



March 14, 2018
Training Room 2
10:00 a.m.

Agenda
Virginia Board of Veterinary Medicine
Opioid Advisory Panel

Call to Order – Ellen Hillyer, MPH, DVM, Chair

- Welcome
- Emergency Egress Procedures

Introductions – Dr. Hillyer

Ordering of Agenda – Dr. Hillyer

Discussion – Ms. Yeatts

Regulations for Prescribing Opioids

- Consideration of comments
- Recommended changes for the Board's consideration

Meeting Adjournment – Dr. Hillyer

This information is in DRAFT form and is subject to change.

BOARD OF VETERINARY MEDICINE

Prescribing of opioids

18VAC150-20-174. Prescribing of controlled substances for pain or chronic conditions.

A. Evaluation of the patient and need for prescribing a controlled substance for pain.

1. For the purposes of this section, a controlled substance shall be a Schedules II through V drug, as set forth in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), which contains an opioid.

2. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. Prior to initiating treatment with a controlled substance, as defined, the prescriber shall perform a history and physical examination appropriate to the complaint and conduct an assessment of the patient's history as part of the initial evaluation.

3. If a controlled substance is necessary for treatment of acute pain, the veterinarian shall prescribe it in the lowest effective dose appropriate to the size and species of the animal for the least amount of time. The dose shall not exceed a 14-day supply.

B. If the prescribing is within the accepted standard of care, a veterinarian may prescribe a controlled substance containing an opioid for management of chronic pain, terminal illnesses, or certain chronic conditions, such as chronic heart failure, chronic bronchitis, osteoarthritis, collapsing trachea, or related conditions.

1. For prescribing a controlled substance for management of pain after the initial 14-day prescription referenced in subsection A of this section, the patient shall be seen and evaluated for the continued need for an opioid.

2. For any prescribing of a controlled substance beyond 14 days, the veterinarian shall develop a treatment plan for the patient, which shall include measures to be used to determine progress in treatment, further diagnostic evaluations or modalities that might be necessary, and the extent to which the pain or condition is associated with physical impairment.

3. For continued prescribing of a controlled substance, the patient shall be seen and reevaluated at least every six months, and the justification for such prescribing documented in the patient record.

C. Prior to prescribing or dispensing a controlled substance, the veterinarian shall document a discussion with the owner about the known risks and benefits of opioid therapy, the responsibility for the security of the drug, and proper disposal of any unused drug.

D. Continuation of treatment with controlled substances shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the veterinarian shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

E. Prescribing of buprenorphine for outpatient administration shall only occur in accordance with the following:

1. The dosage, quantity, and formulation shall be appropriate for the patient; and

2. The prescription shall not exceed a seven-day supply. Any prescribing beyond seven days shall be consistent with an appropriate standard of care and only after a reexamination of the patient as documented in the patient record.

F. The medical record for prescribing controlled substances shall include signs or presentation of the pain or condition, a presumptive diagnosis for the origin of the pain or condition, an

examination appropriate to the complaint, a treatment plan, and the medication prescribed to include the date, type, dosage, and quantity prescribed.

Board of Veterinary Medicine Summary of Comment on Proposed Regulations Prescribing of Opioids

A public comment period on proposed regulations on prescribing opioids was open between December 11, 2017 and February 9, 2018.

There was a public hearing conducted before the Board on February 8, 2018, at which Dr. Barnett spoke in support of the requirement to prescribe opioids in the lowest effective dose appropriate to the size and species of the animal for the least amount of time and for the dose not to exceed a 14-day supply.

Public comment received by email or regular mail included:

Commenter	Comment
Maurice Casey, DVM	Any animal on long-term opioids should be rechecked and evaluated at a minimum of every 3 months or even monthly for the first 6 months. Other modalities should be included in long-term pain management.
S. D. Foley, DVM	Does not believe regulations are necessary for veterinarians – imply that they do not use good judgment. Current protocols for managing pain without opioids; regs are aimed at post-operative pain management, which is always short term. Should set up a CE course to education veterinarians about the consequences of dispensing opioids and red flags to look for.
Eagle's Nest Animal Hospital	Commented in opposition to allowing national corporations to purchase veterinary practices
Jerry Hinn, DVM	Need a database similar to PMP for veterinary prescribing; Need to have a template of drug regulations incorporated into practice document to be signed by the client and practitioner Need to not make veterinary prescribers held to a more stringent standard than physicians
Lori Leonard, DVM	<ul style="list-style-type: none"> • No mention of extenuating circumstances allowing prescribing beyond initial 14-day supply • Not clear when patient must be seen and evaluated (B1) • Question about intermittent pain therapy – how it is recorded and managed • Physical impairment should be expanded to include mental and general impairment (B2) • No opioids are approved for animal use, so it is unknown how a vet can discuss risks and benefits • Recommends 14 days or more for prescribing buprenorphine, as determined by vet • Comments on proper disposal of drugs doesn't really give options; pharmacies and law enforcement don't take back drugs. Questions who has responsibility if drugs are dispensed by a pharmacy • Questions the VVMA and the AAHA and malpractice carriers positions on regs • Questions position of Board of Pharmacy – these regs mandate certain actions when dispensing drugs, which is what pharmacists do; questions why vets are made to follow rules for handling, storage & dispensing of controlled substances • Asks about the penalty for not following the regulations • Asks about the re-evaluation – whether it must be in person or by electronic means

	<ul style="list-style-type: none"> Asks about continuation of treatment beyond 14 days – Part B does not specify number of days for continuation of treatment Asks about extenuating circumstances mentioned in A3 Asks about the reference for standard of care Putting this burden on practicing veterinarians is unfair, as well as abdicating responsibility and accountability where it belongs
Lauri Fauss	Question about information provided to owners if more than one pet in a household is receiving opioid medication and about who signs forms
Va. Veterinary Medical Association	<ul style="list-style-type: none"> Referenced legislation in 2018 General Assembly relating to requiring prescriptions in excess of 7 days to be dispensed by pharmacy; may need amendment to regs A member requested clarification on prescribing buprenorphine over 7 days – is a reexamination required every 7 days or reevaluation (by phone) Appreciate the need to limit the potential for human abuse while allowing vets to provide appropriate pain management

Public comment received through the Virginia Regulatory Townhall included:

Commenter	Comment
Tyler Carmack, DVM	Asks for amendment to buprenorphine section allowing for the use of buprenorphine for a period of longer than 7 days if being used for chronic, palliative care. All clients sign a pain management contract, modeled on similar contracts in human medicine, discussing the risks and benefits of opioid therapy, the responsibility for the security of the drug, and proper disposal of any unused drug.
Theresa Gray, LVT	Supports the changes in regulation
Megan Kees, DVM	Appreciated changing the prescribing standard from 7 to 14 days (emergency regs to proposed regs). Regs appear to be reasonable for management of chronic conditions.
Kelly Gottschalk, DVM	Situations in which buprenorphine is indicated for chronic use, so there should be extenuating circumstances beyond 7 days within a re-examination
Julie Carlisle	Questions whether pets should be microchipped to prevent owner from taking pet to multiple veterinarians for opioid medications
Danielle Russ, LVT	Agree with Dr. Carmack's comment – 14 days is more reasonable.
Elizabeth Arguelles, DVM	Provide an exception to the 7-days rule for buprenorphine for chronic pain and for hospice patient, allowing for a 14-day supply as long as a treatment plan is in place; require re-examination every 6 months
Sarah Sheafor, DVM	Same comment as above – allow exemption for cats with chronic/terminal illnesses with monthly recheck exams
Kathy Kallay, DVM	Requests waiver of limitation of days for prescribing if pet has a terminal condition (palliative care)
Caroline Pattie	Mandatory day 7-14 day limit on opiates is impractical for cats and large dogs with mobility issues. Have not had concerns about diversion issues with owners
Jason Bollenbeck, DVM	Supports tightening regulations but does not believe vets are part of the reason for the opioid crisis. Agrees with other comments about prescribing buprenorphine for cats, especially those chronically ill. Should be able to give a 30-day supply
Lori Leonard, DVA	Comments summarized above
Lauri Fauss	Comment summarized above

Public comment on Proposed Regulations for Opioid Prescribing

From: Maurice Casey [mailto:caseyvetservices1@gmail.com]
Sent: Friday, December 29, 2017 9:32 AM
To: Board of Veterinary, yy <vetbd@dhp.virginia.gov>
Subject: Re: Regulatory Action Public Comment Period

Personally, I feel any animal that needs to be on long term Opioid medication should be required to be rechecked and evaluated at a minimum of every 3 months. Realistically, they should be evaluated at least monthly for the first 6 months to see if the expected response to Opioid medication is being achieved and to tweak dosage to the minimum amount required for pain control. Physical therapy and acupuncture should also be included in the long term pain management as they can contribute positive response to pain.

Sincerely yours, Maurice F. Casey III D.V.M.

From: S.D.Foley [mailto:foleysandra05@gmail.com]
Sent: Thursday, December 28, 2017 9:53 PM
To: Board of Veterinary, yy <vetbd@dhp.virginia.gov>
Cc: foleysandra05@gmail.com
Subject: OPIOD DISCUSSION

MY OPINION IS WHERE IS THIS KNEE JERK REACTION COMING FROM. YES HUMAN DOC MAY HAVE DOUBTED THAT ANY OF THEIR PATIENTS MAY BECOME ADDICTED TO OPOIDS THEY PRESCRIBED. WELL NOW THEY KNOW THESE OPOIDS CAN CAUSE PROFOUND ADDICTIONS. . WHEN YOU PASS A LAW THAT TELLS VETERINARIANS THEY DO NOT HAVE GOOD JUDGEMENT IN PRESCRIBING OPOIDS AND OF COURSE WHAT ARE THE LEGAL IMPLICATION HERE. CURRENT VETERINARY PAIN MANAGEMENT PROTOCOLS ARE USING NSAIDS & GABAPENTIN WITHOUT OPOIDS TO MANAGE CHRONIC PAIN.. THE PROPOSED LAW APPEARS TO BE SIGHTING IN AT POST OPERATIVE PAIN MANAGEMENT., WHICH IS ALWAYS SHORT TERM..

THE STATE OF FLORIDA BVM MANDATES ALL VETERINARIANS MUST HAVE A NUMBER OF HOURS OF CE CONCERNING PRESCRIBING DRUGS.. I CAN SEE THAT PART OF THIS IS AN AWARENESS BY VETERINARIANS THAT PRESCRIBING CONTROLLED DRUGS HAS A LAGE RESPONSIBILITY THAT THOSE DRUGS ARE NOT DIVERTED & USED BY CLIENTS OR WORSE THE CLIENT IS SELLING THE DRUGS ON THE STREET.. I FIND THAT A LOT OF MY CLIENTS WERE PRESCRIBED TRAMADOL AND WHEN WE MAY PRESCRIBE IT FOR THEIR PET . THAT MAY BE A RED FLAG WE NEED TO PAY ATTENTION TOO. RECENTLY MY CLIENTS ARE SAYING THEY TAKE GABAPENTIN AND NOT TRAMADOL, WHICH MAY BE AN ATTEMPT BY THE HUMAN DOCS AT REDUCING "OPOIDS" PRESCRIBING .

SO I THINK . SETTING UP A " OPOID " CE COURSE DESIGNED TO EDUCATE VETERINARIANS ABOUT THE CONSEQUENCES MEDICALLY & LEGALLY OF

DISPENSING OPIOIDS AND WHAT RED FLAGS TO LOOK FOR IN CLIENTS. ALSO TO INCLUDE BEST PRACTICES IN PAIN MANAGEMENT FOR CATS & DOGS.. THIS " COURSE WOULD BE MANDATORY AND UPDATED YEARLY.

2 YEARS AGO DR X AT THEN X VETERINARY HOSPITAL HAD 2 EMPLOYEES STEAL TRAMADOL.. DR. X HAD PREVIOUSLY INSTALLED A CAMERA TO RECORD ACTIVITY IN THE PHARMACY.. THIS FILMING WAS VALUABLE IN CONVICTING THE EMPLOYEES.. THE RESULT OF THIS THEFT WAS GETTING A DEA "APPROVED DRUG STORAGE "BOX" AND BOLTING THE BOX TO THE COUNTER AND ALSO HAVING A LOCK BOX IN THE REFRIGERATOR PLUS A LOCK ON THE REFRIGERATOR. THE SMALL PHARMACY ALREADY HAD A LOCKABLE ENTRY DOOR. DR. X CONSIDERED REMOVING TRAMADOL FROM THE INVENTORY. AFTER THIS INCIDENT TRAMADOL PRESCRIBING BECAME VERY RESTRICTIVE AND OTHER DRUGS LIKE GABAPENTIN WERE USED.

LASTLY IS THIS A TREND WITH VETERINARY BOARDS IN OTHER STATES. CERTAIN STATES ARE HAVING MORE OPIOID ODS THUS "CRISIS" THAN OTHERS. OF COURSE OPIOID ADDICTS HAS MANY SIDE EFFECT: HOMELESSNESS, POVERTY, CRIMINAL ACTIVITY AND IS A SAD STATEMENT ON THE FAILURE OF HUMAN MEDICINE TO HAVE NOT ADDRESSED THIS BEFORE THE CRISIS IT IS . DRUG MANUFACTURERS MUST BEAR SOME RESPONSIBILITY FOR THIS WHICH THEY WILL NEVER ADMIT DUE TO THEIR METHODS

SINCERELY
JAMES FOLEY DVM
PENINSULA VETERINARY RELIEF SERVICE
74 CEDAR RD
POQUOSON, VA
23662

From: Eagle's Nest Animal Hospital [mailto:eaglesnestah@gmail.com]
Sent: Friday, December 29, 2017 10:25 AM
To: Board of Veterinary, yy <vetbd@dhp.virginia.gov>
Subject: Re: Regulatory Action Public Comment Period

As a veterinary practice manager, and a person who is married to a veterinarian I feel that the veterinarians of the last 20 years are destroying the veterinarians of the future. We have all seen human doctors give control of their businesses to insurance companies and practice management corporations. With it appointments grow shorter, rules increase, pro bono work disappears and everything is replaced with the pursuit of profit. Years ago I read in the rules and regulations of several states, and I thought Virginia was one, that Veterinary Practices MUST be owned by veterinarians. Today with national corporations buying practices left, right and center it seems that no longer is a requirement. Young vets come out of school with more and more debt, and less and less wage growth, because they have less and less chance of being a practice owner. I

understand that veterinarians like doctors, dentists and other professionals are not business experts, but the knowledge they need is not secret, it is not difficult and frankly is easy to share. If the Board doesn't address this issue in the not so distant future you will have the Dollar Vet inside the Super Walmart. Perhaps this will be good for the public, I doubt it will be good for veterinarians.

From: Jahinn [mailto:jahinn@aol.com]
Sent: Thursday, January 4, 2018 10:49 AM
To: Knachel, Leslie (DHP) <leslie.knachel@DHP.VIRGINIA.GOV>
Subject: Dear Ms. Knachel

Please provide the following thoughts to the upcoming 2/8/18 Public Hearing:

- 1) Need for a part of the Board's Website where practitioners can go to see posting by other practitioners where substance abuse have been a concern and a prescriber has denied future refills. This would be similar to a human pharmacy data base PMP.
- 2) Need to have a template of these control drug regulations that could be incorporated into every practices documents that is signed by the client as well as the practitioner.
- 3) Need to not make veterinary prescribers to be held to a more stringent standard than physicians.

Thanks in advance and please feel free to call and discuss.

Sincerely,

Jerry Hinn
(703) 380-5964

FROM: Lori D. Leonard, DVM
SUBJ: Proposed Changes to Emergency Regs
TO: VA Vet Board %Leslie Knachel (sent by email)

1st February 2018

Regarding the proposed changes to the emergency regulations 18VAC150-20-174, I have the following comments in addition to my letter mailed to you, dated 19 Dec 17:

- "A3" changes from 7 day supply initially to a 14 day supply. But there is now no mention of extenuating circumstances being allowed, to exceed the initial 14 day supply.
- "B1" patient shall be seen and evaluated; it is not clear when this evaluation needs to take place (i.e., initial visit, at 14 days then at 6 months from the initial date, or 6 months from the 14 day date?)
- If the patient is on intermittent (as needed) pain therapy, how are these records and dates managed? For example, Fido gets 7 days' worth of meds on the first of the month. He is fine until 6 weeks later, when his owner requests a refill. On that 6 week date, can this be considered "prescribing beyond 14 days"? Does there need to be another evaluation and the clock begins again? If there is a holiday or weekend, how much leeway do we have in managing these numbers of days in the patient record? Can the eval be on day 17? Can it be on day 10 because the people are going on a trip and will not be able to pick up a refill on day 14? We need clear guidance in the field on these particulars so that we may comply with the regulations. There must be transparency with this so that all parties understand and agree upon the rules and it is not left up to interpretation by attorneys in case law.

- "B2" pertains to physical impairment; I recommend that mental and general impairments be added to this; lethargy and anorexia are well-documented signs of pain that do not involve a physical impairment. Often, pain in domestic animals is not related solely to physical changes.
- "C" we have to discuss with the owner the known risks and benefits of opioids in animals. Since no opioids have been approved for use in animals, the drugs are all being used in an extra-label manner. Who will tell us what constitutes the known risks and benefits of these drugs in animals? Who determines this, and by what method is it determined?
- "E2" buprenorphine; I recommend that this be changed to allow 14 days or more as determined by the patient and the vet and client.
- Related to proper disposal, what are the real options for clients? The handout that we are instructed to give to clients does not provide actual options. It directs clients to go to a website for more information.
- My local pharmacies and sheriff's office do NOT take back any drugs.
- Who has the burden of discussing and documenting these items with the owner when there is an off-site (online, or retail/compounding) pharmacy filling the prescription? The pharmacists with whom I have discussed these regulations are not aware of these regulations.
- What is VVMA's position statement on these regs?
- What is AAHA's position statement on these regs?
- What is the malpractice insurance company position statement on these regs?
- What is the VA Board of Pharmacy's position statement on these regs, since veterinarians are not bound by the pharmacy regulations? Yet, these regulations clearly mandate certain actions veterinarians must take/document when dispensing controlled drugs. That is something pharmacists do. Veterinarians are not pharmacists, according to the Commonwealth of Virginia. So why are we veterinarians being made to follow emergency regulations/proposed changes to same that concern the handling, storage, and dispensing of controlled substances?

As I stated in my letter, the opioid epidemic is related to heroin and fentanyl in HUMANS. It is not related to tramadol in dogs. With a regulation that states "if the prescribing is within the accepted standard of care"; this is prejudicial, confrontational, and insulting at the very least. Here we are, trying to provide comfort and relieve pain and suffering in the ANIMALS, and we are being told how to do this. Where and what exactly is the accepted standard of care? These drugs, as far as I know, have not been tested in animals so no one really knows the risks and benefits. How are we supposed to know what they are? Furthermore, why are we being mandated to explain these unknowns to the pet owning public? Where and what is the evidence base for opioid use in animals? To put this burden on practicing veterinarians is unfair, as well as abdicating responsibility and accountability where it belongs.

From: Stonewall Vet Accounting [mailto:accounting@stonewallvet.com]
Sent: Monday, February 5, 2018 11:12 AM
To: Board of Veterinary, yy <vetbd@dhp.virginia.gov>
Subject: Opioid dispense

Good morning,

I would like to request a little clarification on opioid dispensing. We currently have owners review and sign a form, which we created by excerpting information from the regulations and some additional information pertaining to our clinic, when we dispense an opioid for their pet. Some households have more than one pet that require opioids. We are dispensing medication for each pet per the regulations, but we are unsure whether we need a form for every pet Or if one for per household is appropriate. Please advise.

We also take care of animals for two dog and one cat rescue. Do we need a form for each animal, or is one per rescue group sufficient? Who needs to sign the form? (Director?, Facility manager/Caregiver?)

We have currently been requiring one form per household and rescue group, but want to make sure we are appropriate.

Thank you,
Lauri Fauss

Ms. Leslie Knachel, Director
Virginia Board of Veterinary Medicine
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Dear Leslie,

The Virginia Veterinary Medical Association (VVMA) offers the following comments regarding the proposed regulations governing the prescribing of controlled substances for pain and chronic conditions, 18VAC150-20-174.

In Section A, Item 3, veterinarians are authorized to prescribe up to 14 days of a controlled substance. Legislation is pending in the 2018 Session of the General Assembly that would require prescriptions of controlled substances over 7 days to be filled at pharmacies. Should this legislation pass the Assembly, it might be helpful to include a reference to this new requirement if the legislative action is completed before the regulations become final. There could be some confusion since veterinarians can write the prescription for up to a 14 day time period in these regulations, but they may be limited by the pending legislation to dispensing only 7 days from the clinic.

In Section E, Item 2, a VVMA member requested clarification regarding the prescription of buprenorphine over 7 days. In the emergency regulations, it was her understanding that they allowed for a "reevaluation" (i.e. by phone) for prescribing beyond the 7 days. These final regulations now say "reexamination." Was this the intent of the emergency regulations even though it did not say "reexamination," or is this a change in policy from the emergency regulations to the final regulations? Is the correct interpretation that an exam for buprenorphine beyond 7 days would require a physical examination every 7 days? Guidance on this issue would be helpful and appreciated.

While a number of veterinarians do not feel that opioid use in the profession is contributing to the current abuse epidemic, we realize the routine prescribing of opioids to animals creates the potential of diversion from the patient to the owner or another individual. We appreciate the Board of Veterinary Medicine working with the VVMA and practitioners across the Commonwealth to craft regulations that attempt to limit the potential for human abuse while allowing veterinarians to provide the best pain management for their patients, without being too burdensome on the profession.

Sincerely,

Susan Seward
Legislative Consultant
Virginia Veterinary Medical Association

DEC 27 2017

DHP

Lori Leonard, DVM
P.O. Box 787
Concord, VA 24538

19 December 2017

Board of Veterinary Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233

Dear Board:

I would like clarification about the emergency regulations and 18VAC150-20-174.

Who will be enforcing these regulations? What is the penalty for not following them?
What is the name of the offense if the regulation is not followed?

For number 4, can the re-evaluation be done in person, on the phone, by email, or text, video, or via Skype?

Part B specifies continuation of treatment beyond 14 days. Part D does not specify the number of days for continuation of treatment. What is the specific number of days for continuation of treatment, with regard to part D?

For part A3, what is the definition of "extenuating circumstances"?

For part E2, what is the exact wording and source of the referenced standard of care?

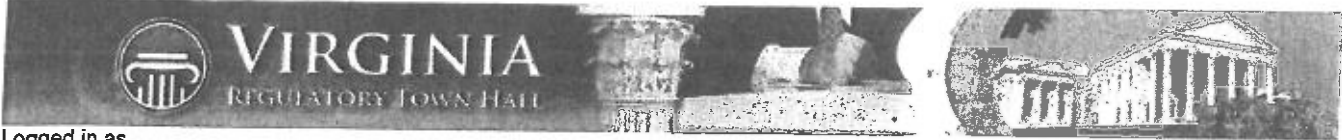
These regulations are an attempt to be part of the solution to the human opioid crisis in the United States. However, the use of tramadol in dogs is NOT the reason for the opioid crisis. The crisis is due to the illegal use of heroin and this has nothing to do with veterinary medicine. These regulations place an undue burden on veterinarians and our clients, when we are providing quality of life for the animals.

I look forward to your prompt reply to my concerns.

Sincerely,


LORI D. LEONARD, DVM

Virginia.gov Agencies | Governor



Logged in as

Elaine J. Yeatts

Agency Department of Health Professions

Board Board of Veterinary Medicine

Chapter Regulations Governing the Practice of Veterinary Medicine [18 VAC 150 - 20]

Action	Prescribing of opioids
Stage	Proposed
Comment Period	Ends 2/9/2018

All good comments for this forum [Show Only Flagged](#)

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Commenter: Tyler Carmack, Hampton Roads Veterinary Hospice

12/28/17 9:17 pm

Chronic buprenorphine

I would request a statement similar to the one below in the buprenorphine section allowing for the use of buprenorphine for a period of longer than 7 days if being used for chornic, palliative care. Although it is not used often, I have used chronic buprenorphine for renal failure cats with severe arthritis that cannot be managed on other available pain medications. We see these cats at least monthly and continue to monitor pain and quality of life. All clients sign a pain management contract, modeled on similar contracts in human medicine, discussing the risks and benefits of opioid therapy, the responsibility for the security of the drug, and proper disposal of any unused drug.

For any prescribing of a controlled substance beyond 14 days, the veterinarian shall develop a treatment plan for the patient, which shall include measures to be used to determine progress in treatment, further diagnostic evaluations or modalities that might be necessary, and the extent to which the pain or condition is associated with physical impairment.

For continued prescribing of a controlled substance, the patient shall be seen and reevaluated at least every six months, and the justification for such prescribing documented in the patient record.

Commenter: Theresa Gray, LVT

12/29/17 11:22 am

Agree

i day YES to the changeThe proposed new text seems to be what a lot of veterinarians are already doing. Yes, owners don't like bringing their pet for a reevaluation they think the practice is only doing it to make money. But when the dr has the owner sign the pain management contract they should be briefed about the fact it's the Law. Most owners will have no issues, those who do will NOT get their medication for their pet and documentation should be noted. I say YES to the change. Maybe add that any dr found not complying will be fined and may have their license suspended or revoked.

Commenter: Megan Kees

12/30/17 11:21 am

ER perspective

Thank you for seeking public comment on this regulation. I'm an emergency veterinarian in NoVA and wanted to say that I appreciate extending prescriptions from 7 days to 14 days as I feel this helps post-op patients who may need pain medication for a bit longer. I'm not often involved in chronic pain management or hospice care, as I tend to refer owners back to their primary care veterinarians for that, but I do appreciate the provision allowing for chronic administration of these medications not just for chronic pain, but for conditions requiring cough suppression. I feel that these regulations are very reasonable in stipulating for rechecks and monitoring to document continued need for opioid based medications.

Commenter: Kelly Gottschalk, DVM

12/30/17 11:29 am

Chronic buprenorphine use in feline patients

I support the regulations as written with one exception. It is very rare, but due to unique features of feline metabolism and pain relief challenges, there are times when chronic use of buprenorphine is indicated. Under item E. 2. , I think there should be provision for extending buprenorphine use beyond 7 days without a re-examination. As written, it could be interpreted that an examination would be required every 7 days.

Commenter: Julie Carlisle

1/2/18 11:39 am

Microchipping pets requiring chronic opioids?

Hate to bring this up, but what prevents a client from taking their pet to multiple vets for controlled substance dispensing. Should these pets be microchipped and entered into some kind of database to prevent this?

Commenter: Danielle Russ, LVT, BS, BA, AS

1/2/18 3:57 pm

Comments re: revision

14 days is more reasonable and I second Dr. Carmack's comments.

Thanks, Dani

Commenter: Elizabeth Arguelles, DVM - Just Cats Clinic, Reston, VA

1/3/18 2:05 pm

chronic use of buprenorphine in feline patients

The way the proposed regulation is written it places a significant burden on veterinarians treating feline patients and owners of feline patients. Buprenorphine is the most commonly used pain medication in feline patients because it is effective, safe, easy for owners to administer, and reasonably priced. Other alternatives like NSAIDs carry a greater risk to the feline patient and many owners refuse to use them. Having to bring a feline patient back to the clinic after only 7 days of treatment will cause cats to suffer from pain as owners will simply not bring them back due to the hassle.

I urge the regulatory committee to provide an exception to the 7 day rule for buprenorphine for chronic pain (arthritis, pancreatitis) and for hospice patients allowing a 14 day supply to be obtained at each refill as long as there is a treatment plan in place and there is a valid client-patient relationship. For patients with chronic conditions or under hospice treatment, physical exams could be required every 6 months instead of yearly.

Commenter: Dr. Kathy Kallay, Four Paws Animal Hospital

1/8/18 5:11 pm

comment on dispensing opioids

I think there should be a waiver on the limitation of 7 and 14 days for initial dispensing of opioids if a pet is diagnosed with a terminal condition.

I already had a case where I diagnosed a dog with end stage cancer and dispensed opioids for pain control. This dog was in a lot of pain, and I was forced to make the dog and owner return in 7 days for another recheck exam. I felt horrible putting the dog through this.

If a pet is terminal and the focus is palliative care only, it is cruel to make the pet return to the office in such a short time frame.

Commenter: Dr. Sarah Sheafor, DACVIM(Oncology), VCA SouthPaws Oncology

1/9/18 12:34 pm

Cats often need chronic buprenorphine therapy

Older cats with osteoarthritis or chronic pancreatitis, as well as those who have oral cancers and many other cancerous conditions may require chronic narcotic therapy -- and buprenorphine is the safest, most effective and if used transbuccally, the easiest for owners to administer. While we may be seeing these cats regularly (weekly initially in treatment, then often monthly once treatment is complete), cats and their owners do not appreciate having to come in to the hospital for a physical exam weekly just to continue their necessary pain medications. I would urge the Board to make an exemption for cats with chronic, debilitating, painful, and terminal illnesses allowing veterinarians to be able to prescribe and dispense buprenorphine for longer than seven days. Monthly recheck exams would enable us to maintain good control of these tiny volumes of dispensed buprenorphine, as well as enabling us to check on a patient's welfare and adjust treatment plan to suit.

Commenter: Caroline Pattie

1/18/18 1:28 pm

Please write exemption on time limits for certain cases

I believe a mandatory 7-14 day limit on opiates is highly impractical for many feline patients due to behavior/anxiety with transport out of the home environment or for large dogs with serious mobility issues. The drug I see this most referring to would be buprenorphine or tramadol for chronic pain conditions. In general I have a very good grasp on those particular cases who get larger

prescriptions at a time and pay attention to the timelines for amounts prescribed vs. refills ordered and have not gotten any feelings of diversion from my personal experience with our clients.

Commenter: Jason Bollenbeck, DVM

1/31/18 3:39 pm

Support with changes

Overall I support tightening regulations on dispensed schedule II-IV drugs. However, I do not feel veterinarians are part of the reason for the opioid crisis in the Commonwealth or in the country, but we should safe guard that we don't become part of the problem. I think tightening dispensed duration and quantity is good as well as re-evaluation time periods and documentation. I do agree with other comments that extending the Buprenex dispense duration and re-examination requirements for chronically ill cats would improve care and quality of life, especially since quantity and strength is so low. To re-examine a cat every 7 days for Buprenex is not practical. For documented chronically ill cats, a 30 days supply followed by a re-examination is more reasonable with a maximum dispensed amount of 3mg (10 ml of 0.3mg/ml) per 30 days. Well below the abusable amount for a human.

Commenter: Lori Leonard, DVM

2/1/18 11:02 pm

Questions & Concerns

Part D does not specify the number of days of continuation of treatment, whereas Part B specifies continuation of treatment beyond 14 days. What is the specific number of days with regard to part D? Can the re-evaluations be done in person, on the phone, by email, or text, video, or Skype? What is the name of the offense if these regulations are not followed? In the proposed changes, there is now no mention of extenuating circumstances being allowed in part A3. This needs to be included but also defined. Part C states that we have to discuss known risks and benefits of these drugs with owners. Since these drugs are being used in an extra-label manner and none has been approved for use in animals, who will tell us what constitutes the known risks and benefits of these drugs in animals? We are being expected to explain something for which there is no evidence base. For E2, this should be changed to allow 14 days or more as determined by the patient and the vet and the owner. Related to proper disposal, what are real options for clients/owners? The handout that we are instructed to give to clients does not provide actual options. It directs clients to go to a website for further information. Who has the burden of discussion and documentation when there is an off-site pharmacy filling these prescriptions? We need clear guidance related to documenting and managing the various numbers of days in the regulations/proposals related to initial visit and re-evaluations. Real life does not happen on day 1, day 7, and day 14. How much leeway do we have to accommodate patients and clients/owners around work schedules, holidays, travel, and so on? If Fido gets 7 days' worth of meds and doesn't need them again until 6 weeks later, is this 6 week date considered "prescribing beyond 14 days"? Or is it considered to be an initial evaluation and we all have to start over with documentation and rule-following? These regulations place an undue and misplaced burden on veterinarians who want to relieve pain and suffering in animals. We are not the source of the opioid addiction crisis in humans. They are abusing heroin and fentanyl according to reports of which I am aware.

Commenter: Lauri Fauss, Stonewall Veterinary Clinic

2/5/18 5:04 pm

Owner notification form

We have created a form for our clients to sign which includes information about the dispensing regulations, disposal information and recheck requirements. We are unclear as to how often such

a form should be renewed (yearly?) and whether it applies to individual patients or whether it applies to individual clients (who may have multiple pets on opioids). We also provide care for rescue groups who periodically have patients that require opioid dispenses. Do we need to create a form for each patient or for the rescue group itself ... and who should sign the form (Director of rescue, Kennel manager or foster)?

All pertinent medical information (diagnosis, dispense, recheck requirements, etc.) are recorded in each patient's chart, as per the regulations. Our form is similar in content to the "Prescription Medication Safety for Veterinarians" form on the DPH website. The owner signs to acknowledge that they have received and understand the information.

**BOARD OF VETERINARY MEDICINE
PUBLIC HEARING ON PROPOSED REGULATIONS
DEPARTMENT OF HEALTH PROFESSIONS
FEBRUARY 8, 2018**

TIME AND PLACE: The Public Hearing was called to order at 8:50 a.m. The purpose of the hearing was to receive public comment on the proposed regulations for prescribing opioids.

PRESIDING OFFICER: Mary Yancey Spencer, J.D., Citizen Member

MEMBERS PRESENT: Ellen G. Hillyer, DVM

STAFF PRESENT: Leslie Knachel, Executive Director
Carol Stamey, Operations Manager

OTHERS PRESENT: Nancy Barnett, DVM

PUBLIC COMMENT: Dr. Barnett presented comment in support of the current draft language regarding 18VAC150-20-174(A)(3).

ADJOURNMENT: With no further comment received, the hearing adjourned at 9:06 a.m.

Mary Yancey Spencer, J.D.
Board Member

Leslie L. Knachel, M.P.H
Executive Director

Date

Date