New Rules for Opioid Prescribing: What Patients & Providers Need to Know

The change:
As of July 1, 2017, new legal requirements will be in place for prescribing opioids to treat pain in Vermont. These changes apply to the treatment of both acute and chronic pain.

**Acute pain** is pain that lasts less than 90 days and is what is expected after a surgical procedure, trauma, or specific disease. For patients who have not used opioids for >7 consecutive days in the past month ("opioid naïve"), **dose limitations** have been established (see chart, for adults over 18).

<table>
<thead>
<tr>
<th>Pain</th>
<th>Average Daily MME (can taper)</th>
<th>Prescription total MME based on expected duration of pain</th>
<th>Common average daily pill count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor pain:</td>
<td>No opioids</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Molar removal, sprains, non-specific low back pain, headaches, fibromyalgia, undiagnosed dental pain</td>
<td>24 MME/day</td>
<td>0-3 days: 72 MME 1-5 days: 120 MME</td>
<td>4 hydrocodone (5mg), 3 oxycodone (5 mg), or 3 hydromorphone (2 mg)</td>
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<tr>
<td>Moderate pain:</td>
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<tr>
<td>Non-compound bone fracture, most soft tissue and outpatient laparoscopic surgeries, shoulder arthroscopy</td>
<td>32 MME/day</td>
<td>0-3 days: 96 MME 1-5 days: 160 MME</td>
<td>6 hydrocodone (5 mg), 4 oxycodone (5 mg), or 4 hydromorphone (2 mg)</td>
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<tr>
<td>Severe pain:</td>
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<tr>
<td>Many non-laparoscopic surgeries, maxillofacial surgery, total joint replacement, compound fracture repair</td>
<td>50 MME/day</td>
<td>7 day max = 350 MME</td>
<td>10 hydrocodone (5 mg), 6 oxycodone (5 mg), or 6 hydromorphone (2 mg)</td>
</tr>
</tbody>
</table>

For patients with severe pain and extreme circumstances, the provider can make a clinical judgement to prescribe up to 7 days, as long as the reason is documented in the medical record.

**Chronic pain** is pain that lasts longer than 90 days. For patients being initiated on opioids to treat chronic pain, the following requirements must be met:

- Non-opioid alternatives have been maximized
- There has been a trial use of the opioid
- The Vermont Prescription Monitoring System has been queried
- A Controlled Substance Treatment Agreement has been signed, with information regarding treatment goals, pharmacy selection, storage/disposal of medication, and requirements set by the physician/practice (ex. random urine drug testing, pill counts, etc.)

Throughout treatment with chronic opioid pain management, additional requirements include:

- Reevaluation of risk factors, dosage, and effectiveness every 90 days
- Review of the Controlled Substance Treatment Agreement at least once per year → decision can be made to continue with opioids or consider alternatives
- Pain management, substance abuse or pharmacological consultations may be considered if:
  - Goals of treatment are not being met with increasing doses of medication
  - Patient is at high risk for misuse, abuse, diversion, addiction, or overdose or provider suspects or confirms misuse
  - Patient has been prescribed multiple controlled substances
  - Multiple prescribers and/or pharmacies are being utilized

**Naloxone/Narcan** (overdose reversal agent) will be prescribed if:

- Patient is on >90 MME/day
- Patient is on benzodiazepines in addition to opioids

Adapted from “Rule Governing the Prescribing of Opioids for Pain,” Vermont Department of Health, 2017. ¹CDC, “Calculating Total Daily Dose of Opioids for Safe Dosage.”