

Reasons to Ensure Schedule IV Medications are Included in the PMP

Gary Miner, Director of Compliance, Oregon Board of Pharmacy:

“Schedule IV medications have the strong potential for diversion, abuse, addiction, illicit sale, and in combination with other substances, present extreme potential for lethal combination.

Rob Bovett, Chair Oregon Meth Taskforce:

“The Schedule IV category of drugs has most of the Benzodiazepines that are abused in combination with other substances. A common combination seen is Hydrocodone, Oxycodone and a selected Benzodiazepine, known on the street as the ‘trinity’. Eliminating any one of these drug categories (schedule II, III, or IV) would severely hamper the effectiveness of the PMP program”.

Dr. Peter Kosek, Pain Management Specialist:

“Including schedule IV medications such as Benzodiazepines is critical to the patient safety mission of this bill. Half of the fatal unintentional overdoses are opiates (schedule II) combined with benzodiazepines (schedule IV). Another 10% are opiates combined with other sedatives (schedule III and IV). I am particularly interested in knowing if a patient is obtaining other schedule IV medications when I prescribe opiates. Failure of including Schedule IV drugs would make this an ‘opiate and amphetamine’ monitoring bill. It would still cost as much, and would lose half of its potential to save lives.

Dr. Robert Peterson, Family Practice:

“These drugs (Schedule IV) are scheduled medications for a very good reason. They can be abused, used in lethal combinations and are in fact abused in combination with Schedule II and III medications causing deaths and morbidity from over-prescribing. Addiction to these drugs is a real problem that is too easily brushed off by ignorance. The attempts to take these drugs out of the PMP program is another lethal attempt by the ACLU to gut the effectiveness of the program. Under the guise of ‘protecting’ people they would let them die rather than get the help they need before it is too late.”

Karen Wheeler, Addictions Policy/Program Development Administrator --DHS

“Schedule IV prescription medications contain a number of highly abused substances that end up diverted and sold or otherwise abused by individuals seeking these medications for personal use, most notably the anti-anxiety medications such as Xanax. Additionally: The National All Schedules Prescription Electronic Reporting Act (NASPER) which has been funded by congress for the development and running of PMP programs, focuses on the interoperability of programs. California includes Schedule II, III, and IV in their program and Washington State plans to do so as well.”

Gary Schnabel, Executive Director, Oregon Board of Pharmacy

Having a PMP program excluding Schedule IV drugs is similar to driving a car without windshield wipers. You could do it, but knowing that you live in a place where it rains, you are certain to have a catastrophe at some point.

Open Letter to Legislators
From Kathryn Hahn, Chair Oregon Pain Commission

April 28, 2009

Greetings,

I was quite concerned when I learned that there is still some consideration of removing Schedule IV drugs from the proposed monitoring bill. I have heard past comments such as “they are just sleeping pills and such, not dangerous and not of high street market value”. That could not be farther from the truth. The very addictive, abused and dangerous class of Benzodiazepines is included in Schedule IV. These drugs, such as diazepam (Valium) are notorious for their dangerous effects when combined with Opioids (Morphine class). This combination can be lethal when used incorrectly or without a doctor’s oversight. The combination of Benzodiazepines and Buprenorphine (Schedule III) is considered “possibly lethal” in the manufacturer’s literature, thus it is imperative that physicians be able to monitor what their patients possibly are getting from other sources.

As an accredited pain practitioner and a certified pain educator, I can assure you that Class IV drugs are not less dangerous or less addictive. It would be, in my opinion, a disastrous move on the part of legislators to remove this schedule of drugs from the proposed program outlined in SB 355.

Please feel free to contact me for further comments or questions.

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NOTE: Those medications included in PMPs are a reflection of the prescription fill records located in the pharmacy. No new data is created. The data is secure (perhaps more so than at the store level) and remains only accessible by those who already have access to it. Only if a person is “doctor shopping” or “pharmacy hopping” will their prescription history information raise concern among prescribers or dispensers. There have been no breaches of PMPs in the nation. (See fact sheet for detailed information.)

This creates a tool for prescribers who are being “scammed” into writing prescriptions for people who seek to sell or abuse medications. Pain advocates support this PMP program as it creates a tool for prescribers to verify a pain patient’s adherence to the agreed upon pain management regimen. (See list of SB355 supporters.) Oregon is among the few remaining states in the nation that do not have such a program.

