

Overview of Vermont Prescription Monitoring System

House Committee on Human Services; 1.26.2017

I. What is the VPMS?

VPMS is an electronic database and reporting system for monitoring prescriptions for Schedule II, III, and IV controlled substances that are dispensed within the State. VPMS' purpose is to promote public health and to foster enhanced opportunities for prevention and treatment.

II. Who has special authorization or responsibilities related to VPMS?

A. Who must register with VPMS?

- Health care provider who prescribes any Schedule II, III, or IV controlled substance
- Dispenser who dispenses any Schedule II, III, or IV controlled substance

B. Who must report to VPMS?

- Dispensers licensed by the VT Board of Pharmacy report on each Schedule II, III, or IV controlled substance dispensed in VT
- Exceptions:
 - Drugs administered directly to patient
 - 48 hour supply or less of a drug dispensed by provider at a facility licensed by VDH

C. Who has access to query the VPMS?

- Health care provider, dispenser, delegate who is registered with VPMS & certifies query is for the purpose of providing treatment
- Contractors necessary to maintain VPMS
- Medical Director of DVHA
- Medical examiner or delegate from Office of Chief Medical Examiner
- Health care provider or medical examiner licensed to practice in another state, to the extent information is needed to provide appropriate care to or investigate death of VT resident

D. Who has access to a report of VPMS data from VDH?

- Patient or person's health care provider, or both, when VPMS shows patient may be getting too much of a controlled substance
- Designated representative of board responsible for licensure/discipline of health care provider or dispenser when there is a bona fide investigation
- Patient for whom prescription is written, when information relates to patient
- Relevant occupational licensing/certification authority if Commissioner suspects fraudulent/illegal activity by health care provider. (Authority may report data to drug diversion officer).
- Commissioner/Deputy Commissioner of Public Safety, personally, if, Commissioner/Deputy Commissioner of Health personally makes disclosure, consults

with health care provider, and the disclosure is necessary to avert serious and imminent threat of harm

- Commissioner/Deputy Commissioner of Public Safety, personally, when requesting data from Commissioner of Health and Commissioner of Health believes, after talking to a health care provider that disclosure is necessary to avert a serious imminent threat to person or the public
- Anyone the Commissioner/Deputy Commissioner of Public Safety discloses report to in order to avert serious and imminent threat
- Prescription monitoring system in another state pursuant to reciprocal agreement with VDH
- Commissioner of Health or designee in order to ID patient who filled prescriptions to patient choice at end of life law

III. When is action required?

A. When must a health care provider query?

- At least annually for patients receiving ongoing treatment with an opioid Schedule II, III, or IV controlled substance
- When starting patient on Schedule II, III, or IV controlled substance for nonpalliative, long-term pain therapy for 90+ days
- First time provider prescribes an opioid Schedule II, III, or IV controlled substance to treat chronic pain
- Prior to writing replacement prescription for Schedule II, III, or IV controlled substance
- Other times by rule:
 - 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;
 - 6.2.5 The first time a provider prescribes a benzodiazepine;

B. When must a dispenser report dispensing a Schedule II, III, or IV controlled substance to VPMS?

- 24 hours or one business day after dispensing (not yet taken effect)