Impacts of Opioid Policy Changes: Overview and Updates from VPMS

June 27, 2019
In 2016, the Vermont Legislature passed Act 173, a multifaceted bill targeted at opioid issues

- Required the addition of standards for use of opioids for **acute** pain to existing standards for chronic pain

- Required dispensers of Schedule II – IV controlled substances to register with VPMS and check per VDH Rules before dispensing

- Changed reporting requirements to within 24 hours (was 7 days)

- Increased CME/CEU requirements for training on controlled substances

- Increased the manufacturer fee on drugs paid for by Medicaid to 1.5%
Overview of Rule Governing the Prescribing of Opioids for Pain

- Changes were made to the VDH Rule Governing the Prescribing of Opioids for Chronic Pain, eff. 8.1.2015, exp. 6.30.2017

- New Rule was Rule Governing the Prescribing of Opioids for Pain, eff. 7.1.2017

- New definitions added

- Adds Universal Precautions for Prescribing Opioids for Pain

- Adds Limits for Prescribing Opioids for Acute Pain

- Changes Rule for Chronic Pain

- Changes Query requirements for VPMS
Using VPMS to Measure the Effectiveness

- Compliance
  - Pharmacy Uploading
  - Prescribers
    - Registration
    - Querying

- Number of Patients receiving prescriptions

- Decrease in Total MME dispensed
Pharmacies

In 2016:
- 83% all pharmacies were compliant with 7 day reporting
- 100% of Vermont in-state pharmacies were compliant with 7 day reporting

In 2019:
- 97% all pharmacies were compliant with 24 hour reporting
- 99% of Vermont in-state pharmacies were compliant with 24 hour reporting

Prescribers

In 2016:
- 1,403 prescribers were registered
  - First check of prescriber compliance was in early 2018; 916 active, VT-licensed prescribers were unregistered

In 2019:
- 4,767 prescribers are registered
- 98% of active prescribers are registered
Gap is due to reporting capabilities through two system platform changes – queries continued during those times.
Percent of the Population Receiving at Least One Opioid Analgesic Prescription

S.243 signed by Governor 6/8/16
Rulemaking process begins
Rule goes into effect 7/1/17

Q1: January-March  Q2: April-June  Q3: July-September  Q4: October-December
Total MME Opioid Analgesics per 100 Residents began to decrease after S.243 was signed and prior to implementation.

There was an over 39% decrease in MME/100 people between Q1 2016 and Q1 2019.
Data Disclaimers

- Formal Policy Analysis will be done in end of 2019

- Migration of VPMS from Optimum to Appriss in June 2017

- Prescriber Compliance
  - Prescribers were required to register in 2014. Many registered and then did not use the system
  - Accounts from our first migration were transferred as “shell” accounts. If they were not updated, their accounts were purged during the second migration.

- Drop in MME in final quarter due to two prescribers
- **Act 173 An act relating to combating opioid abuse in Vermont**

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

- **VDH Vermont Prescription Monitoring Rule**
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