

# 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.

*Mean morphine equivalent (MME) = standard value based on morphine that is used to compare opioid potencies*

**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).

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

**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

*Dosages > 50 MME/day are associated with a 2x increased risk of overdose than dosages <20 MME/day<sup>1</sup>*

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

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