

# 2017 Rules for Prescribing Opioids for Pain and Vermont Prescription Monitoring System

## Frequently Asked Questions: For Prescribers

### Prescribing Opioids For Pain Rule

- **What is this rule and what does it do?**

The rule sets conditions for the prescriptions of opioids in certain circumstances. A primary purpose of the rule is to use universal precautions for prescribing. Anyone can become addicted to opioids. The rule is intended to assist prescribers and patients by providing framework so that patients will be prescribed only the opioids they need and not more.
- **When does the rule take effect?**

The chronic pain section of the rule took effect in 2015, the acute pain and universal precaution sections are effective on July 1, 2017.
- **Will this prevent a health care provider from prescribing opioids to a patient in pain?**

No, nothing in the rule prevents a provider from prescribing opioids as a part of the treatment of pain.
- **What does an informed consent and patient information sheet look like?**

An example informed consent and the patient information sheet can be found here: <http://www.healthvermont.gov/alcohol-drugs/professionals/resources-patients-and-providers>
- **How do I calculate morphine milligram equivalents (MME)?**

There are multiple MME calculators available electronically. The Health Department has a number of examples available on the website here: <http://www.healthvermont.gov/alcohol-drugs/professionals/resources-patients-and-providers>
- **How often do I need to document informed consent?**

Informed consent should be documented prior to writing a new prescription during a course of treatment.
- **Can someone on my medical team complete the patient education and informed consent?**

Yes. The prescriber is responsible for making sure the universal precautions in Section 4 of the rule are met, but they can be completed by a team member.
- **What does the rule mean by “opioid naïve”?**

Opioid naïve means a patient who has not used opioids for more than seven consecutive days during the previous 30 days.
- **If a patient is NOT opioid naïve, then what parts of the rule apply?**

The patient is exempt from the prescribing limits found in Section 5. They are NOT exempt from the Universal Precautions, or other sections of the rule.

- **What happens if I have a patient who is traveling a long distance to be treated? How do I make sure they can get a second prescription if they need one?**

E-prescribing may be the best solution for a long-distance patient, especially if you have many patients traveling a significant distance. This way you can check in with the patient after the initial prescription and if they need a second one, you can electronically prescribe that at their local pharmacy.

Another option is to work collaboratively with their primary care or other provider closer to the patient's residence to ensure that any follow-up care is easily accessible.

- **Do I have to follow the rules when I treat patients from out of state?**

Yes. These rules are based on where the provider is practicing and licensed and are not determined by the patient's residence.

- **What happens to me if I do not follow the rules?**

Like all rules relevant to the practice of medicine, the licensing boards are the enforcement mechanism. In the case of physicians, the [Vermont Board of Medical Practice](#) (BMP) enforces these rules. Like all BMP enforcement, action is taken based on filed complaints or investigations undertaken pursuant to the authority of the BMP.

The Health Department will be providing education and quality improvement outreach to providers based on prescribing analysis described in [this memo](#). This will not have regulatory repercussions – the intent is to ensure that providers whose prescribing practices fall outside the normal range for their specialty have access to resources, should they be interested.

- **Who is educating the patients about these new rules?**

The Health Department is supporting a public education campaign regarding the risks of opioid use and exploring non-opioid and non-pharmacological treatment options. Health care providers are the most critical point of contact.

- **Are cancer patients exempt?**

Cancer patients are exempt from the *chronic pain* (Section 6) prescribing requirements only, not for acute pain prescribing requirements. Providers should use their clinical judgment and include precautions described in the chronic pain section as they see is appropriate.

- **What information can I provide to patients concerning appropriate disposal of excess medications?**

There are many drop-off centers across the state. Locations can be found here: <http://www.healthvermont.gov/alcohol-drugs/services/prescription-drug-disposal>

- **What about prescriptions that are dispensed to patients from a pharmacy but are meant to be observed or administered directly to a patient by a physician? For example, a patient picks up a prescription for a benzodiazepine prior to a procedure, but takes the medication at the time of the procedure in a clinical setting.**

Because the prescription is being dispensed at a pharmacy and the patient will be in possession of that prescription outside of a medical facility, the rules apply.

- Do I have to prescribe naloxone even if a patient has a prescription for it or has it in his or her possession?**

Yes. The provider shall co-prescribe naloxone for all patients receiving an opioid prescription that is equal to or over 90 MME per day or if the provider is also prescribing a benzodiazepine.
- What if my patient cannot afford naloxone?**

The Health Department maintains a naloxone distribution system at sites across the state. If a patient cannot afford a co-pay or cannot afford the prescription, then they can obtain a free kit from one of the sites. Here is a link to information on where kits can be found:  
<http://www.healthvermont.gov/response/alcohol-drugs/narcan-naloxone-overdose-rescue>
- Who is responsible for educating patients and their supports around the administration of naloxone?**

Naloxone is available as an intra-nasal spray application that comes with simplified step-by-step instructions that can be easily used by supports of the patient. Providers and pharmacists are responsible for discussing the use of naloxone with the patients, but the patients are responsible for discussing it with any supports not present at the appointment.
- Does my patient have to fill the naloxone prescription? Am I responsible for that?**

No. Like all prescriptions, patients can choose whether or not to fill that prescription. The providers are not responsible for whether or not the prescription is filled.
- Does Tramadol count as an opioid?**

Yes. Tramadol is a Schedule IV opioid as [determined by the Drug Enforcement Agency and Health and Human Services](#), therefore, the rules apply.

## Vermont Prescription Monitoring System (VPMS) Rule

- What is the VPMS?**

The Vermont Prescription Monitoring System is a database established by the Vermont Legislature and run by the Health Department. When a Schedule II, III, or IV controlled substance is dispensed from a Vermont licensed pharmacy, the VPMS collects a standard set of information on the patient, the prescriber, and the drug. This information is held in a central database for six years and can be used by prescribers and pharmacists to improving patient care. The system began operating on January 12, 2009.

The VPMS is now also connected to similar databases in bordering states (New Hampshire, Massachusetts, New York and Maine).
- What is its purpose?**

A primary purpose of VPMS is to promote the public's health by providing health care providers and dispensers with a tool to help them assess and monitor the controlled substances being prescribed to their patients. The goal is to enhance treatment and prevent the abuse of controlled substances without interfering with the medical use of those substances.
- Am I as a prescriber required to register for VPMS?**

Yes. If you have a Vermont license and you have written even one prescription for a controlled substance, then you are required to register with VPMS.

- **Do I have to check VPMS for even one benzodiazepine pill?**  
 Yes. Even though one benzodiazepine may not be a danger on its own, if a patient has been prescribed an opioid or other contraindicated medication at the same time, there is a risk of death.
- **What does the 10-pill exemption apply to?**  
 The 10-pill exemption ONLY applies to the requirement to check VPMS. All other parts of the rule remain in effect. There is no exemption for liquid formulas.
- **What is a delegate in the VPMS context?**  
 A delegate is anyone in the provider office (with HIPPA clearance) who is authorized by the prescriber to look up the prescriber's patients on their behalf for the purposes of patient care.
- **What do I have to do if a pharmacist calls me with concerns?**  
 Pharmacists are now required to query VPMS under certain circumstances that may indicate a possible concern of risk or diversion. While there are no required actions from reviewing the results, this additional information provides an opportunity to coordinate care between the prescriber(s) and pharmacist(s).
- **How do I document that I looked up a patient in VPMS?**  
 You do not have to document that you looked up a patient in VPMS. The VPMS tracks all queries conducted in the system.
- **How do I sign up for VPMS?**  
 To register for VPMS visit: <http://www.healthvermont.gov/alcohol-drugs/professionals/vermont-prescription-monitoring-system-vpms>
- **What do I do as a prescriber if a VPMS query raises concerns about a patient?**  
 Querying VPMS can provide additional information about your patient's prescription history that you may not have known. A query that raises your concerns about patient safety or diversion should be considered when prescribing to that patient.

You may also choose to use this information to:

  - Contact the patient's other providers to coordinate care
  - Contact the other pharmacies to coordinate care
  - Use the information to have a conversation with the patient about possible diversion or misuse risks and other options for care or treatment
- **What about checking VPMS if my patient fills their prescription out of state?**  
 The VPMS has data from all bordering states. By checking the state boxes at the bottom of the Patient Query page, you can include data about prescriptions dispensed in NH, NY, MA and CT. These queries must have an exact name match, however, in order to be pulled into the patient report.

## Contact information for further questions

### **Vermont Prescription Monitoring System**

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### **Opioid Prescribing Rules**

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### **Quality Improvement Assistance**

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<http://www.healthvermont.gov/alcohol-drugs/professionals/resources-patients-and-providers>