

The Impact of Vermont's *Rule for the Prescribing of Opioids for Pain*

Background

In 2016, Act 173 was signed into law to combat opioid use disorder by strengthening prescribing guidelines and requirements. This Act included requirements to update the *Rule Governing the Prescribing of Opioids for Pain*. The updated Rule, which went into effect on July 1, 2017, included the addition of universal precautions, guidelines for the limiting of opioids for acute pain prescriptions, and the prescribing of naloxone in indicated cases.

This evaluation will provide insight into the impact of the following objectives of the Rule change:

- Increase participation in the Vermont Prescription Monitoring System (VPMS) in order to ensure that providers are aware of their patient's history
- Reduce the amount of opioids prescribed in dangerous amounts and combinations
- Prescribe opioids in the smallest doses for the shortest periods of time to be effective in pain management
- Reduce or eliminate prescribing of opioids to children 17 and under

Data Source

The VPMS was used to measure the impact of the *Rules* in this evaluation. VPMS is a database of controlled substance prescriptions dispensed by Vermont licensed pharmacies, including those opioids most likely to lead to patient harm, abuse or diversion. Data collected in VPMS includes information about the prescription, the prescriber, the pharmacy and the patient.



Increasing Provider Utilization of VPM

Using VPMS proactively helps prescribers and pharmacists make evidence-based clinical decisions and identify potential diversion of controlled substances. Act 173 added new requirements for the querying of VPMS for both prescribers and pharmacists. These additions are outlined in the [Vermont Prescription Monitoring System Rule](#).

KEY POINTS

- **Vermont's Opioid Prescribing Rule positively impacted prescriber use and prescribing patterns.**
- **More prescribers are registered and using VPMS.**
- **Fewer opioids are being prescribed and fewer individuals are receiving opioids.**
- **VDH will continue to monitor VPMS trends.**

Prescriber Registration and Use is *Increasing*

From the most recent data available from VPMS, **90%** of prescribers with prescriptions in VPMS are registered with the system.

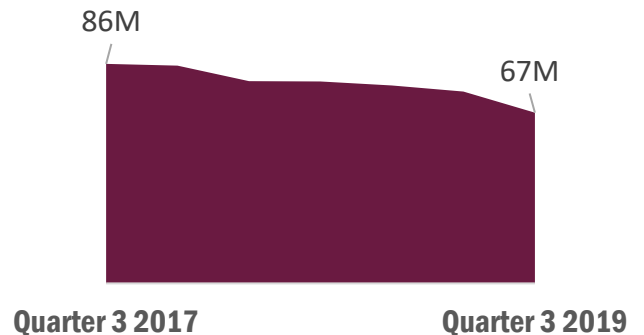
There has been an **88%** increase in the rate of queries by prescribers who wrote a one opioid prescription divided by unique recipients who received an opioid analgesic prescription. This indicates that prescribers are querying patients more consistently.

Opioid Prescribing is *Decreasing*

As opioid pain medication strengths, dosages, and number of days' supply vary significantly across prescriptions, Morphine Milligram Equivalents (MME) are used as a standardized measurement unit. Since the passage of Act 173, the total MME of all prescriptions dispensed in Vermont has been declining steadily.

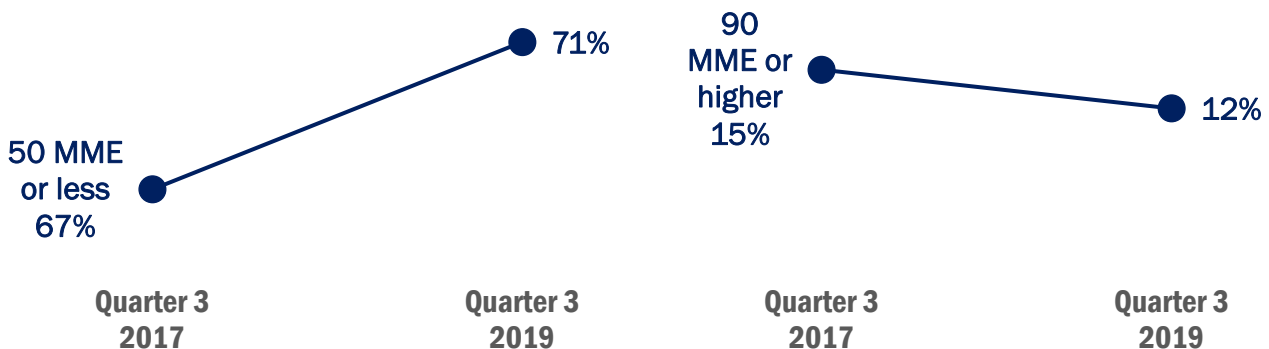
There has been almost a **25% decrease** in the total MME dispensed since the *Rules* went into effect. In addition, there has been a **19% decrease** in the percentage of the population who has received at least one opioid prescription. This suggests less opioids are being dispensed and less individuals are receiving them.

The total MME dispensed in Vermont has decreased steadily since implementation.



Doses of 50 MME a day increase risk of overdose or addiction without additional benefits for pain control or function. Doses of over 90 MME should only be prescribed with thorough evaluation and justification.

The percent of opioid analgesic prescriptions which are 50 MME or less has increased while the prescriptions dispensed that are 90 MME or higher has decreased.



The *Rules* set limits on first time opioid analgesic prescriptions. Due to increased risk of complications for opioid naïve patients who receive an opioid prescription, alternative pain management for acute pain is primary whenever possible. Opioids should be used only when benefits for pain and function are expected to outweigh risks. Due to their increased vulnerability, hard limits were placed on prescribing opioids to those patients under 18 years old. Use of prescribed opioid pain medication before high school graduation is associated with a 33% increase in the risk of later opioid misuse.

VPMS Measures for Individuals 17 and under	Quarter 3 2017 (Baseline)	Quarter 3 2019	Trend
Total number of opioid analgesic prescriptions 17 and under	831	625	
Total number of opioid analgesic recipients 17 and under	738	561	
Total opioid analgesic MME for those 17 and under	61,196	35,507	
Average opioid analgesic MME daily dose for those 17 and under	24.6	20.1	

Key Takeaways

Since the implementation of the *Rules for the Prescribing of Opioids for Pain* in July 2017, more prescribers are actively engaged with VPMS. Less opioids are prescribed and fewer Vermonters are receiving prescriptions.

Vermont’s Opioid Prescribing Rule positively impacted prescriber use and prescribing patterns.

For more information: healthvermont.gov/vpms