VERMONT
DEPARTMENT OF HEALTH

Understanding VPMS Data and Reports

When reading reports from the Vermont Prescription Monitoring System (VPMS), it's essential to understand key terms and concepts to interpret the information provided accurately. The terms and concepts detailed below are often used in VPMS reports, and knowing their meaning can help you understand the measures and draw meaningful conclusions. Here are some key items to know:

Terms and Concepts

Prescription Drug Monitoring Program

Prescription Drug Monitoring Programs (PDMPs) are databases that collect and track controlled substance prescriptions dispensed by pharmacies licensed in the state they operate. Each state operates its own PDMP, which has different access and use requirements based on their state statutes. VPMS is Vermont's PDMP.

Controlled Substances

Medications classified by the government as substances with a potential for abuse and subject to stricter regulations. Also known as scheduled drugs.

Drug Class

This report assigns drugs to drug classes based on the U.S. Centers for Disease Control and Prevention's (CDC) treatment classes. The drug types included in this report are:

Opioid Analgesics

- Opioids used in the treatment of pain.
    - Examples: oxycodone, hydrocodone, and prescribed fentanyl.

Medication for Opioid Use Disorder (MOUD) opioid agonist/antagonist

- Opioid medications used to treat opioid use disorder. With a few exceptions, any drug containing buprenorphine is considered a MOUD opioid.
    - Examples: Suboxone®, and Subutex®.

Benzodiazepines

- Sedatives to treat anxiety, insomnia, and other conditions.
    - Examples: lorazepam, clonazepam, and diazepam.

Stimulants

- Medication to increase alertness, attention, and energy.
    - Examples: methylphenidate, and amphetamine.

Other

- All other schedule II-IV drugs that are not in the other categories. Due to the wide variety of medications included in this group, "Other" prescription data, while present in the database, are not included in VPMS reports.
    - Examples: hormones, muscle relaxants, cannabinoids, and non-hypnotic sedatives such as Ambien®, among others.

Drug Schedules

The Drug Enforcement Agency (DEA) assigns controlled substances to different schedules according to their potential for abuse or dependence. VPMS collects information on Schedule II-IV controlled substances. The scheduling is as follows:

Schedule I

- Drugs with no currently accepted medical use and a high potential for abuse. These drugs are illegal at the federal level and are not included in VPMS.
    - Examples of Schedule I controlled substances include: heroin, lysergic acid diethylamide (LSD), cannabis (marijuana), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, peyote, and illicitly manufactured fentanyl and fentanyl analogs.

      Please note that even though Vermont legalized cannabis for medical use in 2004 and opened the regulated retail cannabis market in 2022, cannabis remains a federally scheduled substance and data related to this substance is not collected by VPMS.

Schedule II

- Drugs with a high potential for abuse. Use of these drugs may lead to severe psychological or physical dependence.
    - Examples of Schedule II controlled substances include oxycodone, prescribed fentanyl, amphetamine, and methylphenidate.

Schedule III

- Drugs with a moderate to low potential for physical or psychological dependence.
    - Examples of Schedule III controlled substances include products containing not more than 90 mg of codeine per dosage unit, buprenorphine, and anabolic steroids.

Schedule IV

- Drugs with a moderate to low potential for abuse and low risk of dependence.
    - Examples of Schedule IV controlled substances include clonazepam, diazepam, and alprazolam.

Schedule V

- Drugs with lower potential for abuse than Schedule IV and consisting of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. These are not included in VPMS.
    - Examples of Schedule V controlled substances are: Lomotil®, Motofen®, Lyrica®, Parepectolin, and cough preparations with less than 200 milligrams of codeine per 100 milliliters such as Robitussin® AC.

Morphine Milligram Equivalents (MME)

Opioid pain medication strengths, dosages, and days of supply vary significantly across prescriptions. To better understand trends and patterns of use, Morphine Milligram Equivalents (MME) are used as a standardization measure. MME is a way to express the strength of an opioid analgesic as though each prescription were converted to morphine. Many research experts, federal agencies (e.g., Centers for Disease Control and Prevention, Bureau of Justice Administration, Substance Abuse and Mental Health Services Administration) and VPMS use MME dispensed to compare different formulations of drugs and better understand the misuse and overdose potential of opioid analgesics. MME is expressed as total MME, which is the total MME in a prescription or combination of prescriptions, or an average daily MME which means the amount dispensed averaged over the number of days of the prescription.

Prescribed/Dispensed/Administered

“Prescribed” refers to a medication order (prescription) written by a healthcare provider, such as a doctor, nurse practitioner, or dentist.

“Administered” refers to a healthcare professional or caregiver directly applies a prescription to the body of a patient by injection, inhalation, ingestion, or any other means.

“Dispensed” refers to when a prescription has been filled and provided to a patient by a pharmacy.

- VPMS contains information on prescriptions ***dispensed.*** VPMS <u>does not</u> have information on prescriptions that are prescribed or administered.

Data Inclusions and Exclusions

- VPMS contains Schedule II-IV controlled substance prescriptions that are dispensed by Vermont-licensed pharmacies, including mail-order pharmacies, to people in Vermont.

- VPMS <u>does not</u> include prescriptions dispensed in the following situations:
    - Prescriptions filled at out-of-state pharmacies that are not licensed in Vermont,

  - Methadone and/or buprenorphine dispensed by specialty substance use disorder treatment providers such as Opioid Treatment Programs (OTP) which are known as “hubs” in Vermont,
  - Drugs dispensed from an emergency room in an amount to treat pain for 48 hours or less,
  - Drugs administered directly to a patient in a medical setting such as a hospital or nursing home,
  - Drugs dispensed in correctional facilities that are held in stock, such as buprenorphine,
  - Prescriptions dispensed from veterinary offices, and
  - Controlled substance prescriptions other than Schedule II-IV, including non-scheduled drugs (e.g., gabapentin, prednisone).

- VPMS includes MOUD drugs used to treat opioid use disorder when they are prescribed at a physician’s office or office-based opioid treatment (OBOT) provider, commonly referred to as a “spoke” in Vermont. These opioids are shown as “MOUD Prescriptions” in reports.

- MOUD drugs directly dispensed or administered to a patient through an opioid treatment program (OTP), or “hub”, are not included in VPMS due to federal regulations.

- Data submitted to VPMS by pharmacies may contain errors. Each upload from a pharmacy is screened for errors and returned to the pharmacy if requires correction. However, not all errors are found or corrected.

- VPMS does not contain information on prescriptions that are written but not filled. Patient diagnosis or information on how a prescribed medication is used is not included in VPMS.

- County level information is based on the recipient’s county of residence, which is determined by the recipient address information as sent to VPMS by the pharmacy that filled the prescription. Not all prescriptions in VPMS have correct address information; therefore, some prescriptions cannot be assigned to a county. Due to this, the number of prescriptions by county will not equal the total number of prescriptions statewide for any specific year.

- Vermonters in counties that border other states may fill prescriptions in other states. Those prescriptions are not included in reports if the pharmacy is not licensed in Vermont.