

Vermont Prescription Monitoring System

January 26, 2017





What is the Vermont Prescription Monitoring System?

- A statewide electronic database of controlled substance prescriptions dispensed from Vermont-licensed pharmacies that became operational in January 2009
- A clinical tool to promote the appropriate prescribing of controlled substances and deter misuse, abuse, and diversion of controlled substances
- A surveillance tool used to monitor statewide prescribing,
 dispensing, and use of controlled substances trends
- A prevention tool to help prescribers and pharmacists intervene with patients who may be at risk for misuse or abuse of controlled substances



Associated Legislation

- In 2006, the Vermont Legislature passed Act 205 authorizing the Vermont Department of Health to establish and operate a Prescription Drug Monitoring Program (PDMP)
- □ Vermont Statute 18 V.S.A Chapter 84a
- Vermont Prescription Monitoring System Rule (eff. 07/01/2017)
 - □ **Prior Rule** (exp. 6/30/17)
- Rule Governing the Prescribing of Opioids for Pain (eff.
 7/1/17)



Information Included in VPMS

- Vermont-licensed pharmacies must upload data on all Schedule II, III, and IV controlled substances dispensed in Vermont
 - □ Schedule II Drugs with a high potential for abuse and dependence
 - Examples include: oxycodone, fentanyl, amphetamine, and methylphenidate
 - Schedule III Drugs with a moderate to low potential dependence.
 - Examples include: products containing not more than 90 mg of codeine per dosage unit, buprenorphine, and anabolic steroids.
 - Schedule IV Drugs with a moderate to low potential for abuse and low risk of dependence.
 - Examples include: clonazepam, diazepam, and alprazolam.
- Controlled substance data collected from Vermont-licensed pharmacies includes information on the:
 - Prescribed drug
 - Recipient of the prescribed drug
 - Health care provider who wrote the prescription
 - Pharmacy that dispensed the prescription

Note: Irrespective of how drugs are scheduled relative to each other, all controlled substances have the potential for abuse and misuse.



ASAP 4.2 Upgrade

- In 2016, VPMS upgraded data collected from pharmacies to provide more information:
 - Payment Type
 - Differentiate veterinary and human use
 - Patient middle name and phone number
 - Dosage Units
 - Prescription partial fill



Data Limitations

- VPMS does not currently collect data on controlled substances dispensed from:
 - Emergency rooms
 - Veterinarian offices
 - Opioid addiction treatment programs (OTPs) that dispense methadone and buprenorphine
- Data submitted to VPMS by pharmacies can contain errors.
 Each data upload from a pharmacy is screened for errors and sent back to the pharmacy to be corrected if errors are discovered. However, not all errors are found or corrected.



Pharmacy Uploading Compliance

- 794 Pharmacies are required to report into VPMS
 - Latest quarterly compliance rates were 83%

- 4th Quarter Average Age of Prescription upon upload into the system was 2 days
 - □ This is prior to moving to 24-hour uploading requirements January 1, 2017



Who Can Access VPMS

Access to this private health information is limited to specific user types. All users must have a validated registration and an audit trail of use is maintained

- Prescribers of controlled substances
- Dispensers of controlled substances
- Prescriber and dispenser delegates
- Residents and fellows
- Vermont Medical Examiner and delegate
- DVHA Medical Director
- VPMS Staff



Registered Users of VPMS

- Prescribers of controlled substances
 - Currently 1,380 of 5,763 estimated prescribers have active accounts (24%)
- Dispensers of controlled substances
 - Currently 398 of 1,553 pharmacists have active accounts (26%)
- Prescriber and dispenser delegates
 - 690 Prescriber Delegates
 - 31 Pharmacist Delegates
- Residents and fellows
- Vermont Medical Examiner and delegate
- DVHA Medical Director
- VPMS Staff



VPMS Rules: Required Prescriber Queries (eff. 7/1/2017)

- 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;

Vermont Department of Health



Required Querying for Medication Assisted Treatment (MAT) (eff. 7/1/2017)

- With the exception of prescriptions written from an OTP, 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; and
 - No fewer than two times annually thereafter; and
 - Prior to writing a replacement prescription.
- In the case of an OTP, prior to prescribing buprenorphine, methadone, or a drug containing buprenorphine to a Vermont patient for the first time, and:
 - Annually thereafter; and
 - Any other time that is clinically warranted.



VPMS Rules: Required Pharmacist Queries (eff. 7/1/2017)

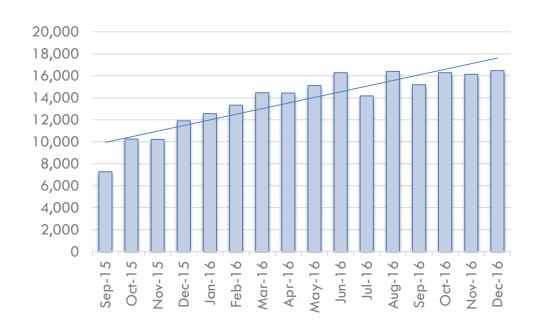
- Prior to dispensing a prescription for a Schedule II, III, or IV opioid controlled substance to a patient who is new to the pharmacy;
- When an individual pays cash for a prescription for a Schedule II, III, or IV opioid controlled substance and the individual has prescription drug coverage on file;
- When a patient requests a refill of a prescription for a
 Schedule II, III, or IV opioid controlled substance substantially in advance of when a refill would ordinarily be due; and
- When the dispenser is aware that the patient is being prescribed Schedule II, III, or IV opioid controlled substances by more than one prescriber.



VPMS Use Over Time

Since implementation of the new system, there has been an increase in the use of VPMS based on the number of patient look-ups.

Number of System Queries by Month





Interstate Data Sharing

- In 2016, VPMS began sharing data through PMPi with NH, MA, NY and CT
 - Connection with each individual state requires a process to ensure that all state specific requirements are met
- Plan to connect with RxCheck upon go-live with new system
 - Increased control of data
 - Stronger security requirements
 - Standardization of role definitions
 - Stronger matching algorithms

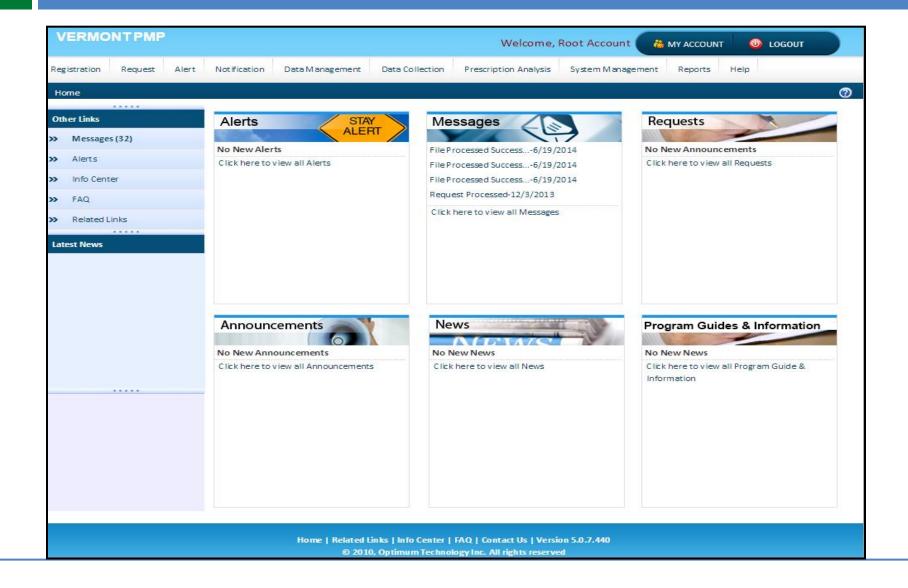
VPMS Upcoming Projects for 2017

- □ Move to AWARxE System
 - Current go-live date is June 15, 2017
- □ Connect with RxCheck

- Prescriber Insight Reports
- Additional, Informative Reports
 - Annual Reports and Data Briefs
 - Unsolicited Reports
- Outreach, Training and Support

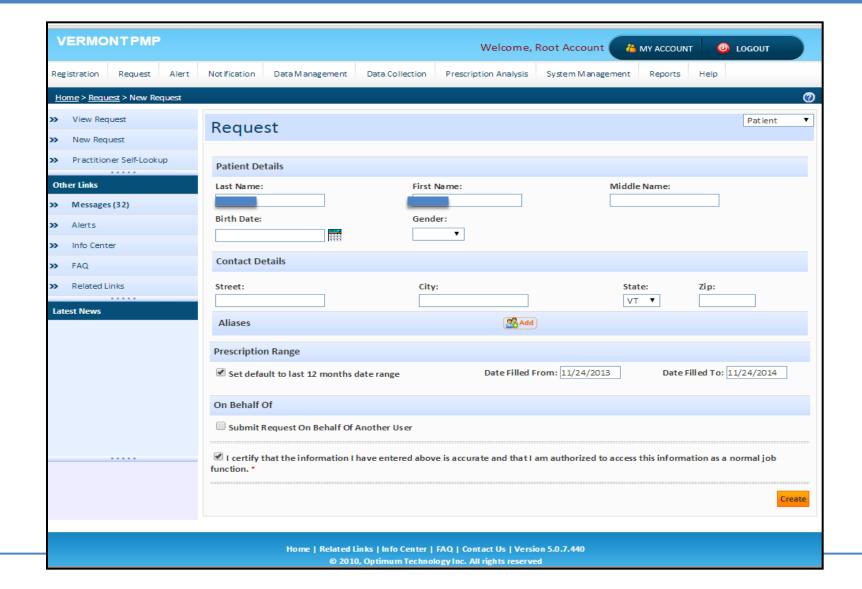


How does it work?



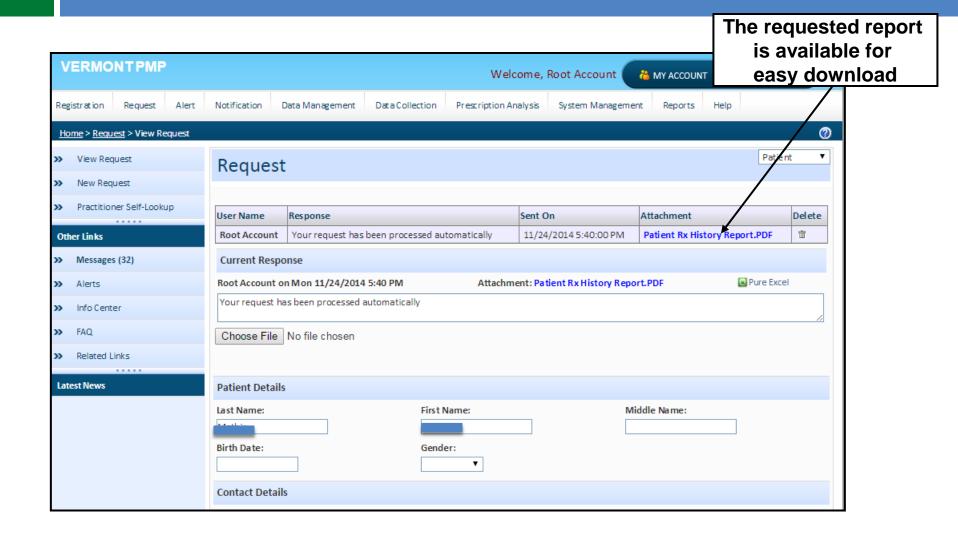


Requests





System Response

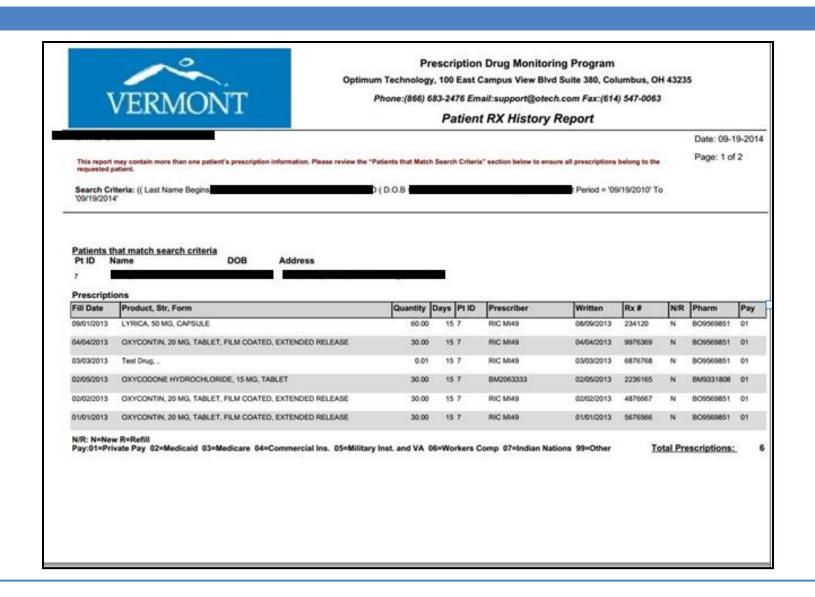


Queries for multiple patients

 More than one patient may be queried at a time either manually or through a file upload



Report





Contact VPMS

Annual Reports and Data Briefs can be found on the VPMS website:

http://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports

□ For more information:

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