



Prescription Drug Monitoring Program Training and Technical Assistance Center

Rhode Island

PDMP name: RI PDMP
Agency Responsible: Department of Health
Agency Type: Department of Health
PDMP Website: <http://www.health.ri.gov/programs/prescriptionmonitoring/>
PDMP Email: RIPMP@health.ri.gov PDMP region: East

Contact Information

Ragosta, Peter - Chief Administrative Officer
3 Capitol Hill, Room 205
Providence RI 02908-5097
Office: (401) 222-4747
Fax:
Email: peter.ragosta@health.ri.gov

Ayers, Victoria - Data Manager
3 Capitol Hill, Room 205
Providence RI 02908-5907
Office: (401) 222-2507
Fax: (401) 222-2158
Email: victoria.ayers@health.ri.gov

Statistics

Statistics Year:	2015	DEA Registered Prescribers:	4,862
State population:	1,056,298	DEA Registered Dispensers:	212

Technological Capabilities

ASAP Versions Accepted

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> ASAP 1995 | <input type="checkbox"/> ASAP 4/2007 |
| <input type="checkbox"/> ASAP 1997 | <input checked="" type="checkbox"/> ASAP 4-1/2010 |
| <input type="checkbox"/> ASAP 3/2005 | <input checked="" type="checkbox"/> ASAP 4-2/2011 |

Data Transmission Methods Allowed

- | | |
|--|--|
| <input type="checkbox"/> Electronic data transmissio | <input type="checkbox"/> Mail data transmission |
| <input type="checkbox"/> Fax data transmission | <input type="checkbox"/> Media data transmission |
| <input type="checkbox"/> Other | |

Required Data Transmitters

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Pharmacy in-state | <input checked="" type="checkbox"/> Pharmacy out-state/mail order | <input checked="" type="checkbox"/> Pharmacy out-state other | <input type="checkbox"/> Dispensing doctor |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Indian Health Services | |
- Other:

Data Collection, Storage, Generation and Access

Data Collection Entity:	Vendor	Vendor name:	Optimum Technology
Data Storage Entity:	Vendor	Vendor name:	Optimum Technology
Report Generation Entity:	Vendor	Vendor name:	Optimum Technology
Data Access Entity:	Vendor	Vendor name:	Optimum Technology
Data Access Method:	Web Portal/On-Line		

Data Sharing

- ☒ PMPi Hub List of states involved in sharing:
☐ RxCheck Hub
☐ HIE method

Data Access

- ☐ via Health Information Exchange
☒ via Electronic Health Record
☐ via Pharmacy Dispensing System

Patient Matching

- ☐ Exact Match
☒ Probabilistic Match
☐ Probabilistic/Manual Match
☐ Other Match for queries

Policies and Procedures

Controlled Schedules Monitored

- ☒ Schedule II monitored
☒ Schedule III monitored
☒ Schedule IV monitored
☐ Schedule V monitored

Other Substances Monitored

- ☐ Monitor other authority
☐ Remove from Monitoring

Data Collection and Pertinent Dates

Legislation enacted: 1978 PDMP operational: 1979
Collection frequency: 1 Require zero-reporting? ☐ Zero-reporting frequency:

Relevant Statutes and Rules

Law/Rule Website: <http://www.health.ri.gov/regulations/?parm=Pharmacy>
Law/Statute citation: RI Gen Laws §21-28-3.18
Regulation/Rule citation: RI Code Regs 31-2-1 §§1.0 to 4.0
Dr Shopper law/statute:
Pill Mill law/statute:
Pain Clinic law/statute:
Disclosure law/statute: RI Gen Laws §21-28-3.32

Data Retention

Data Retention Time:

- ☒ Data Retention Policy ☐ Prescriber Information Purged ☐ Patient Information Purged ☐ Retain De-Identified Data
☐ All Information Purged ☐ Dispenser Information Purged ☐ Drug Information Purged

Select Data Fields Available

- ☒ Payment method captured
☒ Patient Identification captured
☐ Person dropping off captured
☐ Person picking up captured
☐ Ability to id prescriber specialty

Miscellaneous Capabilities and Policies

- ☒ Authority to release de-identified data
☒ Ability to de-identified data
☒ Authority to release for epidemiological or educational purposes
☒ Engaged in release for epidemiological or educational purposes
☒ Required Notification to consumers
☐ Mandated Use of Advisory Group
☐ Patient Access to Query List
☐ Collection of naloxone prescriptions

PDMP Required Enrollment and Patient Query

- ☒ Required Enrollment - Prescriber ☒ Required Enrollment - Dispenser

Automatic enrollment with PDMP upon initial registration or renewal.

- ☒ Required Patient Query - Prescriber ☐ Required Patient Query - Dispenser

Opioid Treatment Programs are required to check Department of Health's Prescription Monitoring Program for each new admission. In addition, prior to advancement to a new take-home phase, programs are required to check the Department of Health's Prescription Monitoring Program; requires a practitioner treating a patient for pain management to review the PMP prior to starting an opioid and shall review the PMP at least every 12 months if the patient is continued on the opioid for a period of six months or longer; requires practitioner to check the PMP prior to refilling or initiating therapy with an intrathecal pump and shall review every three months for patients maintained on continuous opioid therapy for three months or longer.

PDMP Requestor Training

Training Website:

Available Training

- | | |
|---|---|
| <input type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Research |
| <input type="checkbox"/> Regulatory Board | |

Training Required Before PDMP Use

- | | |
|---|---|
| <input type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Regulatory Board | <input type="checkbox"/> Other |

Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal? ☐

Prescriber: [To register, must have a State license number, DEA number and Drivers license number](#)

Dispenser:

PDMP Available Reports

Available Reports to Selected Requestors

- | | |
|--|--|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input checked="" type="checkbox"/> Licensing Board Access to Patient History |
| <input checked="" type="checkbox"/> Prescriber Access to Own History | <input checked="" type="checkbox"/> Licensing Board Access to Licensee History |
| <input checked="" type="checkbox"/> Dispenser Access to Patient History | <input type="checkbox"/> Law Enforcement Access to Patient History |
| <input checked="" type="checkbox"/> Dispenser Access to Own History | <input type="checkbox"/> Law Enforcement Access to Prescriber History |
| | <input type="checkbox"/> Law Enforcement Access to Dispenser History |

Requestors and Reports Authorized to Generate

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
Vendor, agent, contract, or designee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requestors and Reports Being Generated

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requestors and Reports Being Generated

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State population: 1,055,173 Registrant Statistics Statistics Year: 2014

Registrant Totals from State

Prescriber:

MD:
DDS:
DVM:
DO:
DPM:
Mid-level nurse:
Mid-level physician:
Other:

Dispenser:

Retail:
Mail Order/On-Line:
Hospital/Institutional:
Clinic:
Pharmacist:

Registrant Totals from DEA

Prescriber: 6,099

MD:
DDS:
DVM:
DO:
DPM:
Mid-level nurse:
Mid-level physician:
Other:

Dispenser: 209

Retail:
Mail Order/On-Line:
Hospital/Institutional:
Clinic:

Prescription Statistics

Statistics Year: 2009

Number of Prescriptions

Prescription total 1,174,901

Schedule II:
Schedule III:
Schedule IV:
Schedule V:
Stimulants:
Tranquilizers:
Sedatives:
Narcotics:

Number of Dosage Units

Dosage Unit total

Schedule II:
Schedule III:
Schedule IV:
Schedule V:
Stimulants:
Tranquilizers:
Sedatives:
Narcotics:

PDMP Reports Statistics

Statistics Year:

2012

Prescriber History (Solicited)

Total: 74

Requested by prescriber:

Requested by regulatory: 74

Requested by law enforcement:

Requested by other:

Prescriber History (Unsolicited)

Total:

Sent to prescriber:

Sent by regulatory:

Sent to law enforcement:

Sent to other:

Dispenser History (Solicited)

Total:

Requested by dispenser:

Requested by regulatory:

Requested by law enforcement:

Requested by other:

Dispenser History (Unsolicited)

Total:

Sent to dispenser:

Sent to regulatory:

Sent to law enforcement:

Sent to other:

Patient History (Solicited)

Total:

Requested by prescriber:

Requested by dispenser:

Requested by regulatory:

Requested by law enforcement:

Requested by patient:

Requested by other:

Patient History (Unsolicited)

Total:

Sent to prescriber:

Sent to dispenser:

Sent to regulatory:

Sent to law enforcement:

Sent to patient:

Sent to other:

Unique Requesters (Solicited)

Total:

Prescribers:

Dispensers:

Patients:

Regulatory:

Law enforcement:

Other:

Unique Recipients (Unsolicited)

Total:

Prescribers:

Dispensers:

Patients:

Regulatory:

Law enforcement:

Other:

Statistical Report

Total:

Requested by prescriber:

Requested by dispenser:

Requested by regulatory:

Requested by law enforcement:

Requested by patient:

Requested by other: