

VERMONT MEDICAL SOCIETY

Vermont Department of Health Opioid and VPMS Rules Summary

Full text of the rules are available at:

<http://healthvermont.gov/about-us/laws-regulations/rules-and-regulations>

All Changes will go into effect 7/1/17

Rule Governing the Prescribing of Opioids for Pain

- Section 4: Universal Precautions: prior to writing a prescription for an opioid for the first time during a course of treatment to any patient (chronic or acute), prescribers are required to:
 - Consider and document in the medical record any appropriate non-pharmacological treatments for pain management
 - May include, but not be limited to: NSAIDs, acetaminophen, acupuncture, osteopathic manipulative treatment, chiropractic, physical therapy
 - Query the VPMS in accordance with VPMS Rule
 - Exemptions include: in the case of prescribing 10 or fewer pills (or the equivalent dose); cases of electronic or technological failure; chronic pain due to cancer or cancer treatment; palliative care; end of life and hospice care; patients in skilled and intermediate care nursing facilities
 - As in current rule, a delegate may access and query the system
 - Provide patient education and informed consent
 - Have an in-person discussion with the patient or legal representative regarding the risks, potential side effects, alternatives, tapering, safe storage and disposal of opioids
 - Provide an education sheet created by the Department of Health (or the practice's own form if it contains all of the same information)
 - See <http://www.healthvermont.gov/alcohol-drugs/professionals/resources-patients-and-providers> for Department "Information to Give to Patient" form
 - Receive a signed, informed consent from the patient or legal representative that covers listed topics
 - See http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_EXAMPLE%20Acute%20Opioid%20Rx%20Informed%20Consent.pdf for Department model; the practice may combine the information sheet with the informed consent form

- Section 5: Prescribing limits for the first prescription for acute pain
 - Prescribers will be required to follow the following limits for the first prescription for acute pain
 - These limits do not prevent a prescriber from writing a second prescription or refill prescription; refills and renewals are not subject to the prescribing limits; the daily limit is an average to allow for higher doses initially with tapering over time; pain category in which patient is placed is based on medical judgment of prescriber
 - Adults
 - Minor pain: 0 MME
 - Moderate pain: 24 MME/day for 0-5 days, for up to 120 MME total
 - Severe pain: 32 MME/day for 0-5 days, for up to 160 MME total
 - Extreme pain (reason must be documented in the medical record): 50 MME/day for up to 7 days max, for up to 350 MME total
 - Children age 0-17
 - Minor pain: 0 MME
 - Moderate to severe pain: 24 MME/day, 0-3 days, 72 MME total
 - Exemptions from these prescribing limits:
 - Palliative care
 - End of life and hospice care
 - Patients in skilled and intermediate care nursing facilities
 - Pain associated with significant or severe trauma
 - Pain associated with complex surgical interventions
 - Pain associated with prolonged inpatient care due to post-operative complications
 - Medication assisted treatment for substance use disorders
 - Patients who are not opioid naïve (defined as those who have used opioids for more than seven days during the previous 30 days)
 - Other circumstances as determined by the Commissioner of Health
 - Extended release/long-acting opioids: If the prescriber needs to use long-acting opioids for acute pain, the reason must be justified in the medical record
 - Consultation and Transfer of Care
 - Prior to ending treatment of an adult for acute pain, a prescriber who is not the PCP shall make a reasonable effort to communicate with the PCP with “any relevant clinical information regarding the patient’s condition, diagnosis and treatment.” A clear discharge summary that includes expectations for ongoing pain treatment meets this requirement.
 - Prior to prescribing an opioid to a child in an ED, urgent care or specialty care setting, the prescriber must make a reasonable effort to consult with the child’s PCP

- Section 6: Chronic Pain
 - Outlines requirements for prescribing Schedule II, III or IV opioids for pain lasting longer than 90 days; if this is first time prescription, Universal Precautions of Sec 4 also apply
 - The rules for chronic pain are largely unchanged; it will require a reevaluation of the medication and treatment plan every 90 days (rather than yearly) and when exceeding a MME Daily Dose of 90 (rather than 120)
 - Clarifies that chronic pain requirements do not apply to those with chronic pain associated with cancer or cancer treatment; palliative care; end of life or hospice care; patients in skilled and intermediate care nursing facilities
 - For more information and resources on implementing chronic pain requirements, see <http://www.healthvermont.gov/alcohol-drugs/professionals/resources-patients-and-providers> and <http://www.vtmd.org/opiate-prescribing-substance-use-disorder-information>

- Section 7: Co-Prescribing of Naloxone
 - Co prescribing will be required for all patients receiving more than 90 MME Daily Dose of an opioid or when receiving a concurrent benzodiazepine

- Section 8: Rules for Prescribing Extended Release Hydrocodones and Oxycodones without Abuse Deterrent Opioid Formulations
 - Rules are largely unchanged; will require reevaluation every 90 days (rather than 180 days)

Vermont Prescription Monitoring System Rule

- Sections 4 & 5: Outlines updated requirements for pharmacy reporting of data to VPMS and querying of VPMS; note that under Section 4.4, prescribers who dispense controlled substances to their patients must also report data to VPMS in compliance with the rule

- Section 6.0: Registration Requirements
 - No change from current rule: all Vermont-licensed prescribers of controlled substances and their delegates must register with the Department to enable access of the VPMS system
 - VPMS information and registration website: <http://www.healthvermont.gov/alcohol-drugs/professionals/vermont-prescription-monitoring-system-vpms>

- Section 6:2 Requirements for Prescriber Querying of VPMS
 - A new query requirement is added for the first time a clinician prescribes any opioid schedule II, III or IV controlled substance to treat pain (also discussed above in Opioid Rule Section 4)
 - A new query requirement is added for the first time a clinician prescribes a benzodiazepine
 - Exemptions include:
 - When prescribing 10 or fewer opioid pills (or the equivalent dose) (See 6.2.1)

- Chronic pain due to cancer or cancer treatment; palliative care; end of life and hospice care; patients in skilled and intermediate care nursing facilities (See 6.4)
- Cases of electronic or technological failure (see Section 2.0)
- Current query requirements also remain:
 - When starting a patient on Schedule II, III or IV controlled substance for non-palliative long-term pain therapy of 90 days or more
 - Prior to writing replacement prescriptions for Schedule II, III or IV Controlled substances
 - At least annually for patients receiving ongoing treatment with an opioid Schedule II, III or IV
 - When a patient requests and opioid prescription or renewal from ED or Urgent Care
 - Prior to prescribing buprenorphine and at regular intervals thereafter (see Rule for more details)
- Section 6.3: Prescriber Delegates
 - No change from prior rule: a delegate or delegates may access and query the VPMS system if registered with VPMS

*** Note: VPMS Platform currently scheduled to change June 15**

- All Registered users should receive an announcement about the changes
- The announcement will prompt users to log in to VPMS and confirm that information is correct
- All accounts that have a unique email should be migrated to the new system. Your delegate relationships should also transfer, although they will need to be re-approved upon entry to the new system

For more information contact:

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