Abrupt Dip in Hydrocodone Prescriptions After Rescheduling

Pauline Anderson | January 26, 2016

Following the rescheduling of hydrocodone combination products from Schedule III of the Controlled Substances Act to the more restrictive Schedule II, the number of these dispensed products rapidly declined, new data show.

The effect of the rescheduling by the US Drug Enforcement Administration in October 2014 is described by Christopher M. Jones, PharmD, US Department of Health and Human Services, Washington, DC, and colleagues, in the Letters section of *JAMA Internal Medicine*, published online January 25.

The opioid hydrocodone bitartrate is traditionally available in combination with nonopioid analgesics. The rescheduling of these combination products involves tighter controls on prescribing hydrocodone combination products, including the prohibition of prescription refills.

Dr Jones and colleagues used data from the IMS Health National Prescription Audit, which estimates the number of prescriptions dispensed from US pharmacies. They calculated the quarterly number of dispensed prescriptions and tablets for hydrocodone combination products and nonhydrocodone combination opioid analgesics in the months leading up to, and after, rescheduling.

Refills Eliminated

Compared with the 12 months before rescheduling, dispensed hydrocodone combination product prescriptions declined by 22.0% in the 12 months after rescheduling. Dispensed hydrocodone combination product tablets (for solid oral dosage forms) declined by 16.0%.

Refills accounted for 73.7% of the decline and "were essentially eliminated by March 2015," say the authors.

In contrast, dispensed prescriptions for nonhydrocodone combination product opioid analgesics increased by 4.9% in the 12 months after hydrocodone combination product rescheduling, and dispensed tablets increased by 1.2%.

Using healthcare professional specialty data from the American Medical Association for the 12 months before and after rescheduling, the researchers found that primary care physicians and surgeons accounted for the largest absolute reductions in dispensed hydrocodone combination product prescriptions and tablets.

"Future research should examine whether these changes are sustained, have had an effect on access for patients, and are associated with the desired goals of reduced abuse, addiction and overdoses," the authors conclude.

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