**PDMP acronym:** VPMS  
**Agency Responsible:** Department of Health  
**Agency Type:** Department of Health  
**Website:** [http://healthvermont.gov/vpms](http://healthvermont.gov/vpms)  
**Email:** ahs.vdhvpms@vermont.gov  
**Register Website:** [https://vermont.pmpaware.net](https://vermont.pmpaware.net)  
**Query Website:** [https://vermont.pmpaware.net](https://vermont.pmpaware.net)  
**Data Upload Website:** [https://pmpclearinghouse.net](https://pmpclearinghouse.net)  
**Opioid Dashboard Website:** [http://www.healthvermont.gov/scorecard-opiods](http://www.healthvermont.gov/scorecard-opiods)  
**Training Website:**  

**PDMP Contact Information**

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Address</th>
<th>City State Zip</th>
<th>Telephone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hauser, Hannah - PM</td>
<td>108 Cherry Street, P O Box 70</td>
<td>Burlington VT 05402-0070</td>
<td>8026524147</td>
<td>8026522019</td>
<td><a href="mailto:hannah.hauser@vermont.gov">hannah.hauser@vermont.gov</a></td>
</tr>
<tr>
<td>Kretzer, Lela - VPMS</td>
<td>108 Cherry Street, P O Box 70</td>
<td>Burlington VT 05402-0070</td>
<td>8028636354</td>
<td>8026522019</td>
<td><a href="mailto:lela.kretzer@vermont.gov">lela.kretzer@vermont.gov</a></td>
</tr>
</tbody>
</table>

**State Population and Number of Registrants**

| State population:  643,503 | DEA Prescriber total:  4,611 | DEA Dispenser total:  143 |
Data Transmitter(s)

- Dispensing Practitioner
- Pharmacy (Mail Order In-State)
- Pharmacy (Other Out of State)
- Pharmacy (In-State)
- Pharmacy (Mail Order Out of State)
- Veterans Administration

Substances Monitored

- Medical Marijuana Dispensations
- Naloxone/Narcan Dispensations

Alternate Data Sources

- Naloxone/Narcan Administrations
- Schedules II - IV

Overdoses - Fatal

Available Reports

- Annual PDMP Reports
- Dispenser Reports to Law Enforcement
- MME Calculations
- Patient Reports to Dispensers
- Patient Reports to Licensing Boards
- Patient Reports with Summary Data
- Prescriber Report Cards
- Registrant Reports to Dispensers
- Statewide Statistics

- Clinical Alerts
- Licensee Reports to Licensing Board
- Patient Query Lists to Patients
- Patient Reports to Law Enforcement
- Patient Reports to Prescribers
- PDMP Evaluation Reports
- Prescriber Reports to Law Enforcement
- Registrant Reports to Prescribers

Statistical Capabilities

- # of Prescribers Enrolled in PDMP by License Type
- # of Prescribers Enrolled in PDMP by Specialty
- # of Unique Prescribers
- # of Solicited Prescriber Reports by Requestor Type
- # of Unsolicited Prescriber Reports by Recipient Type
- # of Solicited Dispenser Reports by Requestor Type
- # of Unsolicited Dispenser Reports by Recipient Type
- # of Solicited Patient Reports by Requestor Type
- # of Unsolicited Patient Reports by Recipient Type
- # of Solicited Statistical Reports by Requestor Type
- # of Unsolicited Statistical Reports by Recipient Type
- # of Unique Requestors by Requestor Type (sol. reports)
- # of Unique Recipients by Recipient Type (unsol. reports)

- # of Prescriptions Filled by CS Schedule
- # of Prescriptions Filled by Drug Class
- # of Dosage Units Dispensed by CS Schedule
- # of Dosage Units Dispensed by Drug Class
- # of Data Errors by Error Type
- # of Data Errors Corrected
- # of At-Risk Patients by Risk Factor
- Risk Factor Statistics by Time Frame
- # 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

- % Out-of-State Patients: 5-10%
- % Out-of-State Prescribers: 5-10%
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
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
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>
</tr>
<tr>
<td># of Employees - Technical:</td>
<td>1</td>
<td># of Employees - Analytical:</td>
<td>1</td>
</tr>
</tbody>
</table>

## Funding Source(s)

- CDC Grant

## Technologies

- **Data Collection Entity:** Vendor
- **Data Collection Vendor name:** Appriss
- **Data Storage Entity:** Vendor
- **Data Storage Vendor name:** Appriss
- **Report Generation Entity:** Vendor
- **Report Generation Vendor name:** Appriss
- **Data Access Method:** Web Portal/On-Line
- **Data Access Entity:** Vendor
- **Data Access Vendor name:** Appriss
- **ASAP Version Utilized:** 4.2
- **State HIE in place**
- **RxCheck Integration Allowed**
- **VHA VISTA integration**
- **HL7 FHIR connectivity**

## Patient Matching

- **Referential Matching**
- **Deterministic Matching**
- **Manual Matching**
- **Exact Matching**
- **Probablistic Matching**
- **Probablistic and Manual 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

- State HIE in place
- RxCheck Integration Allowed
- VHA VISTA integration
- HL7 FHIR connectivity
<table>
<thead>
<tr>
<th>State</th>
<th>Hub Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>Delaware</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>Delaware</td>
<td>RxCheck Hub</td>
</tr>
<tr>
<td>Maine</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>New Jersey</td>
<td>PMPi Hub</td>
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<tr>
<td>New York</td>
<td>PMPi Hub</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>PMPi Hub</td>
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<tr>
<td>Enabling legislation enacted:</td>
<td>2006</td>
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<tr>
<td>-----------------------------</td>
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<tr>
<td>PDMP operational:</td>
<td>2009</td>
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<tr>
<td>User access date (any method):</td>
<td>2009</td>
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<tr>
<td>User electronic access date:</td>
<td>2009</td>
</tr>
<tr>
<td>Date received electronic data:</td>
<td>2009</td>
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<tr>
<td>Interstate sharing start date:</td>
<td>2016</td>
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<tr>
<td>Law/Statute citation:</td>
<td>VT Statute Title 18 §§4218; 4281; Title 28 §801</td>
</tr>
<tr>
<td>Regulation/Rule citation:</td>
<td>VT Code Regs 12-5-21 §§1 to 5</td>
</tr>
<tr>
<td>Dr Shopper law/statute:</td>
<td>18 VSA §§ 4223</td>
</tr>
<tr>
<td>Pill Mill law/statute:</td>
<td></td>
</tr>
<tr>
<td>Pain Clinic law/statute:</td>
<td></td>
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<tr>
<td>Unauthorized Use or Disclosure:</td>
<td>VT Statute Title 18 §4284(g)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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 ☐
- 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 the change in the consumption of certain controlled substances. 2. The Department may use aggregated, de-identified data in the VPMS database to evaluate the effectiveness of its drug prevention and treatment programs, and the benefits received from educational programs directed at providers and pharmacists on the use and abuse of controlled substances.

De-Identified Data Retention Details:

- Retain De-Identified Data ☐
- Written Notification of Breach ☐

Record Retention Details:

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

Enrollment Method:
online enrollment

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 shall include:
❖ The patient’s name;
❖ The patient’s date of birth;
❖ The time period for which the information is requested;
❖ The patient’s telephone number, mail and address; and
❖ The patient’s original signature.
When delivering the requested information, the patient shall show a valid government-issued photographic proof of identity to the Department representative accepting the written request.

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
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); 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.

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;
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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.
## PDMP Queries

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to search for multiple patients in one query</td>
<td>✓</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></td>
</tr>
<tr>
<td>Optional data elements to query by non-healthcare user</td>
<td>middle name, gender, street, city, state, zip, prescription date range</td>
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</table>

## Unsolicited Reports/Push Notifications

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<thead>
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<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
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<td>Frequency unsolicited alerts/reports generated</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Delivery method for unsolicited alerts/reports</td>
<td>Providers surpassing 5x5 MPE are reviewed by the Commissioner of Health for follow-up and/or referral to licensing board</td>
</tr>
<tr>
<td>Delivery method for unsolicited alerts/reports - LE</td>
<td>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 prescribing</td>
</tr>
<tr>
<td>Delivery method for unsolicited alerts/reports - Boards</td>
<td></td>
</tr>
<tr>
<td>Unsolicited alerts/reports to practitioners not enrolled in PDMP</td>
<td>✓</td>
</tr>
</tbody>
</table>
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: