

Dear participant:

**In 2002 a team of physicians, academics, allied health professionals, insurers, agencies, and concerned citizens formed an organization to evaluate the utilization and prescribing patterns of benzodiazepines.**

**The primary goals of the multidisciplinary group are:**

- Review the medical literature to compile information to advance our understanding of the risk/benefit ratio of benzodiazepines. Create a process by which this information can be updated and disseminated.
- Increase awareness of the prevalence of benzodiazepine use and misuse.
- Provide alternatives to chronic benzodiazepine use for prescribers' and consumers' consideration.
- Recognize resources in current existence for the treatment of anxiety disorders and develop ways to increase resources where needed.
- Provide information on benzodiazepine withdrawal methods to both persons with a dependence and healthcare providers.

**At this time we are soliciting your help to continue to evaluate patterns of benzodiazepine use. This organization relies heavily on your valued contributions. Whatever assessment of use you can provide will be useful; we are posing the following question(s):**

“For calendar year 2004, what is the count of unique individuals, by: (1) sex, (2) 5 year age-bands, (3) specific benzodiazepine ( using specific name or drug code, see chart below or NDC code for those able to provide it) for the durations: less than 30, 60, and 90 and over 90-day periods? If you are able to provide diagnosis, please do. Briefly explain the sort of facility/agency/clinic/practice that would describe you or the patients you serve.”

If you have any questions or would like further information please see the MBSG white paper on our websites. Note that an epidemiologist is available for consultation.

<http://www.med.mun.ca/med/pages/research.htm>

<http://www.noemaine.org/benzo/benzo.htm>;

**We recognize the efforts you have to undertake to provide the requested information and we would like to thank you, in advance, for your valuable contributions.**

**Please return replies, names of key involved persons, with phone and email, to [mbsg@noemaine.org](mailto:mbsg@noemaine.org), preferred format Excel spreadsheet. Please try and reply by March 25<sup>th</sup>, 2005.**

Chemical Name	Brand Names	GPI	ATC	DEA <sup>1</sup>	VA <sup>2</sup>	DEA Schedule	Maine
		Generic Product Identifier	Anatomic, Therapeutic, and Chemical	DEA Controlled Substances Code Number	US VA Drug Number		Main Statutory Controlled Drug Classification
Alprazolam	Xanax	571000	N05BA12	2882	CN302	IV	Z
Chlordiazepoxide	Librium, Libritabs, Limbitrol, SK-Lygen	571000	N05BA02	2744	CN302	IV	O
Clonazepam	Klonopin, Clonopin	721000	N03AE01	2737	CN302/CN400	IV	Z
Clorazepate	Tranxene	571000	N05BA05	2768	CN302/CN400	IV	Z
Diazepam	Valium, Valrelease	571000	N05BA01	2765	CN302/CN400; MS200	IV	P
Estazolam	ProSom, Domnamid, Eurodin, Nuctalon	602010	N05CD04	2756	CN302	IV	Z
Flurazepam	Dalmane	602010	N05CD01	2767	CN302	IV	Z
Halazepam	Paxipam	571000	N05BA13	2762	CN302	IV	Z
Lorazepam	Ativan	571000	N05BA06	2885	CN302/MS200/CN400; GA609	IV	Z
Midazolam	Versed	602010	N05CD08	2884		IV	Z
Oxazepam	Serax, Serenid-D	571000	N05BA04	2835	CN302	IV	Z
Quazepam	Doral, Dormalin	602010	N05CD10	2881	CN302	IV	Z
Temazepam	Restoril	602010	N05CD07	2925	CN302	IV	Z
Triazolam	Halcion	602010	N05CD05	2887	CN302	IV	Z
<b>SOURCE:</b>	Manufacturer		WHO	DEA	VA (as published in USP DI)	DEA	<a href="#">Title 17-A: MAINE CRIMINAL CODE, Part 2: SUBSTANTIVE OFFENSES Chapter 45: Drugs §1102. Schedules W, X, Y and Z</a>