VERMONT PRESCRIPTION MONITORING SYSTEM

ASAP 2011 V4.2
DATA COLLECTION MANUAL

Effective Date: October 31, 2016

Appriss, Inc.
400 West Wilson Bridge Road, Suite 305; Columbus, OH 43085
Contact Information
Phone: 888-461-8628
Fax: 866-282-7076
VTPMS@Appriss.com

Table of Contents

Reporting Requirements and Schedules 4

Test Run Upload Feature 4

Reporting Procedures and File Types 5

1. Website Upload/Prescription File Upload: 5

2. Secure FTP: 6

3. Manual Entry: 7

4. CD-ROM, CD-R, CD-RW, DVD or 3 1/2" Diskette 7

Zero Reporting 8

To File a Zero Report in the Data Collection Portal: 8

ASAP 2011 v4.2 Zero Report Summary 8

Example Zero Report for Jan 01 2016 to Jan 08 2016: 9

Alternative Reporting Method 9

Errors and Corrections 10

Rejections: 10

Viewing Your Errors and File Upload Status: 10

Corrections for File Uploads: 11

Prescription Maintenance 12

Exemptions to Reporting 12

Required Information and Formatting 13

ASAP 2011 v4.2 ..... **Error! Bookmark not defined.**

Frequently Asked Questions 15

Passwords and Sign-In Information: 16

Other Questions: 19

Assistance and Support 20

Attachments 21

VERMONT'S PRESCRIPTION MONITORING PROGRAM

In 2006, the Vermont Legislature authorized the Department of Health to establish "an electronic database and reporting system for monitoring Schedules II, III, and IV controlled substances." This program is known as the Vermont Prescription Monitoring System (VPMS).

The primary goal of the VPMS is to promote the appropriate use of controlled substances for legitimate medical purposes, while deterring the misuse, abuse, and diversion of controlled substances.

A dispenser is defined as any person who dispenses or engages in dispensing as those terms defined in 26 V.S.A § 2022 (5). Pharmacies and other dispensers shall report each dispensed prescription for a Schedule II, III, or IV controlled substance to the VPMS within 24 hours or one business day after dispensing. This applies to all licensees, irrespective of location or number of prescriptions of controlled substances dispensed. Pharmacies and other dispensers must submit a "zero controlled substances report" within 24 hours or one (1) business day that no controlled substances are dispensed. "Reportable prescriptions" is a term used to refer to all Schedule II, III, and IV controlled substances dispensed from a given pharmacy during the weekly reporting period, except the following:

- A controlled substance administered directly to a patient.
- A controlled substance dispensed by a health care provider at a facility licensed by the Vermont Department of Health, provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of 48 hours.
- Veterinarian offices
- Opioid addiction treatment programs that dispense methadone and buprenorphine

A dispenser who fails, intentionally or otherwise, to submit prescription monitoring information to VPMS as required shall be referred to the appropriate professional licensing and regulatory agency for sanctions as deemed appropriate by that agency.

Reporting Requirements and Schedules

Dispensers will report the required dispensing information to Appriss, Inc. (Appriss) a private contractor that will collect all data and manage the technical aspects of the program.

Email Assistance:	VTPMS@Appriss.com
Toll Free Number:	1-888-461-8628
Fax:	1-866-282-7076

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). Appriss, Inc. will be acting as an agent of the Vermont Department of Health in the collection of this information.

Test Run Upload Feature

This feature is provided to assist Uploaders with identifying errors within a file, prior to submitting data to Appriss for reporting purposes. It is located under "Data Collection" tab within the VPMS website. This feature can be used for any ASAP formatted file (please see specifications below) submitted directly through the www.VTPMS.com website.

The Test Run Upload process is similar to submitting a production file, but will allow the Uploader to view errors prior to the file's actual submission to the VPMS. The Uploader may correct these errors within the pharmacy software, create a new file to be uploaded, and re-test until the submission is error-free.

Please utilize this feature if the uploaded file has rejected or contains extensive errors. This feature may also aid software vendors in identifying systematic issues related to the software or the formatting of the file.

Reporting Procedures and File Types

Only Schedule II-IV prescription dispensing information is to be reported. All dispensers who are licensed by the State of Vermont that dispense Schedule II-IV controlled substances are required to submit the information by one of the four (4) following data submission options:

1. Website Upload/Prescription File Upload: Manual File Upload via the website
2. Secure FTP: Automated file transfer
3. Manual Entry: Manually entering each prescription individually via web form
4. CD-ROM, CD-R, CD-RW, DVD or 3 1/2" Diskette: Submit files via an external media source

1. Website Upload/Prescription File Upload:

Uploaders will need to use the login credentials provided to sign into their reporting account at the following website: **www.VTPMS.com**. If you do not already have an Uploader account, please register at the aforementioned site.

This secure website address is provided for the uploading of data to Appriss and utilizes 256-bit encryption. Uploaders may access the secure website via a web browser.

All data must be uploaded in the **ASAP 2011 v4.2** format as a .DAT or .TXT file.

Files should be named according to the following convention: Dispensing DEA number, date submitted, followed by **.DAT** or **.TXT**

Therefore, if the dispensing DEA number is **AB1234567** and you are submitting on August 1, 2013, the file would look like this: **AB1234567**080113**.dat** or **AB1234567**080113**.txt.**

Please name your files accordingly when submitting your controlled substance information. This will assist you with keeping accurate records of the information reported to Appriss and will assist support staff locating this information in a timely and efficient manner, should troubleshooting be necessary.

Uploading your file:

1. Go to the **Data Collection menu** > Choose **File Upload**
2. **Click Browse** to locate your file,
3. Highlight the File, then **Click Open** (the file will populate in the File Name field)
4. **Click Upload** to send the file to Appriss
5. You will receive confirmation via the web page that your file was successfully submitted and will be processed by the batch processor within 24 hours.

You may view all uploaded files, and their status, on the 'View Uploaded Files' tab on the 'File Upload' page. This page will show a history of all files submitted to the program, their status, and any errors contained within the file. Corrections may also be made via the 'View Uploaded Files' tab (s*ee the section "Errors and Corrections.")*

2. Secure FTP:

Chain pharmacies, community pharmacies, and dispensing practitioners with multiple facilities may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies, community pharmacies, and dispensing practitioners with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the FTP procedure.

Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported. Corporate offices and their software vendors should register at **www.VTPMS.com**, for an "Uploader" account type, to obtain a user id and password. While registering for the "Uploader" account, please make sure to select "yes" when asked the question "Will you upload using FTP method?"

The host name for transfer is **www.VTPMS.com**. Login credentials will be sent to the email address listed on the registration within 24-48 business hours.

Please note: If multiple files are being uploaded via FTP in the same day, the files must have different names. If a second file is uploaded in the same day with the same file name, the second file will overwrite the first.

3. Manual Entry:

An uploader may submit one prescription at a time on the Manual Entry Page via a link on the prescription upload website: **www.VTPMS.com**.

Use the following instructions to access the Manual Entry Form:

1. Login to **www.VTPMS.com** with your Uploader username and password
2. Hover over the **Data Collection Menu**
3. Click on **Manual Entry**
4. Enter the prescription information. If you would like information regarding which fields must be populated during a manual entry, please refer to the section entitled "Required Information and Formatting."
5. To enter another prescription, please repeat steps two and three to access a blank form. Failure to do so will create flawed/incorrect prescription records.

4. CD-ROM, CD-R, CD-RW, DVD or 3 1/2" Diskette:

A Program Transmittal Form (Attachment 1) must accompany external media submissions. The dispenser should make copies of the enclosed, blank Program Transmittal Form for future use. The dispenser may also wish to keep a copy of the completed form for its records.

This file must also contain an external media label, with the following information: Pharmacy/Submitter Name, DEA number, and the number of prescriptions.

These media forms must be mailed to:
Appriss, Inc.
400 West Wilson Bridge Road
Suite 305
Columbus, OH 43085

Zero Reporting

If a dispenser does not prescribe controlled substances in Schedules II-IV during a reporting period, a "zero" report must be submitted. This may be done via a link on the VPMS website www.VTPMS.com, or through an uploaded file.

To File a Zero Report in the Data Collection Portal:

1. Login to www.VTPMS.com with your username and password
2. Go to the **Data Collection menu**
3. Click on the option **Upload Pharmacy Zero Report**
4. Select the reporting period for zero report submission
5. Click **Submit**
6. Click the 'View submitted reports' tab to view a history of zero reporting for your pharmacy

A Zero Report can be uploaded via the website or through an FTP connection.

ASAP 2011 v4.2 Zero Report Summary

Ref. Code	Data Element Name	Format	Attributes*
TH TRANSACTION HEADER – (TH01-TH09)			Required Data
TH01	Version/Release Number	4.2	Yes
TH02	Transaction Control Number	See TT01; GUID is recommended	Yes
TH05	Created Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production; T = Test	Yes
TH09	Segment Terminator Character	Examples: ~~ or || or ::	Yes
IS INFORMATION SOURCE – (IS01-IS03)			
IS01	Unique Information Source		Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
IS03	Message: Free Form	Date Range of Zero Report: #CCYYMMDD#-#CCYYMMDD#	Yes
PHA DISPENSING PHARMACY – (PHA01-PHA12)			
PHA03	DEA Number		Yes
PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)			
PAT07	Last Name	Report	Yes
PAT08	First Name	Zero	Yes
DSP - DISPENSING DETAIL SEGMENT - REQUIRED			
DSP05	Date Filled	Date submitted: CCYYMMDD	Yes
TP - PHARMACY TRAILER – REQUIRED			

Ref. Code	Data Element Name	Format	Attributes*
TP01	Detail Segment Count	Includes PHA; all Detail segments & TP segment	Yes
TT01	Transaction Control Number	Must match TH02	Yes
TT02	Segment Count	Total # of segments, including header and trailer segments	Yes

Example ASAP zero report for Jan 01 2016:

```
TH*4.2*1700121700***20120116*1700*P**\\
IS*190256000*Pharmacy Name*#20160101-#20160101#\ PHA***AB1234567\
PAT*******Report*Zero***************\
DSP*****20120116***********\
PRE**\
TP*5\
TT*1700121700*8\
```

Alternative Reporting Method

VPMS has approved an alternate form of reporting controlled substance data. The alternative method will utilize the Vermont Manual Entry Claim Form (Attachment 2) which will be mailed to Appriss, Inc. VPMS may administratively approve the use of the Vermont Manual Entry Claim Form, but regulations require extraordinary circumstances in order to receive approval. The dispenser should submit a “Waiver from Electronic Reporting” (Attachment 3), providing a detailed explanation of the extraordinary circumstances that necessitate the granting of the waiver.

Errors and Corrections

Rejections:

A file containing prescription errors must be corrected by the dispenser otherwise the prescription will not be entered into the PMP database, and thus the dispenser will be held accountable for failing to submit data to VPMS.

The Vermont Prescription Monitoring System will validate each file submitted, prescription by prescription and will reject those records which do not meet the validation requirements. If there are a limited number of errors, only those records with errors will be rejected. The user will be notified via email and the message center of the status of the file, and the errors contained within.

If the records in a file do not meet the required data specifications, the entire file may be rejected. In this instance, the submitter will be notified via email and/or the 'Message Center' of the reason for this failure. A valid email address is required for email notification.

Appriss is not authorized to modify any data, therefore, the dispenser will be required to correct these errors through the website or resubmit the entire file, if necessary.

Uploaders will have seven days to correct and resubmit records or files that have been rejected by Appriss due to errors.

Viewing Your Errors and File Upload Status:

The Data Collection Portal allows all Uploaders to login and view the status of their Uploaded Files. A history of all files submitted to the program can be viewed under the 'View Uploaded Files' tab under the 'File Upload' page. This page will also show the Uploader any errors associated with a particular file, and will allow the user to make corrections to these errors through the website (Further details on correcting errors can be found in the section: "Corrections for File Uploads"). Please follow the details below to view uploaded files and any errors associated with those files.

Note: Only files uploaded with the same username you have logged in with will be visible to you.

View File Upload Errors:

1. Login to **www.VTPMS.com** with your username and password
2. Go to the Data Collection Menu → Click on **File Upload**
3. Click on the **View Uploaded Files** tab. This will display a history of all files submitted
4. Click on the file containing errors that you wish to view
5. Click on each individual error to see a detailed description at the bottom of the page

Corrections for File Uploads:

The State requires that the prescriptions reported be submitted according to the deadlines outlined in the previous sections. Rejected records must be corrected and resubmitted within 7 days. It is preferred that all corrections be made by logging into the website. If your software vendor uploads on your behalf, or if your file has received a "Rejected" status due to excessive errors, you may choose to correct these erroneous records utilizing your software.

If the dispenser has errors in the submitted file, you may correct these errors in one of two ways:

1. Correct the data online via the Data Collection Portal. This type of correction is manually performed and preferred when there are minimal errors.
    a. Login to **www.VTPMS.com** with your username and password
    b. Go to the Data Collection Menu → Click on **File Upload**
    c. Click on the **View Uploaded Files** tab. This will display a history of all files submitted
    d. Click on the file containing errors that you wish to correct
    e. To the right of each error, click on the paper/pencil icon. You will then be shown the **Prescription Correction** screen
    f. Correct the fields indicated, click the authorization checkbox, and click **Save**
    g. You will receive an online confirmation that your prescription was successfully saved

2. Correct the data in your retail prescription software or dispensing practitioner software; regenerate the file and upload the data.
    a. Please note this process may result in duplicate records if a portion of the records originally submitted were accepted. Duplicate records require no corrective action on the part of the pharmacy or dispenser.
    b. Within your retail prescription software, you may also choose to correct only those records that were rejected and create a separate file to submit.

Prescription Maintenance

For security purposes, data cannot be deleted or altered by Appriss once it has been *submitted* and *accepted* to the program. If you have submitted incorrect information that was accepted to the database (i.e. incorrect patient date of birth or prescriber's DEA) you are responsible for correcting the record. To remedy this situation, go to the 'Prescription Maintenance' page under the Data Management menu. Search for the prescription by prescription number, patient name, date filled, or any combination of these criteria. You can then update the record by clicking on the prescription in question, correcting the information, checking the authorization check box, and clicking the 'Save' button. To delete the prescription, click on the prescription in question, check the authorization checkbox, and click the 'Delete' button.

NOTE: Deletions and edits may also be made from some software products. However, if the Dispenser's DEA, Prescription Number, Date Filled, or Refill Number are incorrect you cannot submit an edit. If one of these fields require correction you must first delete the incorrect record and then resubmit the corrected info as a new prescription.

Exemptions to Reporting

Any Vermont-licensed pharmacies that do not dispense controlled substances but are credentialed to do so must obtain an exemption that releases them from the legal obligation to report to VPMS. The Department may grant an exemption to that dispenser; if so, the exemption shall state the format and frequency with which the dispenser shall submit the required information. Exemptions will be renewed annually between January 1st and 31st of each year, unless terminated sooner by the Vermont Department of Health.

In order to gain exemption status, pharmacies must complete the form that can be found here: **http://www.healthvermont.gov/adap/documents/VPMS_exemption_form.pdf.** The completed form must be emailed, mailed or faxed to the VPMS Program at the following:

E-Mail: Ahs.vdhvpms@vermont.gov

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

Required Information and Formatting

ASAP 2011 v4.2

HEADER SEGMENTS			
TH TRANSACTION HEADER – (TH01-TH09)			Required Data
Ref. Code	Data Element Name	Format	Attributes*
TH01	Version/Release Number	4.2	Yes
TH02	Transaction Set Control Number		Yes
TH05	Creation Date	CCYYMMDD	Yes
TH06	Creation Time	HHMMSS or HHMM	Yes
TH07	File Type	P = Production T = Test	Yes
TH09	Segment Terminator Character	\	Yes
IS INFORMATION SOURCE – (IS01-IS03)			
IS01	Unique Information Source	Ex: Phone Number	Yes
IS02	Information Source Entity Name	Pharmacy Name	Yes
PHA DISPENSING PHARMACY – (PHA01-PHA12)			
PHA01	NPI		Yes
PHA03	DEA Number	Pharmacy DEA Number	Yes
PHA10	Phone Number		Yes
PHA11	Contact Name	Freeform Pharmacist Manager Name	Optional
DETAIL SEGMENTS			
PAT - PATIENT DETAIL SEGMENT – (PAT01-PAT23)			
PAT07	Last Name	Patient Last Name	Yes
PAT08	First Name	Patient First Name	Yes
PAT09	Middle Name	Patient Middle Name	Situational
PAT11	Name Suffix	Patient Suffix such as Jr. or II	Situational
PAT12	Address Information – 1	Freeform Address Information	Yes
PAT13	Address Information - 2	Additional Freeform Address Information	Situational
PAT14	City Address	Freeform City Address	Yes
PAT15	State Address	State Abbreviation	Yes

PAT16	ZIP Code Address	Use "00000" for Non-US Residents	Yes
PAT17	Phone Number	Phone Number Including Area Code (No Dashes)	Yes
PAT18	Date of Birth	CCYYMMDD	Yes
PAT19	Gender	F = Female M = Male	Yes
PAT20	Species Code		Yes
PAT23	Name of Animal		Required - if Species Code (PAT20) is Veterinary Patient
DSP - DISPENSING RECORD SEGMENT - (DSP01-DSP21)			
DSP01	Reporting Status		Yes
DSP02	Prescription Number		Yes
DSP03	Date Written		Yes
DSP04	Refills Authorized		Yes
DSP05	Date Filled		Yes
DSP06	Refill Number		Yes
DSP07	Product ID Qualifier		Yes
DSP08	Product ID		Yes
DSP09	Quantity Dispensed		Yes
DSP10	Days' Supply		Yes
DSP11	Drug Dosage Units Code		Yes
DSP12	Transmission Form of Rx Origin Code		Yes
DSP13	Partial Fill Indicator		Yes
DSP15	Pharmacist State License Number		Optional
DSP16	Payment Type		Yes
DSP17	Date Sold		Optional
PRE - PRESCRIBER DETAIL SEGMENT - (PRE01-PRE08)			
PRE01	NPI		Optional

PRE02	**DEA Number**		**Yes**
PRE03	**DEA Suffix**		**Situational**
PRE04	**Prescriber State License Number**	**No more than 10 digits**	**Optional**
CDI - COMPOUND DRUG INGREDIENT DETAIL SEGMENT (CDI01-CDI05)- If DSP08 = "99999999999" all CDI segments required			
CDI01	Compound Ingredient Sequence Number	1st reportable ingredient is "1"; additional ingredients are incremented by 1.	Situational
CDI02	Product ID Qualifier (NDC Required by AZ)	01 NDC#	Situational
CDI03	Compound Ingredient Product ID - NDC	As indicated in CDI02	Situational
CDI04	Compound Ingredient Quantity	Metric Decimal quantity	Situational
CDI05	Compound Drug Dosage Units Code	01 Each (report packages) 02 Milliliters 03 Grams	Situational
AIR Additional Information Reporting			
No Required Data Elements			
SUMMARY SEGMENTS			
TP - PHARMACY TRAILER – REQUIRED			
TP01	**Detail Segment Count**		**Yes**
TT – Transaction Set Trailer (TT01-TT02)			
TT01	**Transaction Set Control Number**	**Must match TH02**	**Yes**
TT02	**Segment Count**	**Total # of segments, including header and trailer segments**	**Yes**

Frequently Asked Questions

Passwords and Sign-In Information:

Does my password expire?
For security purposes, passwords will expire every 90 days. You do not need to remember to update your password, as the system will automatically prompt you to change your password after 90 days.

Please note that your account will require you to update your password upon your initial sign-in. At this time, please answer the security questions provided. This will allow you to change/update your password during the evening/weekend hours.

I have entered my password numerous times and I am sure that it is correct. Why is this happening?
Please go to the link 'Forgot/Reset Password.' If you are able to correctly answer the security questions provided, you will be able to reset your password using this function.

Prescription Data and Reporting Requirements:

What is the NDC Number?
The National Drug Code is an 11 digit number used to identify drug strength, name, quantity etc. This number is found on the medication bottle. The NDC code will be 3 groups of digits separated by dashes. In the 11 digit NDC code these will take the form 5 digits - 4 digits - 2 digits. If your bottle does not have 11 digits for its NDC code you can obtain the full 11 digit number by adding a leading 0 to the beginning of the group of numbers that does not follow the form 5-4-2. When recording this NDC code do not include the dashes in your 11 digit number.

What drugs should be reported?
The Vermont Prescription Monitoring System collects drug Schedules II-IV.

How often should I submit data?
Pharmacies and other dispensers shall report their dispensed prescriptions electronically to the VPMS **within 24 hours or one business day** after dispensing.

How are compounded prescriptions to be recorded?
Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. Please follow the ASAP 2011 v4.2 standard for reporting controlled substances. Information for format requirements can be found in the section entitled "Required Information and Formatting."

Why is the system rejecting the input metric quantity?
The metric quantity should be the number of metric units dispensed in metric decimal format.

What should I do if I believe I am exempt from reporting?

Please see the section entitled "Exemptions from Reporting."

I use a common login for multiple locations, but one location did not dispense any controlled substances. How do I submit a Zero Report?
Zero Reports should be submitted using the account which uses the dispenser's DEA number as the username, or via FTPs transfer (please see section entitled "Zero Reporting").

A Zero Report should not be submitted in the same file with prescription information. If you need to submit a Zero Report for a single location, please submit a separate file.

I received a compliance notification; what should I do?
If you have received a notification that you have failed to upload prescriptions or a zero report for a given period and would like to check the status of your data, please send an email to **ahs.vdhvpms@vermont.gov** with the following information:

1. Username
2. Reporting period(s) in question
3. DEA Number

If a confirmation is required, you may forward our email response to the Vermont Administrators as confirmation your data was received.

If you are unsure if your data was submitted, resubmit the time period in question. The data will take one day to process, before we are able to review the information.

Due to unforeseen problems, I need an extension for the reporting period deadline; what should I do?
Extensions are not granted. Each prescription must be submitted and accepted within 24 hours or one business day after dispensing.. In circumstances of natural disaster or other unforeseen extraordinary emergency circumstances, please contact the program administrator.

File Issues and Error Corrections:

What should the filename be?
The filename should be the dispenser's DEA number, followed by the date of submission, followed by **.dat** or **.txt**. Chain pharmacies may use the chain name, followed by the date of submission. The filename is less important than the contents of the file.

FTP users should be certain to differentiate files by modifying the filename before the **.dat** or **.txt** extension. This will ensure that the contents of the file are not overwritten. FTP submissions with the same filename, submitted on the same day will overwrite the previously submitted file.

What does the file status 'Pending' mean?
Uploaded files will be processed overnight by a batch processor; therefore they will be in a "Pending" status until the following day. You will receive notification via the message center and email (valid email required) once the file has processed. You can update your email address through the "My Account" section of the website.

How do I know if my file uploaded?

1. Go to Data Collection → File Upload
2. Click on the 'View Uploaded Files' tab
3. You will be able to view all file submitted with your username

If you are not receiving email notifications, you will need to verify that your email address is listed correctly. Go to 'My Account' and enter your email address in the appropriate field. You will also receive file status notifications in the section of your account titled 'Messages."

Please make sure to add the domain @Appriss.com to your safe senders list within your email client. This will ensure that you receive communications from Appriss in a timely manner.

I do not work with a software vendor; how should I submit controlled substance data?
If you do not work with a software vendor, you will need to manually enter controlled substance data. To submit manually go to "Data Collection → Manual Entry." Complete all required fields, check the authorization checkbox, and click "Save;" no further action is required.

I accidentally submitted incorrect information. Can I delete a record/entry?
Please login to your pharmacy's account, and go to "Data Management → Prescription Maintenance." Search for the prescription that needs to be deleted. Click on the prescription to be taken to the "Prescription Correction" page. Scroll to the bottom of the page, click on the authorization checkbox, and click the orange "Delete" button.

Why are there no menus displayed on the web page?
If you are using Internet Explorer, please make sure you are using version 7.0 or higher. To accomplish this go to "Help → About Internet Explorer." If you are using a version older than 7.0 you may want to consider upgrading your browser.

If you are using a recent version, please make sure compatibility view is enabled. Compatibility view can be found in your "tools" menu.

Why is nothing happening when I click on the browse button to upload my file?
If you are using a recent version of Internet Explorer, please make sure Compatibility View is enabled. Compatibility View can be found in your "tools" menu within your browser.

How do I fix a "duplicate" error?
A duplicate error message displays when a data record is received and processed more than once. This normally occurs when a file is uploaded after correcting errors in your prescription software or when a file is uploaded twice in error for a different reporting period. The duplicate records occurring as a result of duplicate file uploads require no action on the part of the pharmacy or dispenser.

Other Questions:

How do I setup an FTP account?
FTP account requests must be made via the registration page on **www.VTPMS.com**. You will need to register for an 'Uploader' account. While filling out the registration form, please make sure to select 'Yes' for the question "Will you upload using FTP method?". You will receive login credentials at the email address indicated in your registration within 24-48 business hours.

Should a suffix be included in the Last Name Field?
No. The ASAP 2011 v4.2 Standard calls for just the last name of the patient to be included in the 'last name' field when reporting controlled substance data to the State of Vermont. There is a separate field entry for a suffix, when applicable.

How should the address for a patient not from the U.S. be entered to be accepted by the program?
If a patient resides outside the U.S, enter all zeros in the zip code field '00000'.

What should I do if the pharmacy is closing?
Contact the VPMS Program at:

E-Mail: Ahs.vdhvpms@vermont.gov

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

Assistance and Support

Appriss is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Questions concerning interpretation of technical and compliance matters may be referred to Appriss. Pharmacies are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Appriss directly for assistance.

The Vermont Department of Health will act as the final interpreter of regulations. Unresolved disagreements between a dispenser and the vendor will be resolved by the Vermont Department of Health.

For Technical Support:
Email: vtpms@appriss.com

Phone: (888) 461-8628

For regulations and program questions:

E-Mail: Ahs.vdhvpms@vermont.gov

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

Attachments

Attachment 1
Program Transmittal Form

File Name: _____
The file name should be the DEA number followed by .DAT (example: AB01123456.DAT)

Date: _____

Pharmacy/Dispenser Name: _____

DEA Number: _____

Number of Prescriptions in File: _____

Name of Person Submitting Report: _____

Phone Number: _____

Fax Number: _____

External/diskette label must contain: Pharmacy/Submitter Name, DEA Number, and Number of Prescriptions

Attachment 2: Vermont Manual Entry Claim Form
Fax: 866-282-7076

Dispenser DEA #: ___ ___ ___ ___ ___ ___ ___ ___ ___
(**This Dispenser information will be used for each RX record on this page**)

Patient Details			
Last Name	**First Name**	**Date of Birth**	**Gender**
Street Address	**City**	**State**	**Zip**
Patient Phone Number ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___			

Prescriber Details			
Prescriber DEA # ___ ___ ___ ___ ___ ___ ___ ___ ___	**DEA Suffix** (if applicable)	**Last Name**	**First Name**

Prescription Details					
Prescription #	**Date Written**	**Total Refills Allowed**	**Date Filled**	**Current Refill #**	**Payment Method** [ ] Private Pay [ ] Medicaid [ ] Medicare [ ] Commercial Ins [ ] Military/VA [ ] Worker's Comp [ ] Indian Nations [ ] Other
NDC Code ___ ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___	**Days' Supply**	**Qty**		**Dosage Units** [ ] Each [ ] Grams [ ] Milliliters	

Patient Details			
Last Name	**First Name**	**Date of Birth**	**Gender**
Street Address	**City**	**State**	**Zip**
Patient Phone Number ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___			

Prescriber Details			
Prescriber DEA # ___ ___ ___ ___ ___ ___ ___ ___ ___	**DEA Suffix** (if applicable)	**Last Name**	**First Name**

Prescription Details					
Prescription #	**Date Written**	**Total Refills Allowed**	**Date Filled**	**Current Refill #**	**Payment Method** [ ] Private Pay [ ] Medicaid [ ] Medicare [ ] Commercial Ins [ ] Military/VA [ ] Worker's Comp [ ] Indian Nations [ ] Other
NDC Code ___ ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___	**Days' Supply**	**Qty**		**Dosage Units** [ ] Each [ ] Grams [ ] Milliliters	

Attachment 3

WAIVER FROM ELECTRONIC REPORTING

Please provide the information requested below (Print or Type)

Pharmacy Information:

Name of Dispenser/Pharmacy:	DEA Registration Number of Pharmacy:
Dispenser/Pharmacy Regulatory Board License Number:	
Street Address:	City:
State: Zip:	Telephone Number: ( )
Name of Pharmacist in Charge:	Pharmacist Vermont License Number:
Signature:	Date:

Reason for approval of exemption/waiver request: (Check one box below)

□ Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please attach description of hardship.

□ This dispenser is exempt from reporting according to the following:

(1) If the dispenser does not have an automated recordkeeping system capable of producing an electronic report of the required data in the format established by the "ASAP Telecommunications Format for Controlled Substances", then the dispenser may request a waiver from the electronic reporting of the data from the Committee.

(2) If the Committee grants the dispenser a waiver from the electronic reporting requirement, then the dispenser shall comply with an alternative method of reporting the data as determined by the Committee, such as submitting the required data in writing on a form approved by the Committee.

For Department Use Only

Date Received	☐ **Approved** ☐ **Disapproved**	**VPMS Program Manager Signature**	**Date of Action**

VERMONT
DEPARTMENT OF HEALTH
Agency of Human Services

Vermont Prescription Monitoring Program
Division of Alcohol and Drug Abuse Programs
P.O. Box 70, 108 Cherry Street, Suite 2
Burlington, Vermont 05402-0070
Telephone: 802-652-4147
Fax: 802-652-2019
Email:AHS.VDHVPMS@vermont.gov

VPMS Exemption Form for Vermont Licensed Pharmacies

PHARMACY NAME:

STREET ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBER:

VERMONT PHARMACY LICENSE NUMBER:

PHARMACY DEA NUMBER:

I certify that this pharmacy currently: (select one)

☐ does not dispense any II-IV controlled substances.

☐ does not dispense any II-IV controlled substances to any patients in Vermont.

☐ administers II-IV controlled substances directly to a patient only.

☐ dispenses II-IV controlled substances limited to an amount adequate to treat a patient for a maximum of 48 hours only.

☐ is a veterinarian office.

☐ is an opioid treatment program that dispenses only methadone and buprenorphine.

Should this situation change, I understand that we need to contact the VPMS Program Manager (**ahs.vdhvpms@vermont.gov**) and begin making reports of controlled substances dispensed to the Vermont Prescription Monitoring System which shall be no less than once every seven days. I understand that the exemption will expire one year from this date.

_____ _____
Pharmacist Manager Signature **Date**

_____ _____
Print Name **Email Address**

Fax, email, or mail this completed form to the address in the letterhead