



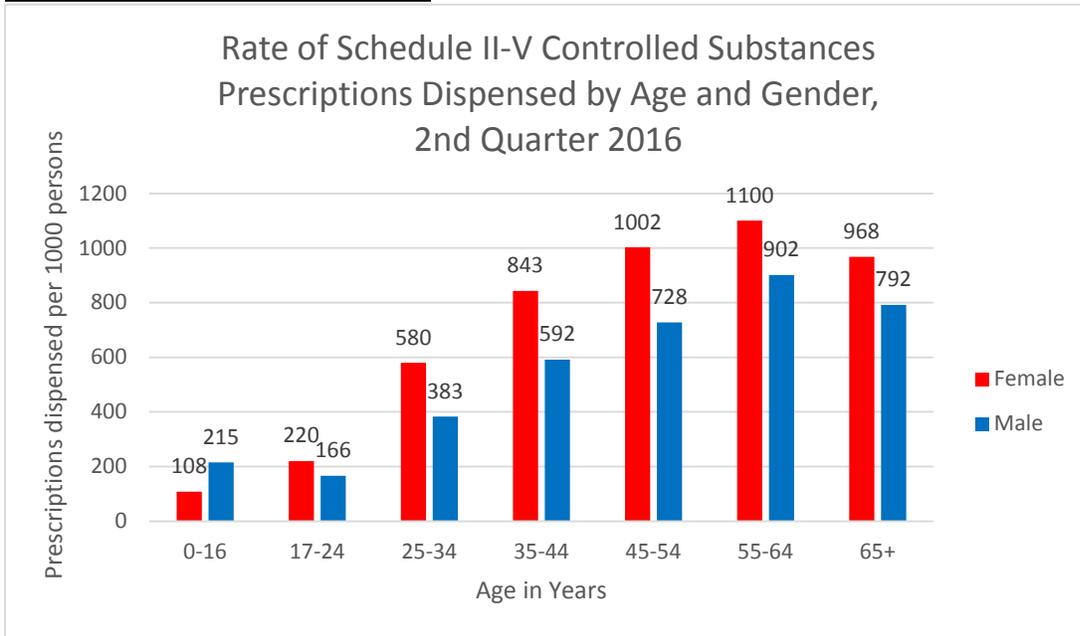
KASPER Quarterly Threshold Analysis Report, Second Quarter 2016

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.

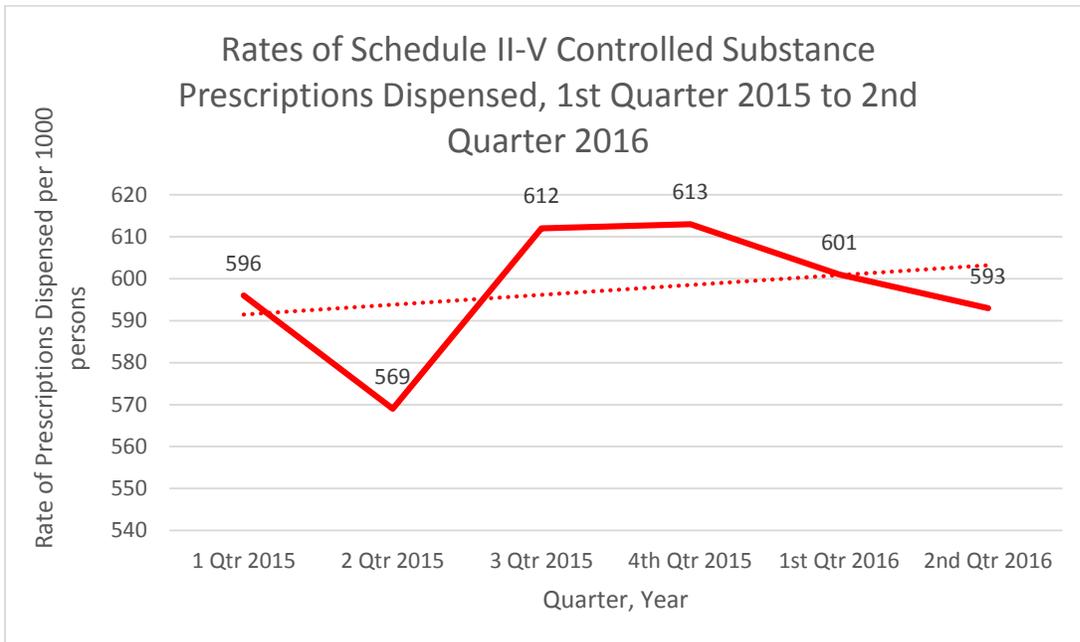
The report provides information on rates of controlled substance dispensing (number of prescriptions dispensed per 1,000 Kentucky residents) by age group and gender based on KASPER controlled substance dispensing data. The analysis includes rates of 1) total Schedule II through V controlled substances;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

Additionally, trend graphs for each of the six quarters for which this report has been prepared (First Quarter 2015 to Second Quarter 2016) are presented for each controlled substance class or specific controlled substance.

Schedule II-V Controlled Substances

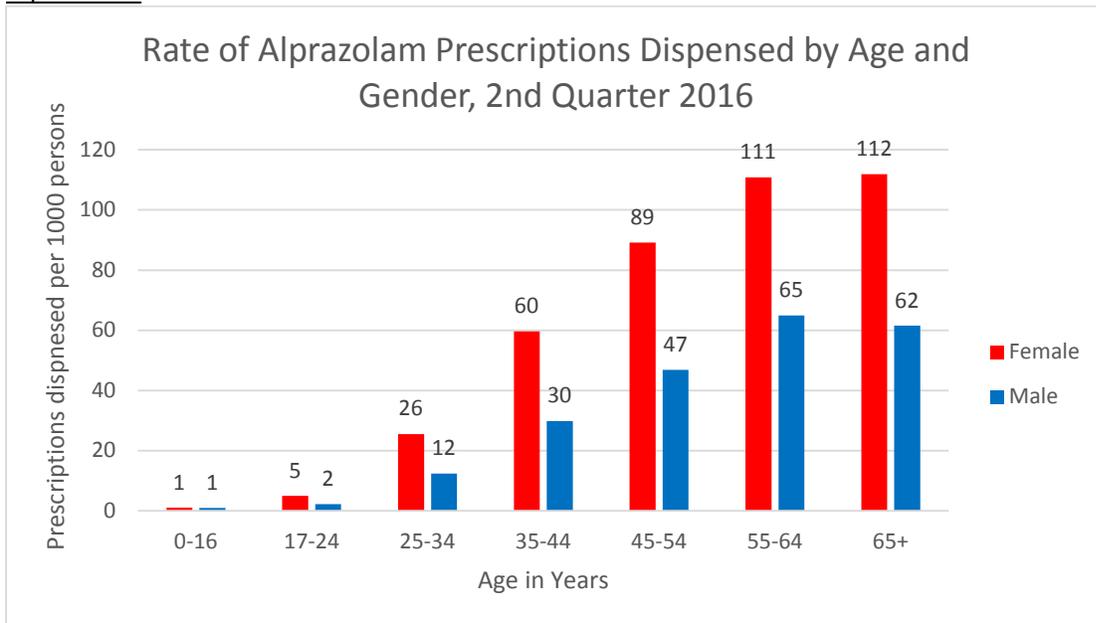


Females over the age of 17 were dispensed Schedule II-V Controlled Substance prescriptions at higher rates than males. The highest rate of prescriptions dispensed was for females 55 to 64 years of age with a dispensing rate of 1100 prescriptions dispensed per 1000 females. Among males, the highest dispensing rate was for males 55 to 64 years of age at the rate of 902 prescriptions per 1000 males.

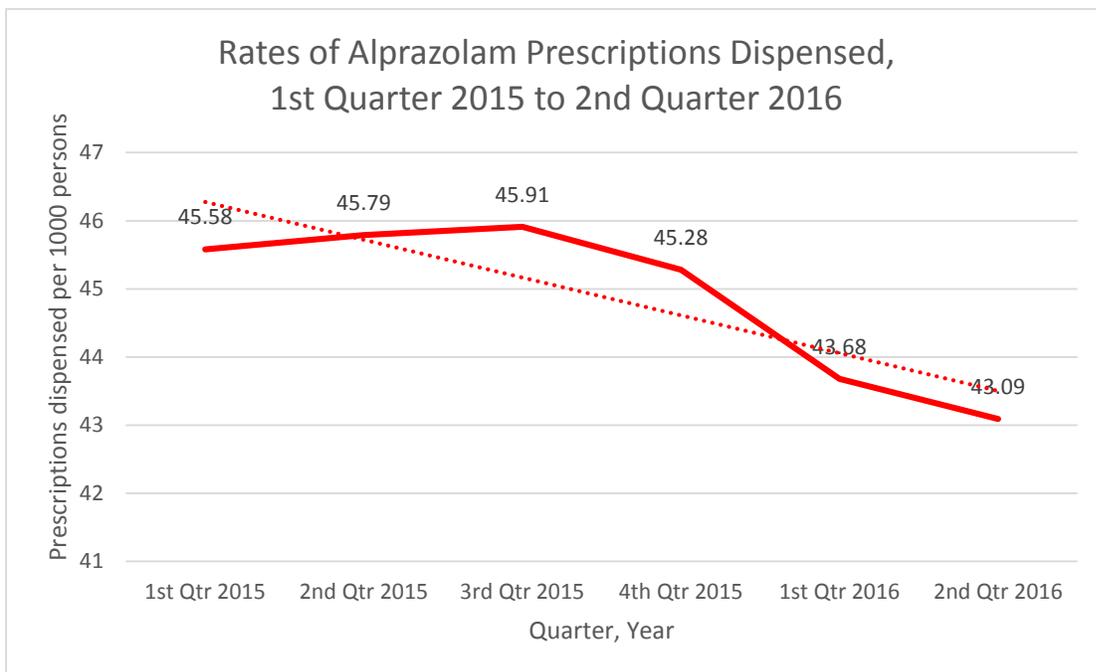


After a steep increase in the rate of Schedule II-V Controlled Substance prescriptions dispensed between the second quarter and third quarter of 2015, the dispensing rate peaked in the fourth quarter of 2015. Dispensing declined in the first quarter of 2016, and in the second quarter of 2016, the rate dipped below the initial rate in the first quarter of 2015.

Alprazolam

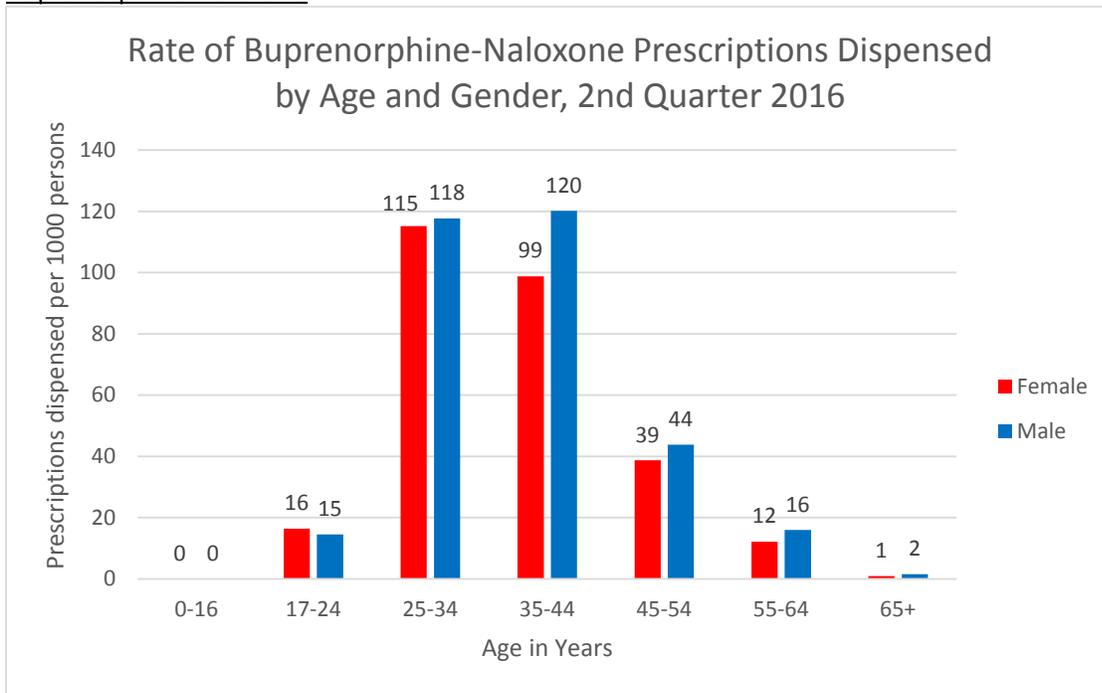


Females over 17 years of age were dispensed alprazolam prescriptions in higher rates than males. The highest rate of alprazolam prescriptions dispensed was for females 65 years of age and older with the rate of 112 prescriptions dispensed per 1000 females.

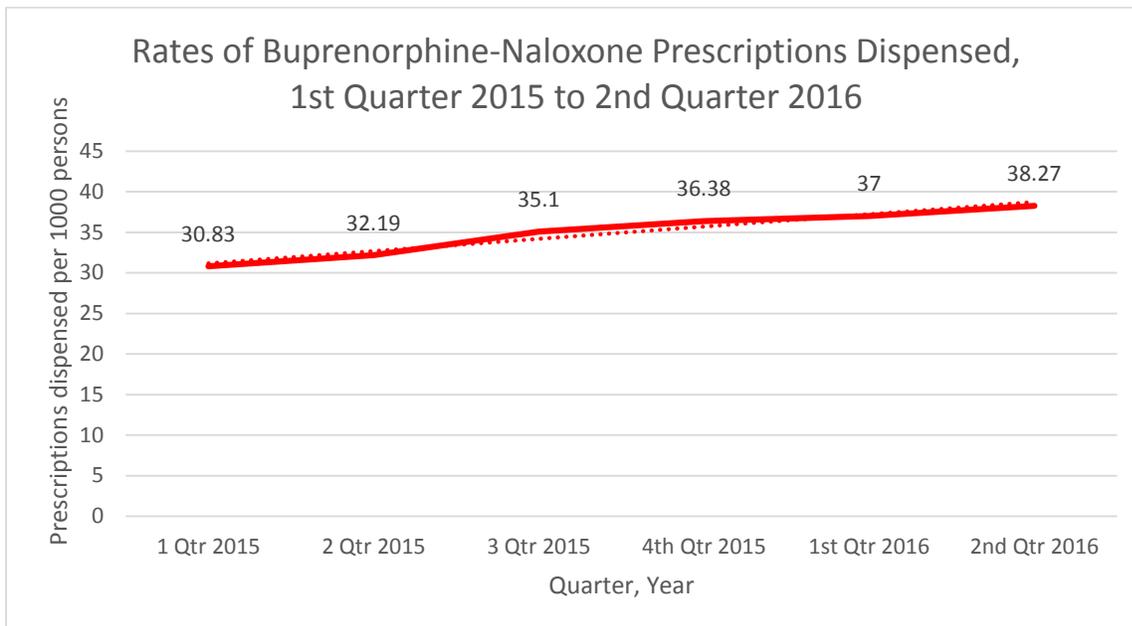


After a peak dispensing rate in the third quarter 2015, the dispensing rate for alprazolam prescriptions has steadily declined with the lowest dispensing rate occurring in the second quarter of 2016.

Buprenorphine-Naloxone

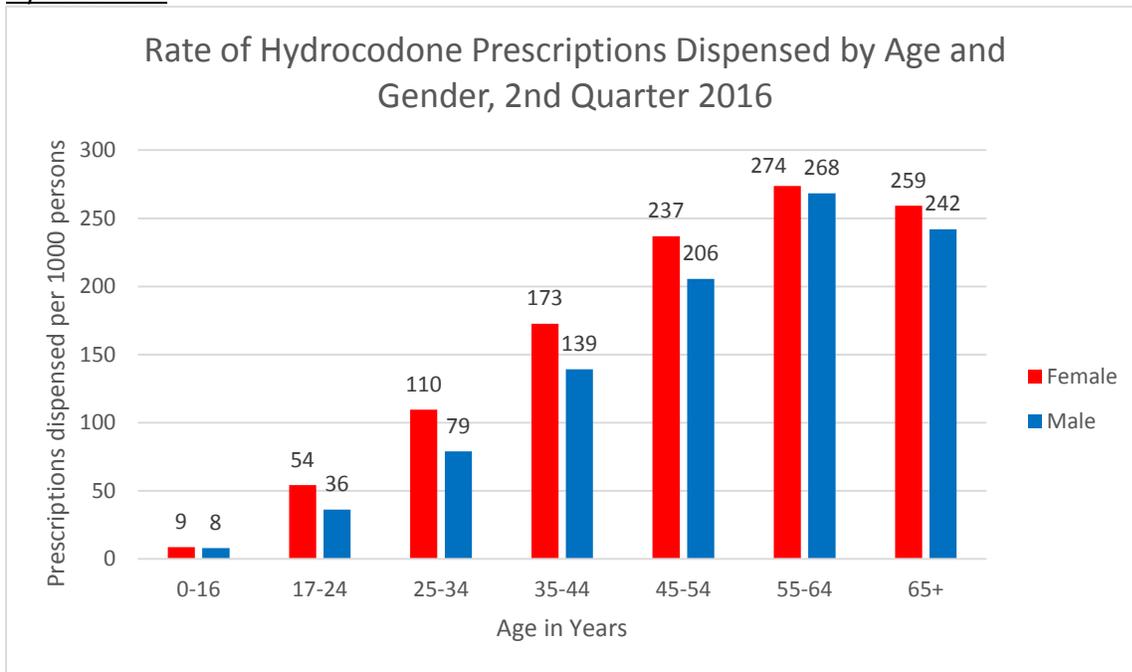


Males 25 to 34 years of age and 35 to 44 years of age have the highest dispensing rates for buprenorphine-naloxone prescriptions at 120 prescriptions per 1000 males and 118 prescriptions per 1000 males, respectively. Females 25 to 34 years of age and 35 to 44 years of age were also dispensed buprenorphine-naloxone prescriptions at higher rates than other females.

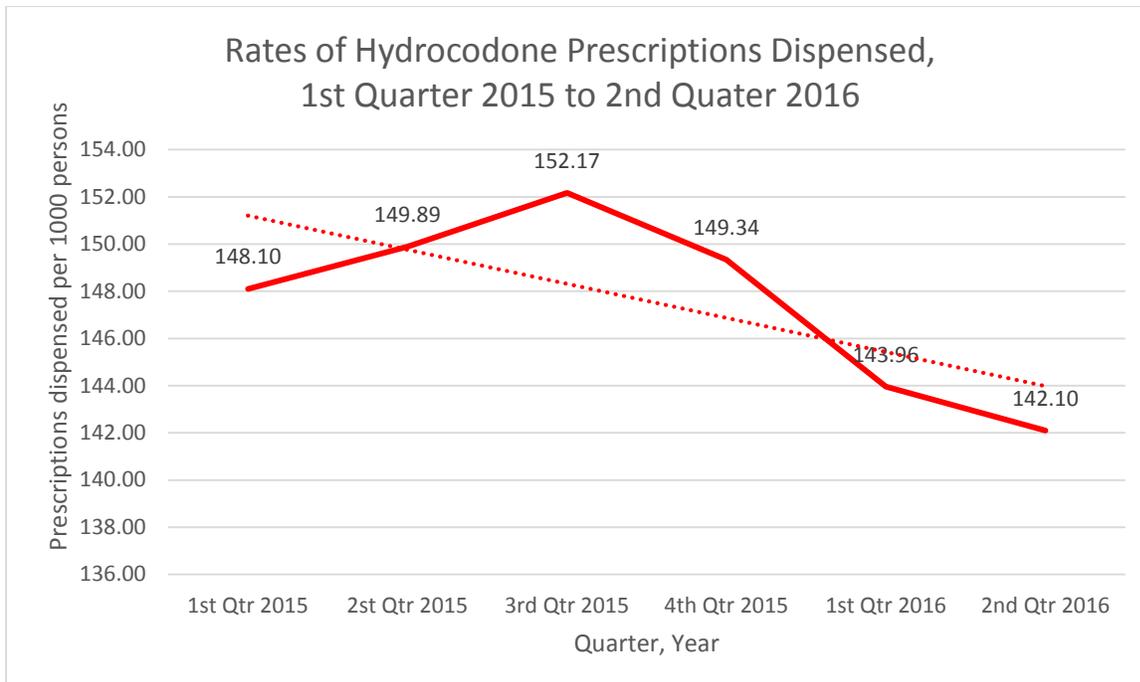


The trend indicates a steady increase in the dispensing rate for buprenorphine-naloxone prescriptions. The highest dispensing rate is for the second quarter of 2016 at the rate of 38.27 prescriptions per 1000 persons which is six-quarter increase in dispensing of 24% increase in dispensing.

Hydrocodone

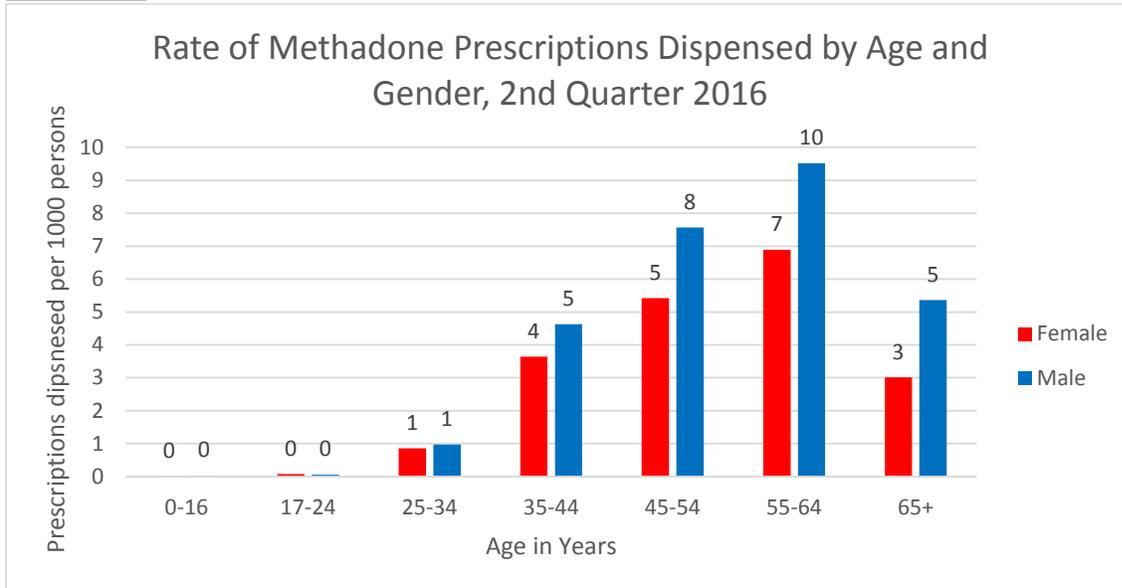


Females of all ages were dispensed hydrocodone at higher rates than males. The highest dispensing rates are for females and males 55 to 64 years of age at 274 prescriptions dispensed per 1000 females and 268 prescriptions dispensed per 1000 males.

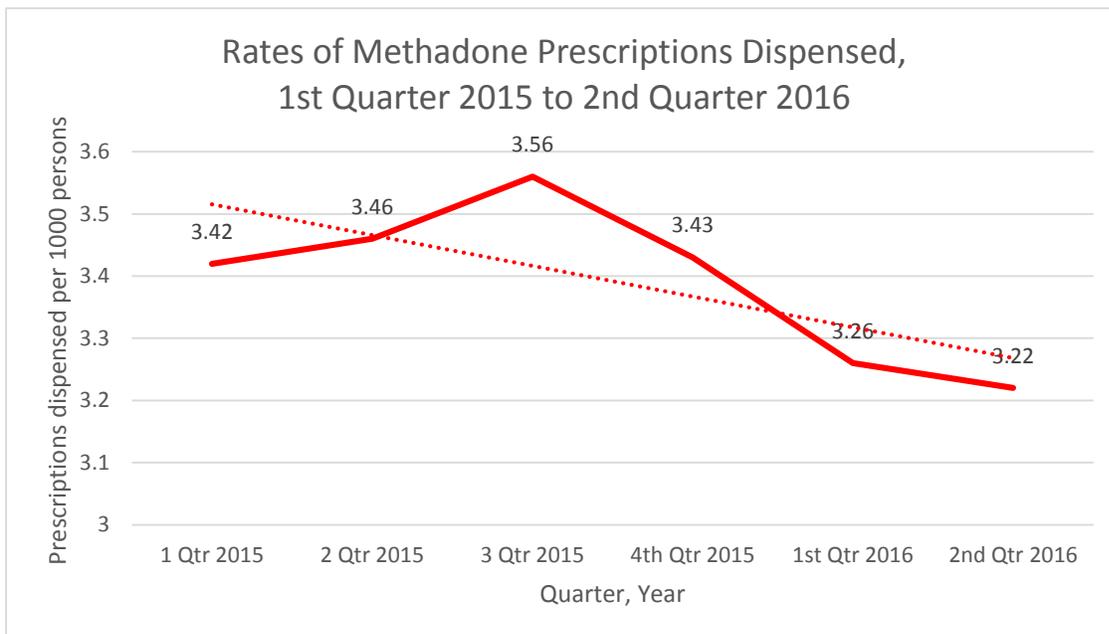


The dispensing rates for hydrocodone during the reported quarters continued to decline since the peak rate in the third quarter 2015. After the third quarter of 2015, the rates declined to the lowest rate occurring in the second quarter of 2016 at a rate of 142 prescriptions dispensed per 1000 persons.

Methodone

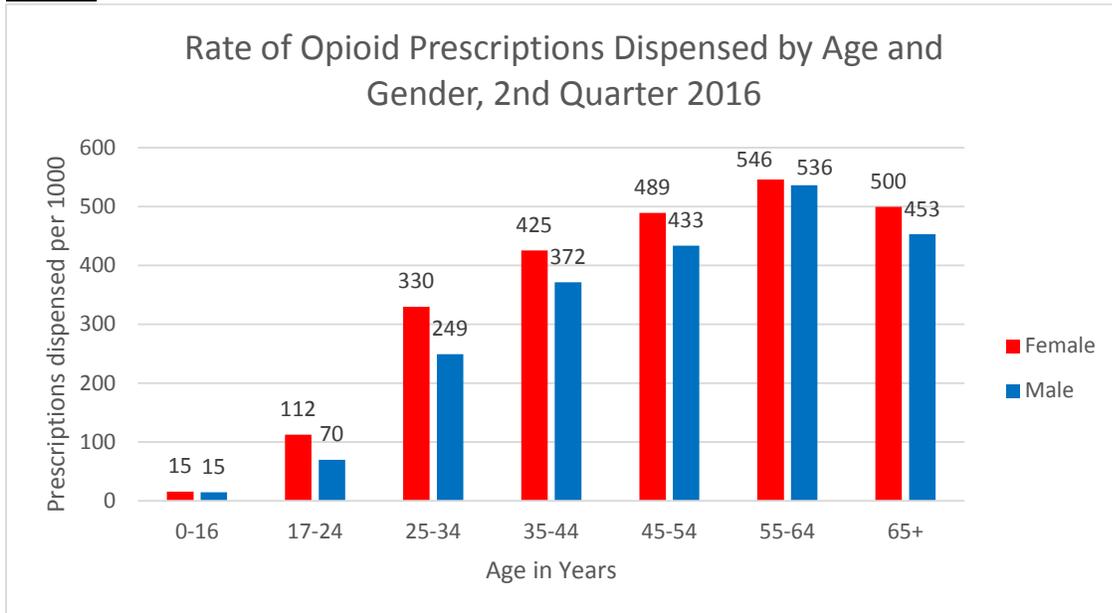


Males were dispensed higher rates of methadone prescriptions than females. The highest rate of dispensing was for males 55 to 64 years of age at the rate of 10 prescriptions per 1000 males.

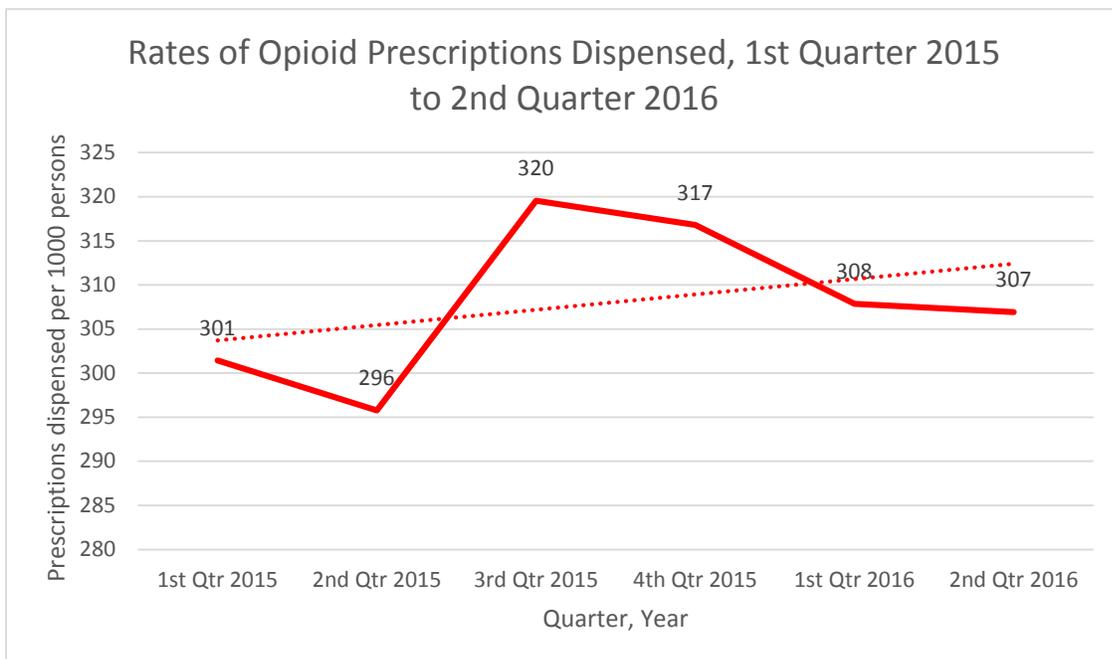


The rates for dispensing for methadone prescriptions have remained relatively stable, but show a small decline over the five reported quarters. The highest dispensing rate was for the third quarter of 2015 at the rate of 3.6 prescriptions dispensed per 1000 persons. The lowest dispensing rate was for the first quarter 2016 at the rate of 3.3 prescriptions dispensed per 1000 persons.

Opioids

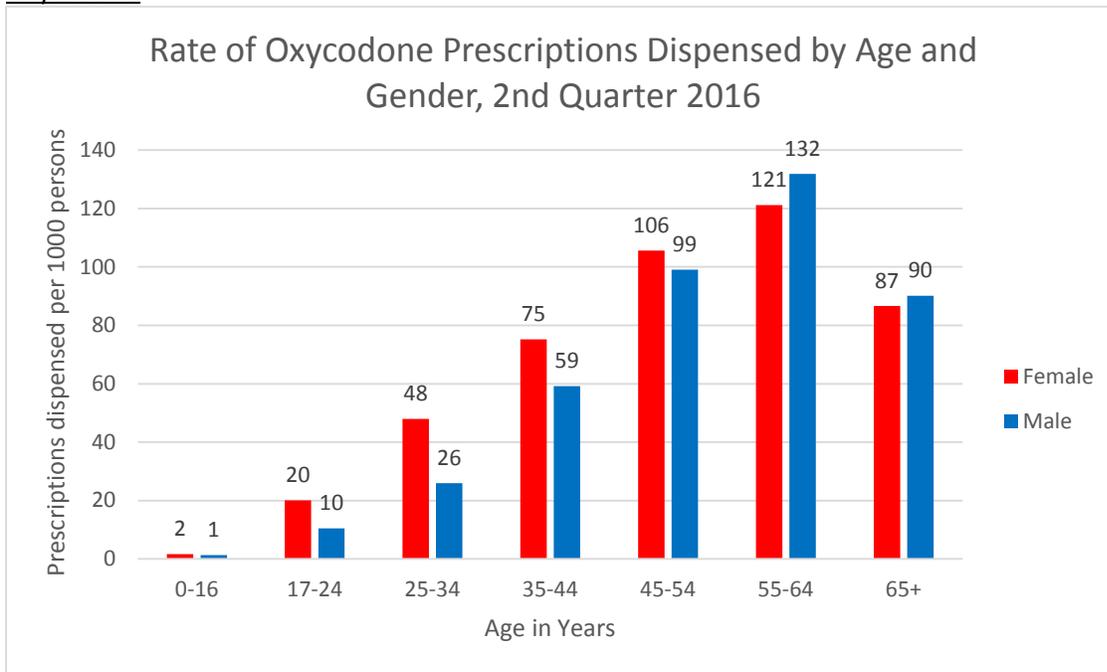


Females ages 17 and older were dispensed higher rates of opioid prescriptions than males. The highest rates of hydrocodone prescriptions were dispensed to females and males 55 to 64 years of age at the rates of 546 prescriptions per 1000 females and 536 prescriptions per 1000 males, respectively.

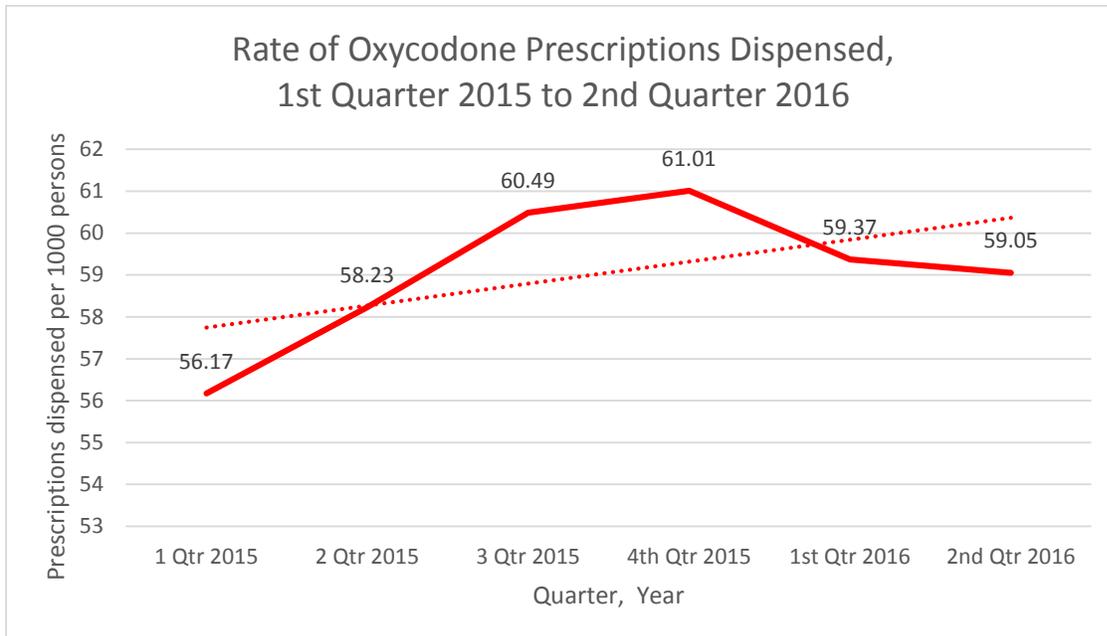


The rates for the dispensing of opioids during the reported quarters increased from the first quarter of 2015 to the third quarter 2015, peaking at 320 prescriptions dispensed per 1000 persons. After the third quarter of 2015, the rates declined to 307 prescriptions dispensed per 1000 persons in the second quarter of 2016.

Oxycodone

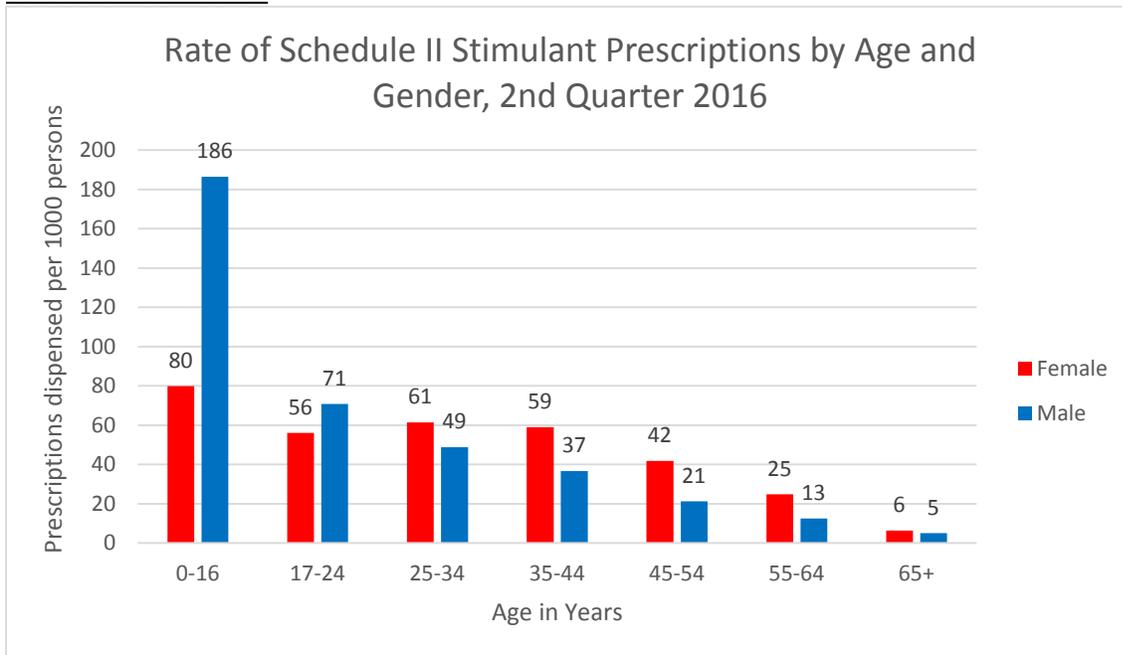


Until age 55 years, females were dispensed higher rates of oxycodone than males. After age 55 years, males were dispensed higher rates than females. The highest dispensing rates were for males and females ages 55 to 64 years at 132 prescriptions dispensed per 1000 males and 121 prescriptions dispensed per 1000 females.

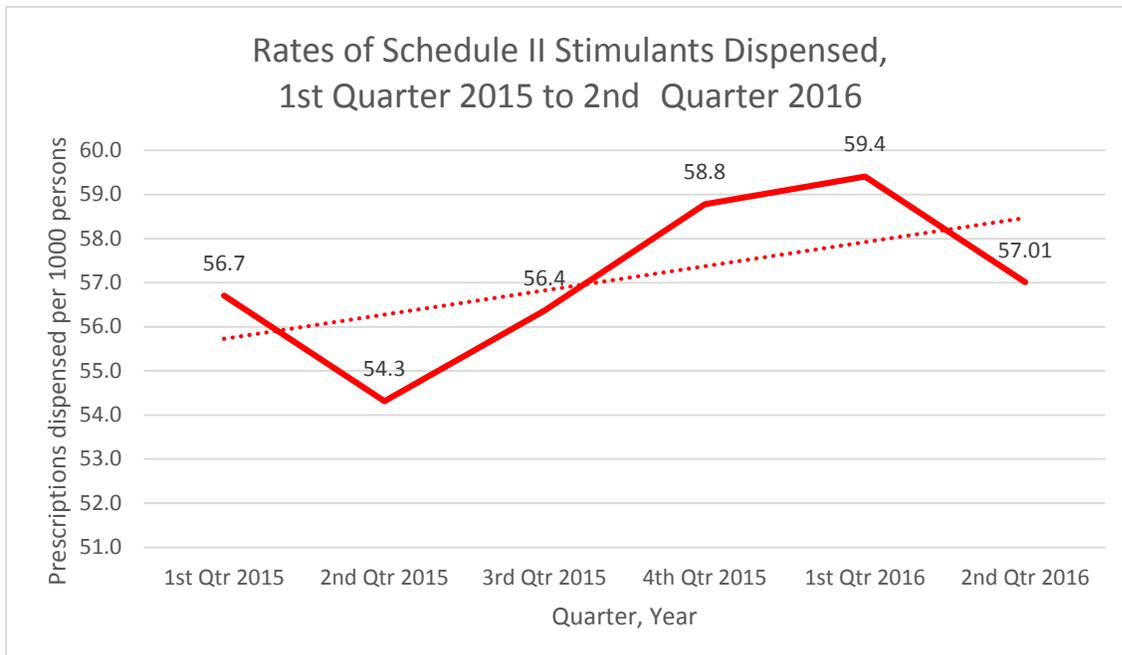


The dispensing rate peaked at 61.01 prescriptions dispensed per 1000 persons in the fourth quarter 2015 only to decline slightly in the first quarter of 2016 and then again in the second quarter of 2016.

Schedule II Stimulants



Schedule II stimulants include amphetamine (e.g. Adderall) and methylphenidate (e.g. Concerta, Ritalin). The rates for dispensing of Schedule II stimulants are highest for males and females ages 0 to 16 years at 186 prescriptions dispensed per 1000 males and 80 prescriptions dispensed per 1000 females, respectively.



Rates for dispensing of Schedule II stimulants increased over five of the reported quarters with the peak rate of 59.4 prescriptions dispensed per 1000 persons in first quarter of 2016. The dispensing rate declined in the second quarter of 2016 to 57.01 prescriptions dispensed per 1000 persons.

Your feedback is important to us. Please take a few minutes to evaluate this report. Please click on this link to take you directly to the evaluation survey:
<https://www.surveymonkey.com/r/2Qtr2016KASPERThresholdReportFeedback>.

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, and prior reports, are 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/>.