**Vermont Department of Health Opioid and VPMS Rules Summary**

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Resources:

* Full text of Rule Governing Prescribing of Opioids for Pain: <http://www.healthvermont.gov/sites/default/files/documents/pdf/Opioid%20Prescribing%20Rule%202.1.19.pdf>
* Full text Vermont Prescription Monitoring Program Rule: <http://www.healthvermont.gov/sites/default/files/documents/pdf/REG_vpms-20170701.pdf>
* VDH Resources, including sample forms, FAQs & archived webinar: <http://www.healthvermont.gov/alcohol-drugs/professionals/help-me-stay-licensed-meet-requirements>
* UVM Academic Detailing one-hour interactive visits & handouts (intro and advanced opioid management): <https://www.med.uvm.edu/ahec/vermontacademicdetailing>
* Quality Improvement Assistance: Nicole Rau: [nicole.Rau@Vermont.Gov](mailto:nicole.Rau@Vermont.Gov) or 802-951-5803

**Rule Governing the Prescribing of Opioids for Pain**

Adopted July 2017, with updates effective March 1, 2019

* 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 (see below)
    - 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
    - A delegate may access and query the system
  + Provide patient education and obtain 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 Department of Health model at: <http://www.healthvermont.gov/sites/default/files/documents/pdf/adap_opioid_patient_informaton.pdf>
    - Receive a signed, informed consent from the patient or legal representative that covers listed topics
      * See Department model at: <http://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP_EXAMPLE%20Acute%20Opioid%20Rx%20Informed%20Consent.pdf>; the practice may combine the information sheet with the informed consent form
  + Patients who are terminally ill, receiving hospice services or who are hospice-eligible are exempt from Section 4 requirements however, must be informed regarding safe storage and disposal and be provided a patient education sheet (see section 9.2)
* 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
  + Note that these limits do not apply to in-facility administration of medication
  + 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:
    - 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
    - Patients who are terminally ill, receiving hospice services or who are hospice-eligible (see section 9.1)
    - Note: an exemption previously in the rule for patients in skilled and intermediate care nursing facilities has been removed, meaning the prescribing limits DO apply to such patients
  + 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 – require screening, evaluation & risk assessment; it requires a reevaluation of the medication and treatment plan every 90 days and when exceeding a MME Daily Dose of 90
  + Exemptions:
    - Chronic pain associated with cancer or cancer treatment
    - Patients in nursing homes
    - Patients who are terminally ill, receiving hospice services or who are hospice-eligible (see section 9.1)
  + 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
  + Prescribers must prescribe naloxone OR document in the medical record that a patient has a prescription or is possession of naloxone if (1) patient receiving 90 MME or more Daily Dose of an opioid or (2) when receiving a concurrent benzodiazepine
* Section 8: Rules for Prescribing Extended Release Hydrocodones and Oxycodones without Abuse Deterrent Opioid Formulations
  + No changes: outlines additional specific conditions for the prescription of these medications; requires reevaluation every 90 days
* Section 9: Hospice, Palliative Care and End of Life Care
  + Patients who are terminally ill, receiving hospice services or who are hospice-eligible are exempt from Sections 4-7, require education regarding safe storage and disposal, and providing a patient education sheet (Note: prior to 3/1/19 rules also required informed consent)

**Vermont Prescription Monitoring System Rule**

(Unchanged since 2017)

* 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

(exception for drugs administered directly to a patients)

* Section 6.0: Registration Requirements
  + 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
  + 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)
  + The first time a clinician prescribes a benzodiazepine
  + 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 an opioid prescription or renewal from ED or Urgent Care
  + Prior to prescribing buprenorphine and at regular intervals thereafter (see Rule for more details)
  + 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)
    - Drugs administered directly to patients
* Section 6.3: Prescriber Delegates
  + A delegate or delegates may access and query the VPMS system if registered with VPMS
* For more information on VPMS, visit <http://www.healthvermont.gov/alcohol-drugs/professionals/vermont-prescription-monitoring-system-vpms> or contact VPMS Program Administrator Hannah Hauser, [Hannah.Hauser@Vermont.Gov](mailto:Hannah.Hauser@Vermont.Gov) or 802-652-4147