Vermont

PDMP acronym: VPMS
Agency Responsible: Department of Health
Agency Type: Department of Health
Website: http://healthvermont.gov/vpms
Email: ahs.vdhvpms@vermont.gov
Register Website: https://vermont.pmpaware.net
Query Website: https://vermont.pmpaware.net
Data Upload Website: https://pmpclearinghouse.net
Statistics Website: http://www.healthvermont.gov/alcohol-drugs/reports/data-and-reports
Opioid Dashboard Website: http://www.healthvermont.gov/scorecard-opioids
Training Website:
Statute/Regulation Website: http://www.healthvermont.gov/about-us/laws-regulations/rules-and-regulations
Opioid Guidelines Website: http://www.healthvermont.gov/about-us/laws-regulations/rules-and-regulations

PDMP Contact Information

Contact Name: Hauser, Hannah - VPMS Manager
Address: 108 Cherry Street, P O Box 70
City State Zip: Burlington VT 05402-0070
Telephone: 8029227600
Fax: 8026522019
Email: hannah.hauser@vermont.gov

State Population and Number of Registrants

State population: 647,156
DEA Prescriber total: 4,944
DEA Dispenser total: 146
### Data Transmitter(s)

<table>
<thead>
<tr>
<th>Dispensing Practitioner</th>
<th>Pharmacy (In-State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy (Mail Order In-State)</td>
<td>Pharmacy (Mail Order Out of State)</td>
</tr>
<tr>
<td>Pharmacy (Other Out of State)</td>
<td>Veterans Administration</td>
</tr>
</tbody>
</table>

### Substances Monitored

- Schedules II - IV

### Alternate Data Sources

<table>
<thead>
<tr>
<th>Medical Marijuana Dispensations</th>
<th>Naloxone/Narcan Administrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naloxone/Narcan Dispensations</td>
<td>Overdoses - Fatal</td>
</tr>
</tbody>
</table>

### Available Reports

<table>
<thead>
<tr>
<th>Annual PDMP Reports</th>
<th>Clinical Alerts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispenser Reports to Law Enforcement</td>
<td>Licensee Reports to Licensing Board</td>
</tr>
<tr>
<td>MME Calculations</td>
<td>Multiple Provider Episode Reports</td>
</tr>
<tr>
<td>Patient Query Lists to Patients</td>
<td>Patient Reports to Dispensers</td>
</tr>
<tr>
<td>Patient Reports to Law Enforcement</td>
<td>Patient Reports to Licensing Boards</td>
</tr>
<tr>
<td>Patient Reports to Prescribers</td>
<td>Patient Reports with Summary Data</td>
</tr>
<tr>
<td>PDMP Evaluation Reports</td>
<td>Prescriber Report Cards</td>
</tr>
<tr>
<td>Prescriber Reports to Law Enforcement</td>
<td>Prescription Drug Combinations</td>
</tr>
<tr>
<td>Registrant Reports to Dispensers</td>
<td>Registrant Reports to Prescribers</td>
</tr>
<tr>
<td>Statewide Statistics</td>
<td></td>
</tr>
</tbody>
</table>
Statistical Capabilities

- # of Prescription Filled
- # of Prescriptions Filled by CS Schedule
- # of Prescriptions Filled by Drug Class
- Statistics Filtered by Age or Age Range
- Statistics Filtered by Ethnicity or Race
- # of Authorized PDMP Users Enrolled
- # of Registrants in SDTC
- # of Registrants in SDTC by Practice/License Type
- # of Data Errors by Error Type
- # of Data Errors Corrected
- # of At-Risk Patients by Risk Factor
- Risk Factor Statistics by Time Frame
- # of Solicited Prescriber Reports
- # of Solicited Prescriber Reports by Requestor Type
- # of Unsolicited Prescriber Reports
- # of Unsolicited Prescriber Reports by Recipient Type
- # of Solicited Dispenser Reports
- # of Solicited Dispenser Reports by Requestor Type
- # of Unsolicited Dispenser Reports
- # of Unsolicited Dispenser Reports by Recipient Type
- # of Solicited Patient Reports
- # of Solicited Patient Reports by Requestor Type
- # of Unsolicited Patient Reports
- # of Unsolicited Patient Reports by Recipient Type
- # of Dosage Units Dispensed
- # of Dosage Units Dispensed by CS Schedule
- # of Dosage Units Dispensed by Drug Class
- Statistics Filtered by Gender Identification
- Statistics Filtered by Geographic Location
- # of Prescribers Enrolled in PDMP by License Type
- # of Dispensers Enrolled in PDMP by License Type
- # of Prescribers Enrolled in PDMP by Specialty
- # of Unique Prescribers
- # of In-State Queries
- # of In-State Queries by Requestor Type
- # of Interstate Queries
- # of Interstate Queries by Requestor Type
- # of Positive Matches from Interstate Queries
- # of Solicited Statistical Reports by Requestor Type
- # of Unolicited Statistical Reports by Recipient Type
- # of Unique Requestors for Solicited Reports
- # of Unique Requestors by Requestor Type (sol. reports)
- # of Unique Requestors for Unsolicited Reports
- # of Unique Recipients by Recipient Type (unsol. reports)

% Out-of-State Patients: 5-10%
% Out-of-State Prescribers: 5-10%

Data Analysis Resources Available:
Data Analyst
Authorized PDMP Users

Dispenser Delegates - Licensed/Solicited In-State
Dispenser Delegates - Licensed/Solicited Out-of-State
Dispenser Delegates - Unlicensed/Solicited In-State
Dispenser Delegates - Unlicensed/Solicited Out-of-State
Dispensers - Pharmacists/Solicited In-State
Dispensers - Pharmacists/Solicited Out-of-State
Dispensers - Pharmacists/Unsolicited In-State
Law Enforcement - Federal/Solicited In-State
Law Enforcement - Local/Solicited In-State
Law Enforcement - State/Solicited In-State
Medicaid Drug Utilization and Review/Solicited In-State
Medicaid Fraud and Abuse/Solicited In-State
Medical Examiners and Coroners/Solicited In-State
Medical Examiners and Coroners/Solicited Out-of-State
Medical Interns/Solicited In-State
Medical Interns/Solicited Out-of-State
Medical Residents/Solicited In-State
Medical Residents/Solicited Out-of-State
Nurse Practitioners/Solicited In-State
Nurse Practitioners/Solicited Out-of-State
Nurse Practitioners/Unsolicited In-State
Patients/Solicited In-State
Patients/Solicited Out-of-State
Physician Assistants/Solicited In-State
Physician Assistants/Solicited Out-of-State
Physician Assistants/Unsolicited In-State
Prescriber Delegates - Licensed/Solicited In-State
Prescriber Delegates - Licensed/Solicited Out-of-State
Prescriber Delegates - Unlicensed/Solicited In-State
Prescriber Delegates - Unlicensed/Solicited Out-of-State
Prescribers/Solicited In-State
Prescribers/Solicited Out-of-State
Prescribers/Unsolicited In-State
Regulatory and Licensing Boards/Solicited In-State
Regulatory and Licensing Boards/Unsolicited In-State
State Health Departments/Solicited In-State
Engaged PDMP Users

Dispenser Delegates - Licensed/Solicited In-State
Dispenser Delegates - Licensed/Solicited Out-of-State
Dispenser Delegates - Unlicensed/Solicited In-State
Dispenser Delegates - Unlicensed/Solicited Out-of-State
Dispensers - Pharmacists/Solicited In-State
Dispensers - Pharmacists/Solicited Out-of-State
Law Enforcement - Federal/Solicited In-State
Law Enforcement - State/Solicited In-State
Medicaid Drug Utilization and Review/Solicited In-State
Medicaid Fraud and Abuse/Solicited In-State
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Medical Interns/Solicited In-State
Medical Interns/Solicited Out-of-State
Medical Residents/Solicited In-State
Medical Residents/Solicited Out-of-State
Nurse Practitioners/Solicited In-State
Nurse Practitioners/Solicited Out-of-State
Nurse Practitioners/Unsolicited In-State
Patients/Solicited In-State
Physician Assistants/Solicited In-State
Physician Assistants/Solicited Out-of-State
Physician Assistants/Unsolicited In-State
Prescriber Delegates - Licensed/Solicited In-State
Prescriber Delegates - Licensed/Solicited Out-of-State
Prescriber Delegates - Unlicensed/Solicited In-State
Prescriber Delegates - Unlicensed/Solicited Out-of-State
Prescribers/Solicited In-State
Prescribers/Solicited Out-of-State
Prescribers/Unsolicited In-State
Regulatory and Licensing Boards/Solicited In-State
## Budget

<table>
<thead>
<tr>
<th>Total Annual Budget:</th>
<th>$360,000.00</th>
<th>PDMP Staff:</th>
<th>2</th>
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<tbody>
<tr>
<td># of Employees - Operational:</td>
<td>0</td>
<td># of Employees - Other:</td>
<td>0</td>
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<tr>
<td># of Employees - Technical:</td>
<td>1</td>
<td># of Employees - Analytical:</td>
<td>1</td>
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## Funding Source(s)

**CDC Grant**

## Technologies

- **Data Collection Entity:** Vendor
- **Data Collection Vendor name:** Bamboo Health
- **Data Storage Entity:** Vendor
- **Data Storage Vendor name:** Bamboo Health
- **Report Generation Entity:** Vendor
- **Report Generation Vendor name:** Bamboo Health
- **Data Access Method:** Web Portal/On-Line
- **Data Access Entity:** Vendor
- **Data Access Vendor name:** Bamboo Health

- **ASAP Version Utilized:** 4.2
- **State HIE in place**
- **RxCheck Integration Allowed**
- **VHA VISTA integration**
- **HL7 FHIR connectivity**

## Patient Matching

- **Access to patient matching algorithms**
- **Patient Matching Metrics Available:** True positive matches, False positive matches, True negative matches, False negative matches
- **Patient matching data elements:** Patient last name, Patient first name, Patient middle name or initial, Patient address, Patient date of birth, Prescriber, prescribed drug, phone number, pharmacy location, and other fields used when select records are manually reviewed

## Integration(s) Available

<table>
<thead>
<tr>
<th>Integration Type</th>
<th>% Providers</th>
<th>Hub Used</th>
<th>Paid by Fed Gov't</th>
<th>Paid by State Gov't</th>
<th>Paid by Facility</th>
<th>Paid by Provider</th>
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<tbody>
<tr>
<td>EHR Integration</td>
<td>0-24%</td>
<td></td>
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<tr>
<td>HIE Integration</td>
<td>0-24%</td>
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</tbody>
</table>

- **Data Downloaded/Stored**
- **Data Manipulated for Analysis**
- **Multistate Integrations Allowed**

<table>
<thead>
<tr>
<th>Integration Standards:</th>
</tr>
</thead>
</table>

- **Data Downloaded/Stored**
- **Data Manipulated for Analysis**
- **Multistate Integrations Allowed**
<table>
<thead>
<tr>
<th>Integration Type</th>
<th>% Providers</th>
<th>Hub Used</th>
<th>Paid by Fed Gov't</th>
<th>Paid by State Gov't</th>
<th>Paid by Facility</th>
<th>Paid by Provider</th>
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<tbody>
<tr>
<td>PDS Integration</td>
<td>0-24%</td>
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<tr>
<td>□ Data Downloaded/Stored</td>
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</tr>
<tr>
<td>□ Data Incorporated with Interstate Data</td>
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<td>Integration Standards:</td>
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</tr>
<tr>
<td>State</td>
<td>Hub Type</td>
<td></td>
<td></td>
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<tr>
<td>---------------------</td>
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</tr>
<tr>
<td>Arizona</td>
<td>PMPi Hub</td>
<td></td>
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<tr>
<td>Arizona</td>
<td>RxCheck Hub</td>
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<tr>
<td>Connecticut</td>
<td>PMPi Hub</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td>PMPi Hub</td>
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<td></td>
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<tr>
<td>Delaware</td>
<td>RxCheck Hub</td>
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<tr>
<td>Florida</td>
<td>RxCheck Hub</td>
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<tr>
<td>Maine</td>
<td>PMPi Hub</td>
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<tr>
<td>Massachusetts</td>
<td>PMPi Hub</td>
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<tr>
<td>New Hampshire</td>
<td>PMPi Hub</td>
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<tr>
<td>New Jersey</td>
<td>PMPi Hub</td>
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<tr>
<td>New York</td>
<td>PMPi Hub</td>
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<td></td>
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<tr>
<td>Pennsylvania</td>
<td>PMPi Hub</td>
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<tr>
<td>Pennsylvania</td>
<td>RxCheck Hub</td>
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<tr>
<td>Rhode Island</td>
<td>PMPi Hub</td>
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</table>
# PDMP Policies

<table>
<thead>
<tr>
<th>Enabling legislation enacted:</th>
<th>2006</th>
<th>Data collection frequency:</th>
<th>Daily or next business</th>
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</thead>
<tbody>
<tr>
<td>PDMP operational:</td>
<td>2009</td>
<td>Requirement for zero-reporting</td>
<td>✓</td>
</tr>
<tr>
<td>User access date (any method):</td>
<td>2009</td>
<td>Frequency of zero-reporting:</td>
<td>Daily</td>
</tr>
<tr>
<td>User electronic access date:</td>
<td>2009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date received electronic data:</td>
<td>2009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interstate sharing start date:</td>
<td>2016</td>
<td></td>
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</tr>
<tr>
<td>Law/Statute citation:</td>
<td>VT Statute Title 18 §§4218; 4281; Title 28 §801</td>
<td></td>
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<tr>
<td>Regulation/Rule citation:</td>
<td>VT Code Regs 12-5-21 §51 to 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Shopper law/statute:</td>
<td>18 VSA §§ 4223</td>
<td></td>
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</tr>
<tr>
<td>Pill Mill law/statute:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain Clinic law/statute:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Unauthorized Use or Disclosure:</td>
<td>VT Statute Title 18 §4284(g)</td>
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<td></td>
</tr>
</tbody>
</table>

Enacted 42 CFR Part 2: 42 CFR Part 2 Details:

- ✓ Required Notification to consumers
- ✓ Mandated Use of Advisory Group
- ✓ Payment method captured
- ✓ Ability to id prescriber specialty
- ✓ Patient consent required before PDMP data release
- ✓ Ability for users to set thresholds for alert notices
- ✓ Ability for users to do user-led alert notices
- ✓ Mandatory E-Prescribing (EPCS)
- ✓ Compliance Process for Enrollment Mandates
- ✓ Compliance Process for Query Mandate
- ✓ ICD-10 Codes Collected
- ✓ Deceased Patient Field
- ✓ Engaged in Academic Detailing
- ✓ Patient ID Required to be Presented to Dispenser
- ✓ Ability to de-id data
- ✓ Authority to release de-id data

De-identified data sharing conditions: Department of Health Use of Data 1. The Department may use the data contained in the VPMS database for health promotion purposes including the publication of aggregate, de-identified data about the extent of reportable prescription drug use in Vermont or

De-Identified Data Retention Details:
- ✓ Data Retention Policy
- Data Retention Time: 6 years
- ✓ All Information Purged
- □ Patient Information Purged
- □ Prescriber Information Purged
- □ Dispenser Information Purged
- □ Drug Information Purged
- ✓ HIPAA Covered Entity
- ✓ Identifiable Data to State Health Dept
- □ Identifiable Data to local Health Dept
- □ Certified as CMS Specialized Registry
- ✓ PDMP Disaster Recovery Plan

Record Retention Details:
- ✓ Patient Notification of Breach
- □ Written Notification of Breach

Patient Breach Notification Method:
- Patient Breach Notification Method Other:
- E-prescribing required substances:
- E-prescribing exemptions/waivers:
- Authority to enforce PDMP mandates: Regulatory/Licensing Board
Enrollment and Accounts

- Supervisor Review/audit of Delegate Accounts  Number of Delegates allows:  <50
- Auto Enroll with License Renewal or App

Enrollment Method:
online enrollment

Practitioner IDs for PDMP Account:
DEA controlled substance registration number; Licensing Board number; National Provider Identifier;

2 Factor Authentication:
2 factor authentication not offered

Criteria for Dispensers to get account to upload data
Must complete online profile registration

Criteria for Prescriber delegates to get account:
Delegate accounts must be added to a master account holder with a valid DEA and VT license.

Criteria for Dispenser delegates to get account:
Delegate accounts must be added to a master account holder with a valid DEA and VT license.

Criteria for PAs to get account:
Must have a valid DEA and VT license

Criteria for Nurse Practitioners to get account:
Must have a valid DEA and VT license

Criteria for other users to get account:
Requirements for Patients to get PDMP Report:
A patient for whom a prescription for a controlled substance has been written or dispensed may request information from VPMS relating to himself or herself. The request shall be submitted to the Department in writing, shall be signed by the patient and sh

Requirements for others to get PDMP Report
Criteria for Online Non-healthcare accounts:
Medical examiners/coroners
PDMP Data for Epidemiological Purposes: Authority to Release

- Law Enforcement On-line access to PDMP
- Law Enforcement Written Request access to PDMP

Law Enforcement Access Method:
Court Order/Approval

- PDMP users validated with DEA Registration File
- PDMP users validated with NPI File
- PDMP users validated with State Licensing Board File
- PDMP Access without DEA Number Validation Process for users without DEA #:
Enrollment Mandates

Dispenser - Mandatory PDMP Enrollment
Prescriber - Mandatory PDMP Enrollment

Effective Date(s): July 1, 2013

Details:
18 V.S.A. § 4289. Standards and guidelines for health care providers and dispensers (b)(1) Each health care provider who prescribes any Schedule II, III, or IV controlled substances shall register with the VPMS by November 15, 2013. Vermont Prescription Monitoring System Rule: 5.1.1 All Vermont-licensed pharmacists shall register to query the VPMS.

Effective Date(s): July 1, 2013; OBOT 10-11-21

Details:
18 V.S.A. § 4289. Standards and guidelines for health care providers and dispensers (b)(1) Each health care provider who prescribes any Schedule II, III, or IV controlled substances shall register with the VPMS by November 15, 2013. Vermont Prescription Monitoring System Rule: 5.1.1 All Vermont-licensed pharmacists shall register to query the VPMS.

Use Mandates

Dispenser - Mandatory PDMP Use
Prescriber - Mandatory PDMP Use

Effective Date(s): November 15, 2013 (health care providers); October 1, 2013 (replacement prescriptions); December 3, 2014 (extended release non-abuse deterrent hydrocodones); May 8, 2012 (OTPs); October 29, 2014 (Medicaid)

Details:
Vermont Prescription Monitoring System Rule: 6.2 Prescriber-Required Querying of VPMS Prior to prescribing a controlled substance for a patient, Vermont licensed prescribers and/or their delegates must query the VPMS system in the following circumstances: 6.2.1 The first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat pain when such a prescription exceeds 10 pills or the equivalent; 6.2.2 When starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long-term pain therapy of 90 days or more; 6.2.3 Prior to writing a replacement prescription for a Schedule II, III, or IV controlled substance; 6.2.4 At least annually for patients who are receiving ongoing treatment (treatment without meaningful interruption) with an opioid Schedule II, III, or IV controlled substance; 6.2.5 The first time a provider prescribes a benzodiazepine; 6.2.6 When a patient requests an opioid prescription or a renewal of an existing prescription for pain from an Emergency Department or Urgent Care prescriber if the prescriber intends to write a prescription for an opioid; 6.2.7 With the exception of prescriptions written from an OTP, prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont patient for the first time and at regular intervals thereafter, and: 6.2.7.1 At regular intervals thereafter, but no less than twice annually; and 6.2.7.2 No fewer than two times annually thereafter; and 6.2.7.3 Prior to writing a replacement prescription. 6.2.8 In the case of an OTP, prior to prescribing buprenorphine, methadone, or a drug containing buprenorphine to a Vermont patient for the first time, and: 6.2.8.1 Annually thereafter; and 6.2.8.2 Any other time that is clinically warranted. 5.2 Pharmacist Required Querying of the VPMS All dispensers, with the exception of hospital-based dispensers dispensing a quantity of a Schedule II, III, or IV opioid controlled substance that is sufficient to treat a patient for fewer than 48 hours shall query the Vermont Prescription Monitoring System in the following circumstances: 5.2.1 Prior to dispensing a prescription for a Schedule II, III, or IV opioid controlled substance to a patient who is new to the pharmacy; 5.2.2 When an individual pays cash for a prescription for a Schedule II, III, or IV opioid controlled substance and the individual has prescription drug coverage on file; 5.2.3 When a patient requests a refill of a prescription for a Schedule II, III, or IV opioid controlled substance substantially in advance of when a refill would ordinarily be due; and 5.2.4 When the dispenser is aware that the patient is being prescribed Schedule II, III, or IV opioid controlled substances by more than one prescriber.
Effective Date(s):  November 15, 2013 (health care providers); October 1, 2013 (replacement prescriptions); December 3, 2014 (extended release non-abuse deterrent hydrocodones); May 8, 2012 (OTPs); October 29, 2014 (Medicaid); OBOT 10-11-21

Details:
Vermont Prescription Monitoring System Rule:  6.2 Prescriber-Required Querying of VPMS Prior to prescribing a controlled substance for a patient, Vermont licensed prescribers and/or their delegates must query the VPMS system in the following circumstances:  6.2.1 The first time the provider prescribes an opioid Schedule II, III, or IV controlled substance written to treat pain when such a prescription exceeds 10 pills or the equivalent;  6.2.2 When starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long-term pain therapy of 90 days or more;  6.2.3 Prior to writing a replacement prescription for a Schedule II, III, or IV controlled substance;  6.2.4 At least annually for patients who are receiving ongoing treatment (treatment without meaningful interruption) with an opioid Schedule II, III, or IV controlled substance;  6.2.5 The first time a provider prescribes a benzodiazepine;  6.2.6 When a patient requests an opioid prescription or a renewal of an existing prescription for pain from an Emergency Department or Urgent Care prescriber if the prescriber intends to write a prescription for an opioid;  6.2.7 With the exception of prescriptions written from an OTP, prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont patient for the first time and at regular intervals thereafter, and:  6.2.7.1 At regular intervals thereafter, but no less than twice annually; and  6.2.7.2 No fewer than two times annually thereafter; and  6.2.7.3 Prior to writing a replacement prescription.  6.2.8 In the case of an OTP, prior to prescribing buprenorphine, methadone, or a drug containing buprenorphine to a Vermont patient for the first time, and:  6.2.8.1 Annually thereafter; and  6.2.8.2 Any other time that is clinically warranted.  5.2 Pharmacist Required Querying of the VPMS All dispensers, with the exception of hospital-based dispensers dispensing a quantity of a Schedule II, III, or IV opioid controlled substance that is sufficient to treat a patient for fewer than 48 hours shall query the Vermont Prescription Monitoring System in the following circumstances:  5.2.1 Prior to dispensing a prescription for a Schedule II, III, or IV opioid controlled substance to a patient who is new to the pharmacy;  5.2.2 When an individual pays cash for a prescription for a Schedule II, III, or IV opioid controlled substance and the individual has prescription drug coverage on file;  5.2.3 When a patient requests a refill of a prescription for a Schedule II, III, or IV opioid controlled substance substantially in advance of when a refill would ordinarily be due; and  5.2.4 When the dispenser is aware that the patient is being prescribed Schedule II, III, or IV opioid controlled substances by more than one prescriber.

VT ADC 12-5-102:6.0 Clinical Care and Management Requirements
6.5.2 Monitoring for Diversion 6.5.2.1 To ensure patient and public safety, each OBOT provider shall develop clinical practices to minimize risk of diversion. These clinical practices shall include: 6.5.2.1.1 Querying VPMS as required by the Vermont Prescription Monitoring System Rule.
### Training on Enrollment and Use

<table>
<thead>
<tr>
<th>Role</th>
<th>Training Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriber</td>
<td>In-person; Interactive online training; Webinar</td>
</tr>
<tr>
<td>Dispenser</td>
<td>In-person; Interactive online training; Webinar</td>
</tr>
</tbody>
</table>

### PDMP Queries

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to search for multiple patients in one query</td>
<td>Yes</td>
</tr>
<tr>
<td>Patient Query Date Range:</td>
<td>&gt;3 years</td>
</tr>
<tr>
<td>Minimum data elements to query for healthcare user:</td>
<td>Last name, first name, dob</td>
</tr>
<tr>
<td>Query by partial data elements by healthcare user:</td>
<td>Must provide at least first three letters of first name and first three letters of last name with a partial name search</td>
</tr>
<tr>
<td>Optional data elements to query by healthcare user:</td>
<td>Middle name, gender, street, city, state, zip, prescription date range</td>
</tr>
<tr>
<td>Minimum data elements to query for non-healthcare user:</td>
<td>Last name, first name, dob</td>
</tr>
<tr>
<td>Query by partial data elements by non-healthcare user:</td>
<td>Middle name, gender, street, city, state, zip, prescription date range</td>
</tr>
</tbody>
</table>

### Unsolicited Reports/Push Notifications

| Frequency unsolicited alerts/reports generated: | Quarterly |
| Delivery method for unsolicited alerts/reports: | Providers surpassing 5x5 MPE are reviewed by the Commissioner of Health for follow-up and/or referral to licensing board |
| Delivery method for unsolicited alerts/reports - LE: | Unsolicited reports are only sent to the licensing boards in two scenarios: 1) if prescriber has been flagged through Commissioner of Health review, 2) if the prescriber has not responded to multiple requests to register for VPMS and has continued prescri |
| Delivery method for unsolicited alerts/reports - Boards: | Unsolicited alerts/reports to practitioners not enrolled in PDMP |
Veterinary Policies

Data transmission frequency for Veterinarians:
Criteria for veterinarian queries:
- Veterinarian access to owner's prescription history
- Reporting Specifications

Reporting Method:
Reporting Specifications:
Data Fields:
Reporting Description:
- Reporting Mandate Compliance
Reporting Compliance Details:
Reporting Mandate Actions:
Reporting Issues: Veterinarians are not allowed to register as submitters
Reporting Misc Information:
- Enrollment Mandate Compliance
Enrollment Description: Veterinarians are not allowed to enroll as either requestors or submitters
Enrollment Mandate Compliance Details:
Enrollment Mandate Criteria:
- Query Mandate Compliance
Query Description: Veterinarians are not permitted by statute/rule/policy to query
Query Mandate Compliance Details:
Query Mandate Criteria:
**PDMP Effectiveness Measures**

Reduction in morphine milligram equivalents (MMEs) prescribed or dispensed
Reduction in number of fatal or non-fatal overdoses
Reduction in incidence of multiple provider episodes
Reduction in number of opioid prescriptions issued

**Substance Use Disorder Activities**

**Tools or Resources**

- MAT Services
- MOUD Services
- Harm Reduction Strategies
- Mental Health Assistance Services
- Employee Assistance Programs
- Housing Assistance Programs
- Re-Entry Programs

**Surveillance Activities**

- Emergency Department Data

**Data Sources for Surveillance Activities:**

- Medical Examiner/Coroner Data

While the PDMP participates in surveillance activities through provision of data and/or linking, this information is not integrated into the PDMP, nor specifically under the PDMP program's oversight. https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP-2018-Vermont-Social-Autopsy.pdf is one of the largest projects of this sort, although other projects including EMS data are also in the works, although not active reports yet.

**Initiated Actions**

- Resources to Affected Areas
- Directed Training on Prescribing
- Prescription Drug Tool Kits
- Risk Evaluation/Analysis on PDMP Reports
- Referrals to SUD Organizations
- Referrals to OFR Teams

**Other Actions:**