Vermont Prescription Monitoring System

April 1, 2016
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 use 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

Source: Vermont Prescription Monitoring System
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. 08/01/2015)
  - Prior Rule (06/2008-08/2015)
- Rule Governing the Prescribing of Opioids for Chronic Pain (08/01/2015)

Source: Vermont Prescription Monitoring System
Vermont-licensed pharmacies must upload data on all dispensed Schedule II, III, and IV controlled substances

- 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.
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.

Source: Vermont Prescription Monitoring System
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

Source: Vermont Prescription Monitoring System
VPMS Rules: Required Querying

- The first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat chronic pain
- 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 receiving ongoing treatment with an opioid Schedule II, III, or IV controlled substance
- When prescribing Schedule II, III or IV controlled substances to treat acute pain (duration longer than 21 days)
- Any other requirement adopted under rule by the Commissioner of Health
Required Querying in ED or Urgent Care

- When a patient requests an opioid prescription for chronic pain from an Emergency Department or Urgent Care prescriber
- When a patient requests an extension of a current opioid prescription for acute pain from an Emergency Department or Urgent Care prescriber
- Before prescribing an opioid for longer than 10 days
Required Querying for Buprenorphine

☐ Prior to prescribing buprenorphine or a drug containing buprenorphine that exceeds the dosage threshold approved by the Vermont Medicaid Drug Utilization Review Board.

☐ Prior to prescribing buprenorphine or a drug containing buprenorphine a Vermont patient for the first time and at regular intervals thereafter
  ☐ No fewer than two times annually thereafter
  ☐ Prior to writing a replacement prescription
How does it work?
The requested report is available for easy download.
Queries for multiple patients

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

Easy Request

- Last Name: 
- First Name: 
- Birth Date: 
- Gender: 
- Date Filled From: 03/28/2015
- Date Filled To: 03/28/2016
- Report Format: PDF

I certify that the information I have entered above is accurate and that this use of the PMP is for the purpose of providing health care to a current patient.
Prescription Drug Monitoring Program
Optimum Technology, 100 East Campus View Blvd Suite 380, Columbus, OH 43235
Phone: (866) 683-2476 Email: support@otech.com Fax: (614) 547-0063

Patient RX History Report

Date: 09-19-2014
Page: 1 of 2

Search Criteria: ( ) Last Name Begins: [ ] D.O.B. [ ] Period = '09/19/2010' To

Patients that match search criteria

<table>
<thead>
<tr>
<th>Pt ID</th>
<th>Name</th>
<th>DOB</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>[redacted]</td>
<td>[redacted]</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

Prescriptions

<table>
<thead>
<tr>
<th>Fill Date</th>
<th>Product, Str, Form</th>
<th>Quantity</th>
<th>Days</th>
<th>Pt ID</th>
<th>Prescriber</th>
<th>Written</th>
<th>Rx #</th>
<th>N/R</th>
<th>Pharm</th>
<th>Pay</th>
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<tbody>
<tr>
<td>06/01/2013</td>
<td>LYRICA, 50 MG, CAPSULE</td>
<td>60.00</td>
<td>15</td>
<td>7</td>
<td>RIC M49</td>
<td>08/06/2013</td>
<td>234120</td>
<td>N</td>
<td>B09569851</td>
<td>01</td>
</tr>
<tr>
<td>04/04/2013</td>
<td>OXYCONTIN, 20 MG, TABLET, FILM COATED, EXTENDED RELEASE</td>
<td>30.00</td>
<td>15</td>
<td>7</td>
<td>RIC M49</td>
<td>04/04/2013</td>
<td>9976369</td>
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<td>B09569851</td>
<td>01</td>
</tr>
<tr>
<td>03/03/2013</td>
<td>Test Drug.</td>
<td>0.01</td>
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<td>7</td>
<td>RIC M49</td>
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<td>01</td>
</tr>
<tr>
<td>02/03/2013</td>
<td>OXYCODONE HYDROCHLORIDE, 15 MG, TABLET</td>
<td>30.00</td>
<td>15</td>
<td>7</td>
<td>BM2063333</td>
<td>02/05/2013</td>
<td>2236185</td>
<td>N</td>
<td>BM931808</td>
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<td>02/02/2013</td>
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<td>01/01/2013</td>
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<td>7</td>
<td>RIC M49</td>
<td>01/01/2013</td>
<td>5676566</td>
<td>N</td>
<td>B09569851</td>
<td>01</td>
</tr>
</tbody>
</table>

N/R: N=New R=Refill
Pay: 01=Private Pay  02=Medicaid  03=Medicare  04=Commercial Ins.  05=Military Inst. and VA  06=Workers Comp  07=Indian Nations  99=Other

Total Prescriptions: 6
Prescription Trends

From the CY2014 VPMS Annual Report
And
CY2014 VPMS Special Report: Opioid Prescriptions and Benzodiazepines
## Prescriptions and Recipients in VPMS by Year

### Total Number of Controlled Substance Prescriptions and Recipients by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Total # of Prescriptions</th>
<th>Total # of Recipients</th>
<th>% of VT Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1,070,854</td>
<td>193,035</td>
<td>29%</td>
</tr>
<tr>
<td>2011</td>
<td>1,072,062</td>
<td>190,009</td>
<td>28%</td>
</tr>
<tr>
<td>2012</td>
<td>1,081,730</td>
<td>186,926</td>
<td>28%</td>
</tr>
<tr>
<td>2013</td>
<td>1,083,612</td>
<td>182,885</td>
<td>27%</td>
</tr>
<tr>
<td>2014</td>
<td>1,111,471</td>
<td>184,402</td>
<td>29%</td>
</tr>
</tbody>
</table>

**TREND**

.sources: Vermont Prescription Monitoring System & U.S. Census
Opioids account for approximately 48% of the controlled substances dispensed in VT on an annual basis. Sedatives account for approximately 26%.

Opioids and stimulants are being prescribed at higher rates than they were five years ago.

**Total Number of Controlled Substance Prescriptions by Drug Type and Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Opioids</th>
<th>Sedatives</th>
<th>Stimulants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>482,572</td>
<td>281,624</td>
<td>111,203</td>
</tr>
<tr>
<td>2011</td>
<td>502,566</td>
<td>284,571</td>
<td>128,169</td>
</tr>
<tr>
<td>2012</td>
<td>513,773</td>
<td>287,121</td>
<td>150,617</td>
</tr>
<tr>
<td>2013</td>
<td>509,057</td>
<td>289,756</td>
<td>164,655</td>
</tr>
<tr>
<td>2014</td>
<td>538,403</td>
<td>291,011</td>
<td>173,199</td>
</tr>
</tbody>
</table>

Source: Vermont Prescription Monitoring System
Opioids were dispensed to more recipients than any other drug type, followed by sedatives and stimulants.
Despite the fact that analgesics and MAT drug prescription totals have both increased in the past five years, MAT drugs represent a small but growing proportion of all opioid prescriptions.

Nearly 80% of opioid prescriptions dispensed in 2014 were analgesics.

**Percent of Opioid Prescriptions by Clinical Application and Year**

- **Analgesics**
  - 2010: 15%
  - 2011: 17%
  - 2012: 19%
  - 2013: 20%
  - 2014: 21%

- **Medications Used in Opioid Addiction Treatment**
  - 2010: 85%
  - 2011: 83%
  - 2012: 81%
  - 2013: 80%
  - 2014: 79%

**Note:** The only medication used in opioid addiction treatment that is reported to VPMS is buprenorphine. Methadone is not represented in VPMS data because it is dispensed from opioid addiction treatment programs that are prohibited from reporting to VPMS.
Women received more opioid prescriptions than men in almost all age groups.

Percentage of Vermont Population That Received At Least Once Prescription for an Opioid by Age and Sex in 2014

Source: Vermont Prescription Monitoring System
Approximately one in five (17%) Vermont residents received at least one prescription for an opioid in 2014.

The percentage of residents having received an opioid prescription in 2014 ranged from 10% in Essex County to 22% in Rutland County.

<table>
<thead>
<tr>
<th>County</th>
<th>Recipients</th>
<th>% of Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addison</td>
<td>6,228</td>
<td>17%</td>
</tr>
<tr>
<td>Bennington</td>
<td>7,511</td>
<td>20%</td>
</tr>
<tr>
<td>Caledonia</td>
<td>5,204</td>
<td>17%</td>
</tr>
<tr>
<td>Chittenden</td>
<td>24,904</td>
<td>16%</td>
</tr>
<tr>
<td>Essex</td>
<td>610</td>
<td>10%</td>
</tr>
<tr>
<td>Franklin</td>
<td>10,249</td>
<td>21%</td>
</tr>
<tr>
<td>Grand Isle</td>
<td>1,415</td>
<td>20%</td>
</tr>
<tr>
<td>Lamoille</td>
<td>5,002</td>
<td>20%</td>
</tr>
<tr>
<td>Orange</td>
<td>4,187</td>
<td>14%</td>
</tr>
<tr>
<td>Orleans</td>
<td>5,321</td>
<td>20%</td>
</tr>
<tr>
<td>Rutland</td>
<td>13,343</td>
<td>22%</td>
</tr>
<tr>
<td>Washington</td>
<td>9,975</td>
<td>17%</td>
</tr>
<tr>
<td>Windham</td>
<td>8,078</td>
<td>18%</td>
</tr>
<tr>
<td>Windsor</td>
<td>7,363</td>
<td>13%</td>
</tr>
<tr>
<td>All VT</td>
<td>109,390</td>
<td>17%</td>
</tr>
</tbody>
</table>

Sources: Vermont Prescription Monitoring System & U.S. Census
The rate of Buprenorphine recipients varies by county.

Buprenorphine can be used for pain relief, but is primarily used to treat individuals with opioid dependence.

VPMS cannot track medications used to treat opioid dependence that are dispensed from opioid addiction programs (OTPs) due to Federal Regulations (42 CFR Part 2).

Rate per 1,000 Vermonters Receiving At Least One Buprenorphine Prescription
Counties with Low Buprenorphine Rates Often Have Higher Rates of Treatment in Hubs – CY2014

- Hubs dispense methadone or buprenorphine but do not report to VPMS due to Federal Regulations (42 CFR Part 2).

Rate per 1,000 Vermonters Receiving At Least One Buprenorphine Prescription

Rate per 1,000 Vermonters Receiving MAT in Hubs

Vermont Prescription Monitoring Program Annual Report, November 2014 and SATIS
Hubs dispense methadone or buprenorphine but do not report to VPMS due to Federal Regulations (42 CFR Part 2).

Rate per 1,000 Vermonters

- Hub Treatment
- Buprenorphine Prescriptions
Taking a benzodiazepine and an opioid prescription at the same time is contraindicated. Providers can check VPMS in order to ensure their patients are not receiving these two drug types at the same time.
Deaths involving benzodiazepines and prescription opioids

Number of drug-related poisonings involving both a benzodiazepine and a prescription opioid (excluding heroin) due to accident or undetermined cause in Vermont

Source: Vermont Department of Health Vital Statistics System
Since 2010, the number of patients identified by VPMS’s as visiting multiple prescribers and/or pharmacists has declined steadily, indicating a decrease in prescribing to high-risk patients.

**Number of times VPMS has sent a proactive report by year**

- 2010: 399
- 2011: 341
- 2012: 252
- 2013: 230
- 2014: 162

*Sources: Vermont Prescription Monitoring System*
Transitioned to a new vendor August 28, 2015
- All prescribers, pharmacists, delegates, residents, and fellows may now register online
- Pharmacies are uploading prescription data to a new location
- New system has improved features and data accuracy checks
System Improvements are in-process to provide greater data accuracy

- User accounts are being updated to improve quality and completeness of user information, including specialty
- Continuing to work with OPR to better identify pharmacies that must report to VPMS for compliance purposes
- Improved person matching algorithms for identifying unique individuals
- Improved threshold letter accuracy due to better person matching
Since implementation of the new system, there has been an increase in the use of VPMS based on the number of patient look-ups.
The CY2015 Annual Report will be available in the summer.

Approximately 42% of prescriptions are currently uploaded within 24 hours of being dispensed.

5211 registered VPMS users; 75% of these are prescribers, prescriber delegates, and residents.

835 new registrants since Oct 2015.
2016 Plans

- Interstate data sharing by 4/22/2016
- Upgrade from ASAP 3.0 to ASAP 4.2 by 5/2016
- Increase to 24 hour pharmacy uploads by 2/2017
2016 Plans

- **Transition to a new platform – Appriss AWARxE**
  - The platform we transitioned to in 2015, created by Optimum, was purchased by Appriss.
  - Appriss is transitioning all customers on the Optimum platform to their new platform

- **System improvements**
  - Improved monitoring of pharmacy error correction/resubmission
  - Improved ability to monitor use of the system and compliance to state law
  - Unsolicited notifications of outlier behavior
Interstate Data Sharing

Data sharing occurs through hubs. MOUs have been signed with two hubs

- **PMPi (4/22/16)** allows VT to share with:
  - In our region: CT and RI (In process: NY, MA, ME)
  - Other states: AZ, AR, CO, DE, ID, IL, IN, IA, KS, KY, LA, MD, MI, MN, MS, NV, NJ, NM, ND, OH, OK, SC, SD, TN, UT, VI, WV, and WI

- **RxCheck** (date TBD) allows VT to share with ME, MA (June 2016), NY (in process of connecting), AL, FL, KY, OK, FL
ASAP Upgrade

- Upgrade data collected from pharmacies from ASAP 3.0 to ASAP 4.2 to provide more information:
  - Who paid for the prescription
  - Differentiate veterinary and human use
  - How pharmacy received the prescription (written, telephone, fax, electronic, etc.)
  - Pharmacy NPI and Phone number
  - Patient middle name and phone number
  - Pharmacist license number
  - Prescription partial fill and date sold information
EMR Access to Prescription History

Overview:

- Starting 4/22/16, the Vermont Prescription Monitoring System (VPMS) will have access to interstate data sharing via the PMPi Hub to allow prescriber login access to multi-state prescription data.
- The PMPi Hub also allows authorized hospitals and practices to connect their Electronic Medical Record (EMR) directly to the PMP “Gateway”.
- The Health Department hopes to work with The University of Vermont Medical Center to pilot this effort here.

* PMP = Prescription Monitoring Program
EMR Access to Prescription History

Some of the EMR vendors successfully connecting to PMP Gateway in other States

PMPi Hub

- 28 States currently connected to the PMPi Hub
- 5 States in queue, including NY, MA, ME
- 45 Hospitals connected to PMP Gateway with approximately 100 in queue
EMR Access to Prescription History

How it works:

- The PMP Gateway is an interface that allows EMRs to query and receive patient prescription history data directly from a patient's medical record.
- The authorized Medical Professional does not need to login to a second system or search through patient records.
- Patient prescriptions from multiple systems in multiple states are live within Gateway.
- Hospitals would be licensed to use Gateway via a licensee agreement.
VDH Received a four-year CDC grant of $940,000/year for prescription drug overdose prevention

- VPMS enhancements to make the system more useful to users by highlighting patient use patterns and identifying outliers
- Provide prescribing best practice technical assistance and quality improvement processes to PCPs through Blueprint practice facilitators and of outlier specialty providers by UVM Office of Primary Care
- Improve VPMS data dissemination and linkages to other epidemiological data
- Identify use patterns of opioid users through an ethnographic evaluation
Vermont Drug Poisoning Deaths by County
(All Drug Poisoning Deaths)

Source: Centers for Disease Control and Prevention, Drug Poisoning Mortality: United States, 2002-2014

Deaths per 100,000

Vermont’s 2014 age adjusted rate of drug poisoning deaths is the same as the U.S. average at approximately 14.7 per 100,000 Vermonters.
This report and more information can be found on the VPMS website: http://www.healthvermont.gov/adap/VPMS.aspx

Contacts

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