

# 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 - Department drafting model form; 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 in June** - system will look and feel different, new password required (?) – more information should be forthcoming from VDH

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