State of Vermont
Department of Vermont Health Access
NOB 1 South, 280 State Drive
Waterbury, VT 05671-1010

Agency of Human Services
[Phone] 802-879-5900
[Fax] 802-241-0268

May 30, 2017

Dear Medicaid Provider,

Pursuant to Sections 14(e) and 11(e) of Act 75 (2013) and Sections 2(e) and 2a of Act 173 (2016), The Department for Vermont Health Access (DVHA) will begin implementing initial prescription limits for opiates used in treating acute pain. This rule provides legal requirements for the appropriate use of opioids in treating pain in order to minimize opportunities for misuse, abuse, and diversion, and to optimize prevention of addiction and overdose. The purpose of this statute is to provide prescribers with the framework for prescribing opioids in the smallest dose for the shortest period of time as is clinically appropriate.

The prescription limits apply only to the *first* prescription filled in an outpatient setting for a given course of treatment and do not apply to renewals or refills. The limits do not apply to long-acting opioids as they are intended for opioid tolerant patients and are not indicated for acute pain.

The amount of daily morphine milligram equivalents (MMEs) is frequently used to gauge the abuse and overdose potential of opioids, and will now be part of calculations going forward to determine Vermont Medicaid prescription limits. The MME conversion factor takes prescription data and is used to calculate daily MME. The strength per Unit x (Number of Units/Days Supply) x MME conversion factor = MME/Day. DVHA will use the MME conversion factors provided by the Centers for Disease Control (CDC), and a chart has been provided for your reference (attached). More detailed information can be found on their website at https://www.cdc.gov/drugoverdose/media/index.html

Effective 7/5/17, initial opiate prescriptions for patients 18 years and older will be limited to 50 MME per day and a maximum of 7 days' supply. Patients 17 years of age and younger will be limited to 24 MME per day and a maximum of 3 days' supply. If there is a documented clinical need to support exceeding these limits, a prior authorization will be required. Approval for prescriptions exceeding initial days' supply limits will be assessed on a patient by patient basis after relevant clinical information supporting the request is provided by the prescriber.

Please contact the Change Healthcare Provider Helpdesk at 1-844-679-5362 with any questions regarding these important changes.

Thank you for your continued support of Vermont's clinical pharmacy programs.

Nancy J. Hogue, BS, Pharm.D.
Director of Pharmacy Services

J. Scott Strenio, M.D.
Chief Medical Officer

Oral Morphine Milligram Equivalent Conversion Factors	
Opioid (strength in mg except where noted)	**MME Conversion Factor***
Butorphanol	7
Codeine	0.15
Dihydrocodeine	0.25
Fentanyl, buccal/SL tabet or lozenge/troche (MCG)	0.13
Fentanyl, film or oral spray (MCG)	0.18
Fentanyl, nasal spray (MCG)	0.16
Fentanyl, transdermal patch (MCG/HR)[1]	2.4
Hydrocodone	1
Hydromorphone	4
Levomethadyl acetate	8
Levorphanol tartrate	11
Meperidine	0.1
Methadone	3
Morphine	1
Opium	1
Oxycodone	1.5
Oxymorphone	3
Pentazocine	0.37
Tapentadol	0.4
Tramadol	0.1
*To be used in the formula: Strength per Unit X (Number of Units/ Days Supply) X MME conversion factor = MME/Day	
[1]The MME conversion factor for fentanyl patches is based on the assumption that one milligram of parenteral fentanyl is equivalent to 100 milligrams of oral morphine and that one patch delivers the dispensed micrograms per hour over a 24 hour day.	