



Vermont Prescription Monitoring System

Quarterly Report
3rd Quarter 2023

November 2023

What is the Vermont Prescription Monitoring System?

The Vermont Prescription Monitoring System (VPMS) is a statewide, electronic database of controlled substance prescriptions dispensed by Vermont-licensed pharmacies.

- VPMS is a clinical tool to promote appropriate prescribing, while deterring the misuse, abuse, and diversion of controlled substances.
- VPMS is also a surveillance tool that is used to monitor statewide trends in the dispensing of controlled substances.

VPMS Quarterly Report Data Inclusions

This report summarizes VPMS data for all Schedule II – IV prescriptions that were dispensed by Vermont-licensed pharmacies between 7/1/2023 and 9/30/2023.

The drug types included in this report are:

- **Opioid Analgesic** – opioids used to treat pain
- **Medication for Opioid Use Disorder (MOUD)** – opioids used to treat opioid use disorder
- **Benzodiazepines** – sedatives used for anxiety, insomnia and other conditions
- **Stimulants** - medication used to increase alertness, attention, energy

Vermont-licensed pharmacies that are located out of state and that mail prescriptions into Vermont are also required to submit these prescription data to VPMS.

Prescriptions for opioid use disorder treatment provided at a physician’s office, sometimes called a “spoke,” are dispensed at a pharmacy and are included in VPMS data.

VPMS Quarterly Report Data Exclusions

VPMS does not collect data on prescriptions dispensed by:

- Emergency rooms
- Veterinarian offices
- Opioid Treatment Programs (OTPs) that dispense methadone and buprenorphine for opioid addiction, sometimes called a “hub”.
- Pharmacies not licensed in Vermont, such as those in New Hampshire or Massachusetts. Vermont residents can and do pick up prescriptions from these pharmacies and this data is not in VPMS.
- MOUD opioids dispensed in correctional facility settings.

Some prescriptions may not be included on this report if there were delays in data submission. Final data is reconciled in the Annual Report totals.

Data submitted to VPMS by pharmacies can contain errors. Each data upload is screened for errors and sent back to the pharmacy to be corrected if errors are discovered. However, not all errors are found or corrected.

VPMS data is on prescriptions dispensed. The VPMS does not contain information about if a medication was prescribed but not filled, the associated diagnosis, instructions, or how a prescribed medication is used once it has been picked up.

Why does this report use Morphine Milligram Equivalents (MME) to measure opioid prescriptions?

Using Morphine Milligram Equivalents (MME) allows for comparison between types and strengths of opioids.

MME is a way to express the strength of an opioid analgesic prescription as though the prescription were converted to morphine.

For instance, the following medications each provide 50 MME/day:

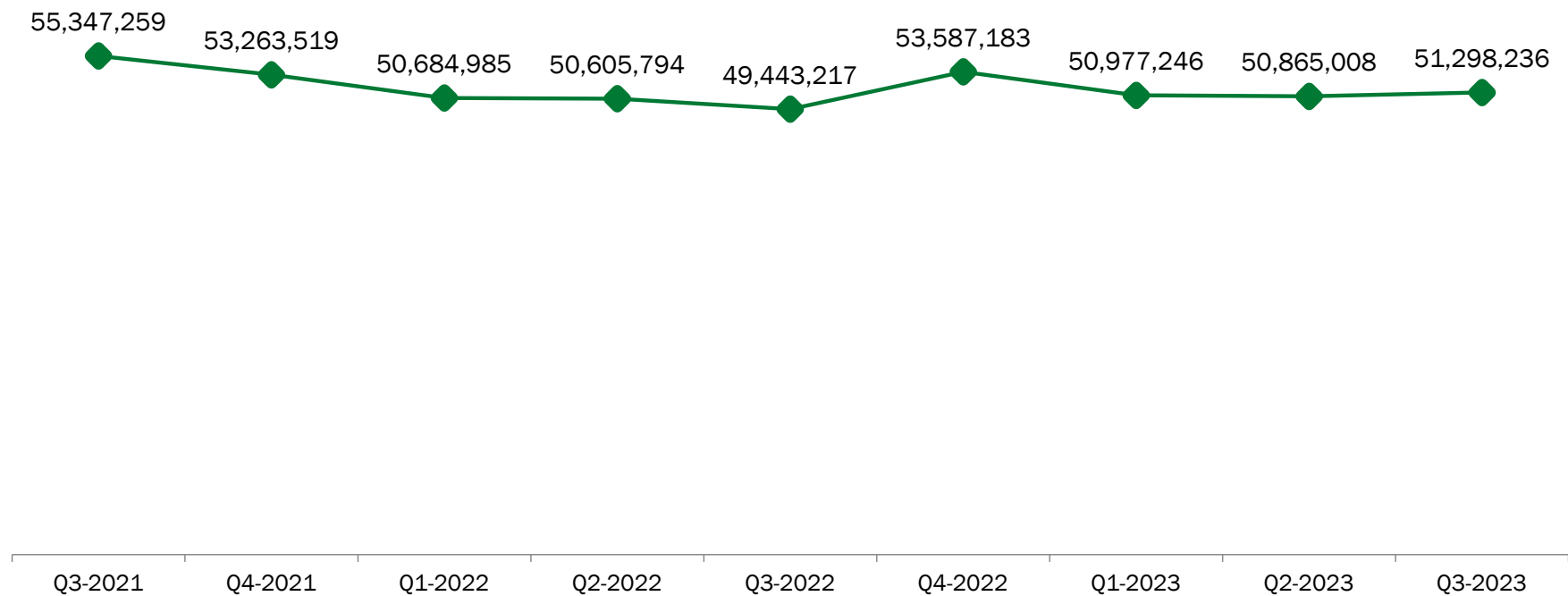
- 10 tablets of hydrocodone/acetaminophen 5/300
- 2 tablets of oxycodone sustained-release 15 mg
- <3 tablets of methadone 5 mg

Note on Quarter 4, 2022 : The number of analgesic opioid prescriptions for which an MME can be calculated increased as of this quarter due to data quality improvements. The increase in total MME dispensed can be attributed to this change rather than an increase in prescribing trends.

The total amount of opioids dispensed has stabilized after primarily decreasing over time

Vermont Total MME Dispensed by Quarter

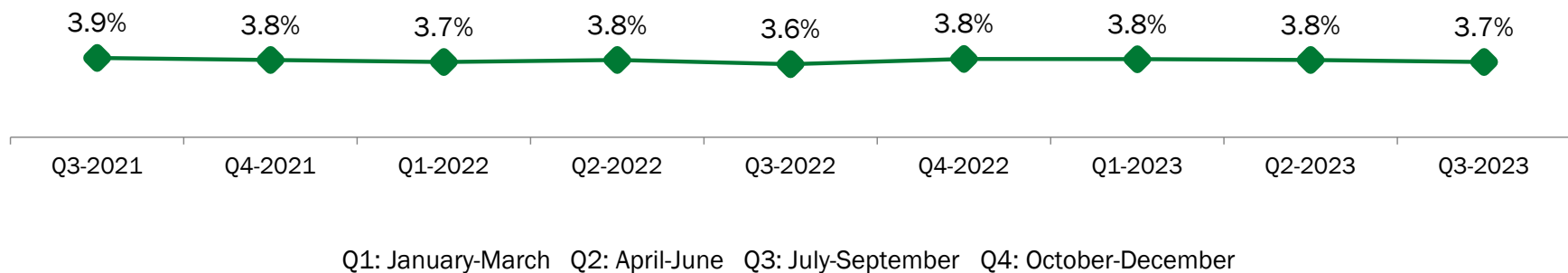
* See note on slide 5 for more information on the increase in total MME for 2022 Quarter 4 as compared to previous quarters.



Q1: January-March Q2: April-June Q3: July-September Q4: October-December

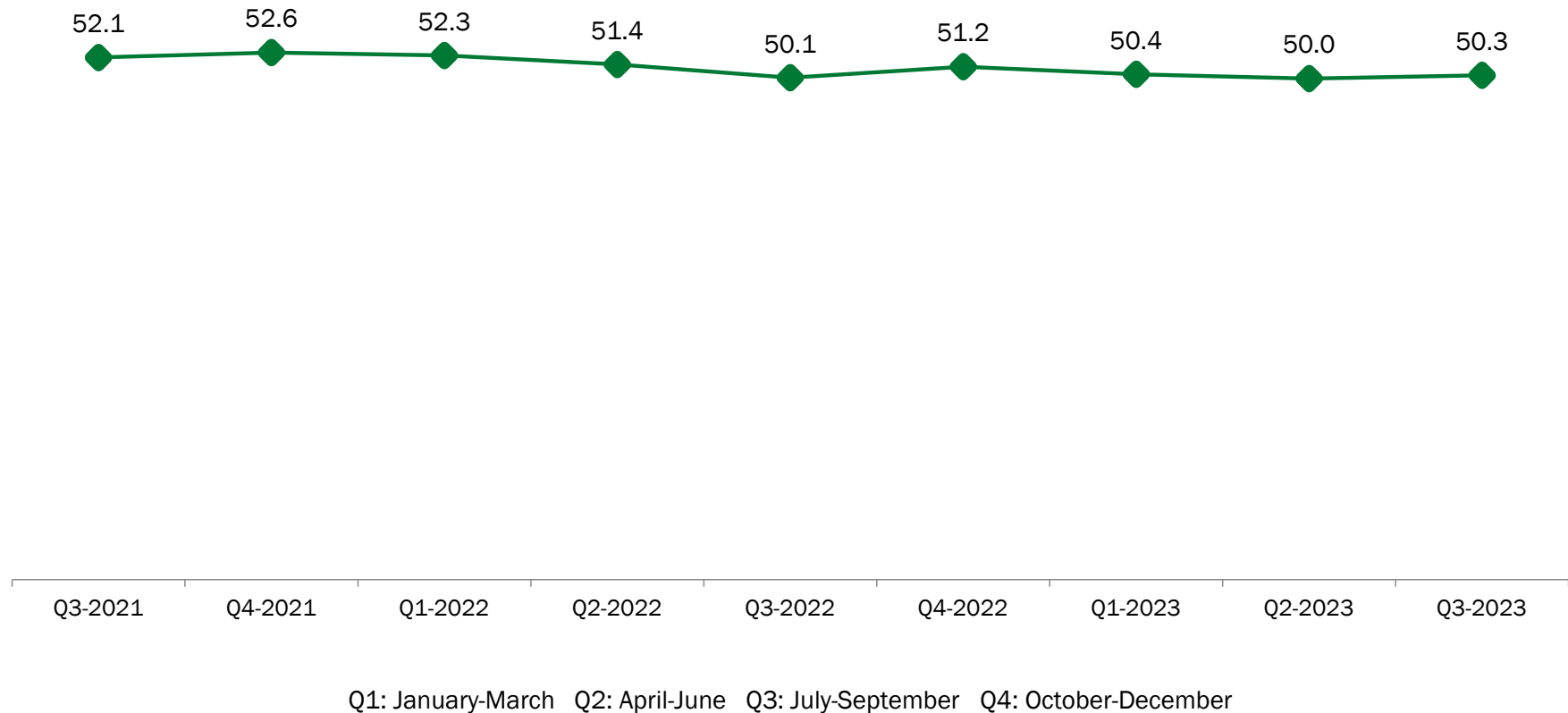
The percent of Vermonters receiving at least one opioid prescription has remained relatively stable over the past two years

Percent of Vermont Population Receiving at Least One Opioid Analgesic Prescription by Quarter



The average daily MME has remained stable over the past two years

Vermont Average Daily MME Per Prescription by Quarter



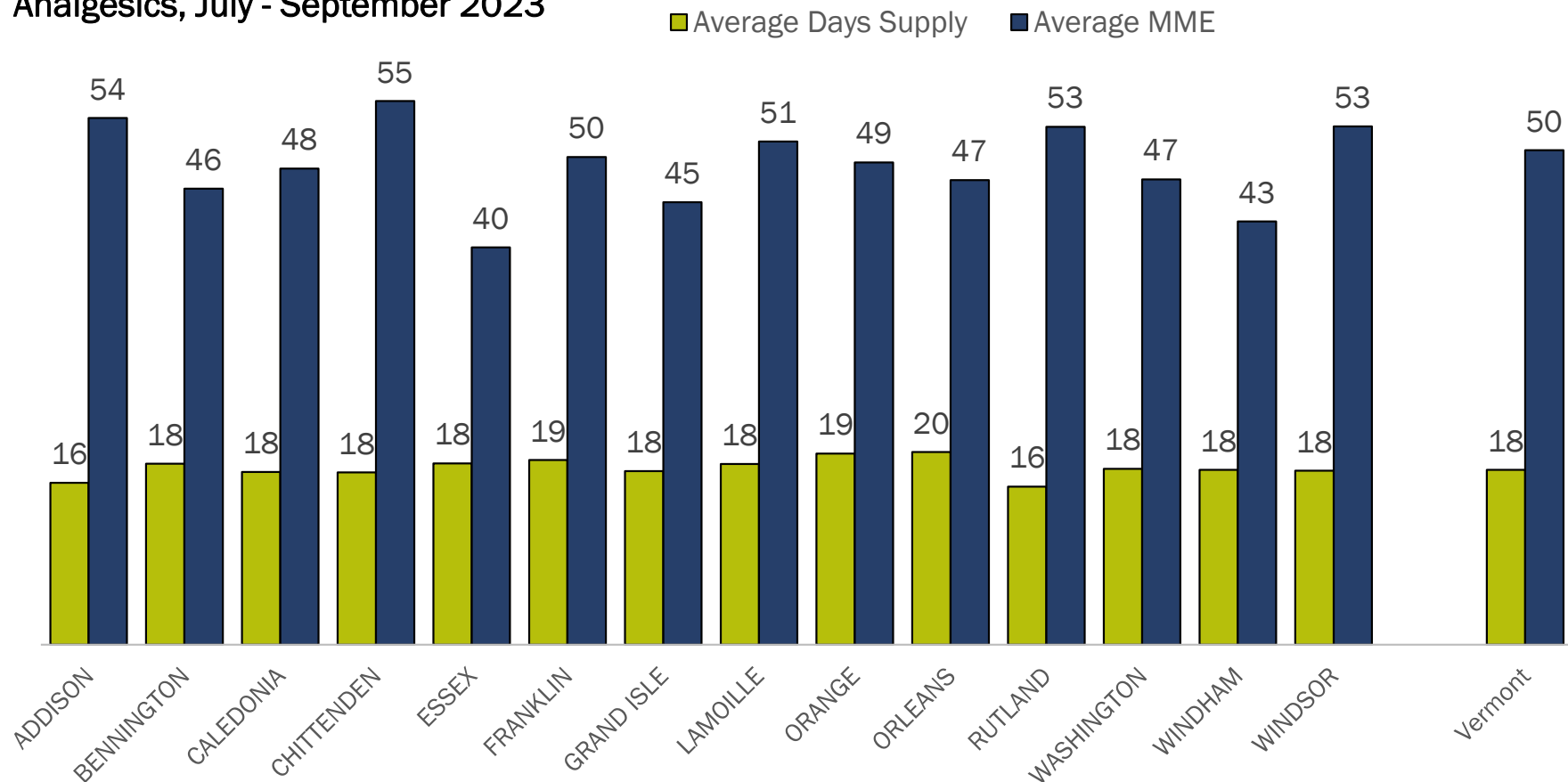
The percent of the population receiving at least one prescription varies by county

Percent of Population Receiving At Least One Prescription in Drug Class, July - September 2023

	OPIOID ANALGESIC	MOUD	BENZODIAZEPINE	STIMULANT
ADDISON	3.6%	1.0%	3.4%	3.4%
BENNINGTON	4.0%	1.6%	4.2%	3.8%
CALEDONIA	3.3%	0.8%	3.2%	3.7%
CHITTENDEN	3.0%	0.9%	3.6%	3.9%
ESSEX	2.5%	0.6%	2.1%	1.8%
FRANKLIN	4.2%	2.0%	3.2%	2.6%
GRAND ISLE	4.1%	1.4%	3.1%	3.0%
LAMOILLE	3.9%	1.4%	3.6%	3.4%
ORANGE	3.0%	1.1%	3.3%	3.0%
ORLEANS	4.6%	1.1%	4.6%	4.1%
RUTLAND	4.3%	1.6%	4.2%	3.4%
WASHINGTON	3.5%	0.9%	4.1%	3.9%
WINDHAM	3.5%	0.8%	4.2%	4.4%
WINDSOR	2.4%	0.8%	2.7%	2.3%
Vermont	3.7%	1.1%	3.9%	3.8%

The average daily MME varies more widely by county than the days supply

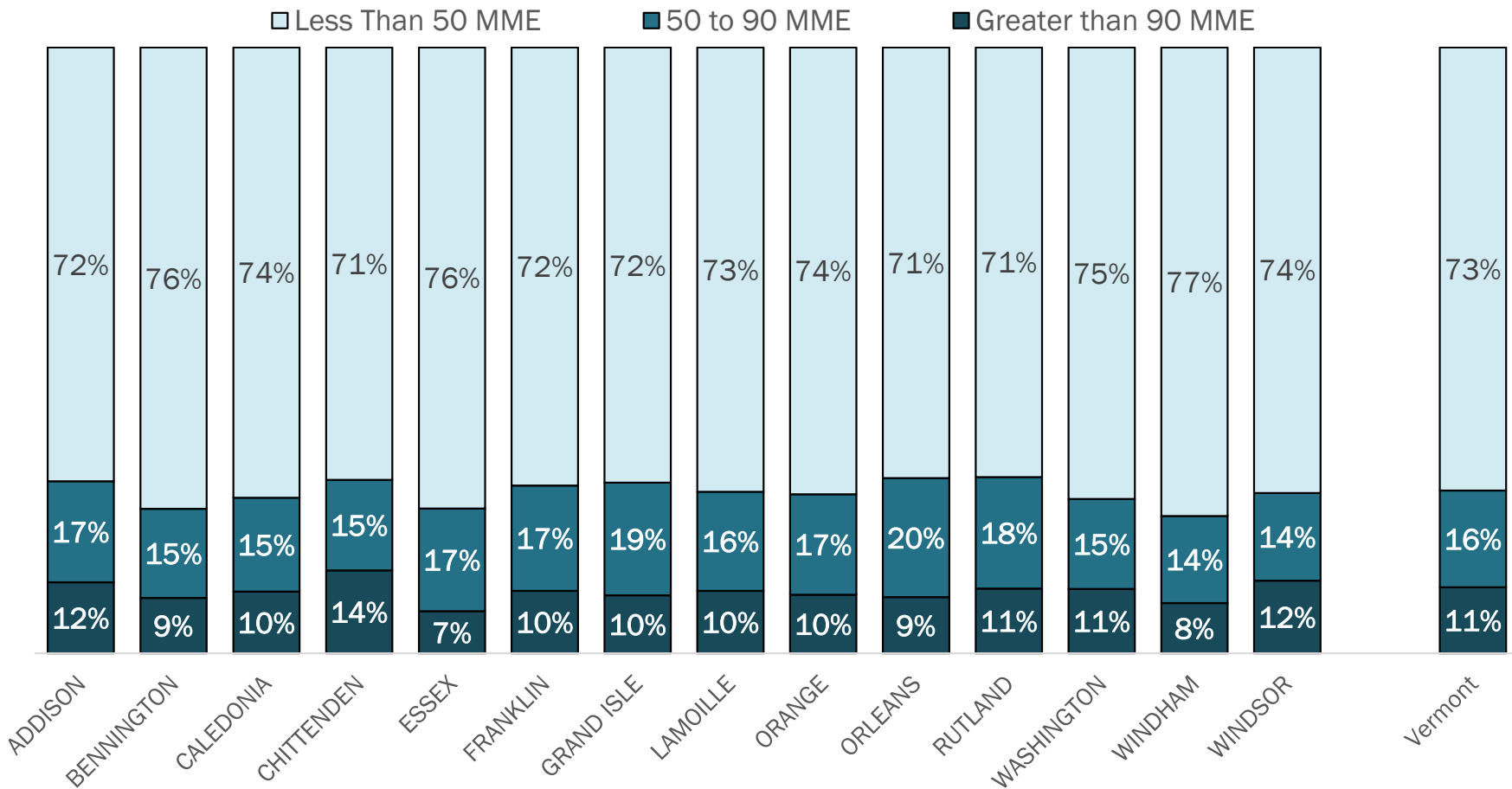
Average Days' Supply and Daily Morphine Milligram Equivalent (MME) for Opioid Analgesics, July - September 2023



Days Supply - the estimated number of days that the medication will last*

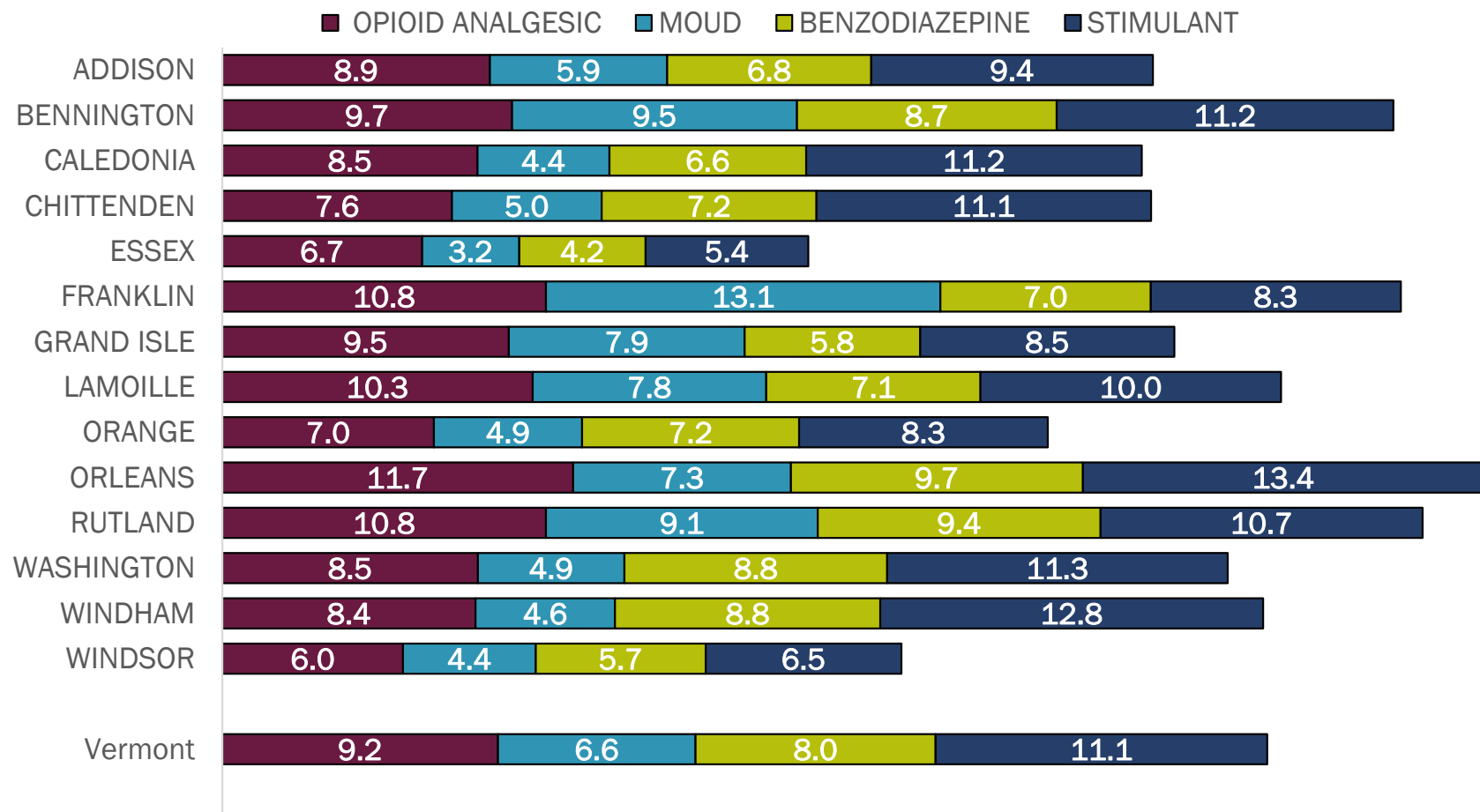
Most prescriptions in all counties are fewer than 50 MME, but there is variability among counties

Proportion of Opioid Analgesic Prescriptions in Daily Morphine Milligram Equivalent (MME) Categories, July - September 2023



The rate of prescriptions per 100 residents varies widely by drug class and by county

Rate of Prescriptions Per 100 Residents by Drug Class, July - September 2023



The number of prescriptions in each drug class varies widely

Number of Prescriptions in Each Drug Class, July - September 2023

	OPIOID ANALGESIC	MOUD	BENZODIAZEPINE	STIMULANT
ADDISON	3,350	2,218	2,556	3,525
BENNINGTON	3,610	3,548	3,235	4,193
CALEDONIA	2,600	1,343	2,004	3,419
CHITTENDEN	12,950	8,443	12,114	18,872
ESSEX	399	194	252	325
FRANKLIN	5,471	6,666	3,553	4,225
GRAND ISLE	715	588	438	634
LAMOILLE	2,698	2,029	1,862	2,613
ORANGE	2,104	1,474	2,157	2,472
ORLEANS	3,234	2,007	2,690	3,696
RUTLAND	6,508	5,467	5,685	6,476
WASHINGTON	5,114	2,929	5,258	6,810
WINDHAM	3,868	2,128	4,052	5,846
WINDSOR	3,501	2,572	3,288	3,793
Vermont	59,438	42,563	51,746	71,501

*County totals may not add up to the Vermont total; in some instances, county information is not available.

Contact VPMS

- ❑ Data-related questions can be directed to the program analyst, Lela Kretzer at:

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- ❑ Programmatic questions can be directed to the program manager, Hannah Hauser at:

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Additional information on VPMS, as well as Quarterly, Annual, and special reports are available at:

<https://www.healthvermont.gov/vpms>