



# Vermont Prescription Monitoring System

Quarterly Report  
1st Quarter 2020

June 2020

# 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 01/01/2020 and 03/31/2020.

The drug types included in this report are:

- **Opioid Analgesic** – opioids used to treat pain
- **Medication-Assisted Treatment (MAT) Opioids** – 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.

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.

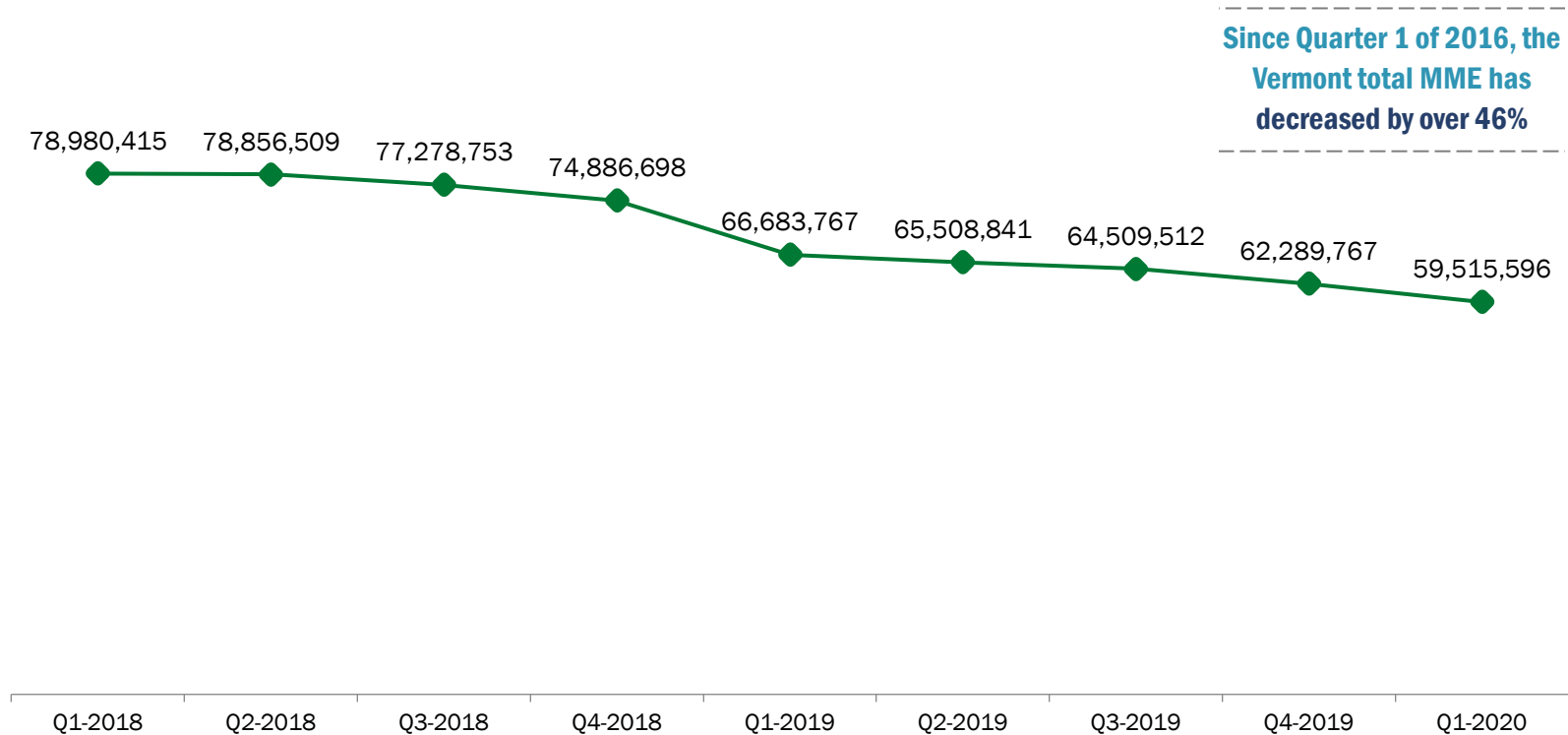
MME is a way to express the strength of an opioid analgesic prescription as though the prescription were converted to morphine.

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

# The total amount of opioids dispensed has decreased over time

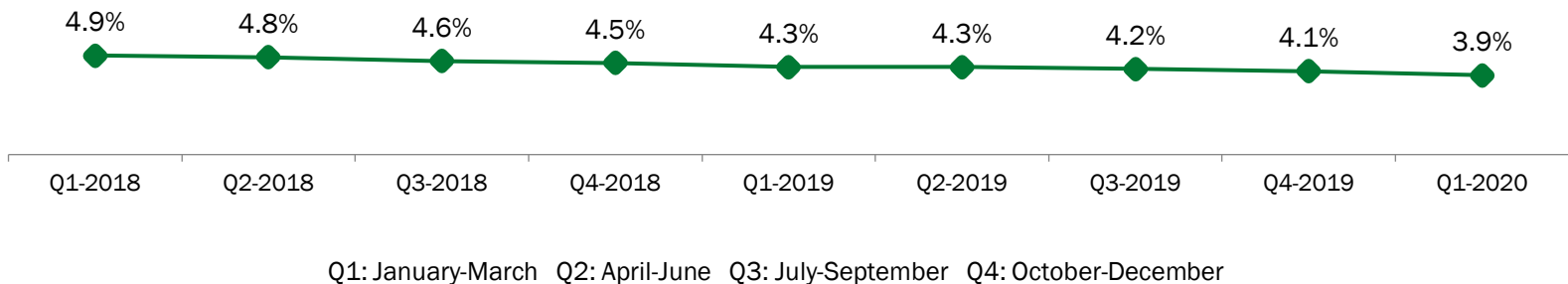
Vermont Total MME Dispensed by Quarter



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

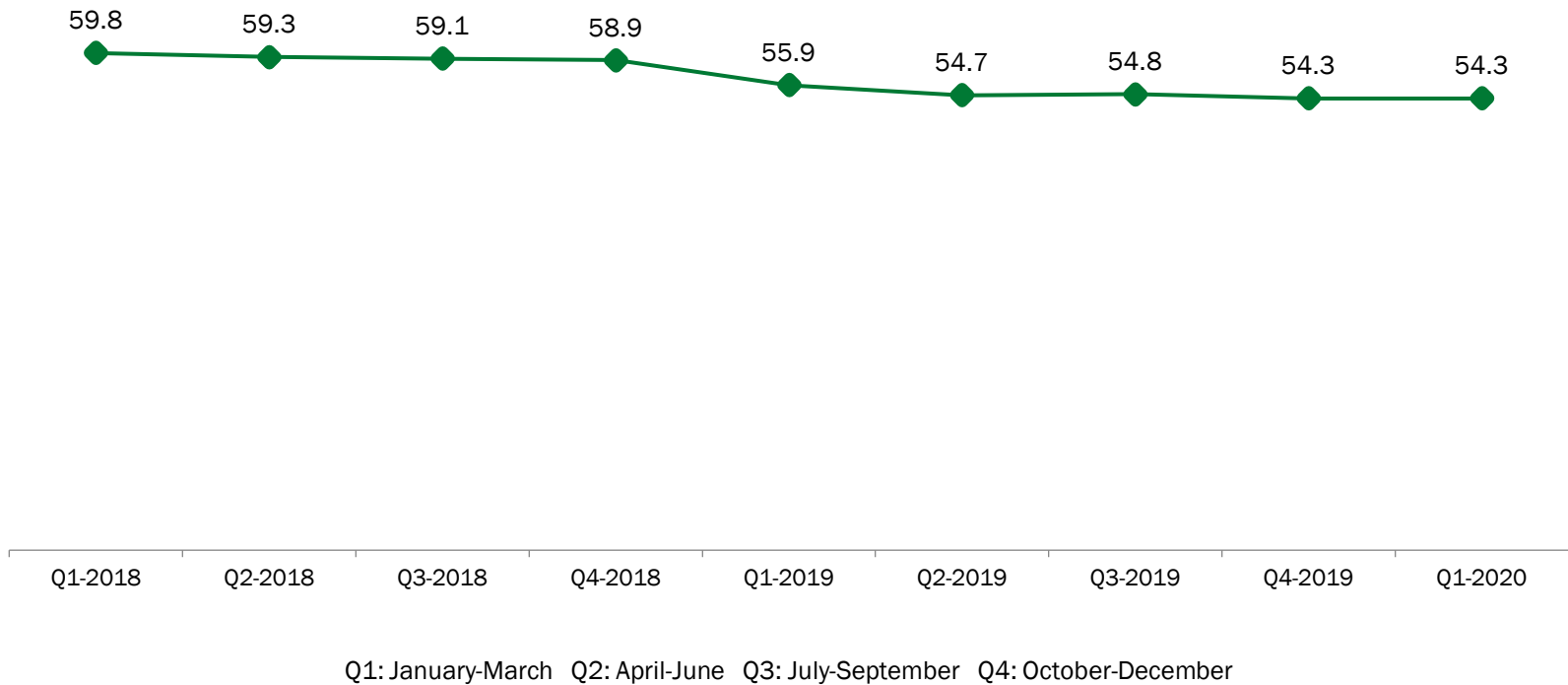
# The percent of Vermonters receiving at least one opioid prescription has continued to decrease

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



# The average daily MME has stabilized over the past year

Vermont Average Daily MME Per Prescription by Quarter





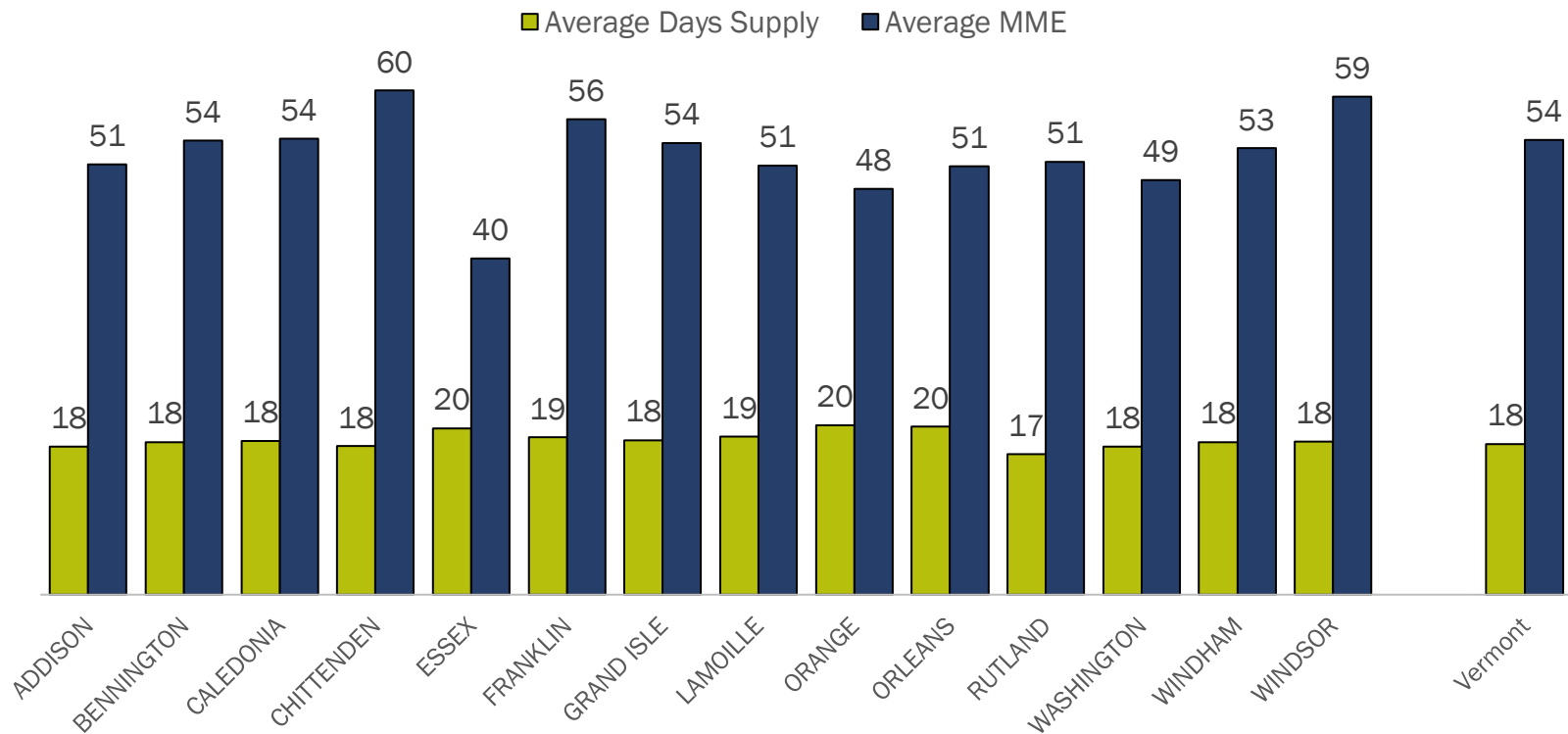
# The percent of the population receiving at least one prescription varies by county

Percent of Population Receiving At Least One Prescription in Drug Class, January-March 2020

|            | OPIOID ANALGESIC | MAT  | BENZODIAZEPINE | STIMULANT |
|------------|------------------|------|----------------|-----------|
| ADDISON    | 3.8%             | 0.9% | 3.6%           | 2.4%      |
| BENNINGTON | 4.7%             | 1.7% | 5.1%           | 3.6%      |
| CALEDONIA  | 4.0%             | 0.6% | 3.5%           | 3.0%      |
| CHITTENDEN | 3.4%             | 0.9% | 4.3%           | 2.9%      |
| ESSEX      | 2.8%             | 0.3% | 2.3%           | 1.4%      |
| FRANKLIN   | 4.7%             | 1.9% | 3.4%           | 2.0%      |
| GRAND ISLE | 4.9%             | 1.3% | 3.7%           | 2.6%      |
| LAMOILLE   | 4.3%             | 1.3% | 4.0%           | 2.6%      |
| ORANGE     | 3.0%             | 1.1% | 3.3%           | 2.0%      |
| ORLEANS    | 5.2%             | 0.9% | 4.9%           | 3.4%      |
| RUTLAND    | 5.0%             | 1.6% | 4.7%           | 2.6%      |
| WASHINGTON | 4.0%             | 0.8% | 4.9%           | 3.1%      |
| WINDHAM    | 4.3%             | 0.8% | 5.2%           | 4.2%      |
| WINDSOR    | 2.9%             | 0.9% | 3.1%           | 1.7%      |
|            |                  |      |                |           |
| Vermont    | 3.9%             | 1.0% | 4.2%           | 2.7%      |

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

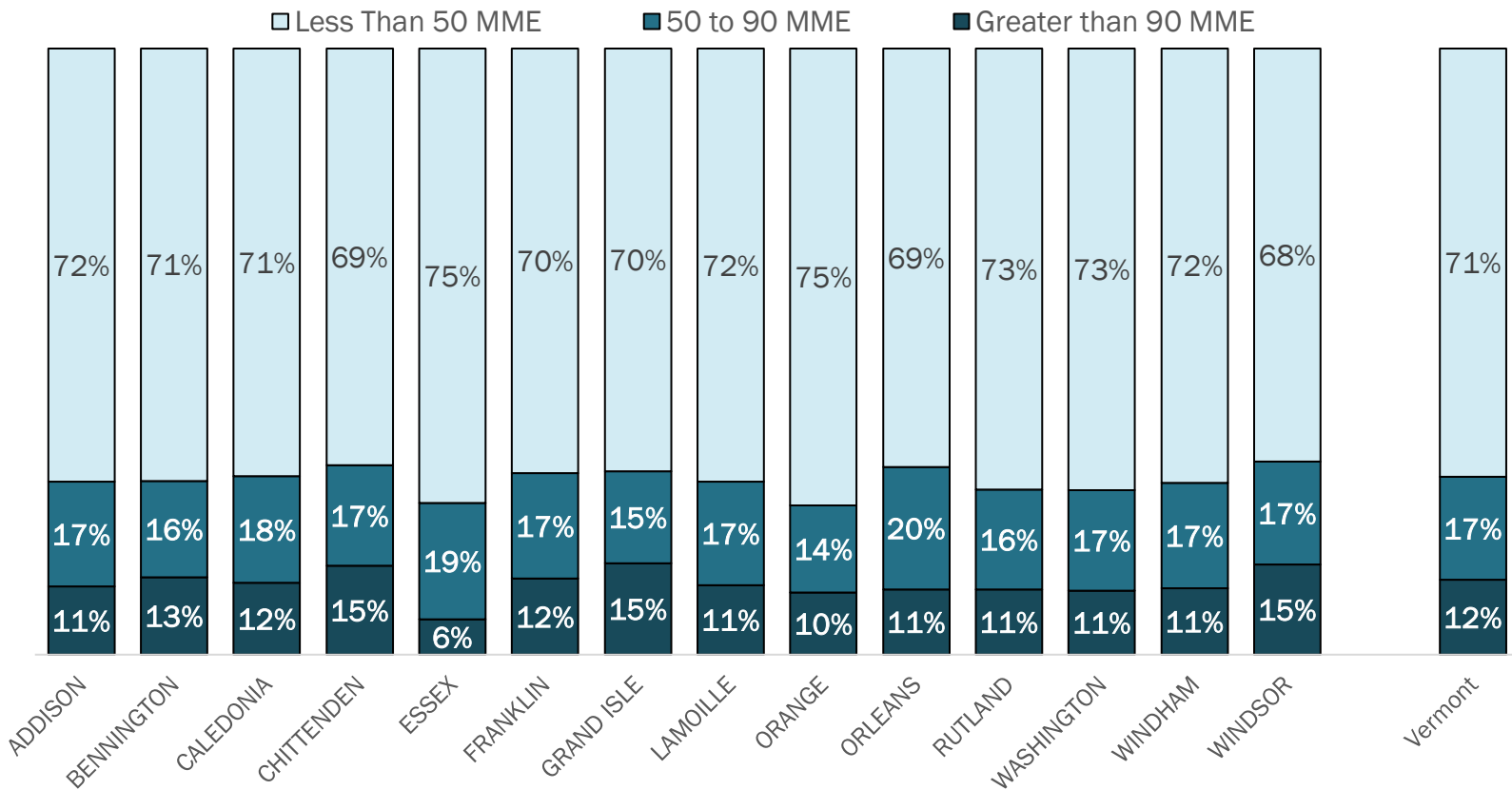
Average Days' Supply and Daily Morphine Milligram Equivalent (MME) for Opioid Analgesics, January-March 2020



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

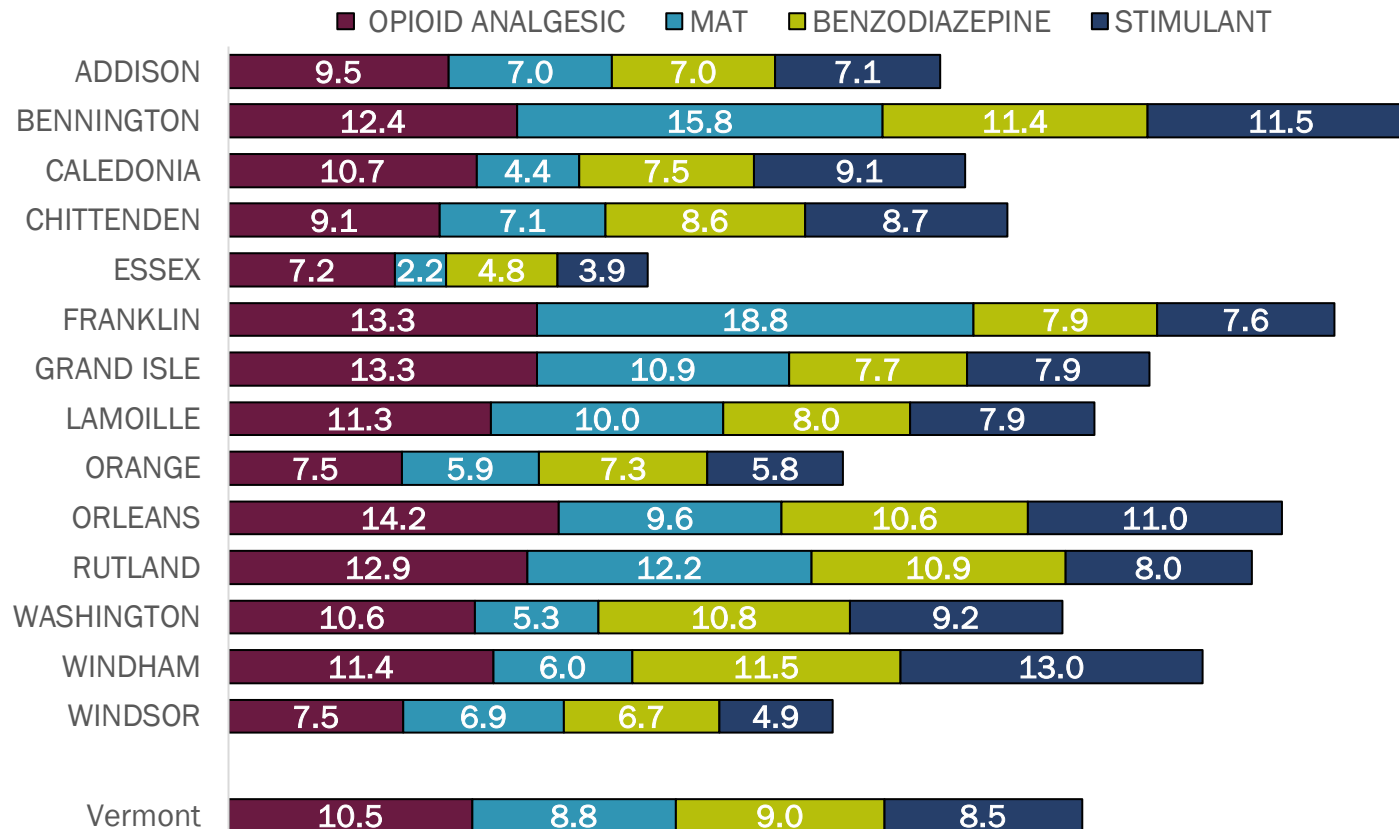
# Most prescriptions in all counties are fewer than 50 MME, but there is county variability in this category

Proportion of Opioid Analgesic Prescriptions in Daily Morphine Milligram Equivalent (MME) Categories, January-March 2020



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

Rate of Prescriptions Per 100 Residents by Drug Class, January-March 2020



# The number of prescriptions in each drug class varies widely

Number of Prescriptions in Each Drug Class, January-March 2020

|            | OPIOID ANALGESIC | MAT    | BENZODIAZEPINE | STIMULANT |
|------------|------------------|--------|----------------|-----------|
| ADDISON    | 3,505            | 2,597  | 2,597          | 2,634     |
| BENNINGTON | 4,426            | 5,614  | 4,066          | 4,107     |
| CALEDONIA  | 3,236            | 1,340  | 2,285          | 2,751     |
| CHITTENDEN | 14,959           | 11,736 | 14,176         | 14,338    |
| ESSEX      | 447              | 138    | 300            | 243       |
| FRANKLIN   | 6,563            | 9,299  | 3,914          | 3,768     |
| GRAND ISLE | 941              | 771    | 543            | 557       |
| LAMOILLE   | 2,858            | 2,535  | 2,035          | 2,011     |
| ORANGE     | 2,165            | 1,714  | 2,103          | 1,696     |
| ORLEANS    | 3,827            | 2,582  | 2,856          | 2,949     |
| RUTLAND    | 7,549            | 7,180  | 6,424          | 4,716     |
| WASHINGTON | 6,167            | 3,091  | 6,299          | 5,328     |
| WINDHAM    | 4,871            | 2,566  | 4,938          | 5,564     |
| WINDSOR    | 4,161            | 3,824  | 3,707          | 2,694     |
|            |                  |        |                |           |
| Vermont    | 65,683           | 55,003 | 56,248         | 53,366    |

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

# Feedback on Quarter 1

Please complete the survey on the usefulness of the Quarter 1 VPMS Report. Feedback is encouraged and will inform future quarterly reports.

<http://www.surveygizmo.com/s3/3950004/VPMS-Quarterly-Reporting-Usefulness-Survey>

# Contact VPMS

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

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or

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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/alcohol-drugs/reports/data-and-reports>