KASPER Quarterly Threshold Analysis Report, First Quarter 2016

The Kentucky All Schedule Prescription Electronic Reporting System (KASPER) Quarterly Threshold Analysis Report is produced under a Prescription Drug Overdose Prevention for States cooperative agreement between the Kentucky Injury Prevention and Research Center (KIPRC) and the U.S. Centers for Disease Control and Prevention.

The report provides information on rates of controlled substance dispensing (number of prescriptions dispensed per 1,000 Kentucky residents) by age group and gender based on KASPER controlled substance dispensing data. The analysis includes rates of 1) total Schedule II through V controlled substances; 2) alprazolam; 3) buprenorphine/naloxone; 4) hydrocodone; 5) methadone; 6) opioids; 7) oxycodone; and 8) total Schedule II stimulants.

For the first time, trend graphs for the First Quarter 2015 to First Quarter 2016 are presented for each controlled substance class or specific controlled substance.
Females over 17 years of age were dispensed Schedule II-V Controlled Substance prescriptions at higher rates than males the same ages. The highest rate of prescriptions dispensed were for females aged 55 to 64 years of age, females aged 45 to 54 years of age, and females over age 65 with dispensing rates of 1,097 prescriptions dispensed per 1000 females, 1,014 prescriptions dispensed per 1000 females, and 957 prescriptions dispensed per 1000 females, respectively.

The Schedule II-V Controlled Substance dispensing rate increased over the five reported quarters. The fourth quarter of 2015 had the highest dispensing rate.
Alprazolam

Females over 17 years of age were dispensed higher rates of alprazolam than their male counterparts, and twice the rate for males the same ages. The highest rate of alprazolam dispensed was for females over age 65 at a rate of 112 prescriptions dispensed per 1000 females.

The dispensing rates for alprazolam declined over the five reported quarters. The lowest alprazolam dispensing rate occurred in the first quarter of 2016 at a rate of 43.7 prescriptions dispensed per 1000 persons.
Dispensing rates of buprenorphine-naloxone were highest for both males and females aged 25 to 34 years and aged 35 to 44 years. Dispensing rates for males over the age of 25 years were higher than their female counterparts. The two highest dispensing rates were for males aged 25 to 34 years and males aged 35 to 44 years, at 119 prescriptions dispensed per 1000 males and 115 prescriptions dispensed per 1000 males, respectively.

The trend over the five reported quarters indicates an increase in the buprenorphine-naloxone prescription dispensing rate. The highest dispensing rate was for the first quarter of 2016 at a rate of 37 prescriptions per 1000 persons.
Females were dispensed hydrocodone at higher rates than males. The highest hydrocodone dispensing rates were for females and males aged 55 to 64 years at 273 prescriptions dispensed per 1000 females and 270 prescriptions dispensed per 1000 males, respectively.

The rates for the dispensing of hydrocodone during the reported quarters increased from the first quarter of 2015 to the third quarter 2015, peaking at 152.2 prescriptions dispensed per 1000 persons. After the third quarter of 2015, the rates declined to the lowest rate occurring in the first quarter of 2016 at a rate of 144 prescriptions dispensed per 1000 persons.
Methadone

Males were dispensed higher rates of methadone than females. The highest rate of dispensing was for males aged 55 to 64 years at the rate of 10 prescriptions per 1000 persons.

The rates for dispensing for methadone prescriptions have remained relatively stable, but show a small decline over the five reported quarters. The highest dispensing rate was for the third quarter of 2015 at the rate of 3.6 prescriptions dispensed per 1000 persons. The lowest dispensing rate was for the first quarter 2016 at the rate of 3.3 prescriptions dispensed per 1000 persons.
Females were dispensed higher rates of opioid prescriptions than males. The highest rates of opioid prescriptions were dispensed to females and males aged 55 to 64 years at the rates of 541 prescriptions per 1000 females and 539 prescriptions per 1000 males, respectively.

The rates for the dispensing of opioids during the reported quarters increased from the first quarter of 2015 to the third quarter 2015, peaking at 319.6 prescriptions dispensed per 1000 persons. After the third quarter of 2015, the rates declined to 307.9 prescriptions dispensed per 1000 persons in the first quarter of 2016 which remains higher than the rate of 301.5 prescriptions dispensed per 1000 persons in the first quarter of 2015.
Until age 55 years, females were dispensed higher rates of oxycodone than males. After the age of 55 years, males were dispensed higher rates than females. The highest dispensing rates were for males and females aged 55 to 64 years at 132 prescriptions dispensed per 1000 males and 120 prescriptions dispensed per 1000 females.

Over the five reported quarters, the rates for dispensing of oxycodone increased. The dispensing rate peaked at 61 prescriptions per 1000 persons in the fourth quarter 2015 then declined slightly in the first quarter of 2016. The dispensing rate was higher in the first quarter of 2016 than in the first quarter of 2015.
Schedule II stimulants include amphetamine (e.g. Adderall) and methylphenidate (e.g. Concerta, Ritalin). The rates for dispensing of Schedule II stimulants were highest for males and females aged 0 to 16 years at 205 prescriptions dispensed per 1000 males and 88 prescriptions dispensed per 1000 females, respectively.

Rates for dispensing of Schedule II stimulants increased over the five reported quarters. The highest rate of dispensing occurred in the first quarter of 2016 at the rate of 59.4 prescriptions dispensed per 1000 persons.
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This project report is a collaboration between the Kentucky Injury Prevention and Research Center (KIPRC) and the Kentucky Cabinet for Health and Family Services. This report is available on the KASPER website at http://www.chfs.ky.gov/os/oig/kaspertrendreports and on KIPRC’s website at http://www.mc.uky.edu/kiprc/.