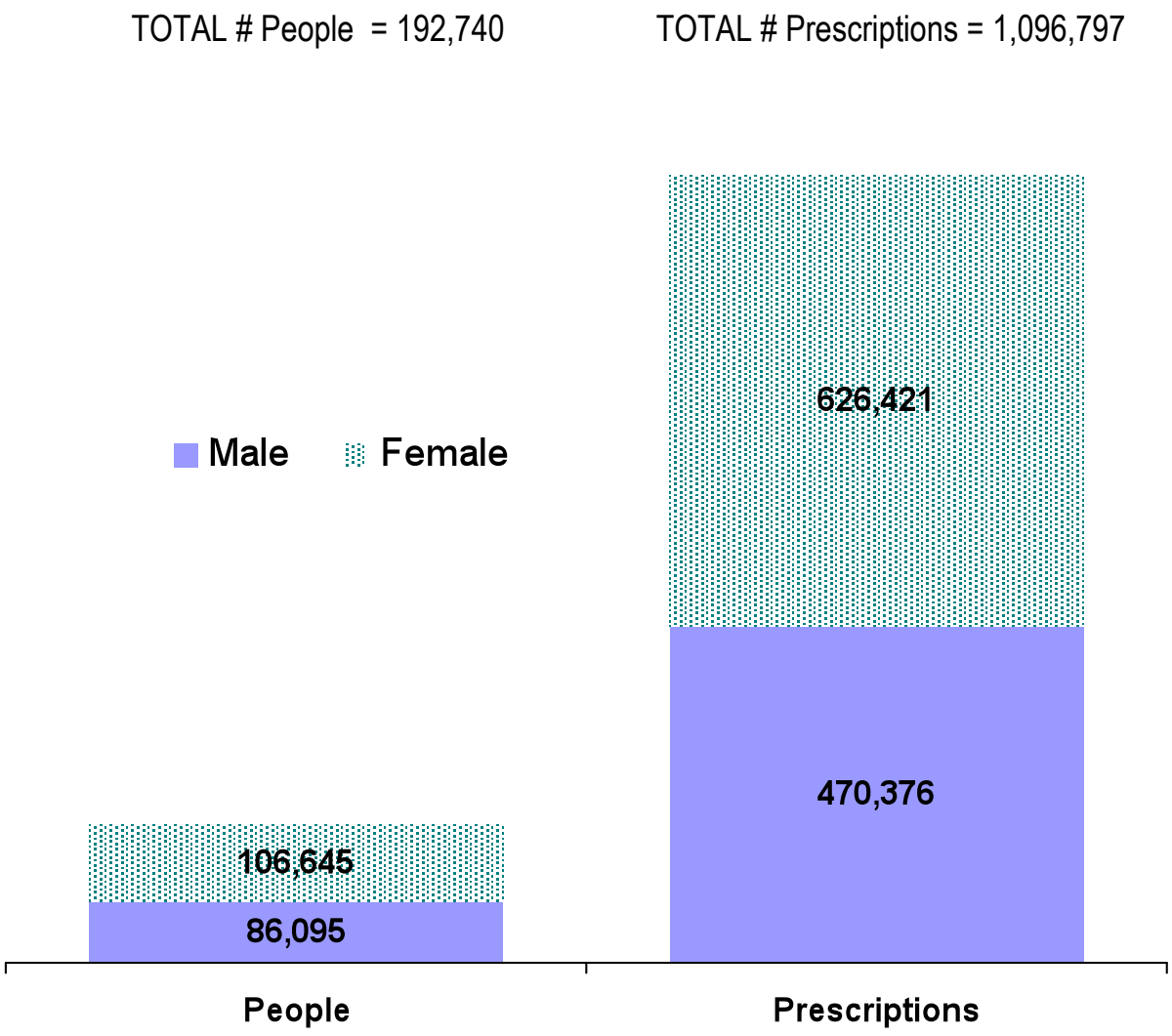


Between FY2010 and FY2011, the number of people filling prescriptions increased by nearly 2,000. The total number of filled prescriptions increased by more than 117,000 during the same time period.

Note: Some people may be counted more than once due to multiple pharmacy records.

Prescription Data:
Total # of People Receiving Schedule II-IV Prescriptions
Total # of Schedule II-IV Prescriptions
by Sex

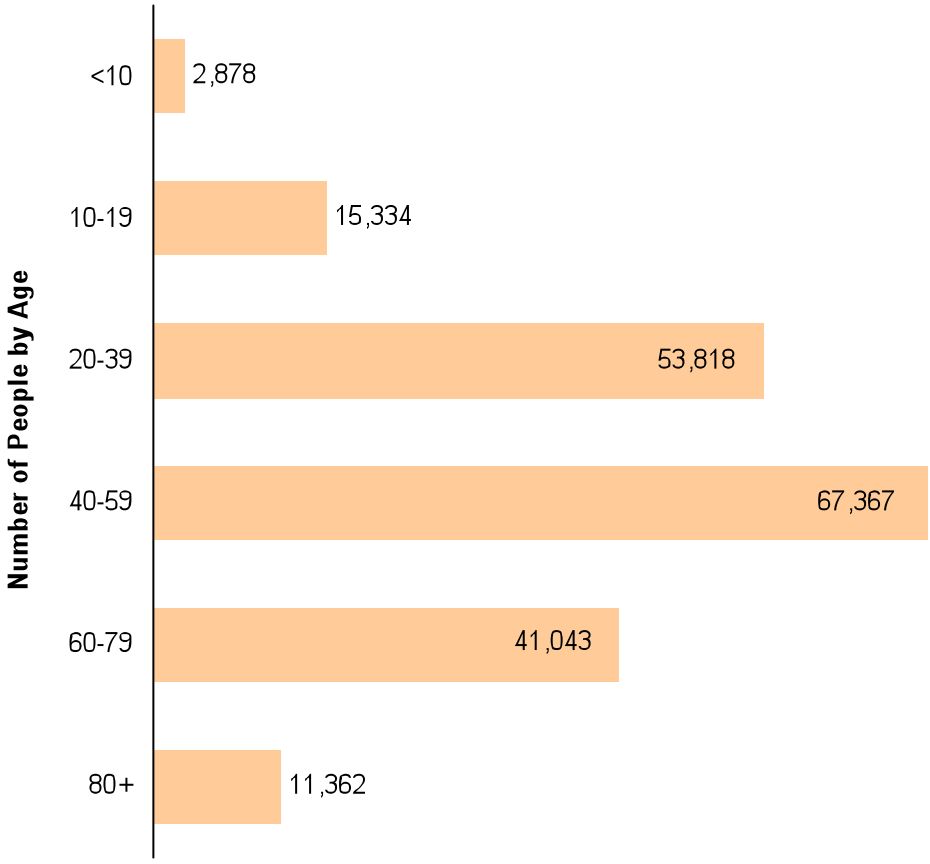
July 1, 2010 – June 30, 2011



Note: Some people may be counted more than once due to multiple pharmacy records.

Prescription Data:
Total # of Persons Receiving Schedule II-IV Prescriptions by Age

July 1, 2010 – June 30, 2011



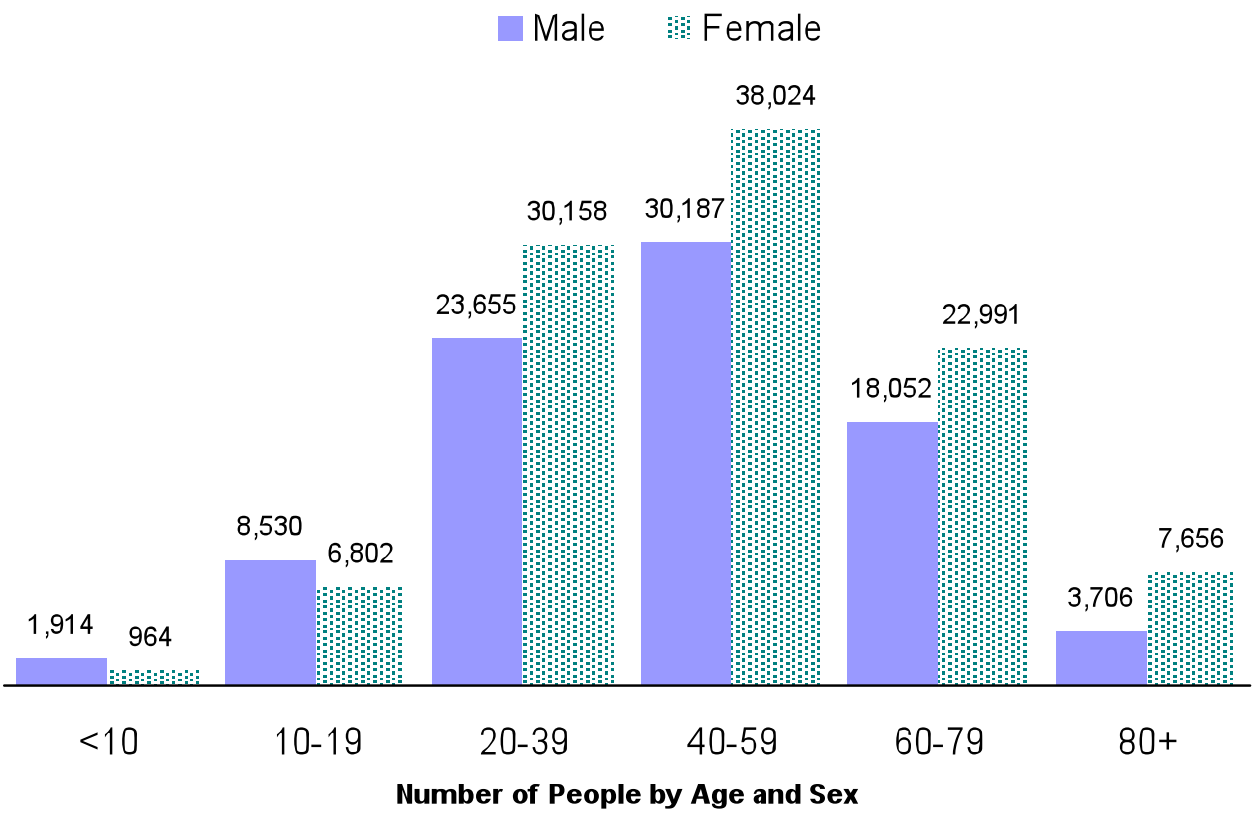
People ages 40-59 were most likely to fill scheduled prescriptions, followed by those ages 20-39. The distribution by age did not change from FY2010 to FY2011.

Note: Some people may be counted more than once due to multiple pharmacy records.
Note: The total number of people on this graph is fewer than the total number of people listed on page 8. This difference is due to missing values for age within the dataset.

Prescription Data:
Total # of People Receiving Schedule II-IV Prescriptions by Age and Sex

July 1, 2010 – June 30, 2011

NOTE:
This distribution did not change from FY2010 to FY2011.



Number of People by Age and Sex

Males were more likely to fill scheduled prescriptions among those aged 19 years or less. Among those aged 20 years and greater, females were more likely to fill scheduled prescriptions.

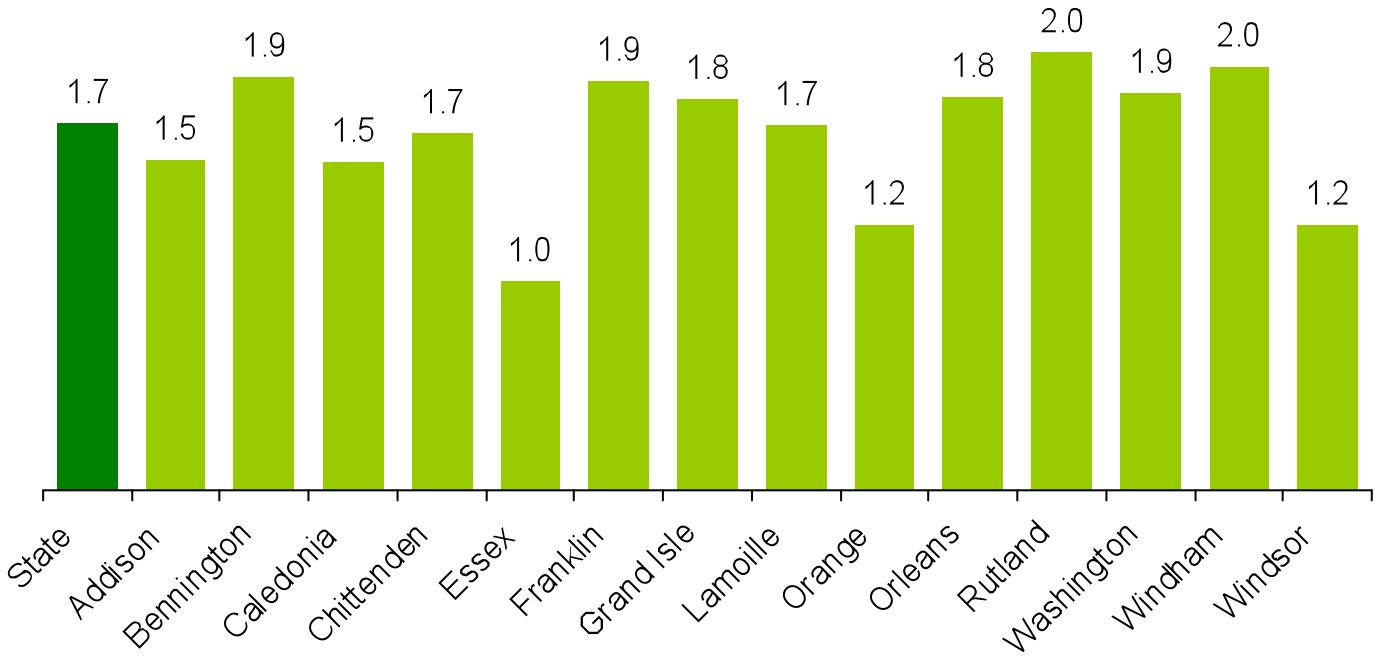
Note: Some people may be counted more than once due to multiple pharmacy records.
Note: The total number of people on this graph is fewer than the total number of people listed on page 8. This difference is due to missing values for age and sex within the dataset.

Prescription Data:
of Prescriptions per Capita
by County

July 1, 2010 – June 30, 2011

Note:

County rates are based on where the person filling the prescription lives.



Prescription rates per capita increased statewide between FY2010 and FY2011, with the greatest increases occurring in Essex and Grand Isle counties. Scheduled prescriptions per capita increased from 0.6 to 1.0 in Essex County and 1.5 to 2.0 in Grand Isle County.

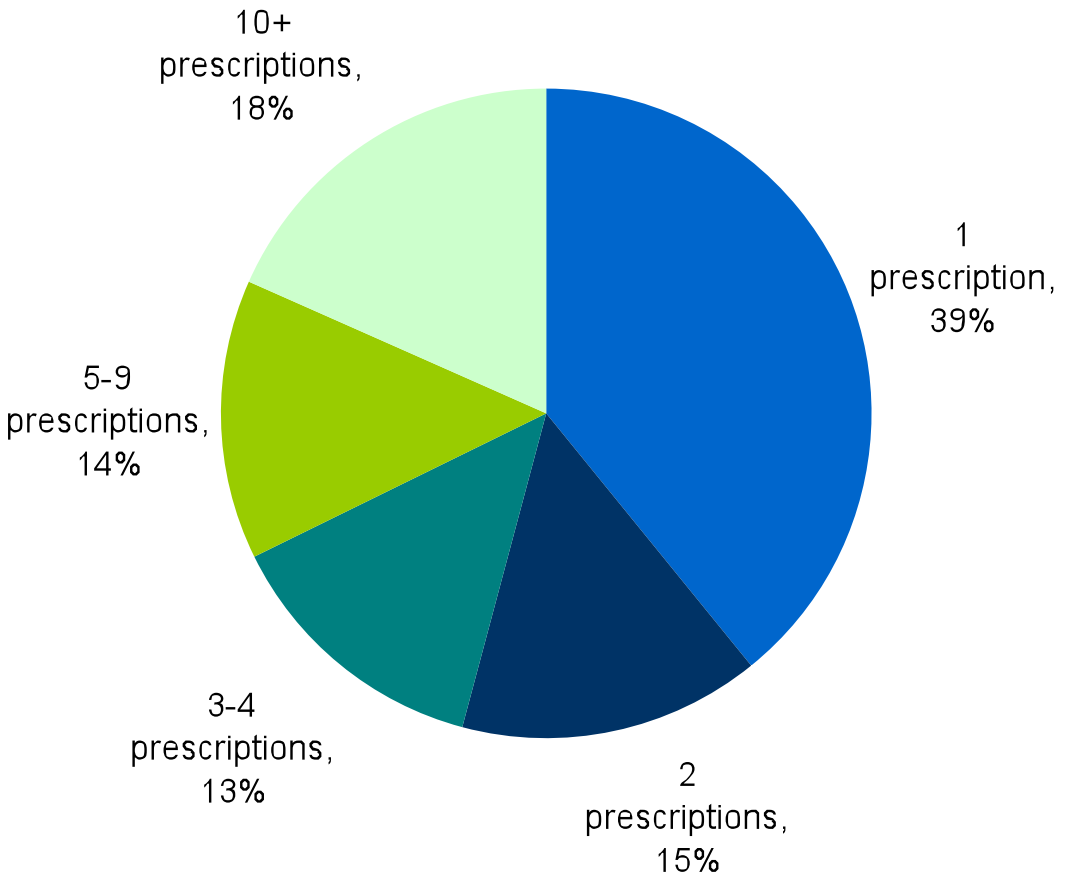
Vermont and Maine have similar rates of scheduled prescriptions per capita. (Maine's per capita rate was 1.5 in FY2010).

Note: Per Capita rates are based on Vermont 2009 population estimates.

Prescription Data:
of Prescriptions per Person

July 1, 2010 – June 30, 2011

NOTE:
These percentages have not changed from FY2010 to FY2011.

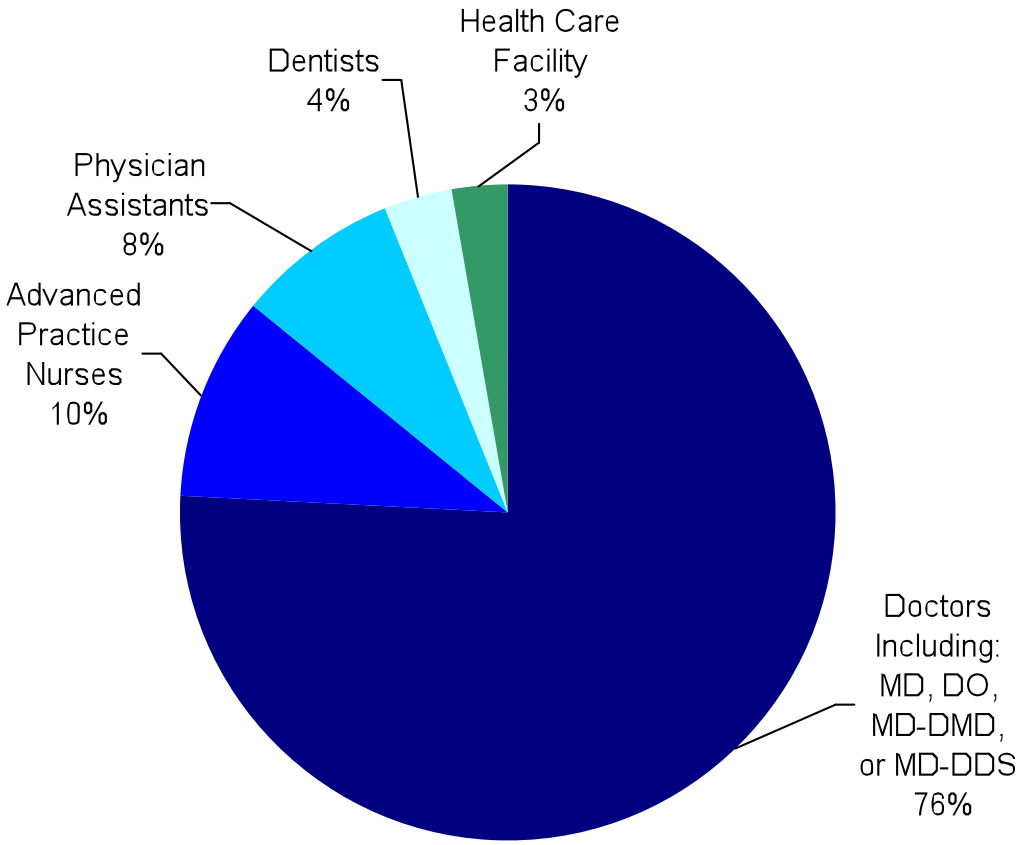


The number of prescriptions per person does not account for the number of days prescribed. Individuals filling 10 or more prescriptions may have been filling multiple prescriptions with fewer days' supply (e.g. one, three or five-day scripts).

Prescription Data:
Distribution of Prescribers
Associated with Prescriptions in VPMS
by Professional Degree

July 1, 2010 – June 30, 2011

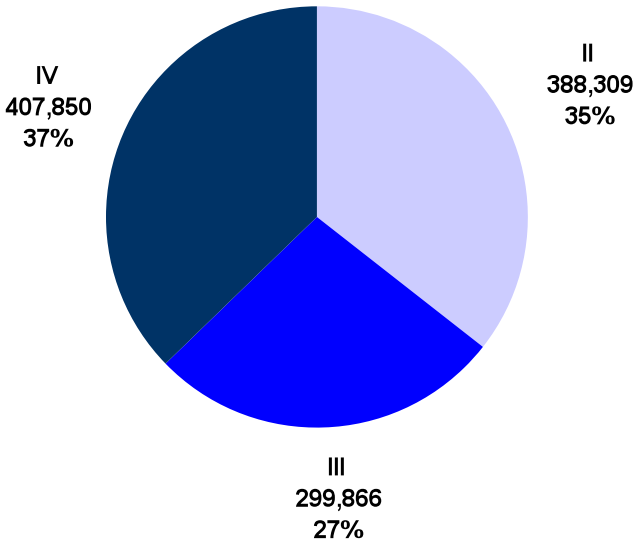
NOTE:
These percentages have not changed from FY2010 to FY2011.



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

July 1, 2010 – June 30, 2011

NOTE:
These percentages have not changed from FY2010 to FY2011.



Schedule II drugs are those with high abuse potential. Such drugs are filled with a written prescription and no refills.
Examples include: drugs containing morphine, opium, methadone, oxycodone, amphetamine, methamphetamine.

Schedule III drugs are those with moderately high abuse potential.
Such drugs are filled with a written or telephone prescription with refills.
Examples include: drugs containing codeine, buprenorphine, hydrocodone, anabolic steroids.

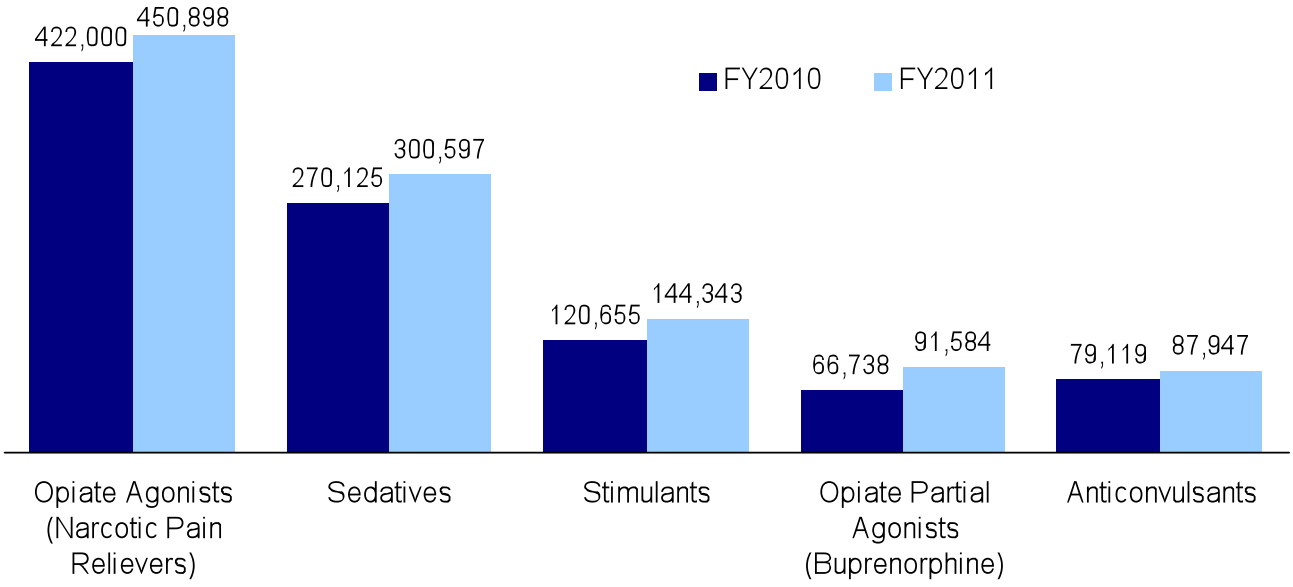
Schedule IV drugs have low potential for abuse relative to drugs in Schedule III. Such drugs are filled with a written or telephone prescription with refills.
Examples include: sedatives and anticonvulsants.

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

Source: Drug Enforcement Agency
http://www.deadiversion.usdoj.gov/schedules/index.html

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

Comparing FY2010 and FY2011

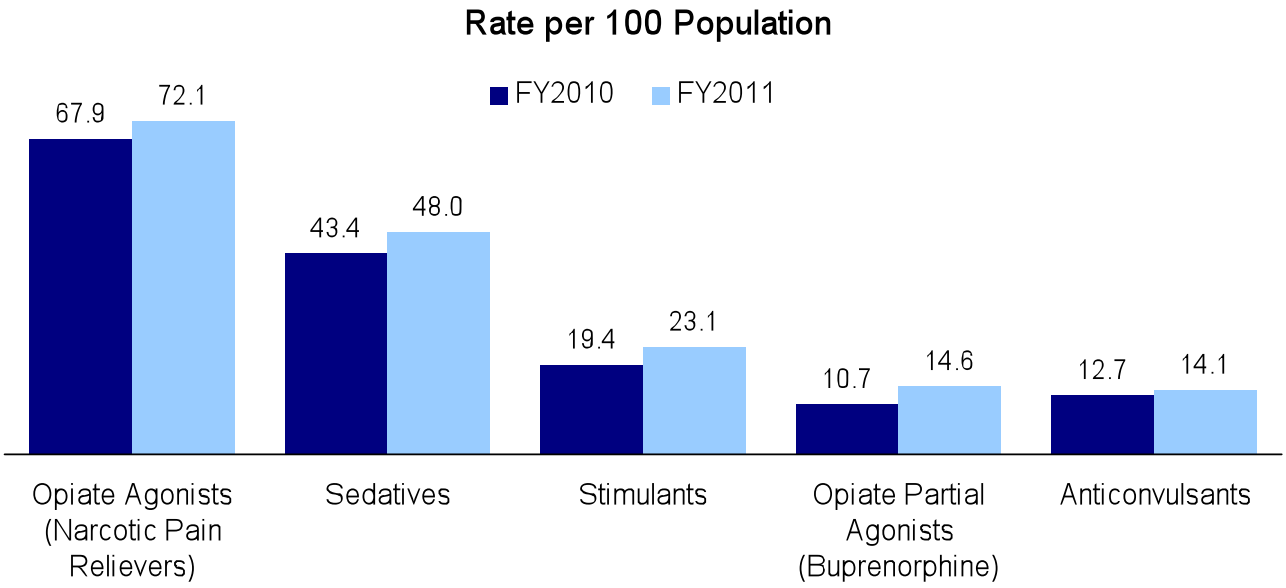


These five classes represent 98% of the total prescriptions in VPMS.
Androgens, antitussives, barbiturate sedatives, and NSAIDs have between 1,000 - 10,000 prescriptions representing 1.8% of the total.
Nine classes have fewer than 1,000 prescriptions representing 0.2% of the total.

Note: Please see page 17 for therapeutic class descriptions.

Prescription Data:
Rate per 100 Population of Schedule II-IV Prescriptions by Selected Therapeutic Classes

Comparing FY2010 and FY2011



The greatest rate increase between FY2010 and FY2011 occurred with Opiate Partial Agonists (Buprenorphine), at 36%. Stimulants saw the second greatest rate increase at 19%, followed by Sedatives at 11%, Anitvonculsants at 10% and Opiate Agonists (Narcotic Pain Relievers) at 6%.

Note: Per Capita rates are based on Vermont 2009 and 2010 population estimates.

Note: Please see page 17 for therapeutic class descriptions.

Prescription Data:
Selected Therapeutic Class Descriptions

Opiate agonists are pain relievers that contain opiates.

Sedatives include Benzodiazepine sedatives, which are anti-anxiety medication, and other sedatives including sleep medications.

Stimulants include amphetamines and are used primarily to treat ADD/ADHD.

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

Anticonvulstants are used primarily to treat epilepsy and bipolar disorder.

Prescription Data:
Leading Schedule II-IV Drugs Dispensed

July 1, 2010 – June 30, 2011

Generic Name	Schedule	Drug Class	Number of Prescriptions	Percent of Total
Hydrocodone-Acetaminophen	III	Narcotic analgesic	164,705	15%
Lorazepam	IV	Benzodiazepine anxiolytic, sedative, hypnotic	99,398	9%
Buprenorphine	III	Opioid partial agonist-antagonist	90,873	8%
Clonazepam	IV	Benzodiazepine anticonvulsant	87,947	8%
Oxycodone-Acetaminophen	II	Narcotic analgesic	87,712	8%
Zolpidem Tartrate	IV	Misc. anxiolytic, sedative, hypnotic	87,364	8%
Oxycodone Hydrochloride	II	Narcotic analgesic	67,583	6%
Methylphenidate	II	Stimulant	65,277	6%
Alprazolam	IV	Benzodiazepine anxiolytic, sedative, hypnotic	42,427	4%
Diazepam	IV	Benzodiazepine anxiolytic, sedative, hypnotic	39,439	4%
Morphine	II	Narcotic analgesic	31,808	3%
Dextroamph-Amphetamine	II	Stimulant	28,799	3%
Hydromorphone Hydrochloride	II	Narcotic analgesic	24,598	2%
Acetaminophen-Codeine	III	Narcotic analgesic	22,868	2%

This list includes all drugs that contributed greater than or equal to 2.0% of the total number of prescribed medications in FY2011, representing 86% of the total prescriptions. All brand-name medications that contain the generic name are included in the generic name group. The next page lists the generic names, the type of medication and the associated brand name(s).

Prescription Data:
Schedule II-IV Prescriptions
Generic Name, Medication Type and Brand Name

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® Zamicet®, Zydone®.
Lorazepam	Benzodiazepine anxiolytic, sedative, hypnotic	Ativan®
Buprenorphine	Opioid partial agonist-antagonist	Suboxone®, Subutex®, Buprenex®
Clonazepam	Benzodiazepine anticonvulsant	Klonopin®, Clonopin®
Oxycodone-Acetaminophen	Narcotic analgesic	Endocet®, Magnacet®, Narvox®, Percocet®, Roxicet®, Tylox®
Zolpidem Tartrate	Misc. anxiolytic, sedative, hypnotic	Ambien®, Ambien CR®
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®
Dextroamph-Amphetamine	Stimulant	Adderall®, Adderall XR®
Hydromorphone Hydrochloride	Narcotic analgesic	Dilaudid®
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®