



Prescription Drug Monitoring Program Training and Technical Assistance Center

Vermont

PDMP name: VPMS
Agency Responsible: Department of Health
Agency Type: Department of Health
PDMP Website: <http://healthvermont.gov/adap/vpms.aspx>
PDMP Email: ahs.vdhvpms@vermont.gov PDMP region: East

Contact Information

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Statistics

Statistics Year: 2015

State population: 626,042

DEA Registered Prescribers: 2,903

DEA Registered Dispensers: 156

Technological Capabilities

ASAP Versions Accepted

☐ ASAP 1995

☐ ASAP 1997

☐ ASAP 3/2005

☐ ASAP 4/2007

☐ ASAP 4-1/2010

☒ ASAP 4-2/2011

Data Transmission Methods Allowed

☒ Electronic data transmission

☐ Fax data transmission

☐ Other

☐ Mail data transmission

☐ Media data transmission

Required Data Transmitters

☒ Pharmacy in-state

☐ Veterinarian

☒ Pharmacy out-state/mail order

☒ Veterans Administration

☒ Pharmacy out-state other

☐ Indian Health Services

☒ Dispensing doctor

Other:

Data Collection, Storage, Generation and Access

Data Collection Entity: Vendor

Vendor name: Appriss

Data Storage Entity: Vendor

Vendor name: Appriss

Report Generation Entity: Vendor

Vendor name: Appriss

Data Access Entity: Vendor

Vendor name: Appriss

Data Access Method: Web Portal/On-Line

Data Sharing

- ☒ PMPi Hub
☐ RxCheck Hub
☐ HIE method
- List of states involved in sharing:
[CT, MA, NH, NY](#)

Data Access

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

Patient Matching

- ☒ Exact Match
☐ Probablistic Match
☐ Probablistic/Manual Matc
☐ 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: [05-31-2006](#) PDMP operational: [January 2009](#)
Collection frequency: [1](#) Require zero-reporting? ☒ Zero-reporting frequency: [Daily](#)

Relevant Statutes and Rules

Law/Rule Website: <http://legislature.vermont.gov/statutes/chapter/18/084A> ;
http://healthvermont.gov/regs/documents/vpms_rule.pdf

Law/Statute citation: [VT Statute Title 18 §§4218; 4281 to 4287; Title 28 §801](#)

Regulation/Rule citation: [VT Code Regs 12-5-21 §§1 to 5](#)

Dr Shopper law/statute:

Pill Mill law/statute:

Pain Clinic law/statute:

Disclosure law/statute: [VT Statute Title 18 §4284\(g\)](#)

Data Retention

Data Retention Time: [6 years](#)

- ☒ 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

The following professionals and entities must register with the Department to enable their access to the VPMS system: All Vermont prescribers of controlled substances and their delegates; The Medical Director of the Department of Vermont Health Access; Health care providers licensed to practice in a state with an active reciprocal agreement for Prescription Monitoring Program data-sharing; Vermont's Chief Medical Examiner, and delegate, and medical examiners licensed to practice in another state investigating the death of a Vermont resident; All pharmacists who dispense controlled substances shall register with the Department to enable access to query the VPMS system for information relating to a bona fide current patient. Physicians prescribing buprenorphine to an office-based opioid treatment setting shall register with the PDMP; Dispensers who dispense Sch. II – IV controlled substances

☒ Required Patient Query - Prescriber

☒ Required Patient Query - Dispenser

Prescribers who prescribe controlled substances on Schedule II, III, or IV must query the VPMS: 1. At least annually for patients who are receiving ongoing treatment with an opioid controlled substance; 2. When starting a patient on a controlled substance for non-palliative long-term pain therapy of 90 days or more; 3. The first time the provider prescribes an opioid controlled substance written to treat chronic pain; 4. Prior to writing a replacement prescription for a . All Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the PMP the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and no fewer than two times annually thereafter. Prior to prescribing an extended release hydrocodone that is not in an abuse deterrent formula, the prescriber shall query the VPMS and review other controlled substances prescribed to the patient, and for any patient prescribed 40mg or greater per day, shall query the VPMS no less frequently than once every 120 days for as long as the patient possesses a valid prescription for that amount. Requires adoption of regulations to require dispensers to query the PDMP in at least the following circumstances: prior to dispensing a prescription for a Sch. II – IV opioid controlled substance to a patient who is new to the pharmacy; when a patient pays cash for an opioid when they have insurance on file; when patient requests an early refill of an opioid; when the dispenser is aware that the patient is being prescribed opioids by more than one prescriber; and the regulation shall include an exception for a hospital-based dispenser dispensing an opioid in a quantity sufficient to treat the patient for 48 hours or fewer; requires physicians prescribing buprenorphine to an office-based opioid treatment setting shall query the PDMP as required; opioid treatment programs shall query the PDMP as required.

Requires adoption of regulations to determine if providers should be required to query the PDMP prior to writing a prescription for any opioid Sch. II – IV controlled substance.

PDMP Requestor Training

Training Website:

Available Training

- | | |
|--|---|
| <input checked="" type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input checked="" 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 checked="" type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input checked="" 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: Providers must log into their licensing boards website authenticating they are the licensee.

Dispenser: Dispensers must log into their licensing boards website authenticating they are the licensee.

PDMP Available Reports

Available Reports to Selected Requestors

- ☒ Prescriber Access to Patient History
- ☒ Prescriber Access to Own History
- ☒ Dispenser Access to Patient History
- ☒ Dispenser Access to Own History

- ☒ Licensing Board Access to Patient History
- ☒ Licensing Board Access to Licensee History
- ☒ Law Enforcement Access to Patient History
- ☒ Law Enforcement Access to Prescriber History
- ☒ 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>		<input type="checkbox"/>
Dept of Vermont Health Access	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>