

# 2014 ALBERTA TRIPLICATE PRESCRIPTION PROGRAM ATLAS



The Alberta Triplicate Prescription Program (TPP) was established in 1986 to monitor the use of certain medications prone to misuse and abuse.

The mandate of the TPP is:

- To monitor prescribing, dispensing and utilization practices regarding targeted medications;
- To provide timely and relevant information on targeted medications to prescribers, dispensers, consumers, regulatory bodies and stakeholders;
- To work with stakeholders to enable system level change to ensure appropriate use of targeted medications;
- To ensure efficient and effective functioning of the TPP program.

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# Background

## About the Atlas

The purpose of this Triplicate Prescription Program (TPP) Atlas is to provide an overview of provincial TPP medication utilization for the year 2014. New to the 2014 Atlas is the inclusion of benzodiazepine and benzodiazepine-like medications, which were officially added to the list of drugs monitored by the TPP on July 1, 2015. Also, this is the first Atlas for which the primary information source is Alberta’s Pharmaceutical Information Network (PIN).

## Atlas Geography

Alberta subzones were the geographic unit of analysis used in the Atlas. Subzones have a minimum population of approximately 50,000. TPP prescriptions and their corresponding patients were assigned to a specific subzone based on the location of the pharmacy where prescriptions were dispensed. Patients dispensed prescriptions from pharmacies in more than one subzone were counted in each subzone where they received prescription dispenses. Appendix A provides an explanation of the maps and graph used in the Atlas to present prescription utilization rates at the subzone level.

## TPP Data Source

On January 1, 2013, the TPP officially switched from triplicate prescriptions to Alberta’s Pharmaceutical Information Network (PIN) as the primary data source for prescription monitoring. PIN data consist of dispense records from most community pharmacies in Alberta. PIN data prior to 2011 are limited by less complete levels of record submission from community pharmacies. There are other gaps within PIN data; for example, PIN is missing dispense records from hospital pharmacies.

2014 PIN data were used for most of the analyses; trend analysis includes data from 2010 through 2014. All prescriber types are included in the analyses, although in 2014, physicians prescribed 98.2% of all opioid prescriptions and 96.9% of all benzodiazepine prescriptions. As PIN records consist of dispenses, prescriptions were determined using the unique combination of pharmacy license and prescription numbers. PIN prescription numbers were used for missing pharmacy license numbers. The data excluded all PIN dispenses that were later reversed.

In 2014, data for methadone and other opioid compounds continued to be entered from physical triplicate prescriptions because of PIN data limitations with compound drugs. Table 7 shows how PIN data quality for methadone improved significantly in 2014 with the introduction of methadose, a pre-compounded liquid with a Drug Identification Number (DIN), and the corresponding reduction in methadone compound prescriptions.

## Analytic Drug Class

Analytic drug classes, based on the primary ingredient of interest within each drug, were used for the analyses. In the case where a drug had two ingredients of interest, one was chosen as the primary ingredient. The two analytic drug classes used in the Atlas were opioids and benzodiazepines. Opioids consist of all opioids currently requiring a triplicate prescription in Alberta, and other non-opioid triplicate drugs with a synergistic potential for misuse or harm when taken in conjunction with an opioid. Benzodiazepines consist of all benzodiazepines and z-drugs (e.g., zopiclone) currently monitored but not requiring a triplicate prescription under the TPP. Appendix B shows 2014 TPP prescriptions for drugs in the opioids analytic class, by primary ingredient and route of administration. Appendix C shows 2014 TPP prescriptions for drugs in the benzodiazepines analytic class, by primary ingredient and route of administration.

Atlas Measures

TPP utilization is presented using population counts and rates. Comparison of population rates between geographic subzones was directly standardized using the 2014 Alberta population provided by Alberta Health. Patient age was calculated at July 1, 2014.

Opioids

Oral morphine equivalents (OME) were used as the standardized measure of dose across all drugs and routes of administration within the opioids analytic class. Drug OME values were obtained primarily from the Canadian Opioid Guidelines<sup>1</sup> and the Compendium of Pharmaceuticals<sup>2</sup>. Some drugs within the opioids analytic class were assigned an OME of zero (i.e., they did not contribute towards a patient’s total dose of opioids). These included compound drugs (because dose and route were unknown), methadone (used for treatment of opioid dependence), buprenorphine (used for treatment of opioid dependence), naloxone (used for treatment of opioid overdose), and drugs for which the OME was unknown. Drugs with an OME of zero did still contribute to measures examining use of multiple ingredients.

The OME for a specific drug dispense was calculated as follows:

**Dispense OME = strength x quantity x drug OME**

A patient’s total OME per day was calculated as follows:

**OME per day = sum of the OME for all drug dispenses to the patient over the time period analyzed / days in the time period analyzed<sup>3</sup>**

Per capita utilization of opioids was estimated using the sum of all patient OME per day per 1,000 population, as well as the number of patients who received at least one opioid prescription per 1,000 population. Also, the rate of patients dosed above 200 OME per day per 1,000 population was measured, as opioid dosing above 200 OME per day has been established as a watchful dose<sup>4</sup>.

Benzodiazepines

The defined daily dose (DDD), as defined by the World Health Organization (WHO), is the assumed average daily maintenance dose for a drug used for its main indication in adults<sup>5</sup>. Drug DDD values were obtained primarily from the WHO DDD/ATC Index<sup>6</sup>. The number of DDDs (i.e., the number of times or multiple of the DDD) was used as the standardized measure of dose across all drugs and routes of administration within the benzodiazepines analytic class.

The DDDs for a specific drug dispense was calculated as:

**Dispense DDDs = strength x quantity / drug DDD**

A patient’s total DDDs was calculated as:

**DDD = sum of the DDDs for all drug dispenses to the patient over the time period analyzed / days in the time period analyzed<sup>3</sup>**

Per capita utilization of benzodiazepines was estimated using the sum of all patient DDDs per 1,000 population, as well as the number of patients receiving at least one benzodiazepine prescription per 1,000 population. For the purposes of this Atlas, benzodiazepine drug dosing above 2 DDDs was set as the watchful dose, and the rate of patients who received more than 2 DDDs per 1,000 population was also measured.

<sup>1</sup> National Pain Centre, McMaster University. Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain. Accessed at <http://nationalpaincentre.mcmaster.ca/opioid/>

<sup>2</sup> Canadian Pharmacists Association. 2015 Compendium of Pharmaceuticals. Accessed at: <https://www.pharmacists.ca/index.cfm/products-services/compendium-of-pharmaceuticals-and-specialties/>

<sup>3</sup> “Days in time period analyzed” is used because the “days of supply” information in the dispense record is often inaccurate within PIN data.

<sup>4</sup> National Pain Centre, McMaster University. Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain. Accessed at: [http://nationalpaincentre.mcmaster.ca/opioid/cgop\\_b02\\_conducting\\_an\\_opioid\\_trial.html](http://nationalpaincentre.mcmaster.ca/opioid/cgop_b02_conducting_an_opioid_trial.html)

<sup>5</sup> Norwegian Institute of Public Health. WHOCC – Definition ad General Considerations [Internet]. WHO Collaborating Centre for Drug Statistics Methodology. 2009 [cited 2014 Oct 7]. [http://www.whocc.no/ddd/definition\\_and\\_general\\_considera/](http://www.whocc.no/ddd/definition_and_general_considera/)

<sup>6</sup> WHO Collaborating Centre for Drug Statistics Methodology. ATC/DDD Index 2015. Accessed at: [http://www.whocc.no/atc\\_ddd\\_index/](http://www.whocc.no/atc_ddd_index/)

# Medication Use – Opioids

Table 1. Opioid Prescriptions, Patients, Prescribers and Pharmacies, 2010 - 2014

Year	Prescriptions	Patients	Prescribers	Pharmacies
2010	376,912	81,171	4,756	1,038
2011	411,593	87,076	4,831	1,045
2012	445,192	92,523	5,237	1,090
2013	482,573	99,012	5,563	1,190
2014	512,502	106,364	5,845	1,137

Table 2. Opioid Prescriptions, Patients and Prescribers by Ingredient, 2014<sup>7</sup>

Ingredient	Prescriptions	Percent	Patients	Prescribers
Oxycodone	271,778	53.0	69,393	5,072
Hydromorphone	84,640	16.5	20,039	4,055
Morphine	64,696	12.6	15,721	3,791
Methadone	40,320	7.9	4,692	436
Fentanyl	21,036	4.1	5,114	2,094
Buprenorphine	16,060	3.1	4,404	1,308
Tapentadol	5,317	1.0	1,560	622
Meperidine	3,711	0.7	1,087	769
Butalbital	2,965	0.6	1,071	758
Hydrocodone	1,074	0.2	818	427
Butorphanol	477	0.1	121	137
Pentazocine	310	0.1	75	65
Ketamine	46	0.0	10	12
Normethadone	35	0.0	34	20
Sufentanil	32	0.0	6	9
Total	512,497	100.0		

Figure 1. Opioid Prescriptions, Patients and Prescribers by Top 10 Ingredients, 2014

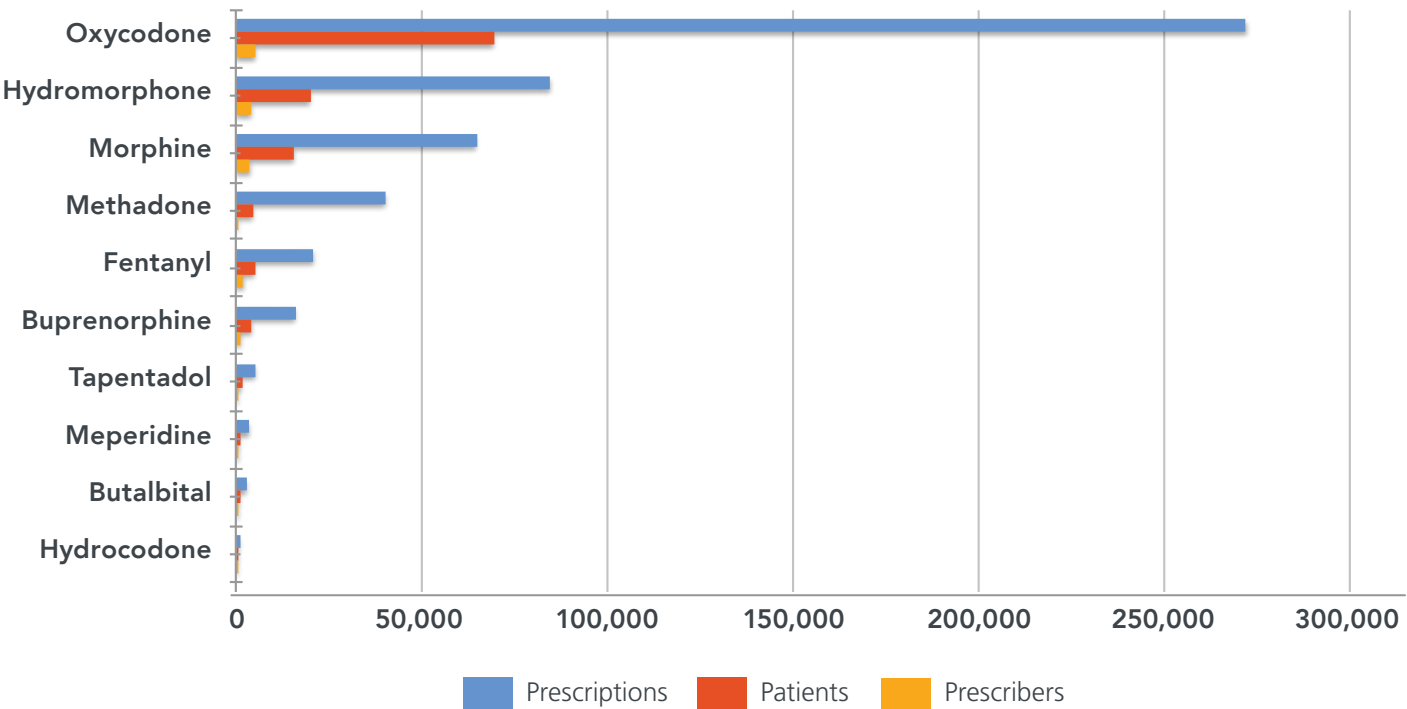
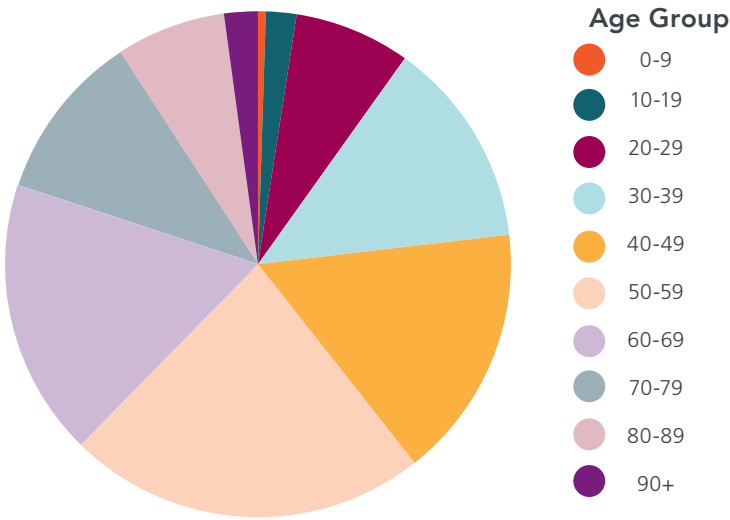


Table 3. Opioid Patients by Age and Sex, 2014

Age Group	Females	Percent	Males	Percent	Total Patients	Percent
0-9	224	0.4	308	0.6	532	0.5
10-19	1,129	1.9	945	2.0	2,074	1.9
20-29	4,243	7.3	3,643	7.5	7,886	7.4
30-39	7,606	13.1	6,517	13.5	14,123	13.3
40-49	9,227	15.9	8,038	16.6	17,265	16.2
50-59	12,653	21.8	11,777	24.4	24,430	23.0
60-69	9,848	17.0	9,000	18.6	18,848	17.7
70-79	6,525	11.2	4,921	10.2	11,446	10.8
80-89	4,851	8.4	2,615	5.4	7,466	7.0
90+	1,774	3.1	517	1.1	2,291	2.2
Total	58,080	100.0	48,281	100.0	106,361	100.0

Figure 2. Opioid Patients by Age Group, 2014



<sup>7</sup> Note that patients and prescribers may be included with more than one ingredient.

Figure 3. Opioid Prescriptions by Subzone, 2014

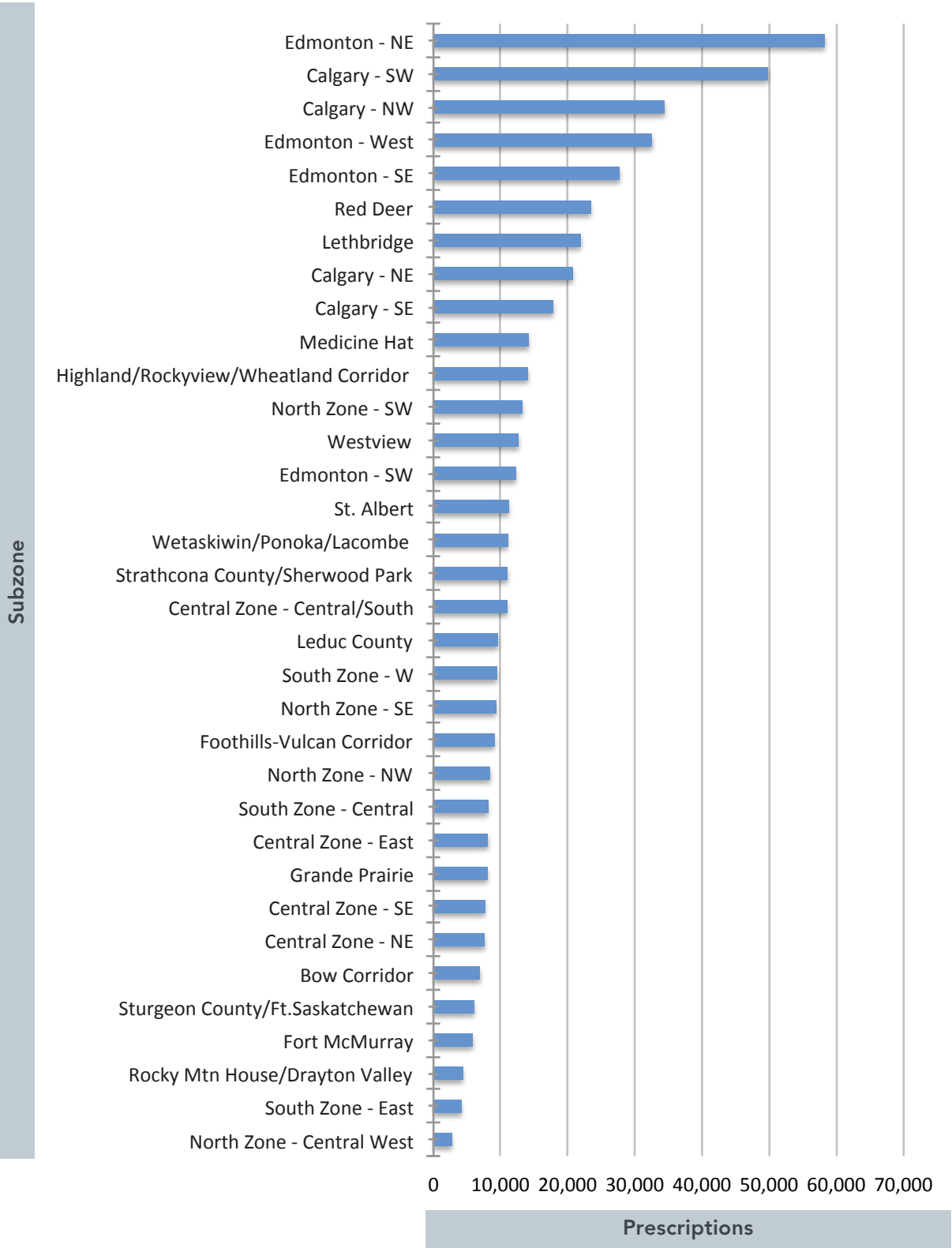


Table 4. Opioid Patients and Associated Prescribers by Dose, 2014

Dose	Patients	Prescribers
Greater than 200 OME/day	7,043	3,084
Greater than 400 OME/day	3,010	1,962
Greater than 600 OME/day	1,562	1,258
Greater than 1,000 OME/day	607	618
Greater than 2,000 OME/day	94	121

Table 5. Opioid Patients and Associated Prescribers by Number of Ingredients, 2014

Ingredients	Patients	Prescribers
2+	14,649	4,405
3+	2,590	2,514
4+	444	801
5+	81	183

Table 6. Opioid Patients by Number of Prescribers, 2014

Number of Prescribers	Patients
2+	27,179
3+	8,504
4+	3,007
5+	1,183
6+	458
7+	201
8+	102

Table 7. Comparison of Methadone Prescriptions from Triplicate and PIN Data Sources, 2012 - 2014

PIN Prescriptions	Methadose	Metadol	Compound: Possibly Methadone	Total
2012		15,872	17,292	33,164
2013	11,237	13,801	12,778	37,816
2014	30,694	9,228	417	40,355
Triplicate Prescriptions	Methadose	Metadol	Methadone 1mg/ml liquid	Total
2012	4	13,002	16,713	29,719
2013	8,984	12,088	11,393	32,465
2014	24,224	7,198	1,287	32,720







Figure 4b. Age and Sex Standardized, Total OME per Day per 1,000 Population by Urban Subzone, 2014

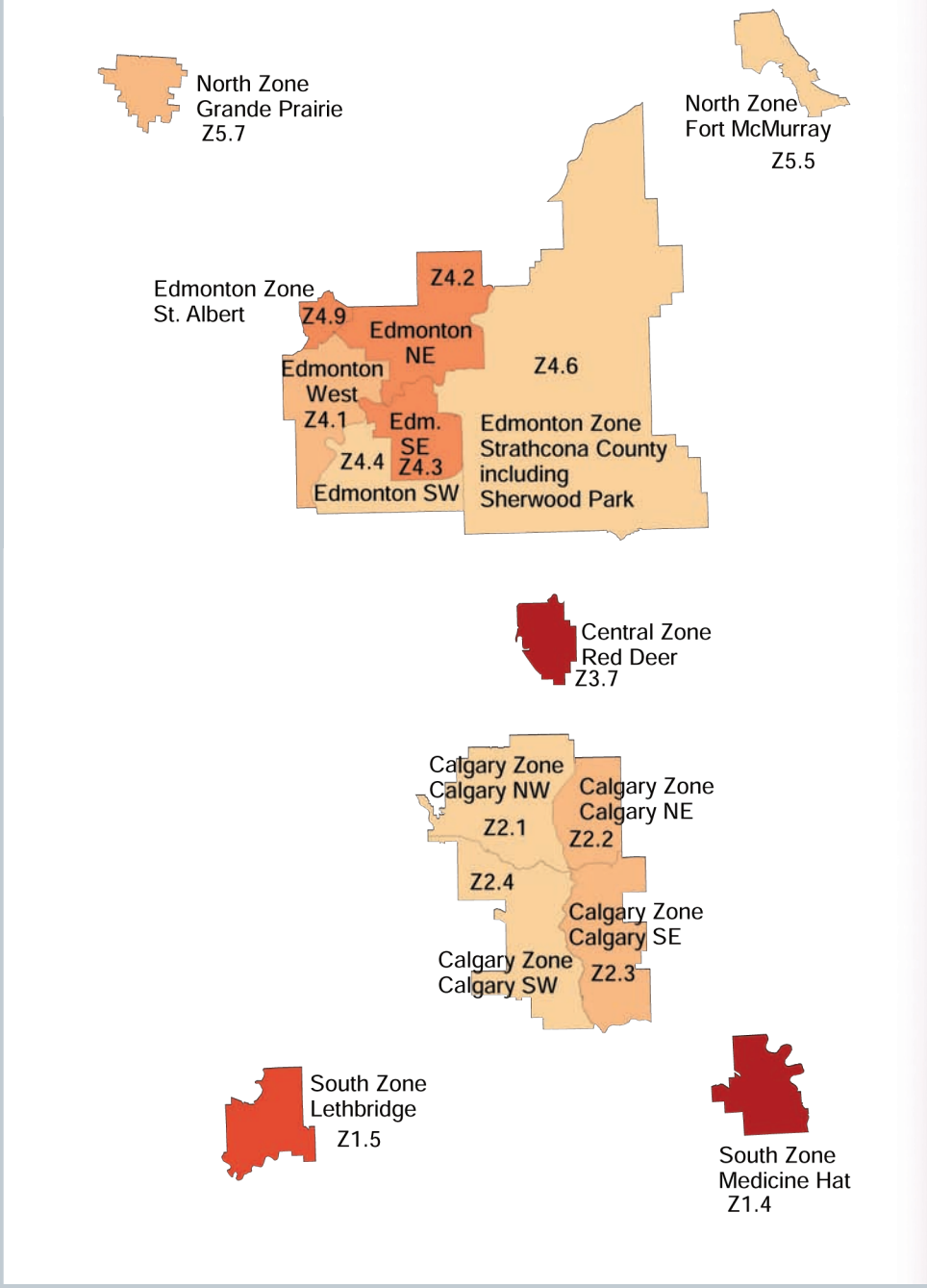


Figure 4c. Age and Sex Standardized, Total OME per Day per 1,000 Population by Subzone, 2014

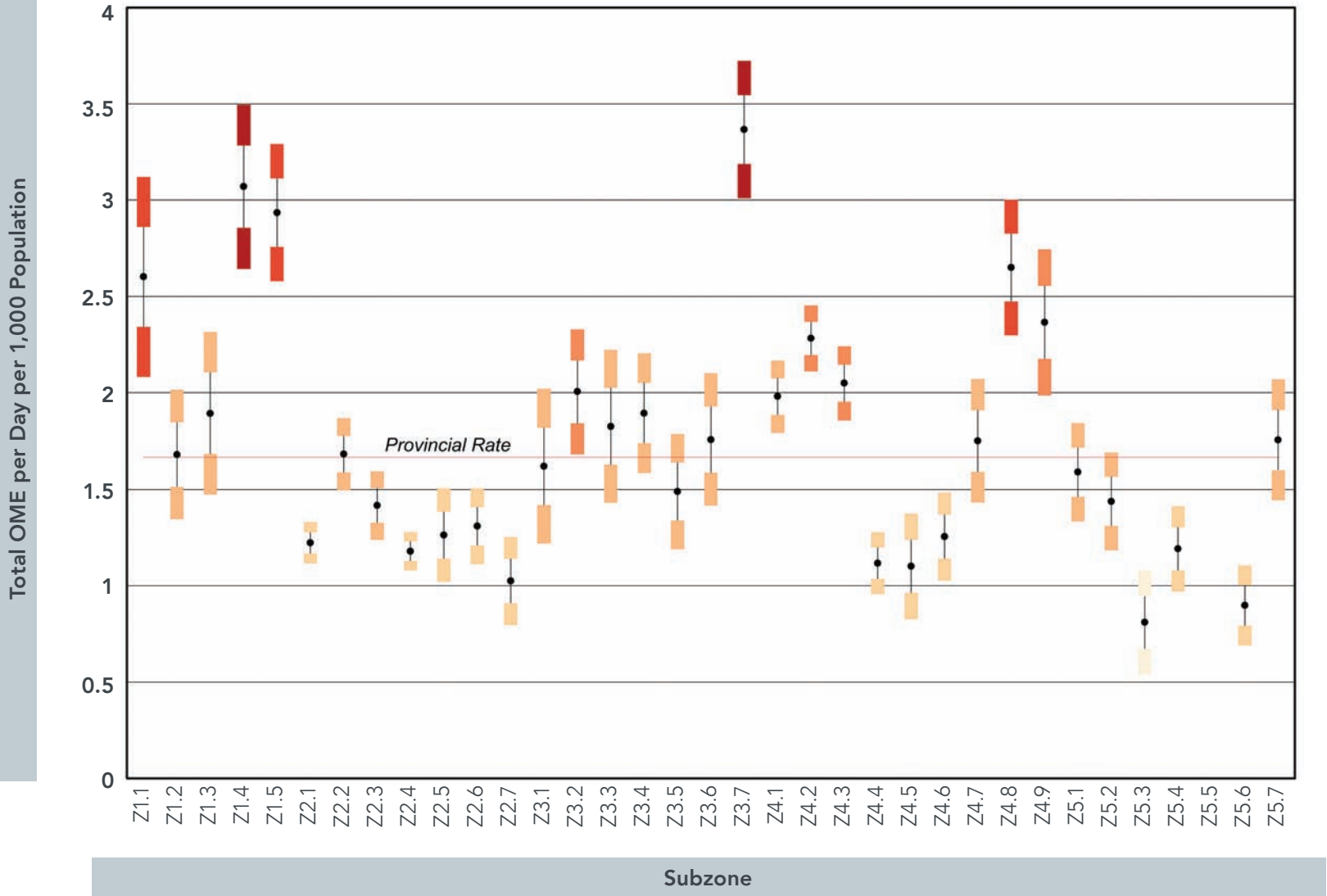
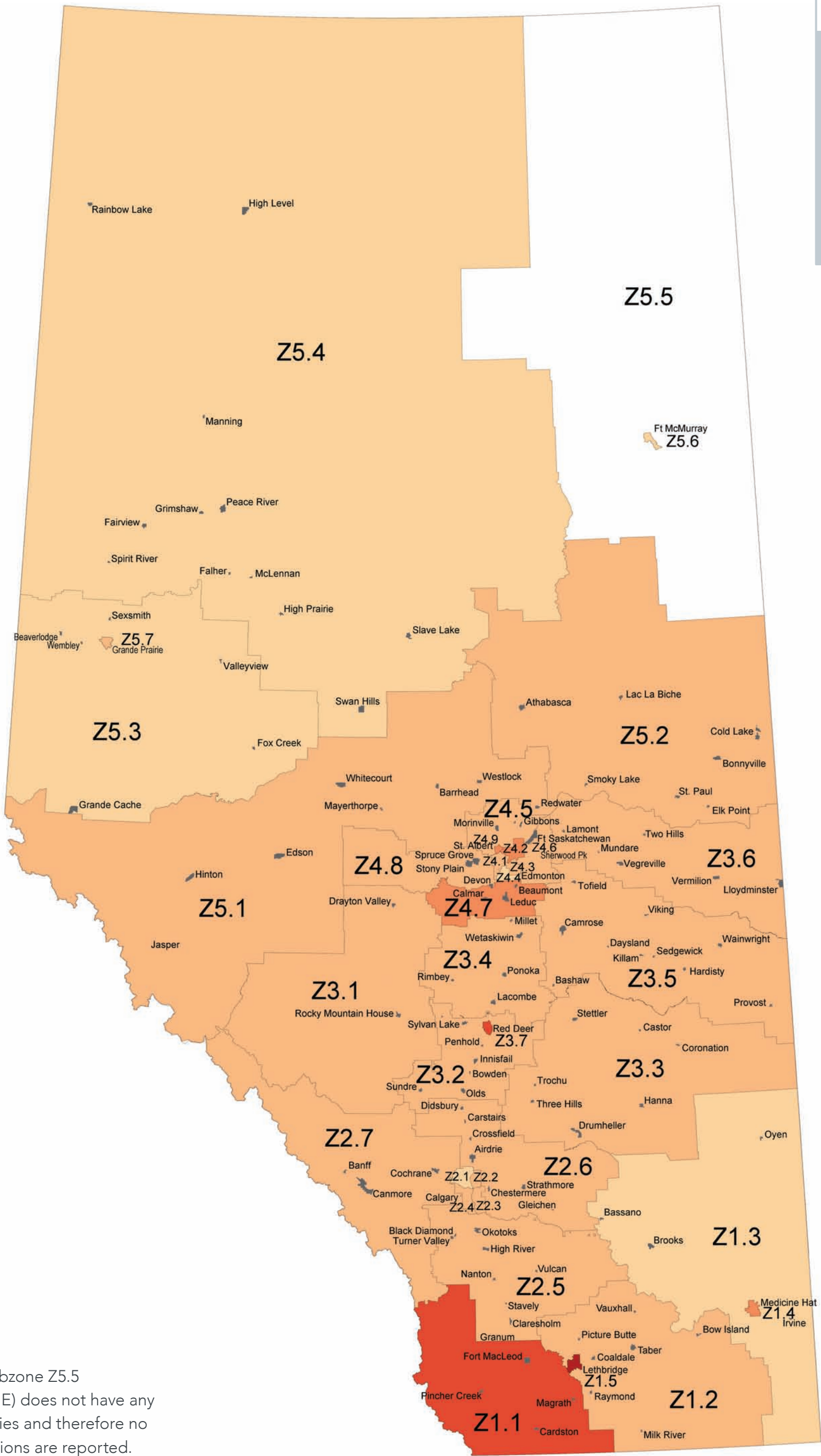


Figure 5a. Age and Sex Standardized, Patients per 1,000 Population by Subzone, 2014



Note: Subzone Z5.5 (North-NE) does not have any pharmacies and therefore no prescriptions are reported.

Figure 5b. Age and Sex Standardized, Patients per 1,000 Population by Urban Subzone, 2014

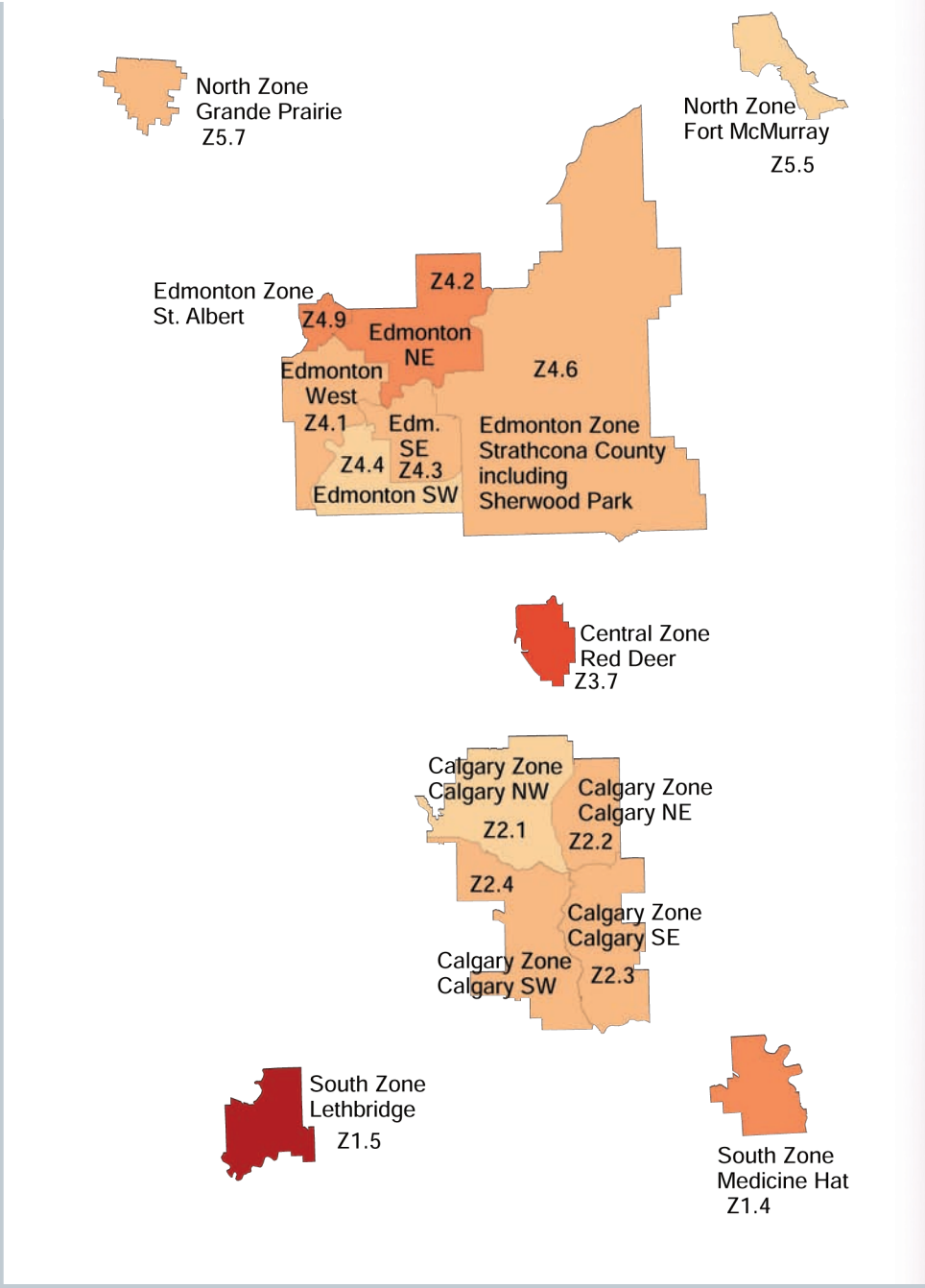


Figure 5c. Age and Sex Standardized, Patients per 1,000 Population by Subzone, 2014

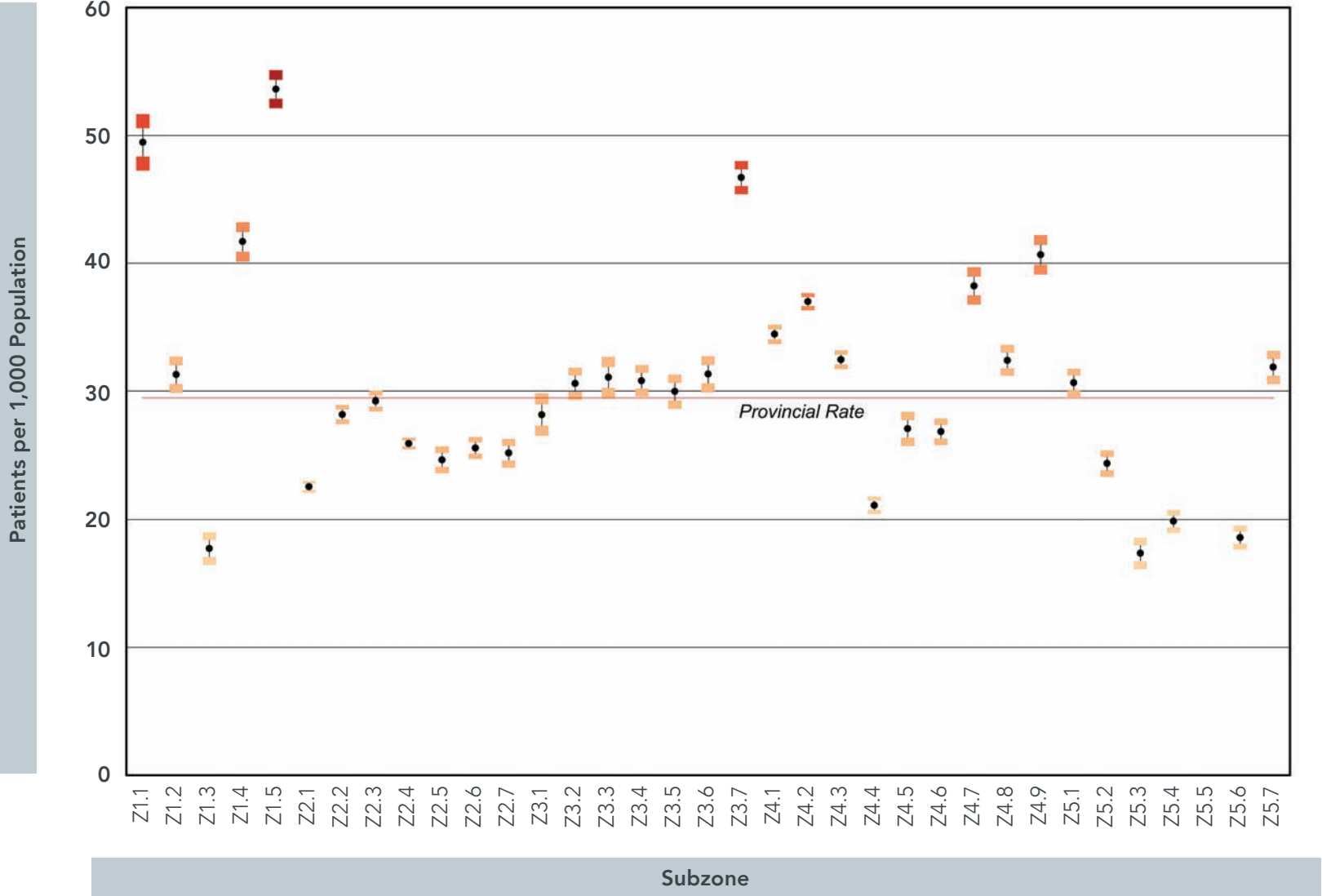
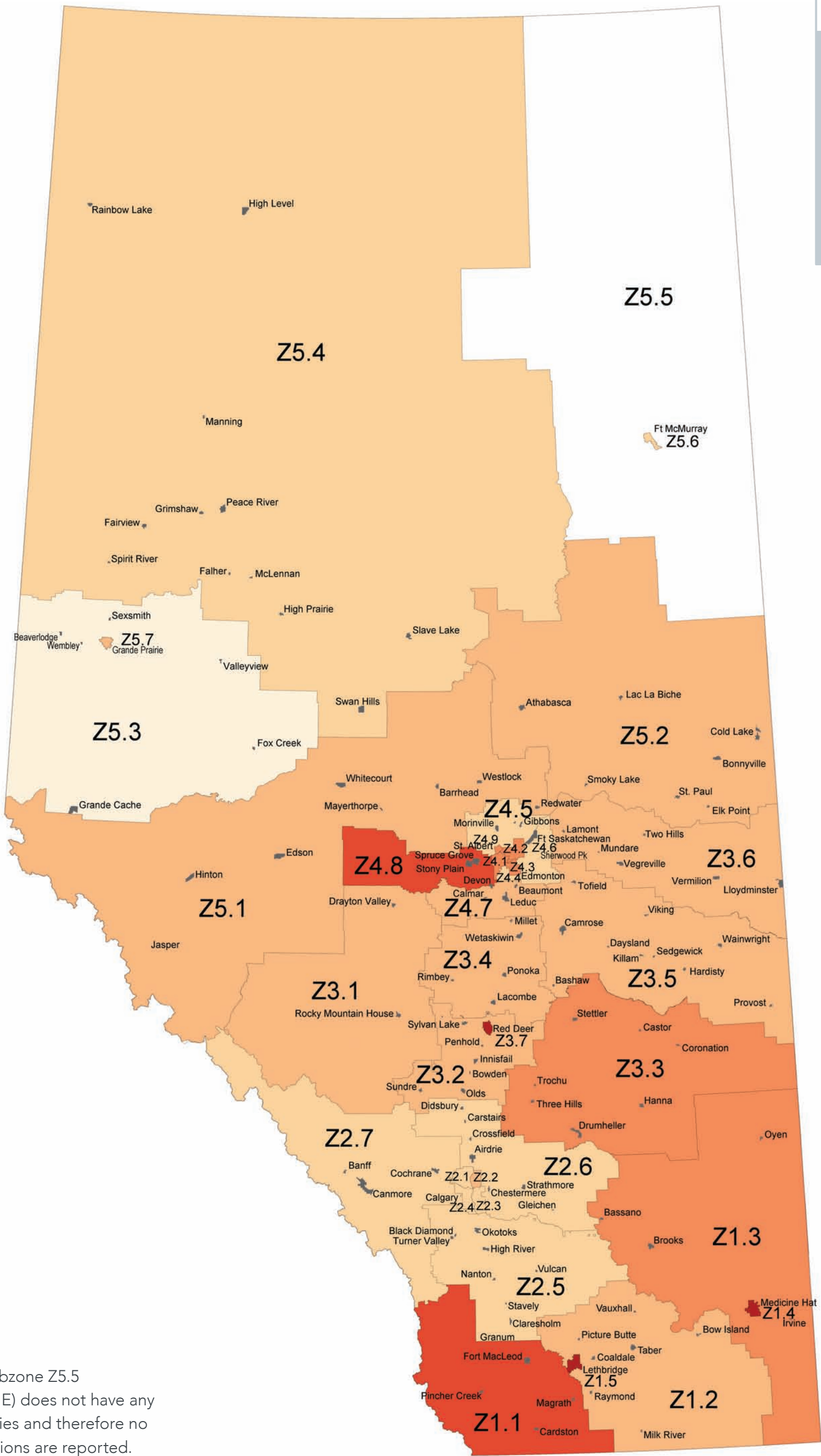




Figure 6a. Age and Sex Standardized, Patients Who Received Greater than 200 OME per Day per 1,000 Population by Subzone, 2014



Note: Subzone Z5.5 (North-NE) does not have any pharmacies and therefore no prescriptions are reported.

Figure 6b. Age and Sex Standardized, Patients Who Received Greater than 200 OME per Day per 1,000 Population by Urban Subzone, 2014

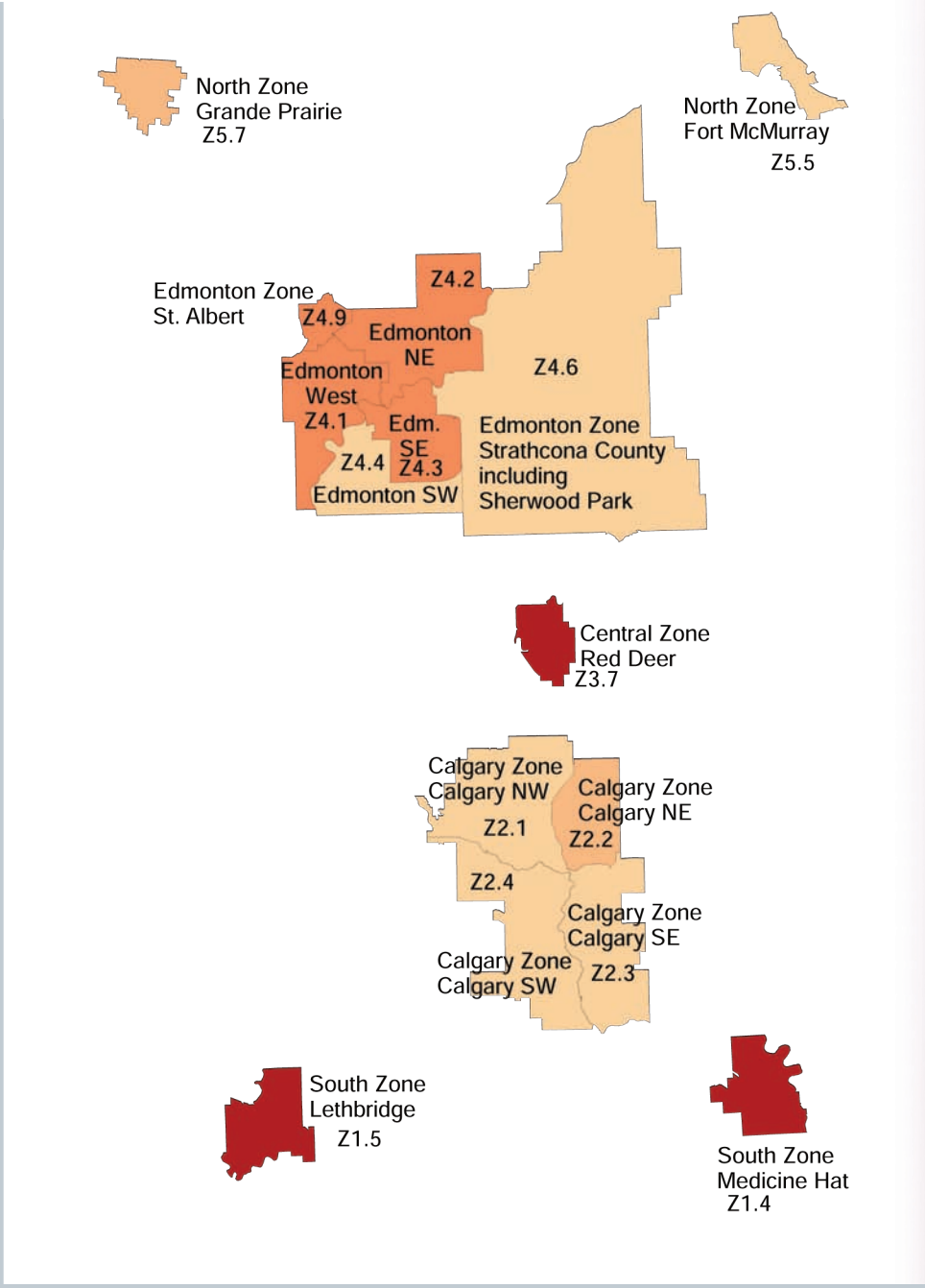
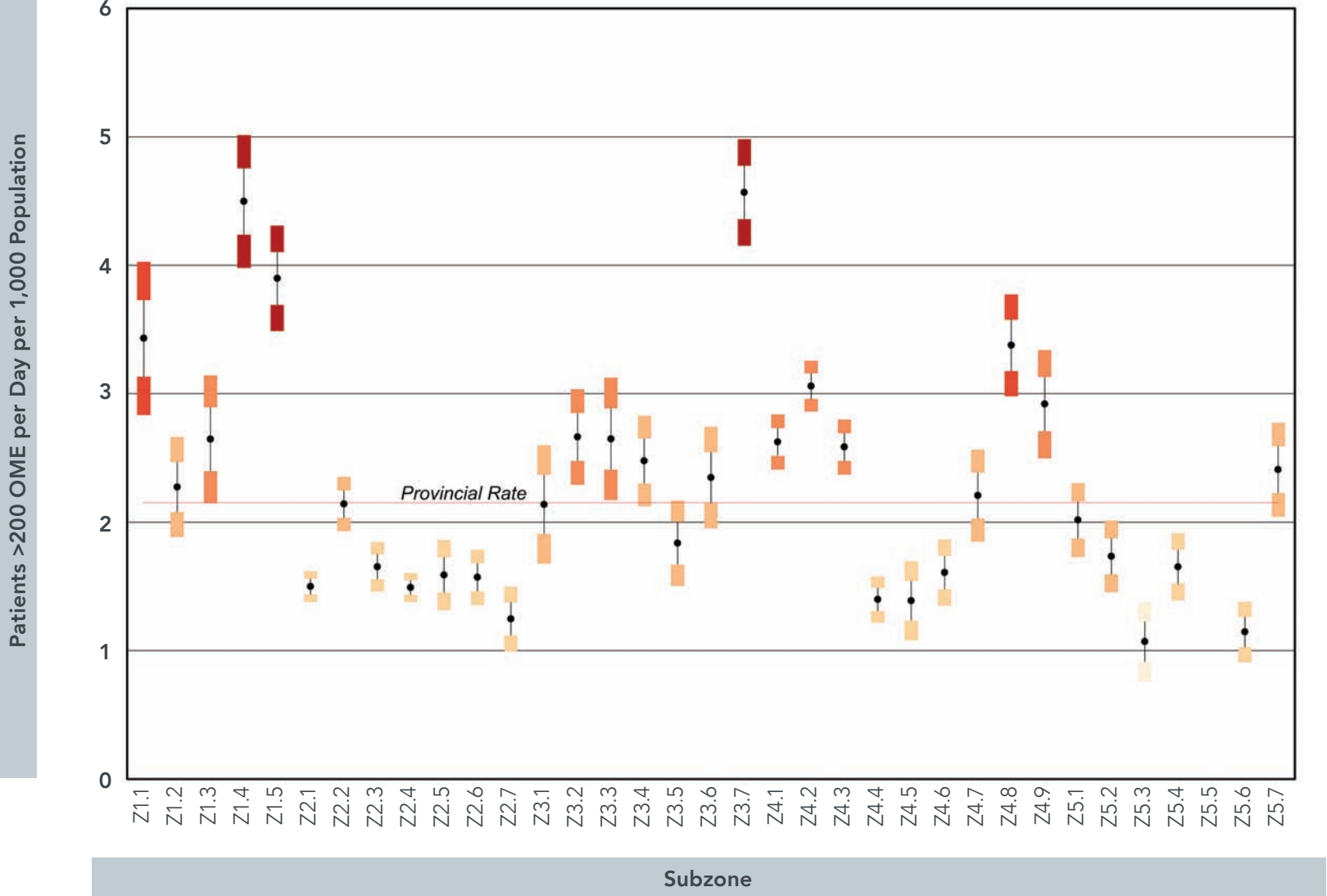


Figure 6c. Age and Sex Standardized, Patients Who Received Greater than 200 OME per Day per 1,000 Population by Subzone, 2014



Medication Use – Benzodiazepines

Table 8. Benzodiazepine Prescriptions, Patients, Prescribers and Pharmacies, 2010 - 2014

Year	Prescriptions	Patients	Prescribers	Pharmacies
2010	37,383	26,057	3,398	639
2011	918,638	307,581	8,758	767
2012	1,034,515	325,489	9,667	1,016
2013	1,100,179	341,019	10,755	1,060
2014	1,168,631	357,843	11,361	1,152

Table 9. Benzodiazepine Prescriptions, Patients and Prescribers by Ingredient, 2014<sup>8</sup>

Ingredient	Prescriptions	Percent	Patients	Prescribers
Zopiclone	463,420	39.7	181,392	9,751
Lorazepam	291,001	24.9	134,117	7,215
Clonazepam	158,182	13.5	50,921	5,364
Temazepam	94,598	8.1	26,088	3,692
Diazepam	42,296	3.6	14,446	3,553
Zolpidem	28,698	2.5	14,543	2,867
Alprazolam	27,945	2.4	10,092	2,999
Bromazepam	21,823	1.9	4,514	1,608
Nitrazepam	15,537	1.3	3,561	1,274
Clobazam	8,925	0.8	3,095	1,802
Oxazepam	7,049	0.6	2,607	1,504
Triazolam	3,392	0.3	2,260	679
Chlordiazepoxide	2,933	0.3	1,473	915
Glurazepam	1,413	0.1	553	422
Midazolam	1,405	0.1	1,040	207
Total	1,168,617	100.0		

Figure 7. Benzodiazepine Prescriptions, Patients and Prescribers by Ingredient, 2014

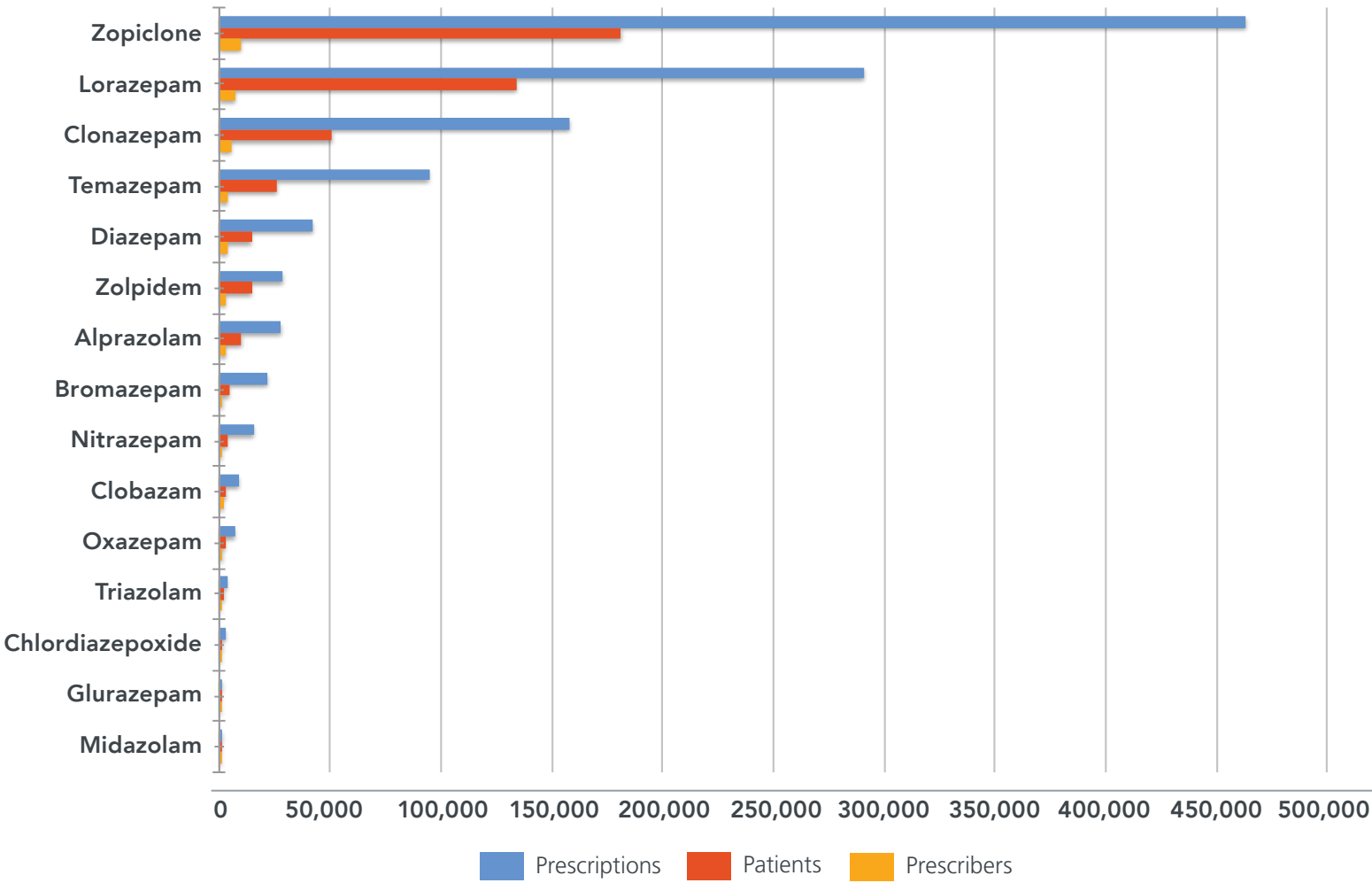
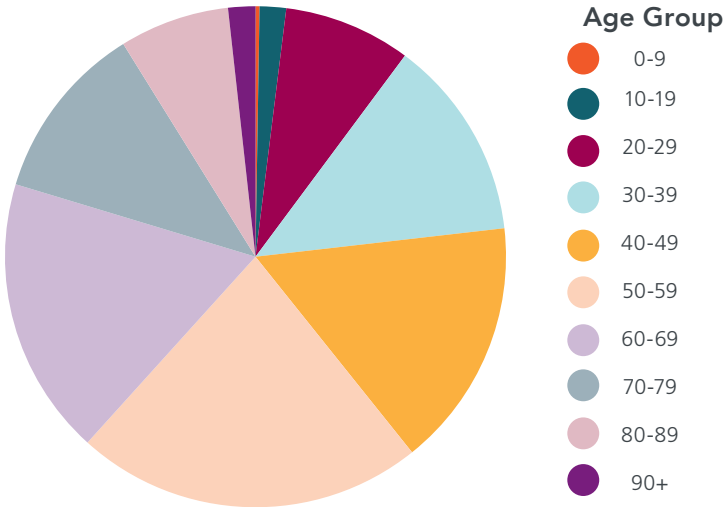


Table 10. Benzodiazepine Patients by Age and Sex, 2014.

Age Group	Females	Percent	Males	Percent	Total Patients	Percent
0-9	414	0.2	516	0.4	930	0.3
10-19	3,854	1.7	2,254	1.7	6,108	1.7
20-29	18,950	8.4	10,418	7.9	29,368	8.2
30-39	28,831	12.8	17,721	13.4	46,552	13.0
40-49	35,656	15.8	21,854	16.5	57,510	16.1
50-59	50,473	22.4	29,840	22.5	80,313	22.4
60-69	39,815	17.7	24,487	18.5	64,302	18.0
70-79	25,845	11.5	15,228	11.5	41,073	11.5
80-89	16,677	7.4	8,709	6.6	25,386	7.1
90+	4,707	2.1	1,575	1.2	6,282	1.8
Total	225,222	100.0	132,602	100.0	357,824	100.0

Figure 8. Benzodiazepine Patients by Age Group, 2014



<sup>8</sup> Note that patients and prescribers may be included with more than one ingredient.



Figure 9. Benzodiazepine Prescriptions by Subzone, 2014

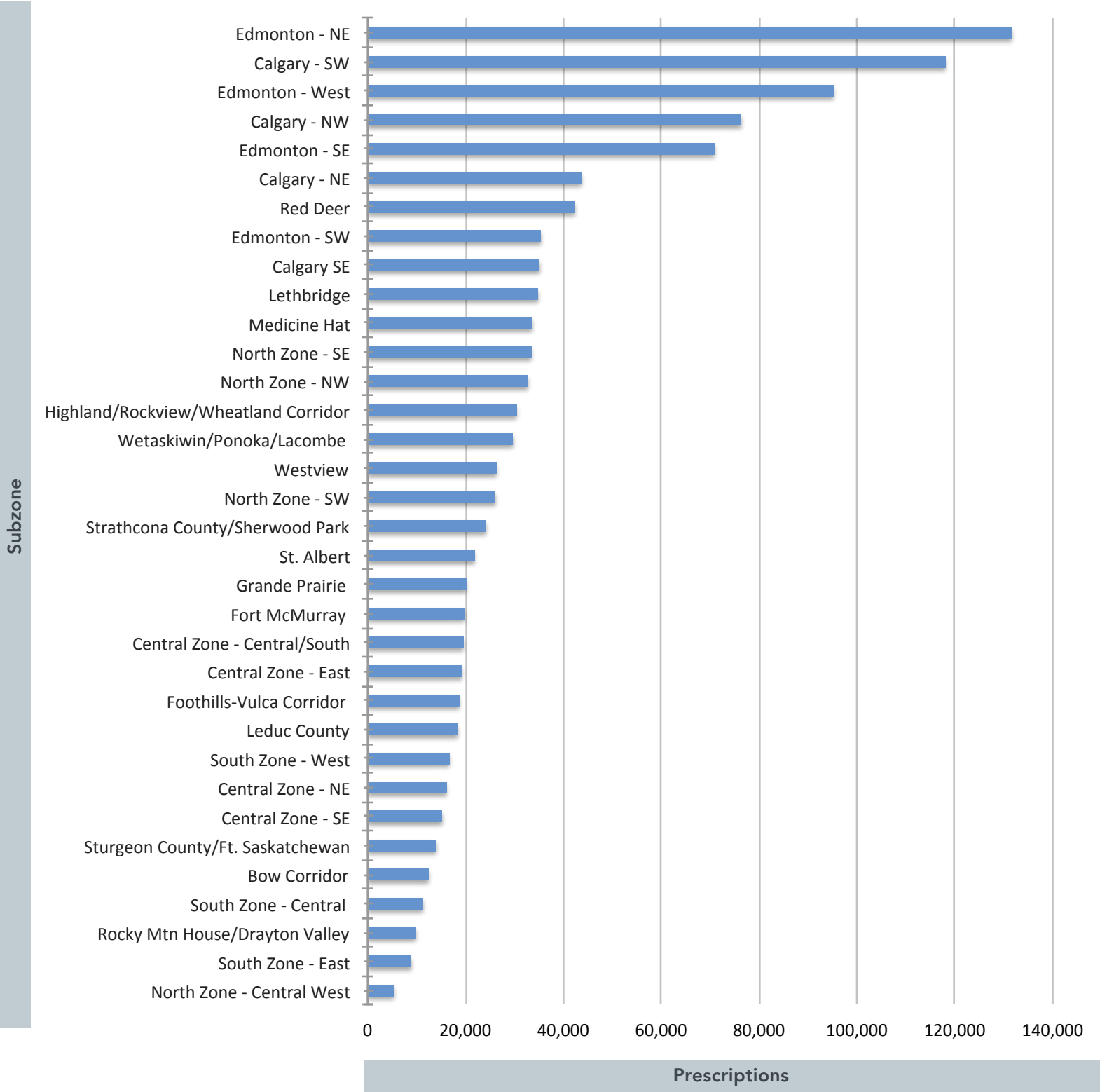


Table 11. Benzodiazepine Patients and Associated Prescribers by Dose, 2014

Dose	Patients	Prescribers
Greater than 2 DDDs	15,603	5,660
Greater than 4 DDDs	2,217	2,313
Greater than 6 DDDs	584	1,041
Greater than 8 DDDs	202	493
Greater than 10 DDDs	77	241

Table 12. Benzodiazepine Patients and Associated Prescribers by Number of Ingredients, 2014

Ingredients	Patients	Prescribers
2+	74,843	8,867
3+	14,370	5,937
4+	2,899	3,202
5+	589	1,458
6+	114	504

Table 13. Benzodiazepine Patients by Number of Prescribers, 2014

Number of Prescribers	Patients
2+	88,537
3+	28,311
4+	10,817
5+	4,839
6+	2,492
7+	1,393
8+	860

Figure 10a. Age and Sex Standardized, Total DDDs per 1,000 Population by Subzone, 2014

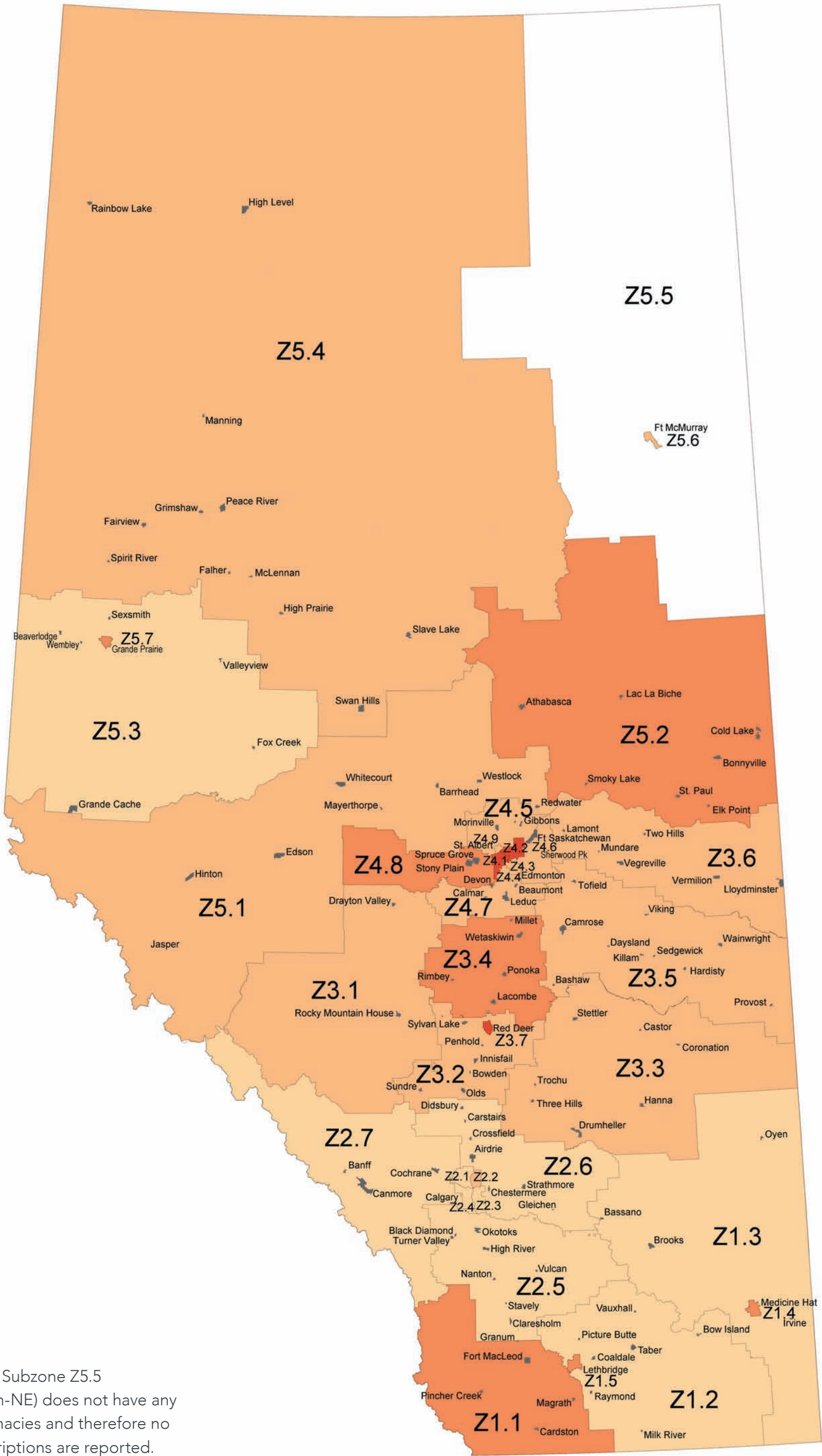


Figure 10b. Age and Sex Standardized, Total DDDs per 1,000 Population by Urban Subzone, 2014

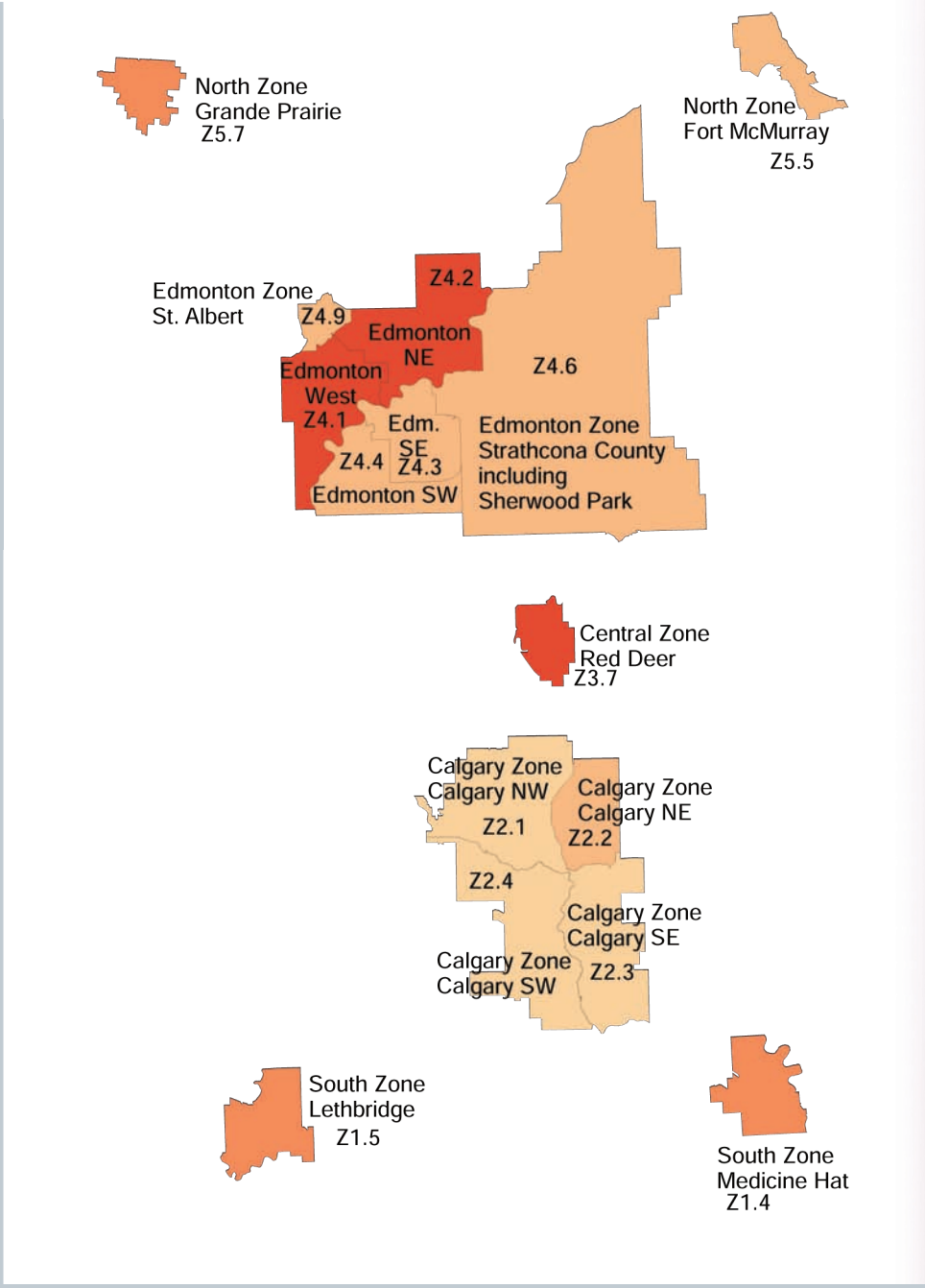


Figure 10c. Age and Sex Standardized, Total DDDs per 1,000 Population by Subzone, 2014

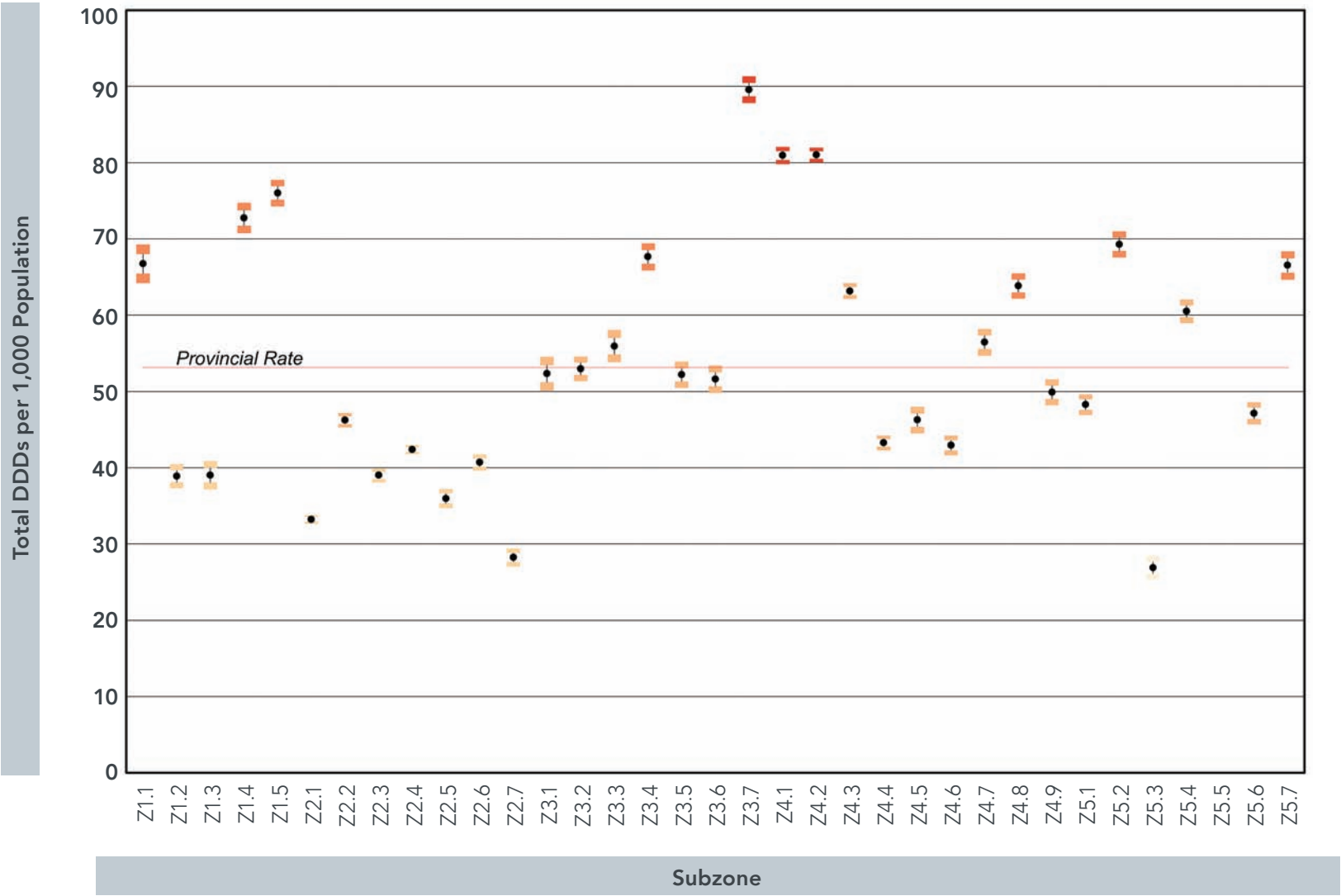




Figure 11a. Age and Sex Standardized, Patients per 1,000 Population by Subzone, 2014

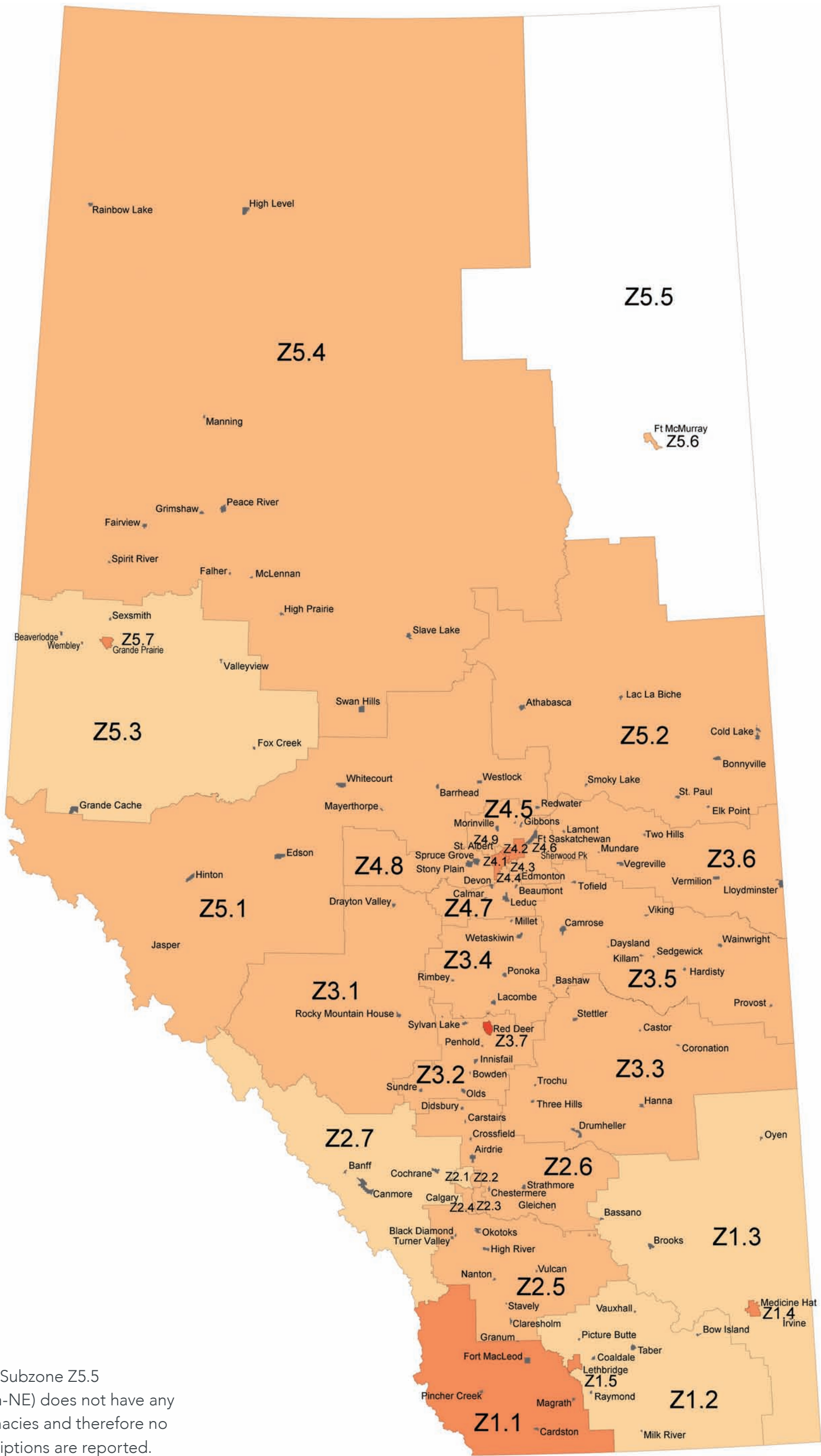


Figure 11b. Age and Sex Standardized, Patients per 1,000 Population by Urban Subzone, 2014

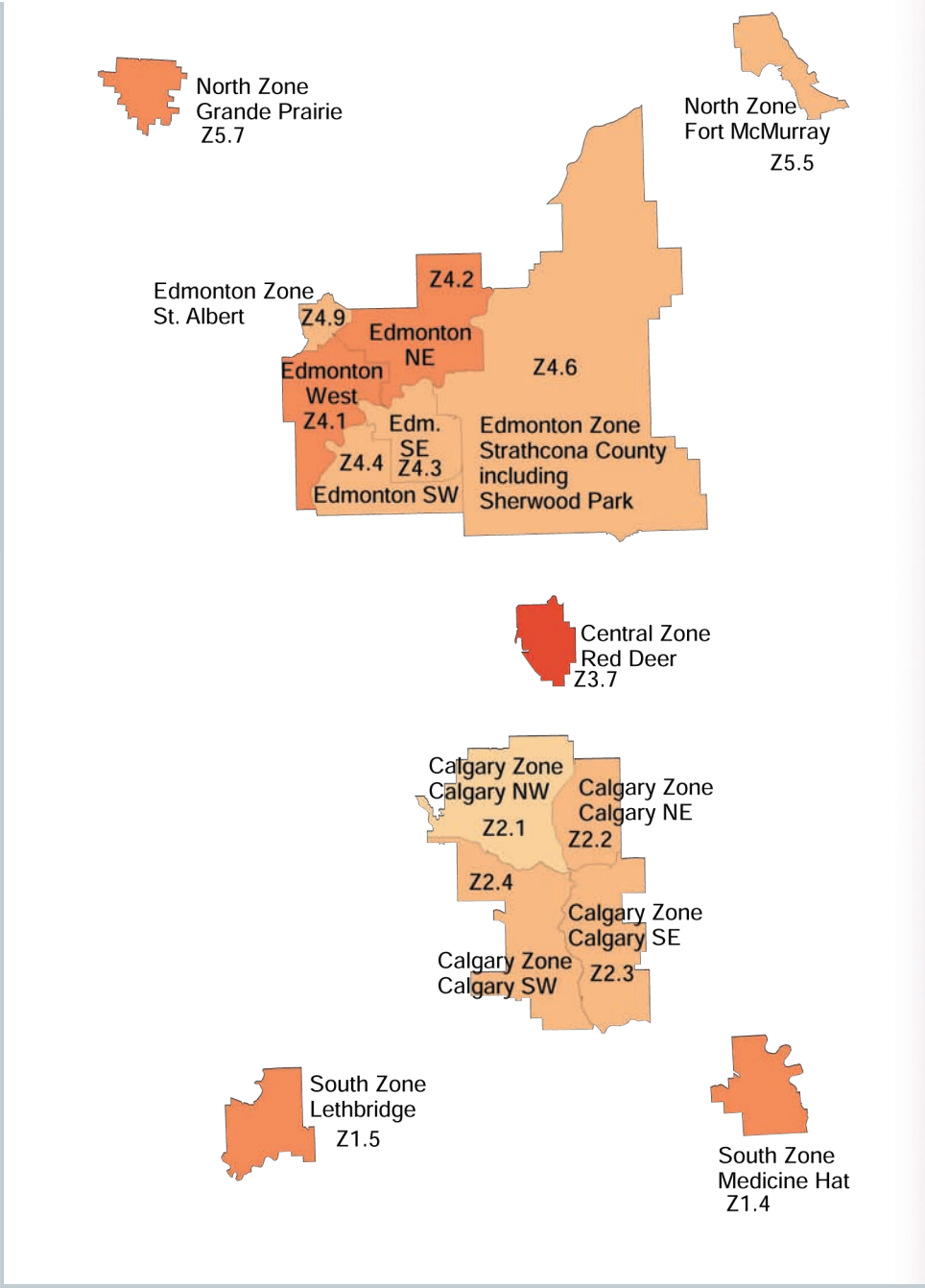


Figure 11c. Age and Sex Standardized, Patients per 1,000 Population by Subzone, 2014

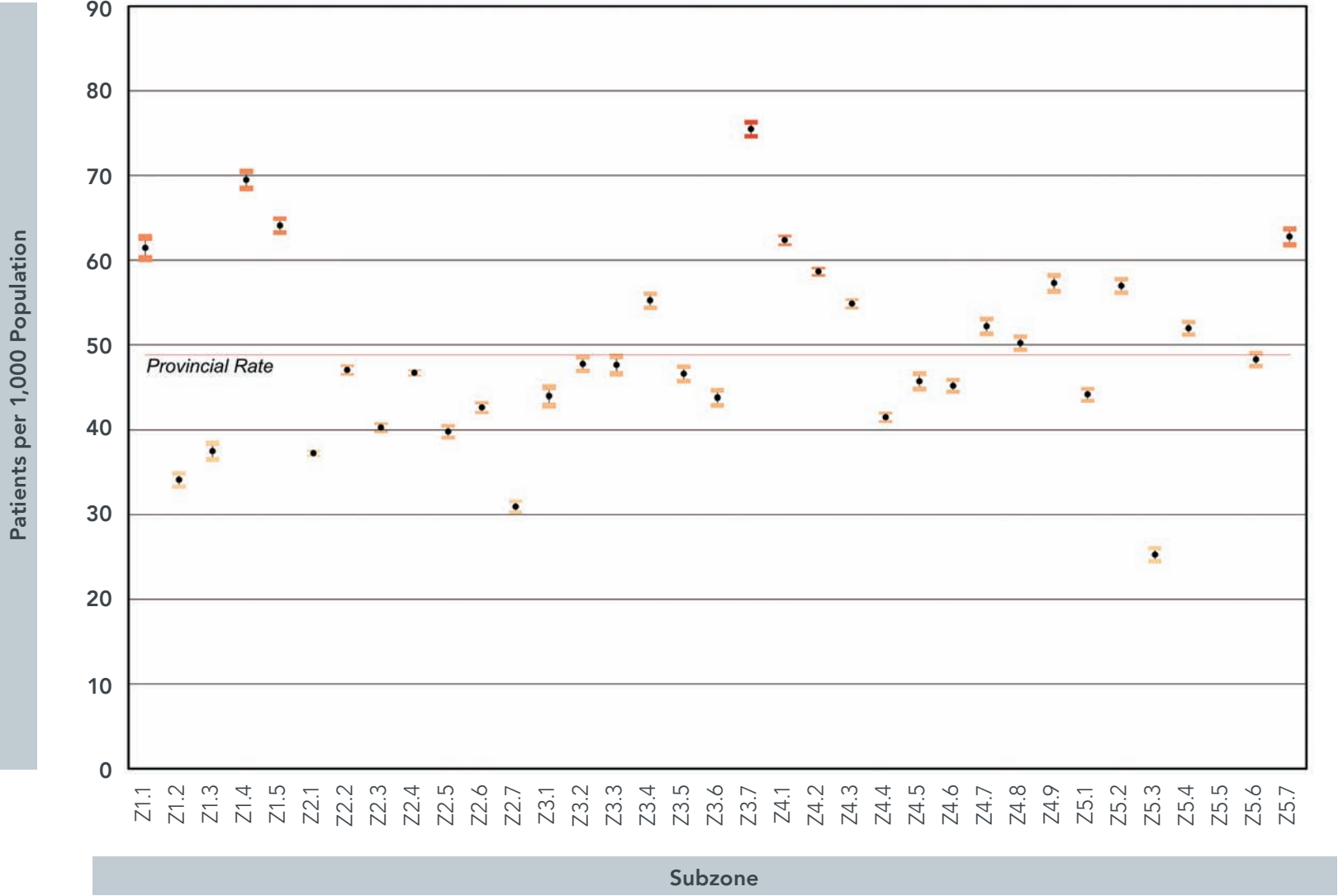
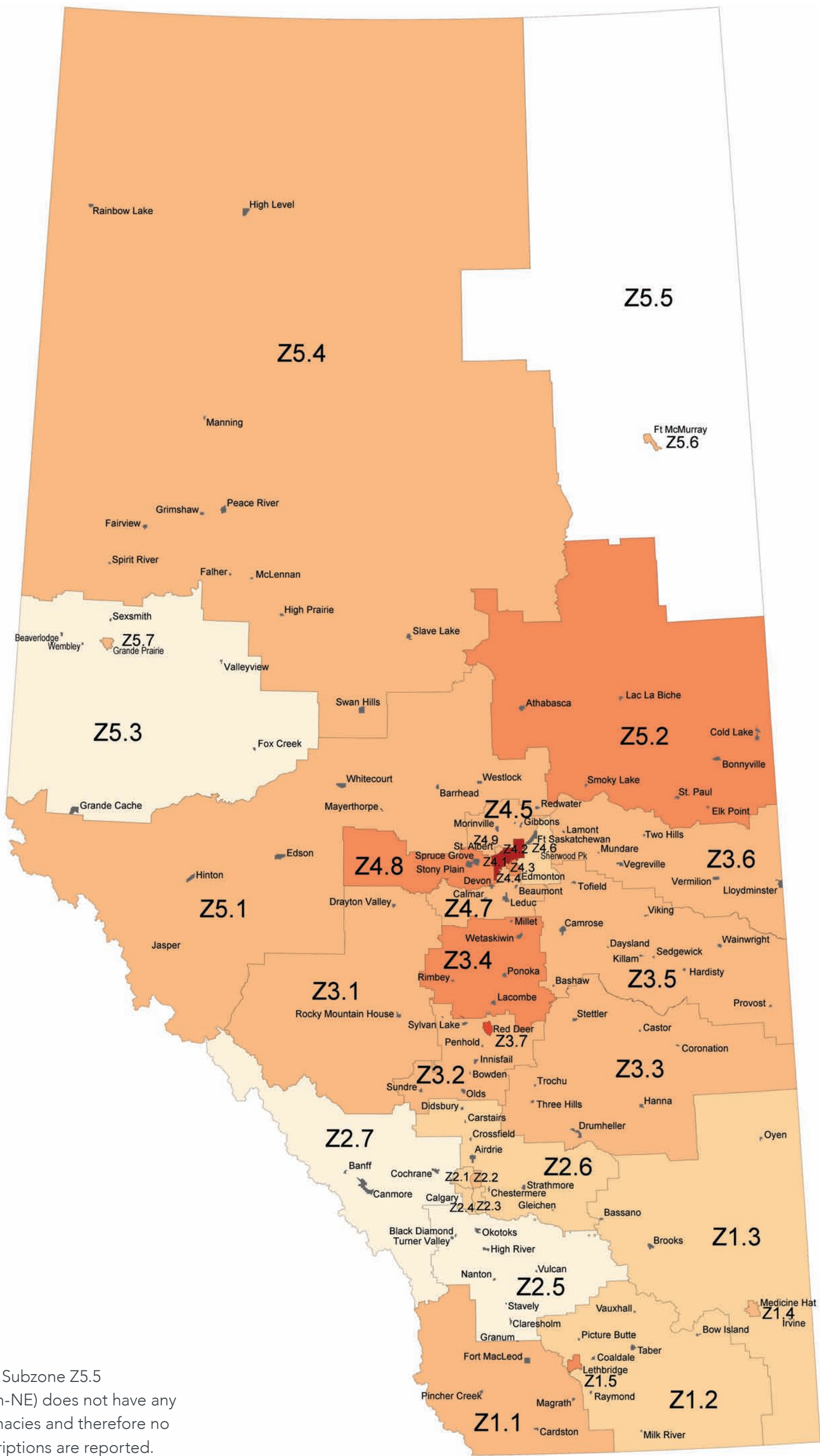




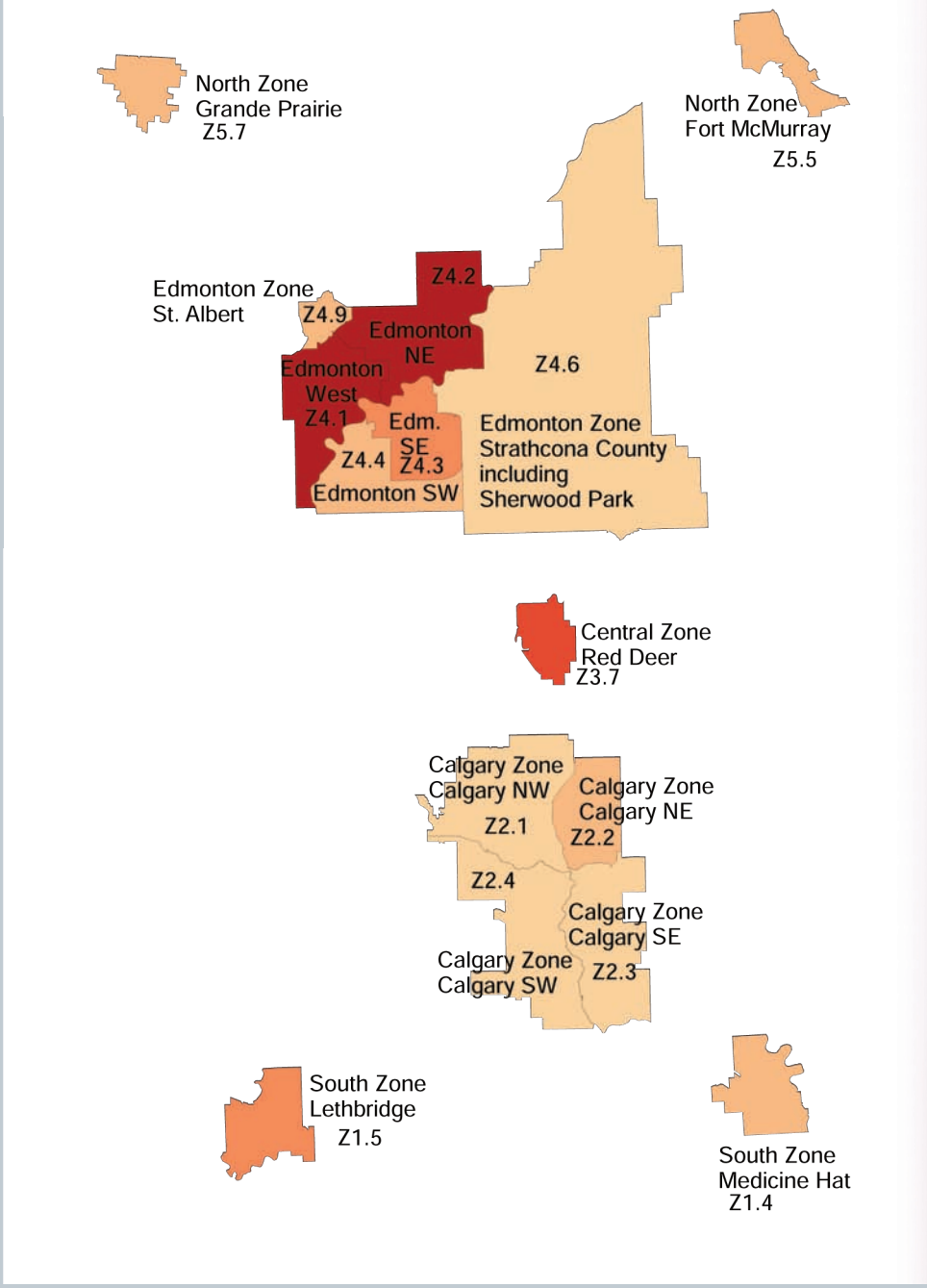
Figure 12a. Age and Sex Standardized, Patients Who Received Greater than 2 DDDs per 1,000 Population by Subzone, 2014



Note: Subzone Z5.5 (North-NE) does not have any pharmacies and therefore no prescriptions are reported.



Figure 12b. Age and Sex Standardized, Patients Who Received Greater than 2 DDDs per 1,000 Population by Urban Subzone, 2014



Patients >2 DDDs per 1,000 Population

- Highest (>9.6)
- High (8.1 to 9.6)
- Above Average (6.5 to 8.0)
- Average (4.3 to 6.4)
- Low (2.8 to 4.2)
- Lowest (>0 to 2.7)

Figure 12c. Age and Sex Standardized, Patients Who Received Greater than 2 DDDs per 1,000 Population by Subzone, 2014

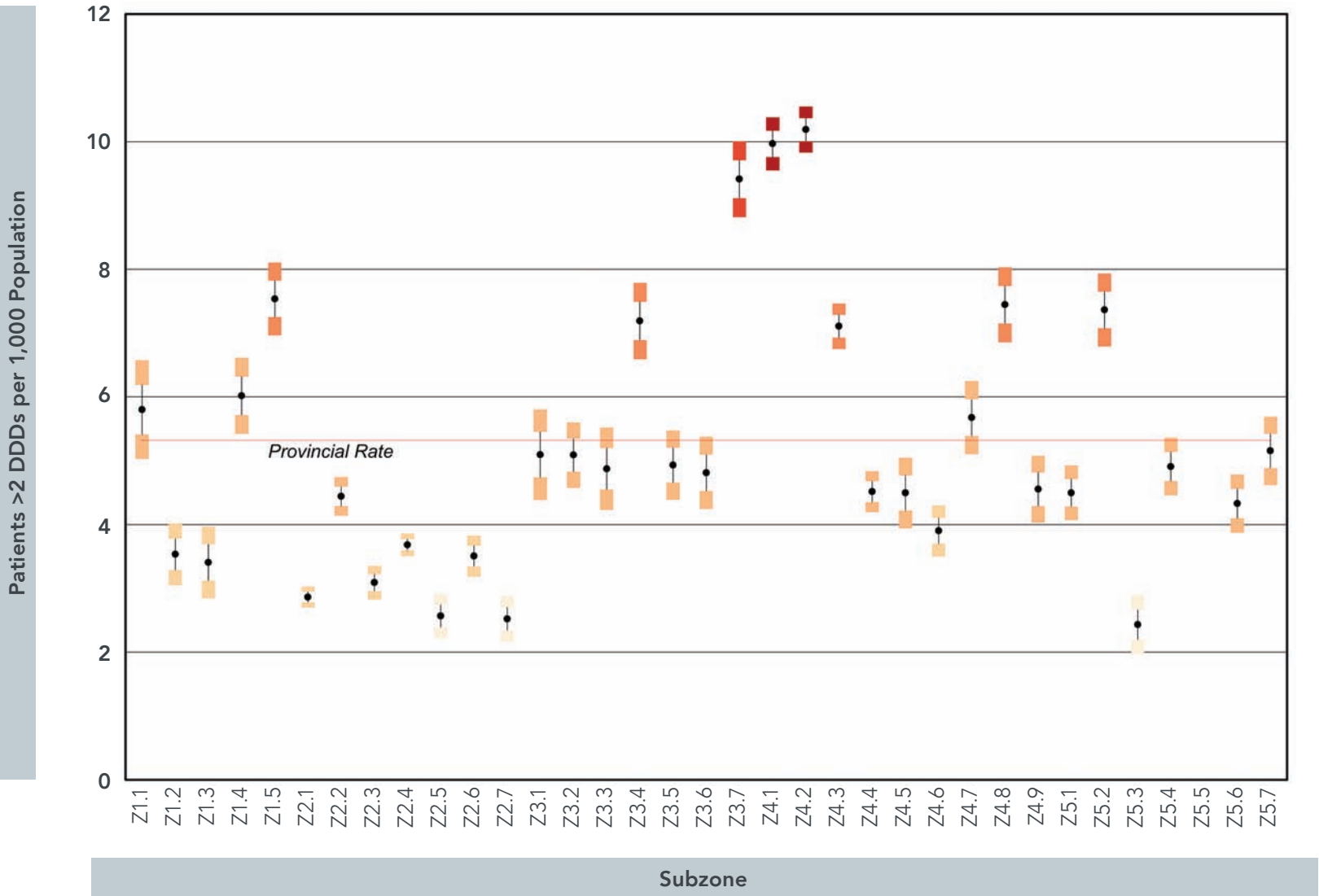
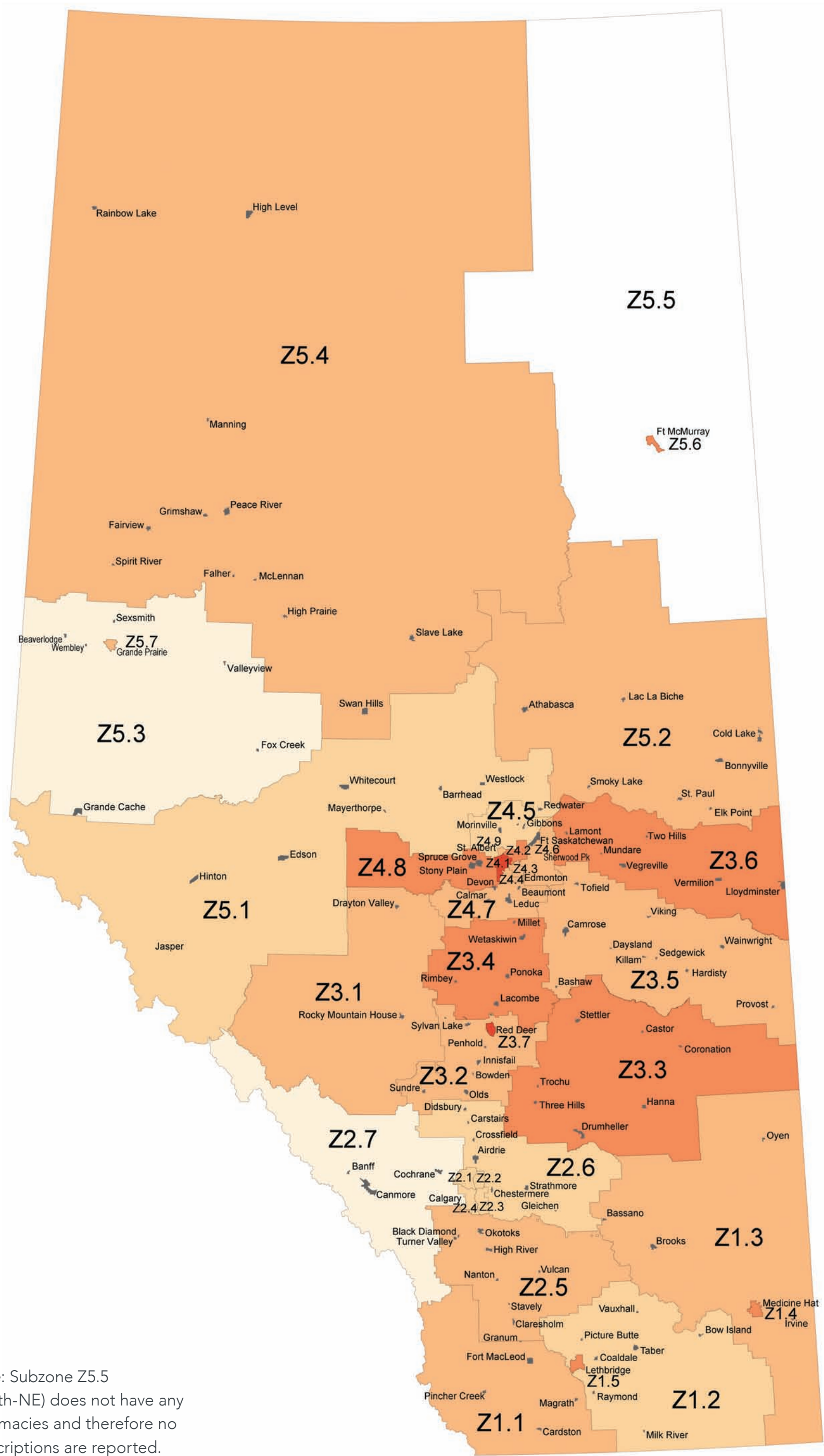
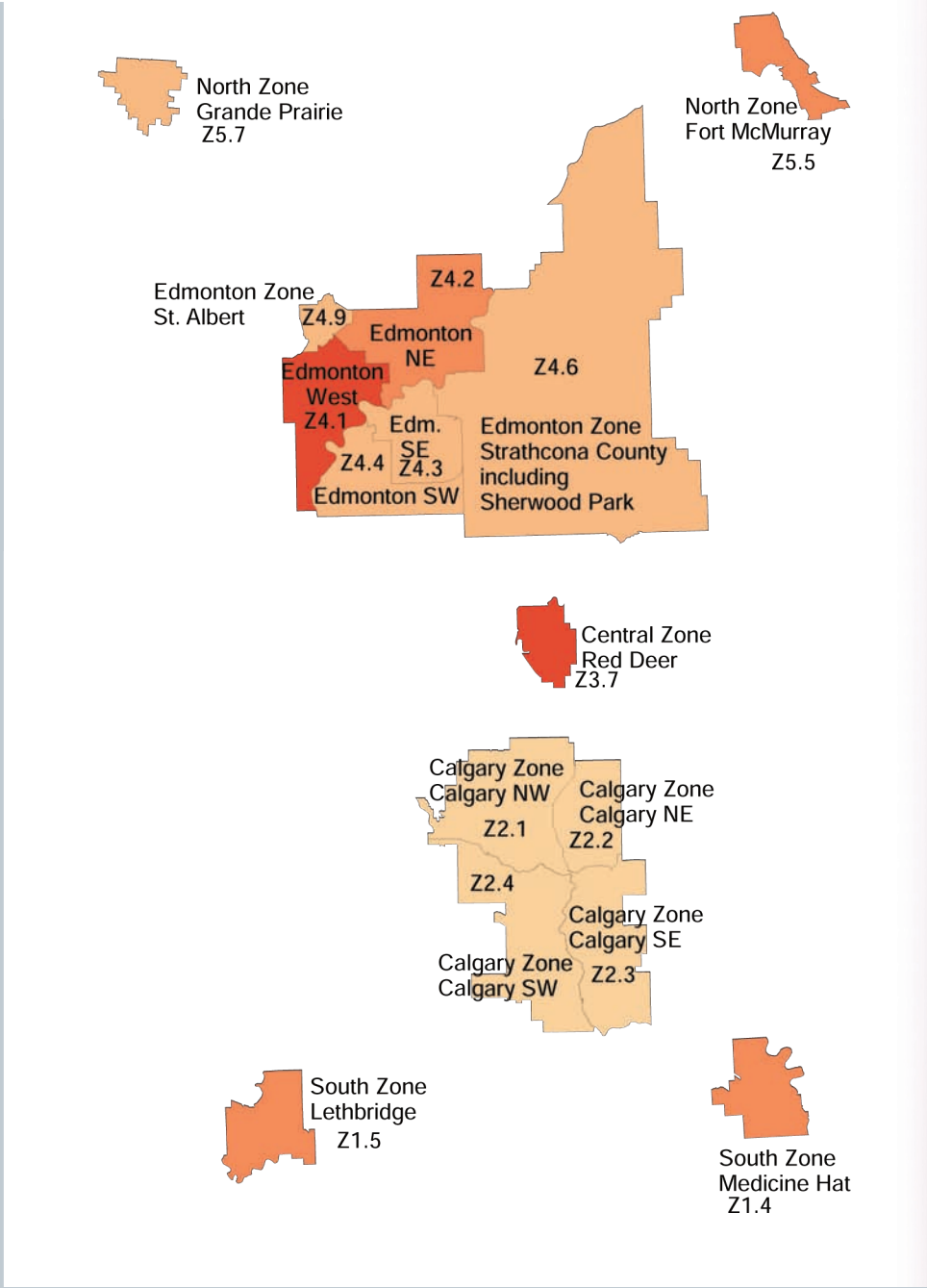


Figure 13a. Age and Sex Standardized, Elderly Patients Who Received Greater than 2 DDDs per 1,000 Elderly Population, by Subzone, 2014



Note: Subzone Z5.5 (North-NE) does not have any pharmacies and therefore no prescriptions are reported.

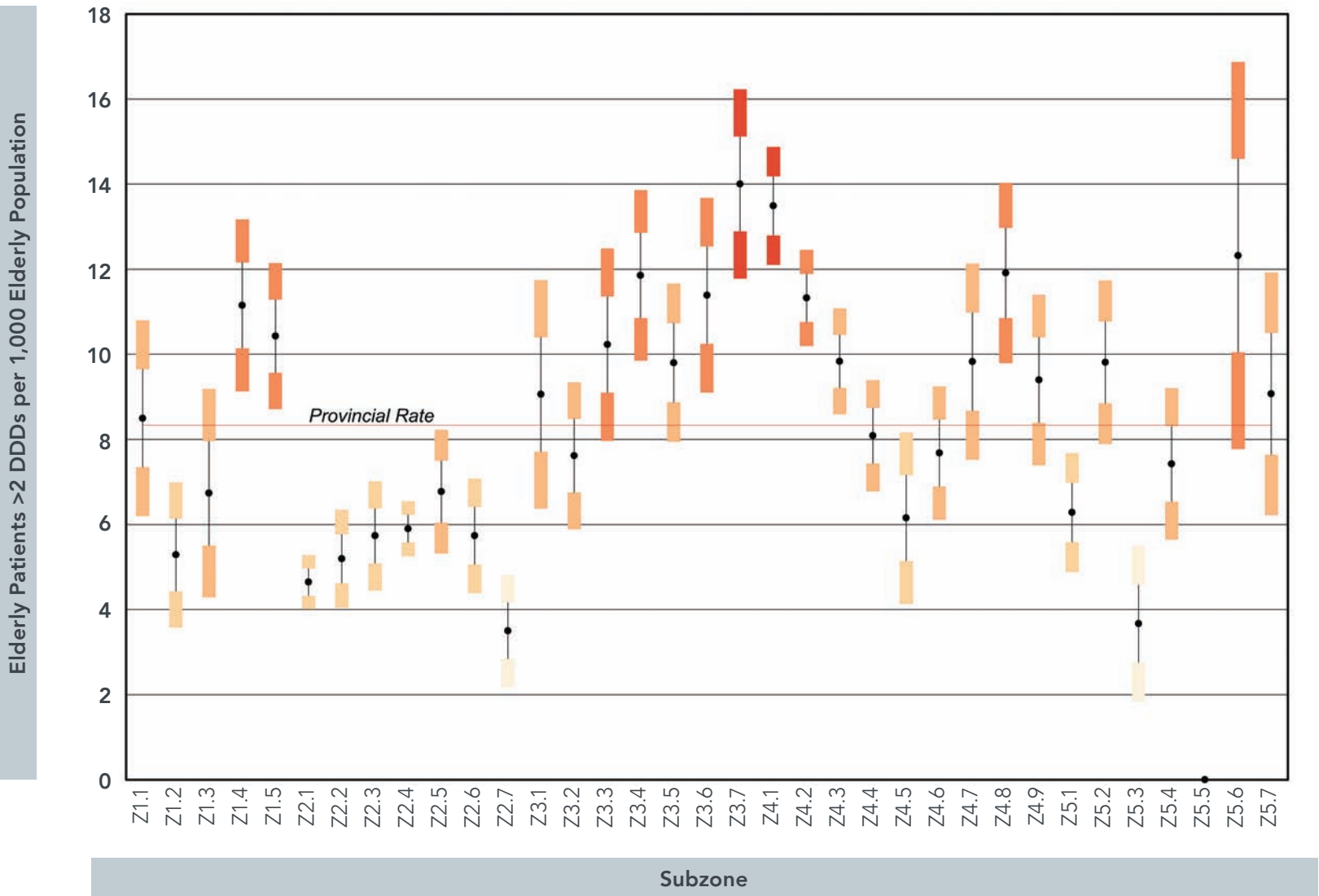
Figure 13b. Age and Sex Standardized, Elderly Patients Who Received Greater than 2 DDDs per 1,000 Elderly Population, by Urban Subzone, 2014



Elderly Patients >2 DDDs per 1,000 Elderly Population

- Highest (>14.3)
- High (12.1 to 14.3)
- Above Average (9.7 to 12.0)
- Average (6.5 to 9.6)
- Low (4.1 to 6.4)
- Lowest (>0 to 4.0)

Figure 13c. Age and Sex Standardized, Elderly Patients Who Received Greater than 2 DDDs per 1,000 Elderly Population, by Subzone, 2014





# Appendix A – Alberta Subzone Figures

Alberta subzones are the geographic unit of analysis used for the Atlas. Province-wide and urban maps, showing subzone boundaries, are used to show prescription utilization rates for each subzone. A colour scale is used to show the rate ratio (RR) of the subzone rate relative to the provincial average. A graph accompanies each set of maps showing subzone rates and 95% confidence intervals. The rate for each subzone is shown as a data point, with thin lines representing one standard deviation and rectangles representing two standard deviations from the rate. The colour of the rectangle corresponds to the coloured rate ratio categories in the legend. A separate line also shows the provincial rate.

Figure 14a. Provincial Subzones and Major Communities

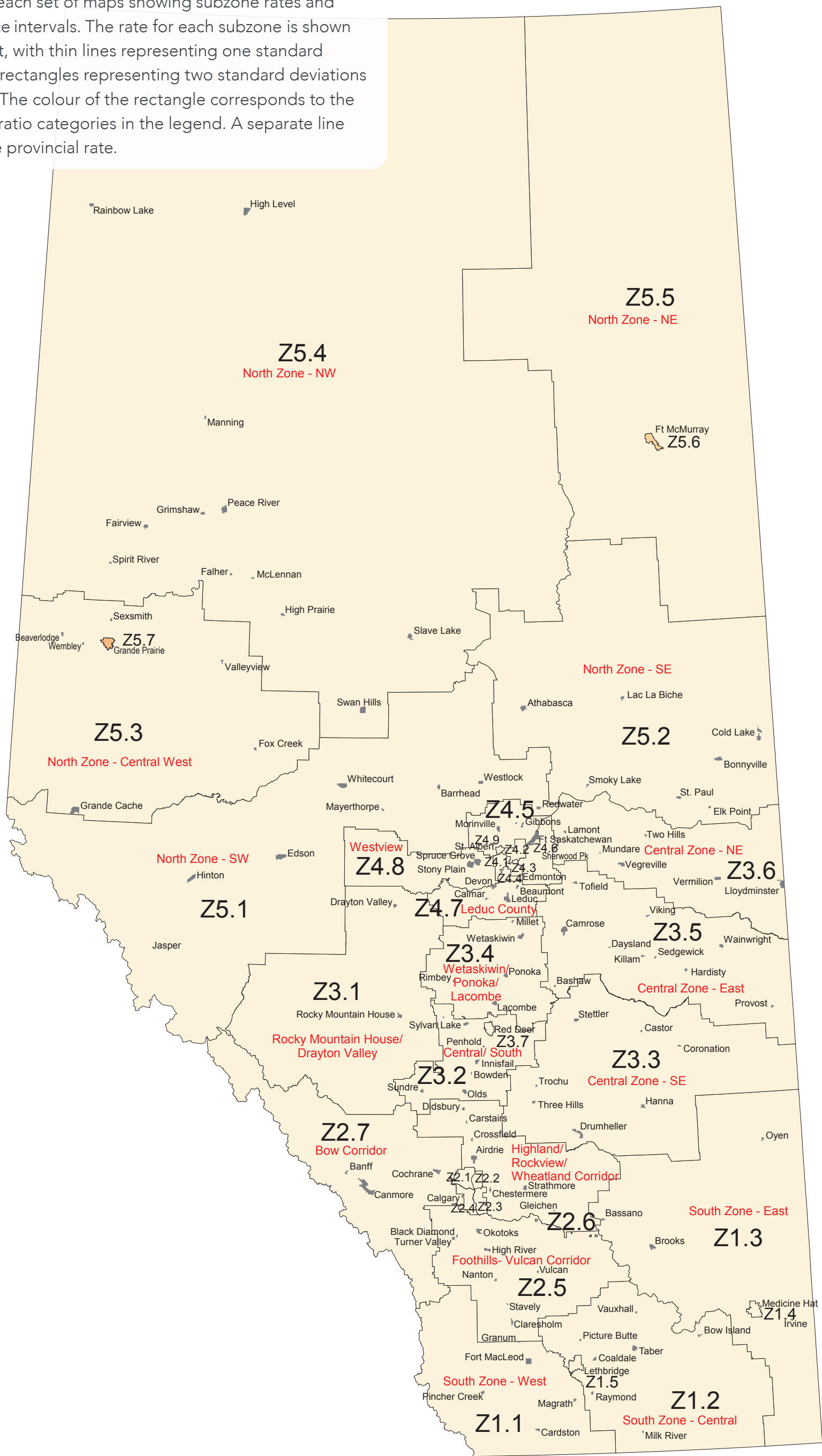


Figure 14b. Urban Subzones

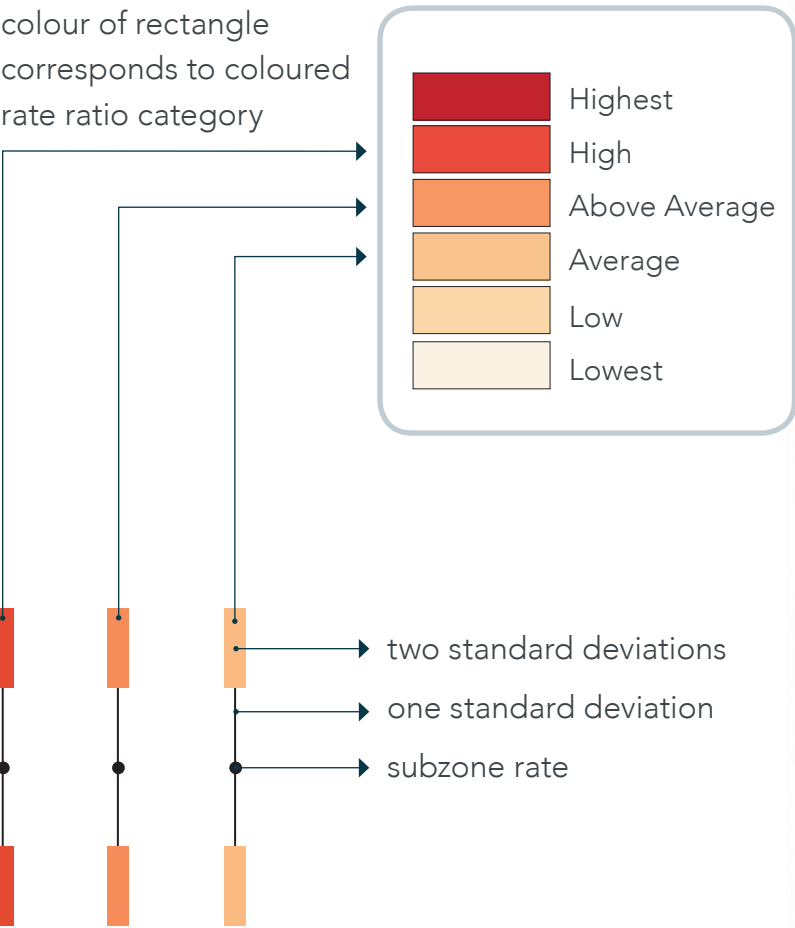
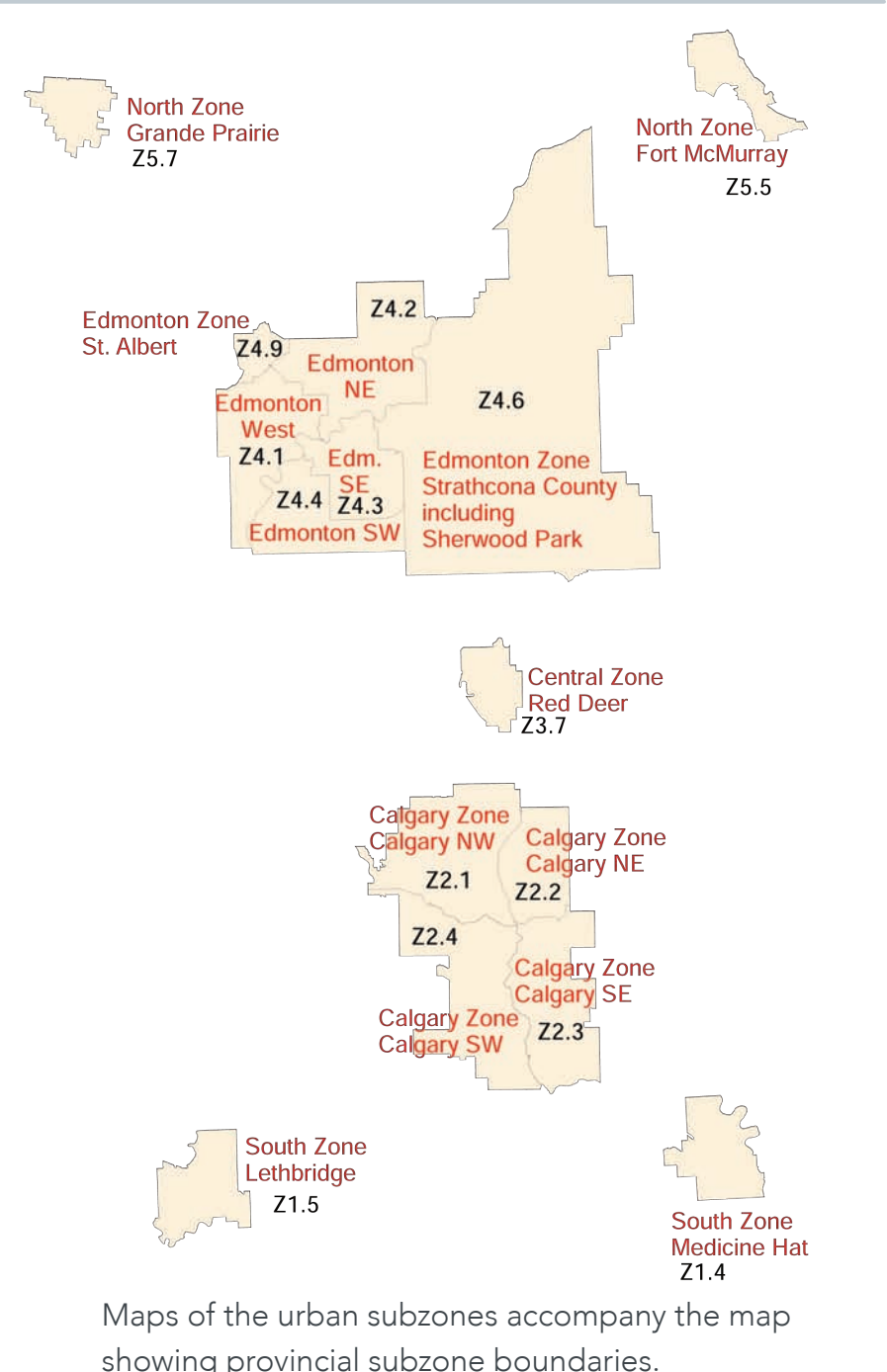
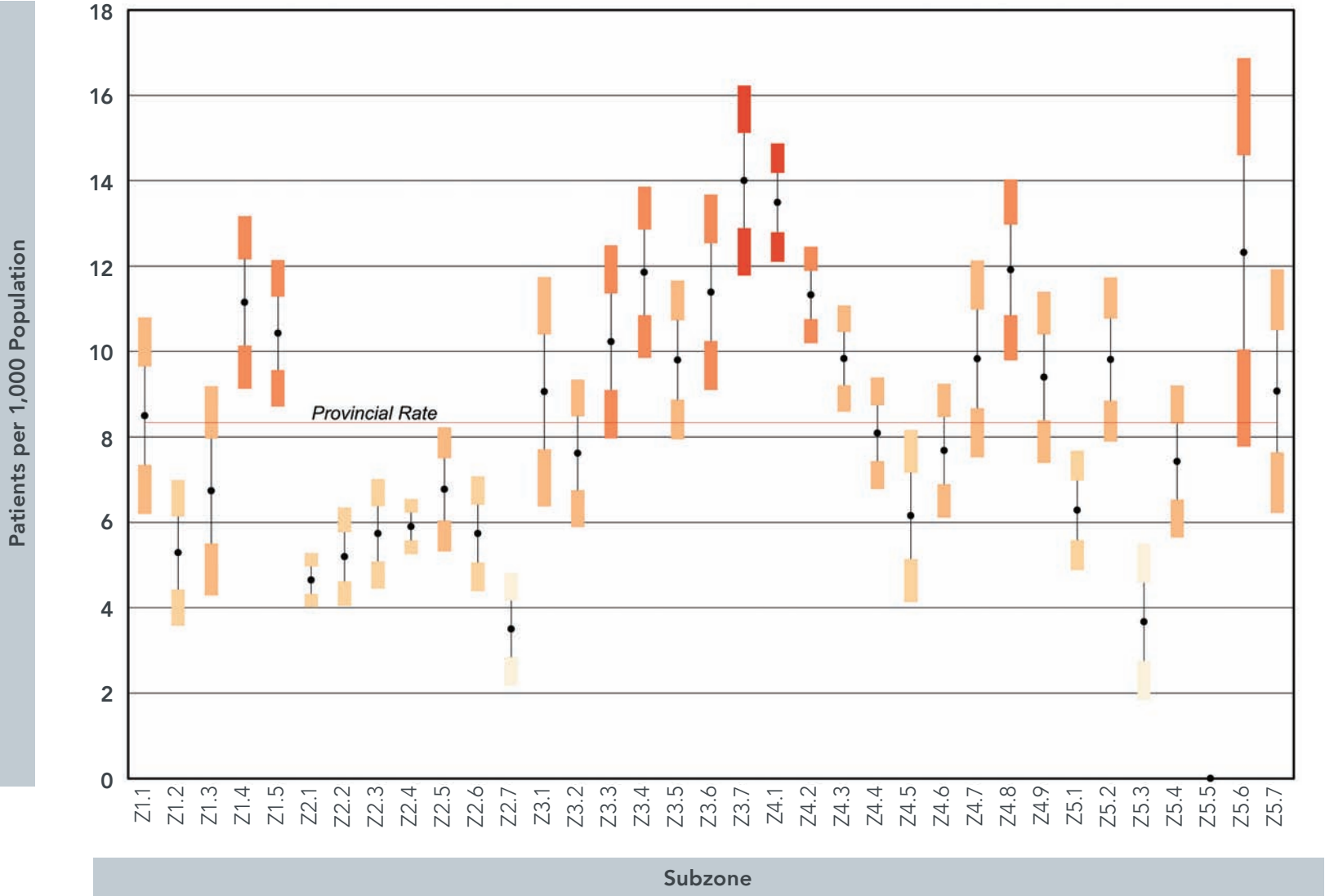


Figure 14c. Graph of Subzone Rates (Example)



Appendix B -  
Opioids  
Analytic Class

Table 14. Opioids Analytic Class Prescriptions by Primary Ingredient, WHO ATC and Route of Administration, 2014<sup>9</sup>

Primary Ingredient	ATC	Route	Prescriptions
Oxycodone	N02BE51-ACETAMINOPHEN, COMB EXCL PSYCHOLEPTICS	ORAL	156,487
Oxycodone	N02AA05-OXYCODONE	ORAL	113,199
Hydromorphone	N02AA03-HYDROMORPHONE	ORAL	82,474
Morphine	N02AA01-MORPHINE	ORAL	61,452
Methadone	N07BC02-METHADONE	ORAL	39,906
Fentanyl	N02AB03-FENTANYL	TRANSDERMAL	19,793
Buprenorphine	N02AE01-BUPRENORPHINE	TRANSDERMAL	10,038
Buprenorphine	N07BC51-BUPRENORPHINE, COMBINATIONS	SUBLINGUAL	6,022
Tapentadol	N02AX06-TAPENTADOL	ORAL	5,317
Morphine	N02AA01-MORPHINE	INTRAMUSCULAR	3,037
Meperidine	N02AB02-PETHIDINE	ORAL	2,982
Hydromorphone	N02AA03-HYDROMORPHONE	INTRAMUSCULAR	2,143
Butalbital	N02AA79-CODEINE, COMBINATIONS WITH PSYCHOLEPTICS	ORAL	1,996
Oxycodone	N02AA55-OXYCODONE, COMBINATIONS	ORAL	1,844
Fentanyl	N01AH01-FENTANYL	INTRAMUSCULAR	1,166
Butalibital	N02BA71-ACETYLSALICYLIC ACID, COMB WITH PSYCHOLEPTICS	ORAL	969
Hydrocodone	R05DA20-COMBINATIONS	ORAL	943
Meperidine	N02AB02-PETHIDINE	INTRAMUSCULAR	726
Butorphanol	N02AF01-BUTORPHANOL	NASAL	477
Methadone	N07BC02-METHADONE	UNKNOWN	417
Pentazocine	N02AD01-PENTAZOCINE	ORAL	310
Oxycodone	N02BA51-ACETYLSALICYLIC ACID, COMB EXCL PSYCHOLEPTICS	ORAL	181
Morphine	N02AA01-MORPHINE	RECTAL	132
Hydrocodone	R05DA03-HYDROCODONE	ORAL	130
Fentanyl	N02AB03-FENTANYL	SUBLINGUAL	75
Oxycodone	N02AA05-OXYCODONE	RECTAL	55
Morphine	N02AA01-MORPHINE	UNKNOWN	48
Ketamine	N01AX03-KETAMINE	INTRAMUSCULAR	44
Normethadone	R05DA20-COMBINATIONS	ORAL	35
Sufentanil	N01AH03-SUFENTANIL	INTRAVENOUS	32
Morphine	N02AA01-MORPHINE	INTRAVENOUS	27
Hydromorphone	N02AA03-HYDROMORPHONE	RECTAL	17
Oxycodone	N02AA05-OXYCODONE	UNKNOWN	14
Hydromorphone	N02AA03-HYDROMORPHONE	UNKNOWN	6
Meperidine	N02AB02-PETHIDINE	UNKNOWN	3
Ketamine	N01AX03-KETAMINE	UNKNOWN	2
Fentanyl	N02AB03-FENTANYL	TRANSDERMAL	1
Hydrocodone	R05DA03-HYDROCODONE	UNKNOWN	1
Fentanyl	N02AB03-FENTANYL	BUCCAL	1

Appendix C -  
Benzodiazepines  
Analytic Class

Table 15. Benzodiazepines Analytic Class Prescriptions by Primary Ingredient, WHO ATC and Route of Administration, 2014

Primary Ingredient	ATC	Route	Prescriptions
Zopiclone	N05CF01-ZOPICLONE	ORAL	463,441
Lorazepam	N05BA06-LORAZEPAM	SUBLINGUAL	170,783
Clonazepam	N03AE01-CLONAZEPAM	ORAL	158,095
Lorazepam	N05BA06-LORAZEPAM	ORAL	120,136
Temazepam	N05CD07-TEMAZEPAM	ORAL	94,621
Diazepam	N05BA01-DIAZEPAM	ORAL	42,103
Zolpidem	N05CF02-ZOLPIDEM	SUBLINGUAL	28,702
Alprazolam	N05BA12-ALPRAZOLAM	ORAL	27,947
Bromazepam	N05BA08-BROMAZEPAM	ORAL	21,824
Nitrazepam	N05CD02-NITRAZEPAM	ORAL	15,490
Clobazam	N05BA09-CLOBAZAM	ORAL	8,711
Oxazepam	N05BA04-OXAZEPAM	ORAL	7,052
Triazolam	N05CD05-TRIAZOLAM	ORAL	3,392
Chlordiazepoxide	N05BA02-CHLORDIAZEPOXIDE	ORAL	2,933
Flurazepam	N05CD01-FLURAZEPAM	ORAL	1,413
Midazolam	N05CD08-MIDAZOLAM	INTRAMUSCULAR	1,299
Clobazam (Compounded)	N05BA09-CLOBAZAM	UNKNOWN	215
Clonazepam (Compounded)	N03AE01-CLONAZEPAM	UNKNOWN	126
Diazepam	N05BA01-DIAZEPAM	RECTAL	117
Midazolam (Compounded)	N05CD08-MIDAZOLAM	UNKNOWN	106
Lorazepam	N05BA06-LORAZEPAM	INTRAMUSCULAR	84
Nitrazepam (Compounded)	N05CD02-NITRAZEPAM	UNKNOWN	52
Diazepam	N05BA01-DIAZEPAM	INTRAMUSCULAR	49
Diazepam (Compounded)	N05BA01-DIAZEPAM	UNKNOWN	36
Zopiclone (Compounded)	N05CF01-ZOPICLONE	UNKNOWN	29
Lorazepam (Compounded)	N05BA06-LORAZEPAM	UNKNOWN	26
Temazepam (Compounded)	N05CD07-TEMAZEPAM	UNKNOWN	6
Alprazolam (Compounded)	N05BA12-ALPRAZOLAM	UNKNOWN	3
Zaleplon (Compounded)	N05CF03-ZALEPLON	UNKNOWN	1

<sup>9</sup> Coloured rows identify ingredient and route combinations that were assigned an OME of zero.



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