

VPMS Background

The VPMS is a free, web-based, clinical tool that Vermont licensed providers can use when prescribing Schedule II-IV controlled substances to their patients. Information from the database is available to pharmacists and prescribers to use in the active treatment of a patient.

VPMS Background

The purpose of the database is to provide a complete picture of a patient's controlled substance use, so that the provider and pharmacist can properly manage the patient's treatment, including the referral of a patient to treatment services.

Current VPMS Program

- VPMS maintains a database of all dispensed schedule II, III and IV controlled substances with over 4.5 million records.
- The VPMS is a clinical tool designed to enable a better coordination of care.
 - ▣ The VPMS is available to all prescribers and pharmacists who hold a current VT license and DEA number.
- Information is collected from all Vermont licensed pharmacies at least every 7 days.

Exemptions

- ❑ Dispensing of a prescription for less than a 48 hour time period
- ❑ Methadone treatment facilities
- ❑ Dispensing to inpatients in hospitals or nursing homes (does not include assisted living)
- ❑ Dispensing to inpatients in hospices
- ❑ Dispensing by veterinarians to animals

What is the clinical utility of the VPMS

- When you register with VPMS you get the following information on all your patients:
 - ▣ Patient name and DOB
 - ▣ Any prescriptions for controlled substances for that patient
 - ▣ Medication & dose
 - ▣ Date dispensed
 - ▣ Prescriber
 - ▣ Dispensing pharmacy

VPMS Threshold Letters

- The VPMS runs quarterly reports on patients who have frequented a certain number of prescribers and or pharmacies in a given quarter.
- Each provider prescribing to that patient will get a notification “Threshold Letter” with information about that patient.

Recommendations should a provider receive a threshold letter:

- Verify that the patient(s) are under their care.
- Verify that the prescription(s) were written by the prescribing provider.
- Contact the other providers listed to discuss the best course of treatment for the patient.
- Discuss the findings with the patient, and determine if he or she wants or needs further help to overcome a drug abuse or addiction problem.

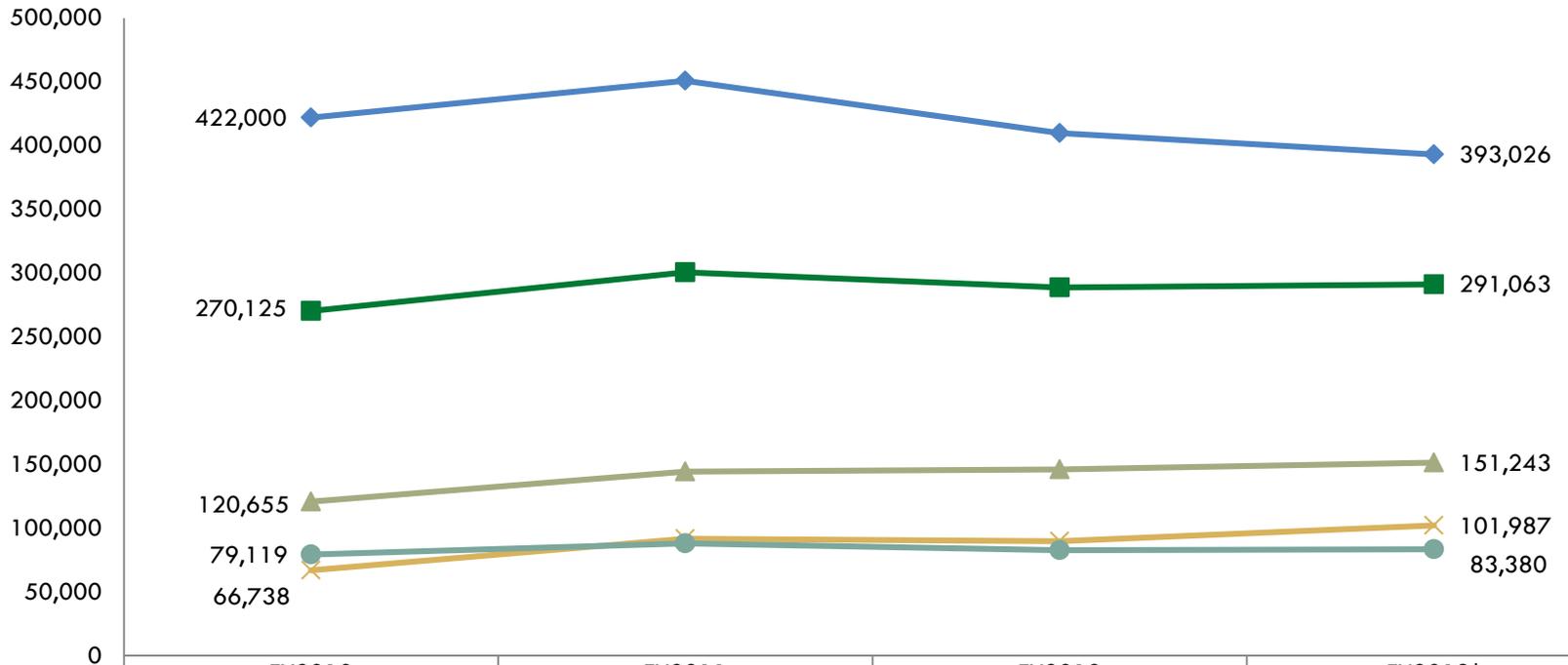
Total # of people receiving Schedule II-IV prescriptions and total number of Schedule II-IV prescriptions

	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013*
Total # of People	190,833	192,740	185,761	170,903
Total # of Prescriptions	979,472	1,096,797	1,037,101	1,048,975

*Fiscal Year 2013 data is preliminary.

The number of prescriptions by therapeutic class has remained fairly stable since fiscal year 2010

Total number of prescriptions by therapeutic class

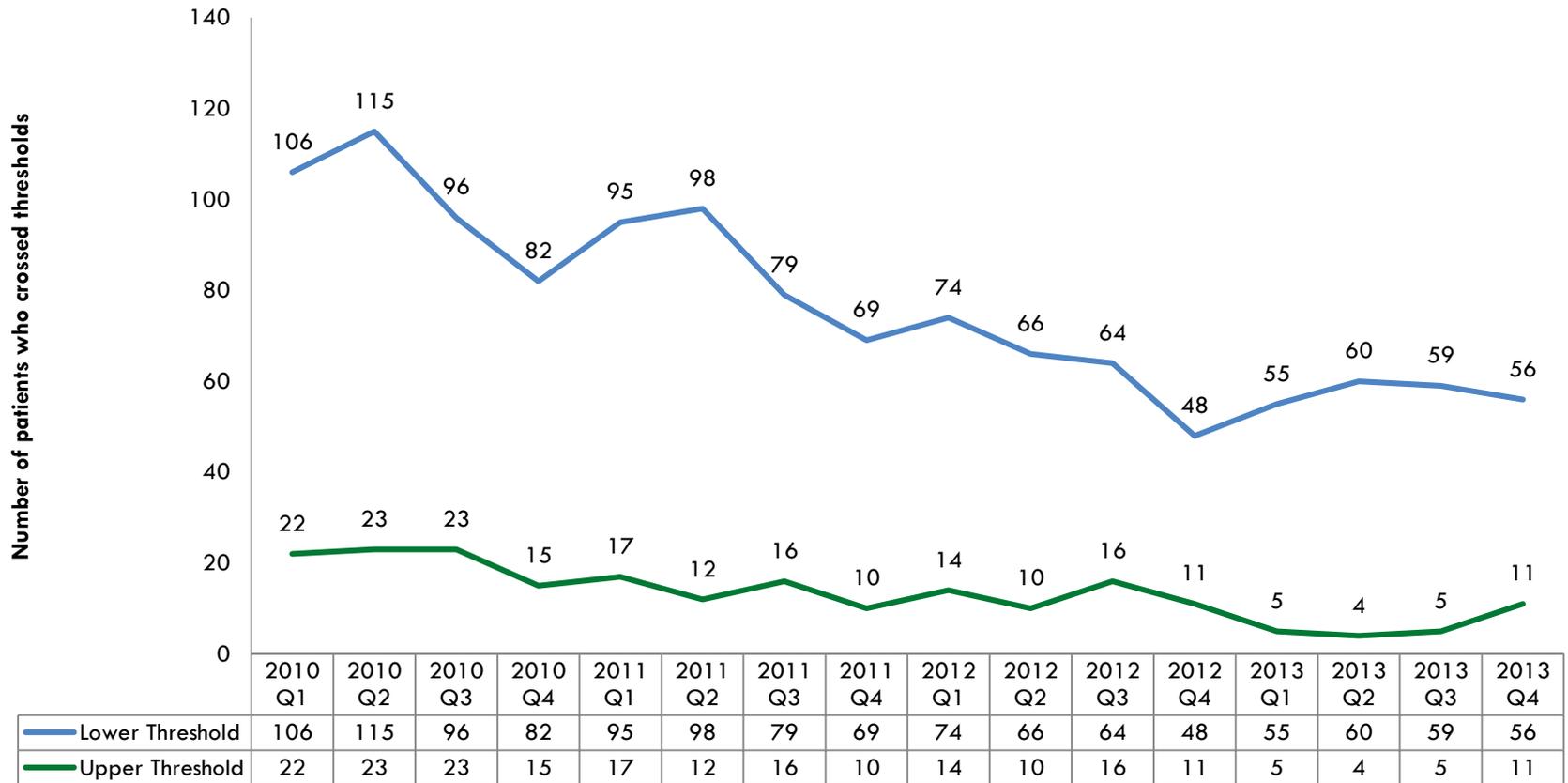


	FY2010	FY2011	FY2012	FY2013*
◆ Opiate Agonists	422,000	450,898	409,810	393,026
■ Sedatives	270,125	300,597	288,785	291,063
▲ Stimulants	120,655	144,343	145,835	151,243
✕ Opiate Partial Agonists	66,738	91,584	89,516	101,987
● Anticonvulsants	79,119	87,947	82,586	83,380

*Fiscal Year 2013 data is preliminary.

The number of patients crossing both thresholds has been declining over time

Longitudinal Summary of VPMS Thresholds



Act 75 Legislative Changes

During the 2013 Legislative Session the Generally Assembly passed, and Governor Peter Shumlin signed Act 57 into law.

Act 75 has multiple implications for VPMS.

Prescribers & Pharmacists must register with VPMS

- Each health care professional who prescribes any Schedule II, III, or IV controlled substances shall register with the VPMS by November 15, 2013.

Prescribers must query the VPMS

- Beginning on November 15, 2013, prescribers must query the VPMS in the following four circumstances:
 - ▣ At least annually for patients who are receiving ongoing treatment with an **opioid** Schedule II, III, or IV controlled substance;
 - ▣ When starting a patient on a Schedule II, III, or IV controlled substance for nonpalliative long-term **pain therapy** of 90 days or more;
 - ▣ The first time the provider prescribes an **opioid** Schedule II, III, or IV controlled substance written to treat chronic pain; and
 - ▣ Prior to writing a **replacement** prescription for a Schedule II, III, or IV controlled substance.

Delegates are authorized to query the VPMS

- Delegates are defined as individuals employed by health care professionals who are registered to access the VPMS.
- Delegates must be registered with the VPMS and must certify that the requested information is for the purpose of providing medical or pharmaceutical treatment to a bona fide current patient.

Access to the Data

- The Department of Health was given approval to enter into reciprocal agreements with other states that have prescription monitoring programs so long as access under the agreement is consistent with the privacy, security, and disclosure protections.
- The new statute allows the Medical Examiner or Delegate and the Medical Officer of DVHA to access the VPMS.

How to use the VPMS

- How to register with the VPMS
- How to log into the VPMS
- How to make a patient query report
- How to retrieve user name
- How to retrieve user password
- How to change password



VERMONT

DEPARTMENT OF HEALTH

Vermont Prescription Monitoring System

Practitioner/Pharmacist Access

<https://healthvermont.gov/adap/VPMS.aspx>



QUICK LINKS

- Hotlines
- Advance Directives
- Birth, Death, and Marriage Records
- Events
- Forms
- Health Insurance
- Immunization
- Medical Board
- Physician Profiles
- Restaurant Scores
- Rules & Regulations
- Town Health Officers

Alerts & Advisories

Children & Families

Data & Records

Diseases & Prevention

Emergency Response

Health Professionals

Healthy Environment

Local Health

Mental Health (exit VDH)

Substance Abuse



Vermont Prescription Monitoring System



The Vermont Prescription Monitoring System helps track the prescribing and dispensing of controlled substances — those drugs most likely to lead to abuse, addiction or patient harm if they are not used properly.

[LOGIN](#)

[REGISTER NOW](#)



The purpose of the database is to provide timely and useful information to both licensed prescribers and pharmacists. The VPMS will also help health care providers identify patients who may need treatment for drug abuse or addiction.

Only licensed health care providers and pharmacists, registered with the U.S. Drug Enforcement Agency, and registered with the VPMS, will have access to information in the database. Individuals can also receive a copy of their own database information upon request.

[Learn more about VPMS](#)

Contact VPMS

E-Mail: vpms@state.vt.us

Vermont Prescription Monitoring System

Vermont Department of Health
108 Cherry Street, PO Box 70
Burlington VT 05402-0070
Tel: (802) 652-4147
Fax: (802) 652-2019

[Return to Top](#)

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[LOG IN to VPMS](#)

[FAQ](#)

[Providers & Pharmacists](#)

[Pharmacies](#)

[Data Requests](#)

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[VPMS Reports](#)

[VPMS User Resources](#)

[Rx & OTC Drug Abuse](#)

[ADAP Home](#)

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[Birth, Death, and Marriage Records](#)
[Events & Meetings](#)
[Food & Lodging](#)
[Forms](#)
[Health Insurance](#)
[Immunization](#)
[Laboratory Services](#)
[Medical Board](#)
[Physician Profiles](#)
[Restaurant Scores](#)
[Rules & Regulations](#)
[Town Health Officers](#)

[Alerts & Advisories](#)

[Children & Families](#)

[Data & Records](#)

[Diseases & Prevention](#)

[Emergency Response](#)

Registration Vermont Prescription Monitoring System



Register to use the VPMS

Online registration for the Vermont Prescription Monitoring System is now available for prescribers and pharmacists.

Instructions for [Prescribers](#), [Pharmacists](#), [Residents](#), [Delegates](#)

To Register:

1. Check instructions

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[LOG IN to VPMS](#)

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[Data Requests](#)

[About VPMS](#)

[VPMS Reports](#)

[VPMS User Resources](#)

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Office of Professional Regulation

- **Advanced practice nurse**
- **Certified nurse midwife**
- **Dentist**
- **Natropathic physician**
- **Optometrist**
- **Osteopathic physician**
- **Osteopathic surgeon**

Register

Office of Professional Regulation

- **Pharmacist**

Register

Board of Medical Practice

- **Medical doctor**
- **Physician assistant**
- **Podiatric physician**

Register

Residents

- **Osteopathic physician limited**
- **Physician limited license**
- **Podiatric physician limited**

Register *Available soon*



[Login](#) or
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ONLINE SERVICES

License Lookup & Download

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Generate/Download
Roster(s)

Login

User ID

Password

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Prescription Monitoring System (VPMS)

New Accounts

VPMS Account

Registration Form

VPMS Account Registration Form

Please select a request form:

- Medical Board Master
- OPR Master
- Prescriber Delegate
- Pharmacist Delegate
- Resident

Submit

DEPARTMENT OF HEALTH Prescription Monitoring System (VPMS)

New Accounts

Medical Board VPMS
Account Registration
Form

Medical Board VPMS Account Registration Form

* Required

* First Name: Middle Name:

* Last Name: Suffix (Jr, Sr, etc.):

* Date of Birth (MM/DD/YYYY): * Email Address:

* Phone Number (123-456-7890x0000):

* Other than samples, do you dispense prescription drugs to your patients - either as a free part of your medical practice or for a separate business? YES NO

* Do you have an out of state practice? YES NO

* Primary Practice Name:

* Address (associated with Primary Practice):

* City: * State: * Zip Code:

Mailing Address (if different from Primary Practice):

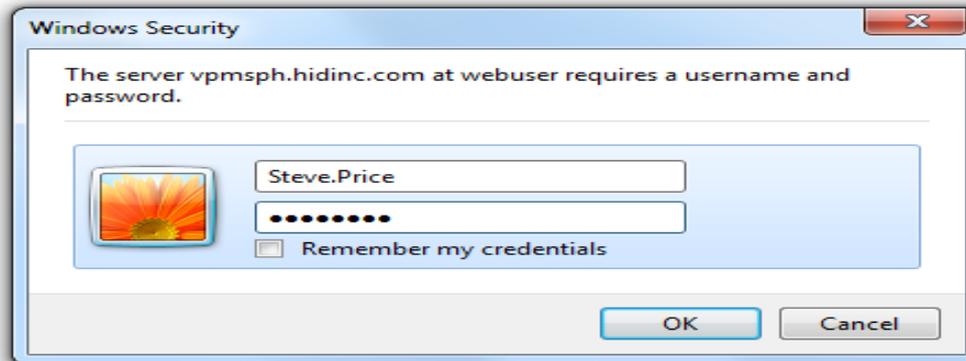
City: State: Zip Code:

* What is the highest college degree that you hold? If other, specify:

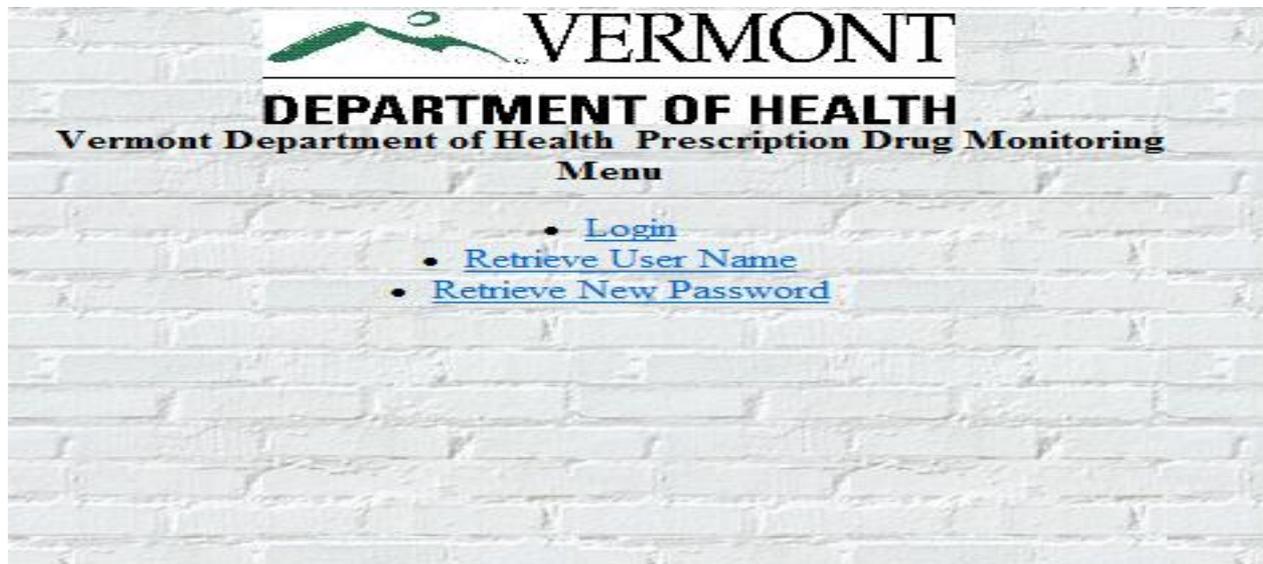
- Addiction Medicine
- Addiction Psychiatry
- Anesthesiology

* Board Certified Medical Specialty: If other, specify:

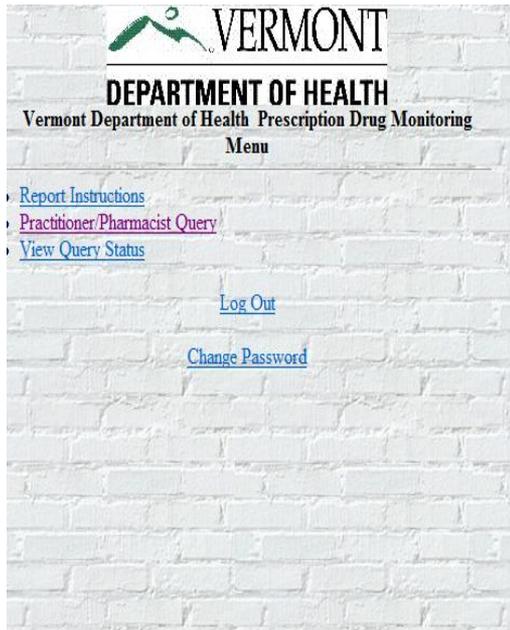
https://vpmsph.hidinc.com



<https://vpmsph.hidinc.com>



Login



 VERMONT
DEPARTMENT OF HEALTH
Vermont Department of Health Prescription Drug Monitoring
Menu

- [Report Instructions](#)
- [Practitioner/Pharmacist Query](#)
- [View Query Status](#)

[Log Out](#)

[Change Password](#)

Your password has expired. Please enter your current password and then enter a new password.

Current Password:

New Password:

Confirm New Password:

Password requirements:

1 uppercase letter (e.g., A-Z), 1 lowercase letter (e.g., a-z),

1 digit (e.g., 0-9) and at least 8 characters in length

Password must not contain the characters | & ; \$ % ' " \ ~ < > () + ! ? , ^ *

For additional assistance with establishing a password, contact the PDMP Technical Support Desk at 1-800-225-6998 (option 8)

LOGIN

Practitioner/Pharmacist Query

Vermont Liability statement for Practitioner/Pharmacist access

I certify that I am have been approved by the State to access information in the controlled substance database.

I certify that the patient on whom I am requesting information is a current or prospective patient of mine or is a patient whom I am evaluating. I understand inappropriate access or disclosure of this information is a violation of state law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.

I accept the above conditions and I certify that I hold a current Vermont license and curent DEA#

Disclaimer: The information in this system may contain errors resulting from how the information was entered into the data file. Controlled Substance Reporting System staff suggests that additional independent verification with pharmacies and practitioners may sometime be prudent or necessary.

You MUST accept the above conditions before you can continue



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug
Monitoring Menu

- [Report Instructions](#)
- [Practitioner/Pharmacist Query](#)
- [View Query Status](#)

[Log Out](#)

[Change Password](#)

Practitioner/Pharmacist Query

Search Multiple Recipients

Report Format: Recipient Query				
	Name Selection	Demographic Focus	County Selection	Zipcode Selection (blank for all)
Recipient	<input type="text" value="Begins with"/> <input type="text" value="Sounds like"/> <input type="text" value="Fastest: Last Name = and First Name Begins"/>	Gender All ▾ *Target DOB 10/09/1977 <input type="text" value="mm/dd/yyyy"/>	<input type="text" value="Statewide"/> <input type="text" value="Addison"/> <input type="text" value="Bennington"/> <input type="text" value="Caledonia"/>	
*Last Name	<input type="text" value="Data"/>	Within Exact Match ▾	Select statewide for best results	
*First Name	<input type="text" value="Dummy"/>	Exact Match		
	Primary Address: <input type="text"/>	1 Year	City: <input type="text"/>	
	Other Address 1: <input type="text"/>	2 Years	City: <input type="text"/>	
	Other Address 2: <input type="text"/>		City: <input type="text"/>	
*Dispensed Timeframe From: 10/12/2011		*Dispensed Timeframe To: 10/11/2012		
<input type="text" value="mm/dd/yyyy"/>		<input type="text" value="mm/dd/yyyy"/>		
<p>*Required Field All required fields must be filled in. For best results please use a broad search and only fill in the patient name and DOB.</p>				



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug
Monitoring Menu

- [Report Instructions](#)
- [Practitioner/Pharmacist Query](#)
- [View Query Status](#)

[Log Out](#)

[Change Password](#)

Practitioner/Pharmacist Query

Report Format:	Recipient Report				
Recipient Name Begins <i>Data, Dummy</i> DOB <i>10/09/1977</i> For Zip codes beginning	<table border="1"> <tr> <td>DATA, DUMMY</td> <td>10/09/77</td> <td>1</td> <td>159 Vermont St., Rutland VT 05701 (Rutland)</td> </tr> </table>	DATA, DUMMY	10/09/77	1	159 Vermont St., Rutland VT 05701 (Rutland)
DATA, DUMMY	10/09/77	1	159 Vermont St., Rutland VT 05701 (Rutland)		
Dispensed Timeframe From: <input type="text" value="10/12/2011"/>	Dispensed Timeframe To: <input type="text" value="10/11/2012"/>				
Primary Address:	City:				
Other Address 1:	City:				
Other Address 2:	City:				

- SORT by Date Only
- SORT by Recipient by Date



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug Monitoring Menu

- [Report Instructions](#)
- [Practitioner/Pharmacist Query](#)
- [View Query Status](#)

[Log Out](#)

[Change Password](#)

[Open in new window](#)

Generate Report



Recipient Report
 Dispensed From 10/12/2011 to 10/11/2012
 1 out of 1 Recipient(s) Selected
 DATA, DUMMY - DOB: 10/09/1977 - 159 Vermont St

Map Results

Redisclosure of this document is limited by law to only the patient or those clinicians involved in the treatment of the patient. The Report is based on the search criteria and the data provided by the dispensing entities. For more information about any prescription, please contact the dispenser or the prescriber. This Report contains confidential information, including patient identifiers, and is not a public record. The information should not be provided to any other persons or entity.

Date Dispensed	Date Prescribed	Quantity Dispensed	Days of Supply	Authorized Refills	NDC	Drug Name	Prescriber	Prescription Number	Dispenser	Dispenser City	Recipient Last Name	Recipient First Name	Date of Birth	Recipient Street Address	Recipient City
10/01/12	10/01/12	30	30	2	00378531005	ZOLPIDEM TARTRATE 10 MG TABLET	PELIER, M	123458	EZ DISCOUNT DRUG STORE	RUTLAND	DATA	DUMMY	10/09/77	159 VERMONT ST	Rutland
10/01/12	10/01/12	30	15	0	12496120803	SUBOXONE 8 MG- 2 MG SL FILM	PELIER, M	123456	EZ DISCOUNT DRUG STORE	RUTLAND	DATA	DUMMY	10/09/77	159 VERMONT ST	Rutland
10/01/12	10/01/12	60	30	2	63304077305	LORAZEPAM 1 MG TABLET	PELIER, M	123457	EZ DISCOUNT DRUG STORE	RUTLAND	DATA	DUMMY	10/09/77	159 VERMONT ST	Rutland

MAP Results

Query 87618 has been created. Go to [View Query Status](#) in the navigation menu to retrieve report when query finishes running.



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug

Monitoring Menu

- [Report Instructions](#)
- [Practitioner/Pharmacist Query](#)
- [View Query Status](#)

[Log Out](#)

[Change Password](#)

Query Request Status

Query Number	Job Sequence ID	Date Requested	Query Status/ Job Creation Status	Report Desc Or Denial Reason	Output
15686	87618	10/11/12	Approved / Done	Recipient Report Dispensed From 10/12/2011 to 10/11/2012 1 out of 1 Recipient(s) Selected DATA, DUMMY - DOB: 10/09/1977 - 159 Vermont St	file-pdf

Health Information
Designs Inc.

Vermont Department of Health
Query Report

Date: 10/11/12
Page#: 1

Patient Rx History Report

DATA DUMMY

Search Criteria: Last Name 'Data' and First Name 'Dummy' and D.O.B. = '10/09/77' and Address = '' and Request Period = '10/12/11' to '10/11/12' - 1 out of 1 Recipient(s) Selected.

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
10/01/2012	SUBOXONE 8 MG-2 MG SL FILM	30.000	15	00565547	AP1234567	10/01/2012	123456	N	FE1111111
10/01/2012	LORAZEPAM 1 MG TABLET	60.000	30	00565547	AP1234567	10/01/2012	123457	N	FE1111111
10/01/2012	ZOLPIDEM TARTRATE 10 MG TABLET	30.000	30	00565547	AP1234567	10/01/2012	123458	N	FE1111111

*N/R N=New R=Refill

Prescribers for prescriptions listed

AP1234567 PELIER, M; , 123 MAPLE SYRUP DR, RUTLAND VT 05701

Pharmacies that dispensed prescriptions listed

FE1111111 EZ DISCOUNT DRUG STORE; 234 EZ RD, RUTLAND VT 05701

Patients that match search criteria

00565547 DATA DUMMY, DOB 10/09/77; 159 VERMONT ST, RUTLAND VT 05701



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug Monitoring Menu

- [Report Instructions](#)
- [Practitioner/Pharmacist Query](#)
- [View Query Status](#)

[Log Out](#)

[Change Password](#)

Practitioner/Pharmacist Query

Search Multiple Recipients

Report Format:		Recipient Query		
Name Selection		Demographic Focus	County Selection	Zipcode Selection (blank for all)
Recipient	Begins with	Gender All	Statewide	
	Sounds like	*Target DOB 10/09/1977	Addison	
*Last Name	Fastest: Last Name = and First Name Begins	mm/dd/yyyy	Bennington	
*First Name	Data	Within Exact Match	Caledonia	
	Dummy	Exact Match	Select statewide for best results	
		1 Year		
		2 Years		
Primary Address:			City:	
Other Address 1:			City:	
Other Address 2:			City:	
*Dispensed Timeframe From: 10/12/2011		*Dispensed Timeframe To: 10/11/2012		
mm/dd/yyyy		mm/dd/yyyy		
*Required Field				
All required fields must be filled in.				
For best results please use a broad search and only fill in the patient name and DOB.				

Submit

Query/Report Claims

Report Format:	Multiple Recipient Search	
Dispensed from Date:	090112	To: 103012
	Name Selection	Date of Birth
Recipient 1:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dummy"/>	DOB: <input type="text" value="10/09/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 2:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dume"/>	DOB: <input type="text" value="10/09/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 3:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dumme"/>	DOB: <input type="text" value="09/10/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 4:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>
Recipient 5:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>
Recipient 6:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>
Recipient 7:	Last: <input type="text"/>	DOB: <input type="text"/>

Query/Report Claims

Report Format:	Adhoc Query
Include Claims Dispensed from Date:	09/01/2012 To: 10/30/2012
Recipient 1 Name Begins <i>Data, Dummy</i> DOB <i>10/09/1977</i>	DATA, DUMMY 10/09/77 1 Rutland VT 05701 (Rutland)
Recipient 2 Name Begins <i>Data, Dume</i> DOB <i>10/09/1977</i>	DATA, DUME 10/09/77 1 Rutland VT 05701 (Rutland)
Recipient 3 Name Begins <i>Data, Dumme</i> DOB <i>09/10/01977</i>	DATA, DUMME 09/10/77 1 Rutland VT 05701 (Rutland)

Request



Query/Report Claims

Query # 87619 has been Queued.

Use menu entry *View Query Status* to see your results.

Report Format:	Multiple Recipient Search	
Dispensed from Date:	<input type="text"/>	To: <input type="text"/>
	Name Selection	Date of Birth
Recipient 1:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dummy"/>	DOB: <input type="text" value="10/09/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 2:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dume"/>	DOB: <input type="text" value="10/09/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 3:	Last: <input type="text" value="Data"/> First: <input type="text" value="Dumme"/>	DOB: <input type="text" value="09/10/1977"/> Within: <input type="text" value="Exact Match"/>
Recipient 4:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>
Recipient 5:	Last: <input type="text"/> First: <input type="text"/>	DOB: <input type="text"/> Within: <input type="text" value="Exact Match"/>



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug

Monitoring Menu

- [Report Instructions](#)
- [Practitioner/Pharmacist Query](#)
- [View Query Status](#)

[Log Out](#)

[Change Password](#)

Query Request Status

Query Number	Job Sequence ID	Date Requested	Query Status/ Job Creation Status	Report Desc Or Denial Reason	Output
15687	87619	10/11/12	Approved / Done	Multi Recipient Search: 1 out of 1 Recipients Selected From: Name Begins Data, Dummy; DOB 10/09/1977; Dispensed From 09/01/2012 to 10/30/2012 1 out of 1 Recipients Selected From: Name Begins Data, Dume; DOB 10/09/1977; Dispensed From 09/01/2012 to 10/30/2012 1 out of 1 Recipients Selected From: Name Begins Data, Dumme; DOB 09/10/1977; Dispensed From 09/01/2012 to 10/30/2012	file-pdf
15686	87618	10/11/12	Approved / Done	Recipient Report Dispensed From 10/12/2011 to 10/11/2012 1 out of 1 Recipient(s) Selected DATA, DUMMY - DOB: 10/09/1977 - 159 Vermont St	file-pdf

Health Information
Designs Inc.

Vermont Department of Health
Query Report

Date: 10/11/12
Page#: 1

Patient Rx History Report

DATA DUMMY

SEARCH CRITERIA: 1 OUT OF 1 RECIPIENTS SELECTED FROM: NAME BEGINS DATA, DUMMY; DOB 10/09/1977; DISPENSED FROM 09/01/2012 TO 10/12/2012

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
10/01/2012	LORAZEPAM 1 MG TABLET	60.000	30	00565547	AP1234567	10/01/2012	123457	N	FE1111111
10/01/2012	SUBOXONE 8 MG-2 MG SL FILM	30.000	15	00565547	AP1234567	10/01/2012	123456	N	FE1111111
10/01/2012	ZOLPIDEM TARTRATE 10 MG TABLET	30.000	30	00565547	AP1234567	10/01/2012	123458	N	FE1111111

Prescribers for prescriptions listed 2 / 3

AP1234567 PELIER, M, , 123 MAPLE

Pharmacies that dispensed prescriptions

FE1111111 EZ DISCOUNT DRUG STORE

Patients that match search criteria

00565547 DATA DUMMY, DOB 10/09/1977

Health Information
Designs Inc.

Vermont Department of Health
Query Report

Date: 10/11/12
Page#: 2

Patient Rx History Report

DATA DUME

SEARCH CRITERIA: 1 OUT OF 1 RECIPIENTS SELECTED FROM: NAME BEGINS DATA, DUME; DOB 10/09/1977; DISPENSED FROM 09/01/2012 TO 10/12/2012

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
10/09/2012	OXYCODONE-ACETAMINOPHEN 5-325	30.000	10	00565548	BM7654321	10/09/2012	654987	N	BA8888888
10/09/2012	LORAZEPAM 0.5 MG TABLET	60.000	30	00565548	BM7654321	10/09/2012	654988	N	BA8888888

Prescribers for prescriptions listed

BM7654321 MONT, V, , 456 CHAMPLAIN ST,

Pharmacies that dispensed prescriptions

BA8888888 ACME DRUGS; 2 MOUNTAINVIEW DR

Patients that match search criteria

00565548 DATA DUME, DOB 10/09/77; 159 V

Health Information
Designs Inc.

Vermont Department of Health
Query Report

Date: 10/11/12
Page#: 3

Patient Rx History Report

DATA DUMME

SEARCH CRITERIA: 1 OUT OF 1 RECIPIENTS SELECTED FROM: NAME BEGINS DATA, DUMME; DOB 09/10/1977; DISPENSED FROM 09/01/2012 TO 10/12/2012

Fill Date	Product, Str, Form	Qty	Days	Pt ID	Prescriber	Written	RX#	N/R*	Pharm
10/12/2012	METHADONE HCL 10 MG TABLET	90.000	30	00565546	AP1234567	10/12/2012	125698	N	AA9999999
10/10/2012	ANDROGEL 1%(5G) GEL PACKET	150.000	30	00565546	AP1234567	10/10/2012	357642	N	AA9999999

Prescribers for prescriptions listed

AP1234567 PELIER, M, , 123 MAPLE SYRUP DR, RUTLAND VT 05701

Pharmacies that dispensed prescriptions listed

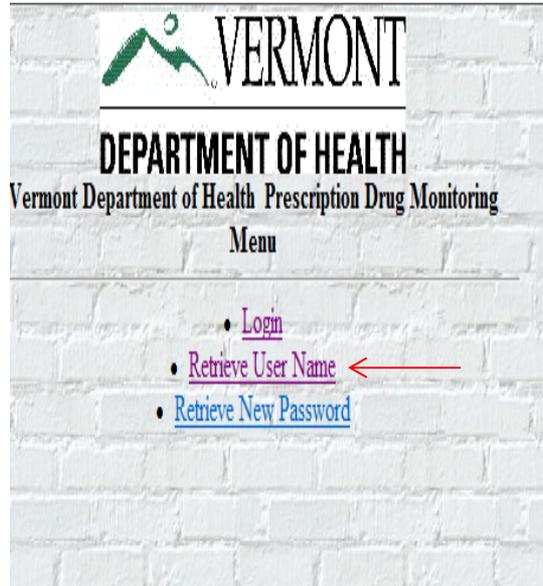
AA9999999 ABC PHARMACY; 111 PRESCRIPTION AVE, RUTLAND VT 05701

Patients that match search criteria

00565546 DATA DUMME, DOB 09/10/77; 630 STATE ST, RUTLAND VT 05701

Retrieve User Name

Vermont Department of Health Prescription Drug Monitoring



The image shows a menu for the Vermont Department of Health Prescription Drug Monitoring system. At the top is the Vermont state logo and the word "VERMONT". Below that is "DEPARTMENT OF HEALTH" and "Vermont Department of Health Prescription Drug Monitoring". A "Menu" section contains three items: "Login", "Retrieve User Name" (highlighted with a red arrow), and "Retrieve New Password".

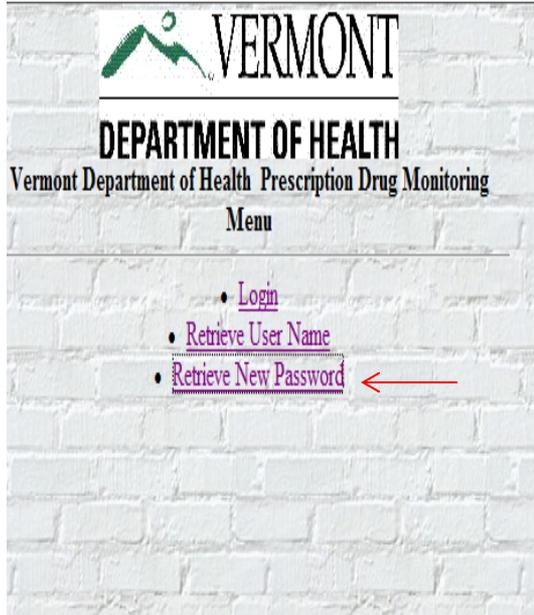
- [Login](#)
- [Retrieve User Name](#) ←
- [Retrieve New Password](#)

To Retrieve User Name

Enter Email Address for Account:

Submit

Retrieve Password



The image shows a menu for the Vermont Department of Health Prescription Drug Monitoring system. At the top is the Vermont state logo and the word "VERMONT". Below that is "DEPARTMENT OF HEALTH" and "Vermont Department of Health Prescription Drug Monitoring". A "Menu" section contains three items: "Login", "Retrieve User Name", and "Retrieve New Password". A red arrow points to the "Retrieve New Password" item.

- [Login](#)
- [Retrieve User Name](#)
- [Retrieve New Password](#) ←

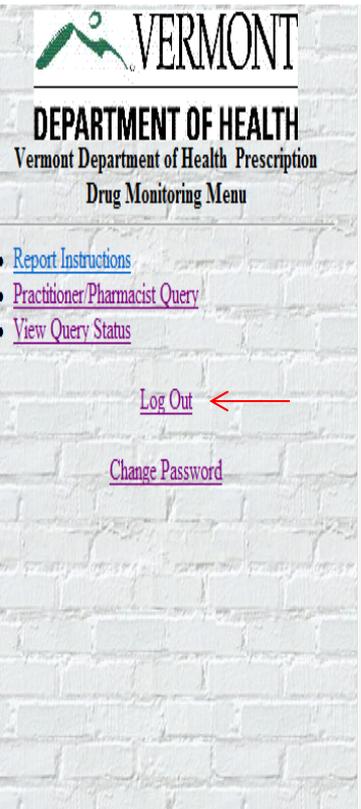
Vermont Department of Health Prescription Drug Monitoring

To Retrieve a New Password

Enter the User Name for Account:

An email will be sent to the email address for the user name entered and the email will contain a new system generated temporary password.

Log Out



You Have Successfully Logged Out

To ensure your logon credentials (user name and password) are not used by an unauthorized individual to access RxSentry, it is important that you log out of the system when you have completed your session. To do so, click **Log Out** from the RxSentry menu, and then close your internet browser.

Note: Clicking **Log Out** closes your session and allows you to reenter the system by simply supplying your password. If you do not plan to use the system for a period of time, click **Log Out**, and then **close ALL open Internet browser windows** to prevent another user from inadvertently attempting to access your session.

Log back In



VERMONT
DEPARTMENT OF HEALTH
Vermont Department of Health Prescription
Drug Monitoring Menu

- [Report Instructions](#)
- [Practitioner/Pharmacist Query](#)
- [View Query Status](#)

[Log Out](#)

[Change Password](#)

Content-Type:text/html



Session Timeout

**Your session has expired due to inactivity.
Please type in your password to reactivate your session.**

User Password:

Submit

Change Password



DEPARTMENT OF HEALTH

Vermont Department of Health Prescription Drug

Monitoring Menu

[Report Instructions](#)

[Practitioner/Pharmacist Query](#)

[View Query Status](#)

[Log Out](#)

[Change Password](#)

Please enter your current password and then enter a new password.

Current Password:

New Password:

Confirm New Password:

Password requirements:

1 uppercase letter (e.g., A-Z), 1 lowercase letter (e.g., a-z),

1 digit (e.g., 0-9) and at least 8 characters in length

Password must not contain the characters | & ; \$ % ' ' " \ ~ < > () + ! ? , ^ *

For additional assistance with establishing a password, contact the PDMP Technical Support Desk at 1-800-225-6998 (option 8)

Resources

- *Responsible Opioid Prescribing* by SM Fishman MD to be a useful guide for addressing these issues.
- For patients in need of addiction treatment a list of resources can be found on the Division of Alcohol & Drug Abuse Programs' website:
http://www.healthvermont.gov/adap/treatment/treatment_county.aspx

Vermont Board of Medical Practice



Policy for the use of Controlled Substances for the Treatment of Pain

http://healthvermont.gov/hc/med_board/documents/pain_policy.pdf



More information and tools can be found at the
Vermont Department of Health, Vermont
Prescription Monitoring System website at:

<http://healthvermont.gov/adap/VPMS.aspx>

Contact



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Vermont Prescription Monitoring System
Vermont Department of Health

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{Email} Meika.Dipietro@state.vt.us

<http://healthvermont.gov/adap/VPMS.aspx>