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

VERMONT DEPARTMENT OF HEALTH

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Background

In 2016, Act 173 was signed into law to strengthen opioid prescribing guidelines and requirements, and to combat opioid use disorder. 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 precautions whenever opioids are prescribed, guidelines for the limiting of first-time opioid pain prescriptions, and the co-prescribing of naloxone when prescribing an opioid prescription with an increased risk of overdose.

KEY POINTS

- **Vermont's Rule change 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.**

This brief provides insight into the following objectives of the rule change:

- Increase prescriber participation in the Vermont Prescription Monitoring System (VPMS)
- Reduce the use of opioids prescribed in dangerous amounts
- Reduce prescribing of opioids to youth 17 and younger

The reporting period to determine the impact of implementation compares the quarter of implementation (July-September 2017) to the same quarter two years later (July-September 2019). Measures that were not available on a quarterly basis use an annual dataset comparing 2017 to 2018.

Data Source

The VPMS was used to measure the impact of the *Rule*. VPMS is a database of Schedule II-IV controlled substance prescriptions dispensed by Vermont licensed pharmacies, including those prescriptions most likely to lead to patient harm, abuse or diversion. Data collected includes information about the prescription, the prescriber, the pharmacy and the patient. VPMS does not collect information on patient diagnosis or on prescriptions that are not controlled substances, including naloxone. More detail about the type of information that is collected is available in the VPMS Annual Report.

Prescriber Registration and Use is *Increasing*

Using VPMS prior to prescribing or dispensing helps prescribers and pharmacists make evidence-based clinical decisions and decrease the risk of 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*.

As of quarter 3 of 2019, **90%** of prescribers are registered with the system. Compared to 2017, there was a **35%** increase in VPMS queries by prescribers who wrote opioid prescriptions in 2018. This suggests prescribers are querying the system more consistently.

Opioid Prescribing is *Decreasing*

Opioid pain medication strength, dosage, and number of days' supply vary significantly across prescriptions. To compare prescriptions, Morphine Milligram Equivalents (MME) are used as a standardized measurement unit for opioid prescriptions. Since the implementation of the *Rule*, the total MME of all prescriptions dispensed in Vermont has declined steadily.

The Total MME dispensed in Vermont has steadily declined since implementation of the *Rule* in Quarter 3, 2017.

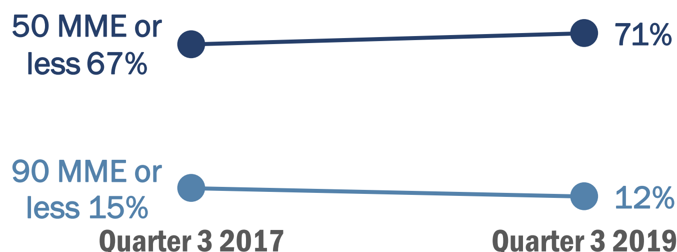
Fewer opioids were dispensed. Fewer people received an opioid prescription.

The total MME dispensed has **decreased 22%** since the *Rule* went into effect. In the same time, there has been a **19% decrease** in the percentage of the population who received at least one opioid prescription.

High risk opioid prescribing is decreasing.

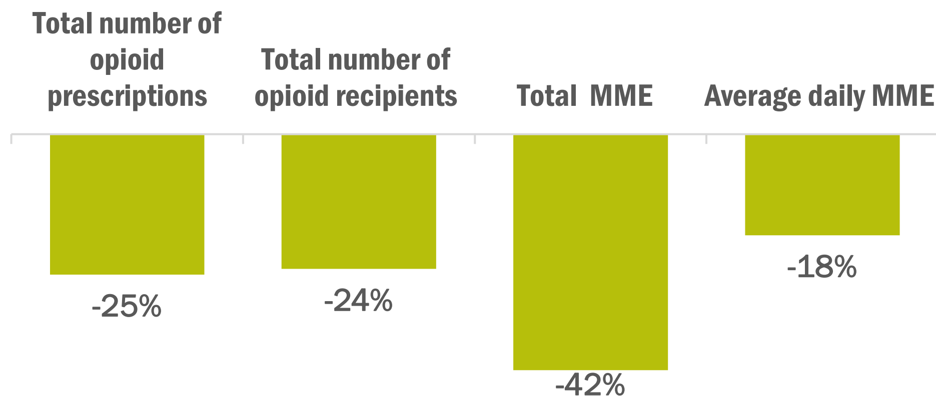
Opioid use of greater than 50 MME a day increases the risk of overdose or dependence without additional benefits for pain control or function (CDC). Doses over 90 MME should only be prescribed with thorough evaluation and justification.[1] With the implementation of the *Rule*, there has been a decrease in prescriptions higher than 90 MME with a corresponding increase in the percentage of all of prescriptions that are 50 MME or less. This suggests that patients are receiving prescriptions in the smaller amounts to sufficiently manage pain.

Prescriptions dispensed which are 50 MME or less have increased, while prescriptions 90 MME or more have decreased since implementation of the *Rule* in Quarter 3, 2017.



Opioid prescribing to youth (age 17 or younger) is decreasing.

The *Rule* included strict limits on prescribing opioids to patients under 18 years old due to increased risk for addiction from early exposure to opioids. Use of prescribed opioid pain medication before high school graduation is associated with a 33% increase in the risk of later opioid misuse.[2] After implementation of the *Rule,* opioid prescribing measures for youth have decreased.



Key Takeaways

Opioid prescribing to treat pain has decreased since the implementation of the *Rule for the Prescribing of Opioids for Pain* in July 2017. More prescribers are actively engaged with VPMS. Fewer Vermonters, including those 17 and under, are receiving prescriptions, and the prescriptions that are dispensed are in lower amounts.

For more information: healthvermont.gov/vpms

For data questions: Amanda Jones, Amanda.Jones@vermont.gov

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[1] Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

[2] Miech R, Johnston L, O'Malley P, Keyes K, Heard K. Prescription Opioids in Adolescence and Future Opioid Misuse. PEDIATRICS 136:5, November 2015. DOI:10.1542/peds.2015-1364