APPENDIX: THE VERMONT PRESCRIPTION MONITORING SYSTEM

Emerging trends and patterns of prescription opioid abuse, addiction, and overdose are monitored by several industry and government agencies through data collection from a variety of sources. These include health insurance claims; the Automation of Reports and Consolidated Orders System, a DEA-run program that monitors the flow of controlled substances from manufacturing through distribution to retail sale or dispensing; the Treatment Episode Data Set, which monitors treatment admissions; the National Center for Health Statistics state mortality data; and the Researched Abuse, Diversion, and Addiction-Related Surveillance System, which monitors prescription drug abuse, misuse, and diversion [1].

Almost all states, including Vermont, have enacted PDMPs to facilitate the collection, analysis, and reporting of information on controlled substances prescribing and dispensing [1]. The following laws and rules for reporting to the Virginia Prescription Monitoring System (VPMS) are accurate as of November 2022. The full and current rules may be viewed online at https://www.healthvermont.gov/about-us/laws-regulations/rules-and-regulations.

Pharmacies and other dispensers shall report each dispensed prescription for a Schedule II, III, or IV controlled substance to the VPMS within either 24 hours or one business day of dispensing the prescription. On any day that no controlled substances are dispensed, a "zero controlled substances report" must be submitted [2]. In Virginia, all licensees who dispense Schedule II, III, and IV controlled substances must register with the Vermont Department of Health to enable their access to the VPMS system [2]. This includes:

- All Vermont-licensed prescribers of controlled substance sand their delegates
- The Medical Director of the Department of Vermont Health Access
- Vermont's Medical Examiners, and delegates from the Chief Medical Examiner's Office investigating deaths in Vermont

Prescribers may designate a delegate or delegates to access and query the VPMS system. Prior to prescribing a controlled substance for a patient, Vermont-licensed prescribers and/or their delegates must query the VPMS system in the following circumstances [2]:

- The first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat pain when such a prescription exceeds 10 pills or the equivalent
- When starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative, long-term pain therapy of 90 days or more
- Prior to writing a replacement prescription for a Schedule II, III, or IV controlled substance
- At least annually for patients who are receiving ongoing treatment (treatment without meaningful interruption) with an opioid Schedule II, III, or IV controlled substance
- The first time a provider prescribes a benzodiazepine
- When a patient requests an opioid prescription or a renewal of an existing prescription for pain from an Emergency Department or Urgent Care prescriber if the prescriber intends to write a prescription for an opioid
- With the exception of prescriptions written from an opioid treatment program, prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont patient for the first time and at regular intervals thereafter, and:
  - At regular intervals thereafter, but no less than twice annually
  - No fewer than two times annually thereafter
  - Prior to writing a replacement prescription
- In the case of an opioid treatment program, prior to prescribing buprenorphine, methadone, or a drug containing buprenorphine to a Vermont patient for the first time, and:
  - Annually thereafter
  - Any other time that is clinically warranted
- Prior to prescribing buprenorphine or a drug containing buprenorphine that exceeds the dosage threshold approved by the Vermont Medicaid Drug Utilization Review Board and published in its Preferred Drug List

State law specifically requires that prescribers query VPMS prior to prescribing an extended-release, non-abuse deterrent hydrocodone or oxycodone formulation and document the findings (review of other controlled substances prescribed). The query must be repeated no less frequently than once every 120 days for any patient prescribed 40 mg or greater of hydrocodone or 30 mg or greater of oxycodone per day of an extended-release hydrocodone or oxycodone that is not an abuse-deterrent opioid as long as the patient possesses a valid prescription for that amount [3].

Training on how to access the VPMS and how to correctly use the information from the VPMS is available from the Vermont Department of Health [2].

Works Cited

1. Reifler LM, Droz D, Bailey JE, et al. Do prescription monitoring programs impact state trends in opioid abuse/misuse? *Pain Med.* 2012;13:434-442.
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3. Vermont Department of Health. Rule Governing the Prescribing of Opioids for Pain. Available at https://www.healthvermont.gov/sites/default/files/documents/pdf/REG_opioids-prescribing-for-pain.pdf. Last accessed November 17, 2022.