

FL PDMP AWARE/NarxCare

User Support Manual

September 2018

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1 What Is a Requestor?

A requestor is a PMP AWAR_xE account type that is used to review a patient's prescription history. A complete list of available roles are as follows:

Healthcare Professionals

- Dentist
- Medical Resident
- Naturopathic Physician
- Nurse Practitioner / Clinical Nurse Specialist
- Optometrist
- Pharmacist
- Pharmacist's Delegate Unlicensed
- Physician (MD, DO)

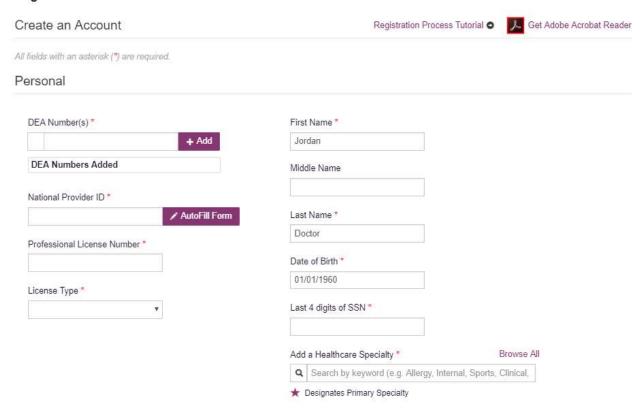
- Physician Assistant
- Podiatrist (DPM)
- Prescriber Delegate Unlicensed
- Prescriber without DEA

2 Pre-Loaded User Access

Please note that users who had an account with the previous system may already have an account in PMP AWAR_xE. If you received an email alerting you to the system change from E-FORCSE®, then you already have an account. Please use the email address that you received in the email as your username.

Having obtained the email address on your account, please attempt to access your account by following the <u>Reset Password</u> instructions located in this guide before attempting to create a new account.

Once your password is reset, login to the application at https://florida.pmpaware.net. Upon successful login, you will need to enter any missing demographic information on the "Registration Process" screen that is marked by a red asterisk. For further details, please see step 7 of the Registration Process Section.



Upon successful registration completion, you will need to read and accept the End User License Agreement displayed on screen by clicking "I Accept." Once you have accepted the End User License Agreement, you will be taken to the Dashboard. See the Requester Dashboard section for more information.

If you did not receive an email but you had an account in the previous system, the email address/username on your account may be out of date. Please contact the helpdesk at the number located in the Technical Assistance section of this document. You will be asked to verify at least two personal identifiers. If you are unable to verify the identifiers, you will need to contact the State Administrator. Contact information is located in the Administrative Assistance section of this document.

Please note that if your email address was shared with another user, your account may not have been imported and you will need to reregister, following the steps in the Registration section.

3 Registration Overview

E-FORCSE® requires that every individual register as a separate user, using their email address as their username within the system. A user can register as a designee (referred to as a "Prescriber Delegate - Unlicensed" or "Pharmacist Delegate - Unlicensed" in PMP AWAR_xE), a role which is designed to allow the user to generate reports on the behalf of another, current user. An example of a designee role would be a nurse at a small doctor's office. The nurse would act as a designee to the physician to create

Patient Rx reports for the patients that the physician would be seeing that day. All queries run by the designee will be attributed to the prescriber for whom they run the report.

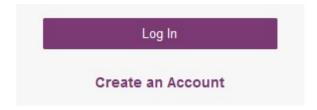
Please note that if you had an account with the previous system, you may already have an account in PMP AWAR_xE. Please attempt to access your account by following the <u>Reset Password</u> instructions located in this guide before attempting to create a new account. Please utilize the email address associated with your previous account.

The registration process is comprised of three screens: the account settings screen, the role selection screen, and the demographics screen. All three screens must be filled out before the user can successfully submit their registration for processing.

Requestor roles may also require the upload of a copy of a current government-issued photo ID, such as a Driver's License or a Passport, or notarized validation documents. If required, this documentation must be submitted prior to the user account being approved. The user can submit digital copies through PMP AWAR_xE after completing the registration screens.

3.1 Registration Process

- 1. To request a new account in PMP AWAR_xE go to https://florida.pmpaware.net.
- 2. Once at the login screen, the user must click the "Create an Account" option to begin the process.



- 3. The next screen requires the user to enter their current, valid email address and select a password. The password must be entered a second time for validation.
 - a. The password must contain at least 10 characters, including 1 capital letter and 1 special character (such as !,@,#,\$)
 - b. A Registration process tutorial is located to the top right of the screen.

Registration Process



- 4. After the email and desired password have been entered, the user must click the "Save and Continue" button.
- 5. The second step is the role selection screen. The user can expand the role categories to select the role that fits their profession.
 - a. If you do not see an applicable role for your profession, the State Administrator has not configured a role of that type and potentially may not allow users in that profession access to PMP AWAR_xE.

Select your User Roles

- Healthcare Professional
- Agency Administration
- 1 Law Enforcement
- 1 Other

Save and Continue

Select your User Roles Healthcare Professional Dentist Medical Resident □ Naturopathic Physician Nurse Practitioner / Clinical Nurse Specialist ☐ Optometrist ☐ Pharmacist Physician (MD, DO) ☐ Podiatrist (DPM) Physician Assistant ☐ Prescriber without DEA Pharmacist's Delegate - Unlicensed Prescriber Delegate - Unlicensed Agency Administration **+** Law Enforcement Other

Save and Continue

- 6. After the role has been selected, the user must click the "Save and Continue" button.
- 7. The final screen is the demographics screen. Here the user must enter their name, date of birth, employer information, and other information as configured by the State Administrator.
 - a. Required fields are marked with a red asterisk.
 - b. Please enter all active DEA numbers, if applicable.

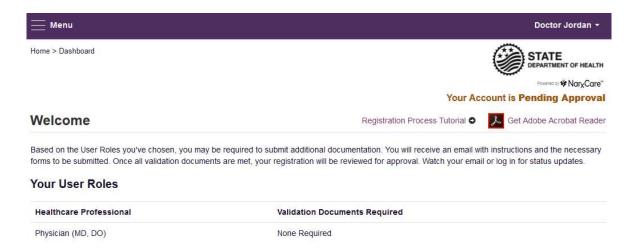
All fields with an asterisk (*) are required.	
Personal	
DEA Number(s) *	Cina Norma #
DEA Number(s) * + Add	First Name *
h- 1:	
DEA Numbers Added	Middle Name
National Provider ID *	
/AutoFill Form	Last Name *
Professional License Number *	Date of Birth *
	Date of Diffit
License Type *	50 - 1000 MANN - 100-1000 MAN
∀	Last 4 digits of SSN *
	Add a Healthcare Specialty * Browse All
	Q Search by keyword (e.g. Allergy, Internal, Sports, Clinicε
	★ Designates Primary Specialty
	Primary Contact Phone *
Employer	
	Name *
	Address *
	Address Line 2
	Address Line Z
	City *
	State *
	V
	Zip Code *
	Zip Code
	Phone *
	Fax
	Do you dispense prescription medication out of your office
	instead of sending a prescription to a pharmacy? *
	○ Yes No

Jillic Tour Registration

- 8. After all information has been entered into the form, the user must click the "Submit Your Registration" button to complete the process. <u>Note</u>: If you are a designee, please see the <u>Registering as a Designee</u> section for an additional step in the registration process.
- 9. The user will then be taken to a landing page notifying them that their account is either pending approval, or incomplete and requires further action.
 - a. Access Granted: Certain user roles will be will be immediately granted access to the application provided their personal DEA numbers and Professional License Numbers as entered are valid and found within the registry. Users will be presented with the End User License Agreement that they must review and accept. After accepting, the user will be immediately routed to their dashboard and can begin using the application. Please see the Requester Dashboard section for more information.

<u>Note:</u> If the user is a designee, they will still require approval from any supervisors they have selected before they may perform Patient Requests. Please see the <u>Creating a Patient Request</u> section for more information.

b. **Pending Approval:** If a user's account requires no further action but could not be verified by the process above in paragraph a, or if the user's role is not a part of this process, the user account will be pending approval by the State Administrators.



3.2 Email Verification

- 1. After the user submits their registration, PMP AWAR_xE sends an email to the supplied email address asking for verification of an active email address.
- 2. The user must click the link within the email to verify their email address.
 - a. The link contained within the email is only valid for 20 minutes. In the event the time has expired, clicking the link will result in a new email verification notification being sent to the user. The user must click on the link in the new email to verify their email address.
 - b. If you are not able to receive HTML formatted emails/emails with hyperlinks, please contact the helpdesk with the contact information located in the <u>Technical Assistance</u> section of this document.

- c. If you registered with the wrong email address, please login to the account and navigate to Menu > User Profile (under the My Profile Section) to update your email address. For further instructions see the My Profile section of this document.
- 3. The user is taken to a screen displaying a message that their email address has been validated.

3.3 Account Approved

- 1. After the State Administrator has determined that all requirements have been met for the user account, the account can be approved.
- 2. The user receives an email stating that their account has been approved and is now active.
- 3. The user can then log into PMP AWAR_xE using the email address and password supplied during the account creation process. If the user no longer has the password, it can be reset by navigating to https://florida.pmpaware.net and clicking the Reset Password link, or by navigating to https://florida.pmpaware.net/identity/forgot_password.

3.4 Registering as a Designee

Registering as a designee is virtually identical to registering as any of the other healthcare professional roles. The user would select one of the designee roles (e.g. *Prescriber Delegate – Unlicensed* or *Pharmacist Delegate – Unlicensed*) and enter any required information on the demographics screen.

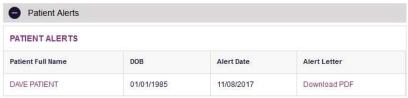
The final section of the demographics screen requires the designee to enter their supervisor's registered email address. The supervisor must already have a registered account with the E-FORCSE®. Designees may enter more than one supervisor. When adding a supervisor, a designee will want to ensure that they enter the supervisor's email address correctly and that they are using a valid email address. Note: Designee users will not be able to perform Patient Requests on behalf of a supervisor until the supervisor has approved the designee.



4 Requestor Dashboard

The Requestor Dashboard is the first screen users see once logged in with an approved account. It provides a quick summary of pertinent items within PMP AWAR_xE, including State Administrator announcements, the user's recent patient searches, patient alerts, and their designee's/supervisor's status. The Dashboard can be accessed at any time by clicking **Menu** > **Dashboard** (Under "**Home**").

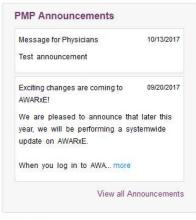
My Dashboard



RECENT REQUESTS									
Patient Name	DOB	Status	Request Date	Delegate					
test one	01/01/1901	Complete	11/28/2017 6:08 PM	Jordan Delegate					
DAVE PATIENT	01/01/1985	Complete	11/27/2017 4:16 PM						
test patient	01/01/1900	Complete	10/31/2017 2:23 PM	James Delegate					
bob testpatient	01/01/1900	Complete	10/31/2017 2:10 PM						
micjor	01/05/1941	Complete	10/27/2017 2:08 PM						

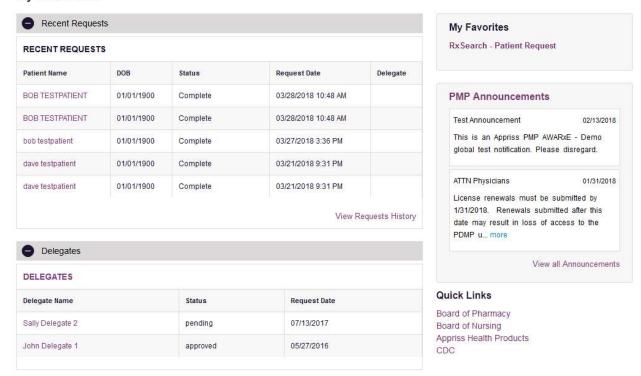
DELEGATES		
Delegate Name	Status	Request Date
NEW James Delegate	pending	12/01/2017
Jordan Delegate	approved	04/25/2017

My Favorites RxSearch - Patient Request



Quick Links PMP Support

My Dashboard



4.1 Patient Alerts

This section shows the most recent patient alerts. New alerts, ones that have not been viewed, are **bold** and have the word "NEW" next to them. Clicking the PDF Icon will download the letter associated with the alert. Clicking the patient's name will take the user immediately to the report normally found under **RxSearch > Patient Request**. Click the "Patient Alerts" link towards the top of the section to access a full listing of patient alerts. This can also be accessed by navigating to **Menu > Patient Alerts** (Under the Rx Search Section). **Note:** This section is user role dependent, meaning that certain roles will be unable to view this section.

4.2 Recent Requests

This section shows the last few patient searches that were performed by the user or by one of the user's designees. Clicking the patient name will take the user to the patient report. Click the "View Requests History" link to view a listing of all past requests. This can also be accessed by navigating **to Menu > Requests History** (Under the Rx Search Section). Note: The report seen here is a historical report. It is the data that was viewed when the report was initially run. For instructions on performing patient Rx history searches, see section Creating a Patient Rx Request.

4.3 Delegates/Supervisors

This section shows the user's designees or supervisors depending on the user's role. A supervisor can quickly change a designee's status from the dashboard by clicking the designee's name. They will be taken to the Delegate Management screen where they can approve, reject, or remove a designee from their profile. Users can also click the "Delegates" link to be taken to the Delegate Management section, which is also accessible at any time by navigating to **Menu > Delegate Management** (Under the My

Profile section). For additional information regarding designee management, see the <u>Delegate Management</u> section.

4.4 Announcements and Quick Links

State Administrators can configure Announcements to be displayed to users in this section. The quick view on the right shows only the first few lines of text, but clicking on the **Announcements** button will display the full announcement text. This can also be accessed by navigating to **Menu > Announcements** (Under the Home section). The announcements can be configured as role specific meaning that a user whose role is physician can have an announcement whereas a delegate user may not have the same announcement viewable under their profile.

State Administrators can also configure Quick Links to webpages outside of PMP AWAR_xE Any links configured will be visible toward the bottom right of the dashboard in the Quick Links Section.

5 RxSearch



Depending on the settings the State Administrator has enabled for the portal in general and the specific roles types, there may be different options available. The screenshot above and the descriptions that follow in this section are all inclusive. If an option is not available, then it has not been enabled by the State Administrator.

5.1 Creating a Patient Request

The Patient Request is a report that displays the previous prescription drug activity for a specific patient.

- 1. A user must log into PMP AWAR_xE and navigate to **Menu > RxSearch > Patient Request.** If needed, there is a tutorial located toward the top right of the screen.
 - a. If the user is a designee, then they must select a supervisor from the dropdown at the top of the screen. If they have no available supervisors, then they must contact their supervisor(s) to approve their account or add the supervisor under My Profile. Current supervisors and status of the supervisors are displayed on the Dashboard. See the <u>Delegates/Supervisors</u> section of the <u>Requester Dashboard</u> section and the <u>My Profile</u> section for further instructions.



2. The screen displays search fields to lookup a patient. All fields marked with a red asterisk (*) are required. At a minimum, the user must enter a first and last name and date of birth for the patient. Start and end dates for prescriptions are also required.

Patient Requ	est	Patient Rx Request Tutorial Can't view the file? Get Adobe Acrobat Reader * Indicates Required Field
Patient Info		1799309000000000000000000000000000000000
First Name*	Last Name*	
☐ Partial Spelling	☐ Partial Spelling	
Date of Birth*		
MM/DD/YYYY		
Prescription Fill Date No earlier than 4 years from		
From*	To*	
04/11/2017	04/11/2018	
Zip Code Also Search	proved by including the address	
PMP Interconnect	○ RxCheck	○ None of the above
	well as your home state for patient informations well as your home state for patient informations.	ation, select the states you wish to include in your search

- a. Partial Spelling By clicking the *Partial Spelling* boxes for either first or last name, users have the option to use only part of a patient's name to perform a search. This can be very helpful when searching hyphenated names or names that are often abbreviated such as "Will" vs. "William". Once you checked the partial search boxes and entered the patient's information, click search.
 - i. You may then be presented with a multiple patient pick list to select from. You will be provided with demographic information on the patient to help you determine whether they are the patient you are looking for. Select the appropriate patient records and click "Run Report." Please see the <u>Partial Search Results</u> section for more information.
 - ii. At least three letters must be included in order to employ *Partial Spelling*. If the patient's name is only one or two letters, please do not attempt a partial search.
- b. Additional patient information Patient searches may also include a zip code, however it is recommended that searches be made without zip code.

- 3. If the user requires information from other states, the user can select the desired states from the list of available PMP Interconnect or Rx Check states. Click the radio button for RxCheck to be presented with the list of available states.
 - a. Partial search is unavailable when searching other states. In the event partial search is checked, the "Also Search" section will be removed from the bottom of the screen.
 - b. If a state is not available within the list, then data sharing is not currently available with that state or the user's role type does not allow for data sharing. Please contact the State Administrator for more information. Contact information may be found in the Administrative Assistance section.



- 4. The user clicks the search button to begin the search.
- 5. When a single patient has been identified, results are returned to the screen.
- 6. If the search could not determine a single patient match, the user will receive a message warning of multiple patient matches. The patient records that correspond with the patient can all be selected for inclusion in the report see the Multiple Patients Identified and Partial Search Results sections for more information.

5.1.1 Viewing the Patient Rx Request

1. The Patient Rx Request report screen is comprised of four main sections: Patient Information, Prescriptions, Prescribers, and Dispensers.







Patient Report Refine Search

Report Prepared: 04/10/2018 Date Range: 03/10/2018 – 04/10/2018





three testpa	itient							
Linked Record	s							
Name		DOB		ID	Gender	Address		
three testpatient 01/01/1900		000	2	unknown	222 1ST ST MIRAMAR FL 3	3027		
three Testpatient 01/01/1900			000	1	female	123 STATE ST MIRAMAR FI	33027	
Report Criteria								
First Name	Last Name	DOB						
three	testpatient	01/01	/1900					
Summary								
Summary			Opioids* (e	excluding	buprenorphine)		Buprenorphine*	
Total Prescriptions:		4	Current Qty			4.0	Current Qty:	0.0
Total Prescribers:		3	Current MM	E/day:		691.2	Current mg/day:	0.0

Filled	PT ‡	Written \$	Drug	\$ (OTY \$	Days 🕏	Prescriber 🕏	Rx#	Pharmacy *	Refills	Daily Dose 🕏	Pymt Type \$	PMP :
03/13/2018	2	03/13/2018	FENTANYL 12 MCG/HR PATCH	1	120.0	30	BO TES	3634112480	Bob's (1111)	0	345.6 MME	Comm Ins	FL
03/12/2018	1	03/12/2018	FENTANYL 12 MCG/HR PATCH	1	120.0	30	AL TES	3634112482	Alice (4567)	0	345.6 MME	Comm Ins	FL
3/11/2018	1	03/11/2018	FENTANYL 12 MCG/HR PATCH	1	120.0	30	Pa Doc	3634112481	Dave' (1119)	0	345.6 MME	Comm Ins	FL
03/10/2018	1	03/10/2018	FENTANYL 12 MCG/HR PATCH	1	120.0	30	AL TES	3634112483	Smith (3740)	0	345.6 MME	Comm	FL

*Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

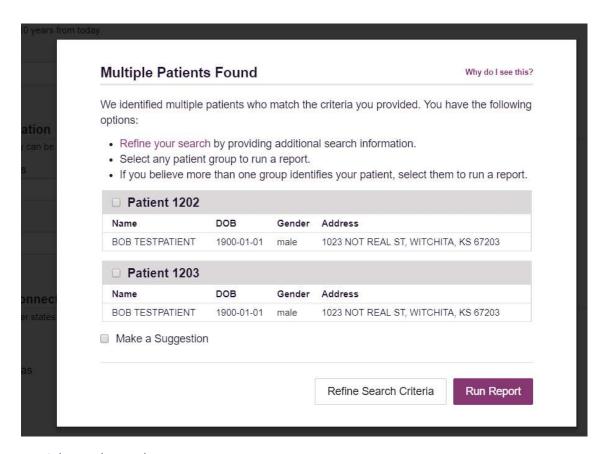
*Per CDC guidance, the MME conversion factors prescribed or provided as part of medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivilants. mg = dose in milligrams.

Name	Address	÷	City	÷	State	‡	Zip	Phone	÷
TESTPRESCRIBER, ALICE	1111 FAKE ST		MIRAMAR		FL		33027		
TESTPRESCRIBER, BOB	301 W MAIN ST		MIRAMAR		FL		33027		
Doctor, Paul D	1234 NOT-A-REAL-PLACE	DR	MIRAMAR		FL		33027		
Dispensers									
Dispensers Pharmacy	♦ Address	♦ City		♦ State	•	Zip	♦ Pho	one	+
Pharmacy			AMAR			Zip 33027		one 60000000	÷
Pharmacy Smith's Pharmacy (3740)		MIR					316		÷
AND THE PROPERTY OF THE PROPER	16207 FAKE ST SEC A	MIR.	AMAR	FL		33027	316	60000000	÷

- 2. At the top of the request, the report displays the date the request was run and the date range used to create the request.
- 3. If configured for the account type by the State Administrator, buttons may also be present that will allow the user to save the report as a PDF document or to save the report as a CSV data file.
- 4. The Patient Information section displays the search criteria used to search for the patient. It will also display all known patient names, birthdates, and addresses that have been matched to the patient the user searched.
 - a. The table can represent instances of a patient with multiple addresses, misspellings of names, etc.
 - b. The table also lists an ID number that will match a patient's address information to a prescription from the prescription table.
- 5. The Prescriptions table lists information related to each prescription issued to the patient within the search period entered.
 - a. The Patient ID column is used to provide a link between a specific prescription and the patient name/location information.
- 6. The Prescribers table displays the information for all prescribers who issued a prescription to the patient within the search period used.
- 7. The Dispensers table displays the information for all Dispensers who filled a prescription to the patient within the search period used.
- 8. Each section is collapsible. Users can click on the plus signs next to each section to expand or collapse each section.
- 9. Each section's tables can be resized to show more or less records. Users can click and drag the bottom of the table with their mouse to resize. A minimum of 2 rows are required to be displayed.
- 10. Columns in each section can be sorted. Clicking on a column header will allow the results to be sorted in ascending or descending order based on the column selected.
 - a. Column sorting is saved when exporting the request.

5.1.2 Multiple Patients Identified

- 1. When submitting a Patient Rx Request, if the entered search criteria cannot identify a single patient, the user receives a message that multiple patients have been identified.
- 2. The user can refine their search criteria and rerun the report or select one or more of the patient groups identified and run the report.



5.1.3 Partial Search Results

- 1. When submitting a Patient Rx Request using partial names, if the entered search criteria cannot identify a single patient record, the user receives a message that multiple patients have been identified.
- 2. The user can refine their search criteria and rerun the report or select one or more of the patient records identified and run the report.



5.1.4 No Results Found

1. If a user searches for a patient and no matching patient can be found, a message is displayed on the screen informing the user that the patient could not be found.



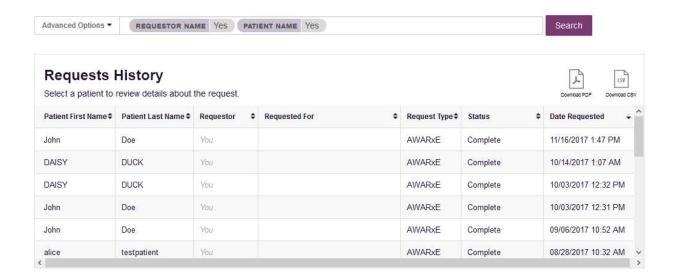
2. If a match for the patient is found, but there are no prescriptions that match the date range entered, the user will receive the below message and can click "Change Date Range" to enter a different date range.



- 3. The user can modify their search information and resubmit their request.
 - a. The user can modify the date range of the search
 - b. The user should verify all information entered on the request (ex. incorrect birthdate, name misspelling, first and last name entered in appropriate field, etc.)
 - c. The user can attempt a partial search if a partial search was not originally performed and is available for selection.

5.2 Request History

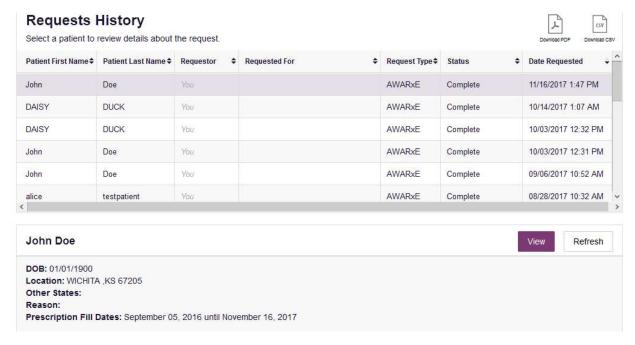
- To view a Patient Rx Request that was previously created, navigate to Menu > RxSearch > Requests History
- 2. A list of Patient Rx Requests previously made are displayed.



3. The user can filter the request listing by clicking the "Advanced Options" button. Users can enter patient name, requester name to view reviewing a delegate's history, patient birthdate, request date ranges, or filter by reports that were shared with the user by an administrator.



- 4. The user can only view Patient Rx Requests they or their delegate(s) have created.
- 5. If configured by the PMP Administrator, the user can export their search history by clicking the Download PDF or Download CSV icons.
- 6. The user can select a previous request to view the details of the request in a detail card at the bottom of the screen. Select by clicking anywhere in the row of the request.

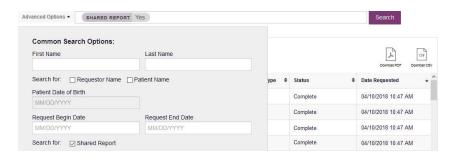


- a. Search criteria is displayed
- b. PMPi or RxCheck states used during the search are displayed
- c. If the user's requests require approval and the request is pending or was denied, the reason is displayed.
- 7. The user can view the results of the previously submitted request by clicking the "View" button.
 - a. Results of previous requests are not updated with new information. If a user requires updated information for their request, they must generate a new request for the patient. Generating a new Rx Request from a previous request can be quickly be done by clicking the "Refresh" button next to the "View" button. This will take the user back to Patient Request screen with all previously used search parameters already populated.

5.2.1 Shared Reports

If a State Administrator shares a report with a user, the user will receive an email that an E-FORCSE® administrator has shared a patient report with them. The email will include instructions on how to view the report. Shared Reports can also be viewed in Requests History.

- Login to https://florida.pmpaware.net
- 2. Navigate to Menu > Rx Search > Requests History
- 3. Click "Advanced Options"
- 4. Click the "Shared Report" radio button and click search. A listing of shared reports is displayed.



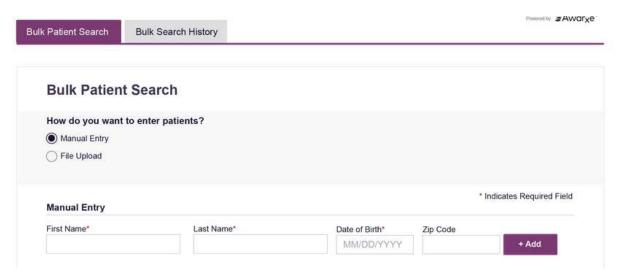
5.3 Bulk Patient Search

The Bulk Patient Search is similar to the normal Patient Request (search). It however allows the entry of multiple patients at once rather that one at a time. Patient names are either entered manually or via an uploaded CSV file. To access Bulk Patient Search, navigate to **Menu > RxSearch > Bulk Patient Search.**

The screen is comprised of two tabs, the Bulk Patient Screen which is the landing page and is where the user can start a new search, and the Bulk Search History tab, used for reviewing the results of a request or viewing previous request results.

Manual Entry

- 1. Enter First Name, Last Name, DOB for the patient.
 - **Note:** Zip code may also be entered, however we recommend to exclude zip code.
- 2. Click the *Add* button after each entry.



File Upload

- 1. Click the radio button for "File Upload"
- 2. Download the Sample CSV by clicking "View Sample File"
- 3. Fill out the required fields and upload the file.
- 4. Click Validate Format to download a validation report and ensure all records were entered correctly. Null values in the Errors columns indicate acceptable data. If a search is submitted with an invalid file, this will result in a validation error for the search. The file must be corrected and the search resubmitted with the corrected file.

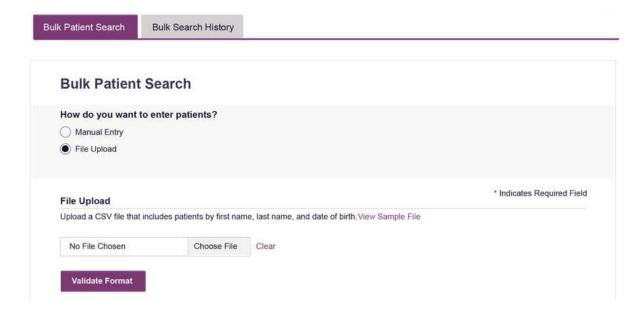
Error Examples:

first_name	last_name	birthdate	postal_code	errors
john		1/1/1950		Last name can't be blank
first_name	last_name	birthdate	postal_code	errors
	smith	1/1/1960		First name can't be blank
first_name	last_name	birthdate	postal_code	errors
sally	smith			Birthdate can't be blank
first_name	last_name	birthdate	postal_code	errors
ronald	smith	1/1/1970		

Above, there are errors for the first three patients. There is no error on the fourth patient.



Above, there are no errors.



Once the user has entered patients for their search either manually or via file upload, the user will then:

- 1. Create a Group Name for the search. Group name is required. If group name is not selected, the request will result in a validation error for the search.
- 2. Select additional states for your search if desired/available.
- 3. Click Search.

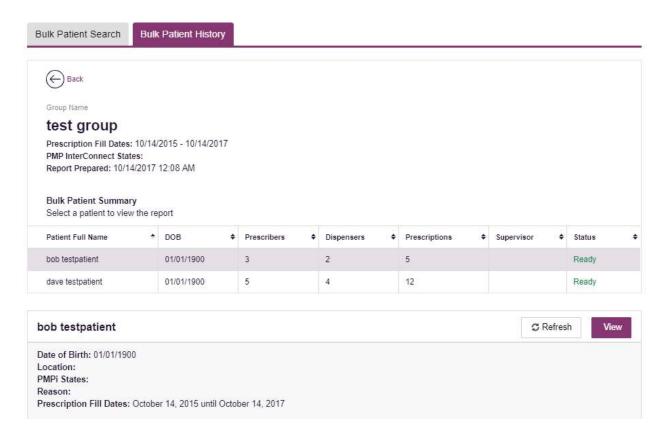
A status message will appear.



4. To obtain the results of the search, click the Bulk Search History tab to the right of the Bulk Patient Search tab.



- d. The Bulk Search History tab will display previous bulk searches. This screen will indicate whether your search results are still processing with a total number of searches still to be processed. It will provide a total count of patients in your search in the "Number of patients" column. It will indicate a count of patient records it could not find in the "Incomplete" column. It will indicate a count of patient search results available in the "Ready" column.
- 5. Click the Bulk Search Name (which is a hyperlink) to see the results of the search.
- 6. Click a patient name within the search results. Details of the patient search will appear at the bottom of the page.

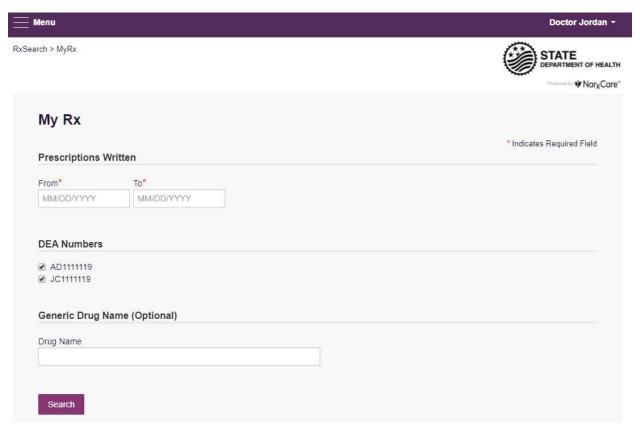


7. Click *View* to see the Patient Report, or Click Refresh if you are reviewing a previous report and wish to run a current report. For more information on the report results screen, see the <u>Viewing the Patient Rx Request</u> section.

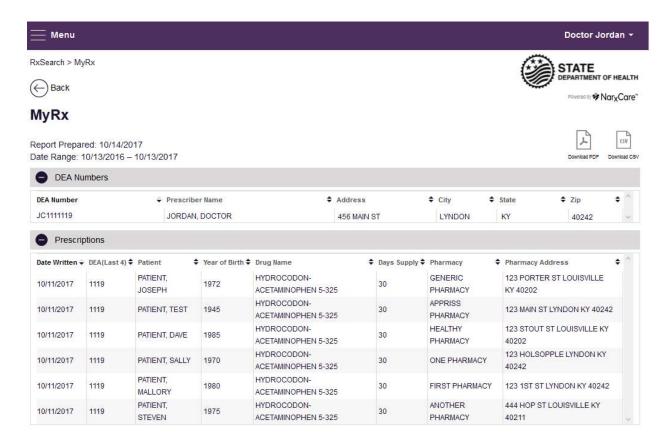
5.4 MyRx

MyRx gives users that have a DEA number associated with their account the ability to run a report to see the prescriptions that have been filled where they were listed as the prescriber. **Note:** This section is only visible if the user has a DEA number associated with their User Profile.

To access MyRx, navigate to Menu > RxSearch > MyRx.



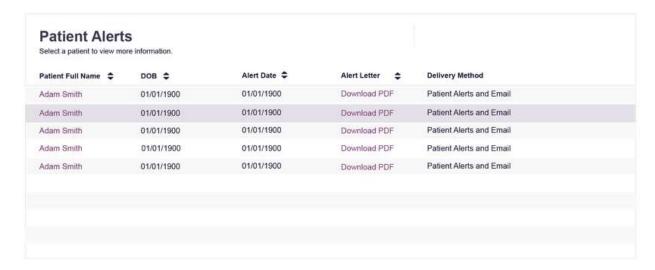
- 1. Enter the chosen date range for the search.
- 2. Click the DEA number(s) you want to run a report on.
- 3. Enter a generic drug name if desired. Click Search.
- 4. The system will display a report of prescriptions written by the prescriber within the requested date range. The report is available for export via .pdf or .csv if configured by the State Administrator.



5.5 Patient Alerts

To access Patient Alerts, navigate to Menu > RxSearch > Patient Alerts.

This section shows the most recent patient alerts. New alerts, ones that have not been viewed, are **bold** and have the word "NEW" next to them. Clicking the PDF Icon will download the letter associated with the alert. Clicking the patient's name will take the user immediately to the report normally found under Menu > RxSearch > Patient Request. Note: This section is user role dependent, meaning that certain roles will be unable to view this section.



6 User Profile Management

The User Profile section allows users to view and edit certain aspects of their E-FORCSE® account.

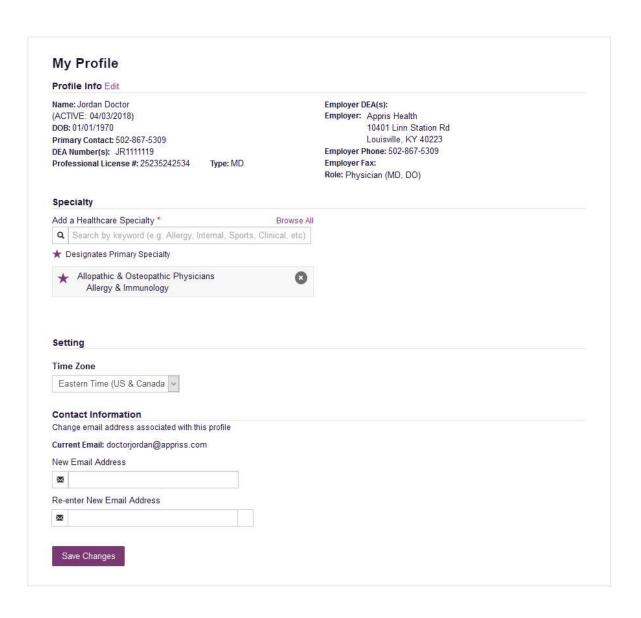
To Access the User Profile, navigate to Menu > User Profile > My Profile.

6.1 My Profile

The My Profile section allows the user to view their account demographics such as role, license numbers, employer details, etc.

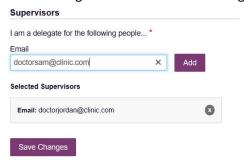
Users have the ability to update their address, email address, Healthcare Specialty, time zone, and supervisor(s) (if a delegate).

Updating personal or employer identifiers (including DEA/NPI/NCPDP numbers) must be requested through the State Administrator.



To update your account:

- 1. Updating Employer Information: Users may update their Employer information by clicking the "Edit" link next to "Profile Info." Employer Name and Address can be updated here. Update the information in the requested fields and click "Update." Updating other fields like employer and personal identifiers must be requested through the State Administrator.
- **2.** Adding Supervisors: Delegate users may add additional supervisors to their accounts at the bottom of the screen. The delegate must enter their supervisor's email address and click add. If the delegate needs to remove a supervisor, click the "x" button next to the supervisor. Click "Save Changes." A confirmation message will be displayed.



3. Healthcare Specialty: To add or update the Healthcare Specialty, the user may search for their specialty by typing a few characters into the Healthcare Specialty field or by clicking "Browse All" to locate it.

Select the specialty and it will be added to the account. If the user has multiple specialties, the user may designate their primary specialty by clicking the star icon to the left of the specialty. If the user needs to remove a specialty, click the "x" icon to the right of the specialty. Click "Save Changes."



4. Email Address: To update the email address on the account, enter the new email address in the "New Email Address" and "Re-enter Email Address" field. Click "Save changes." Upon saving a confirmation message will be displayed. Please ensure to click the link in the verification email



received to verify the new email address.

6.2 Designee Management

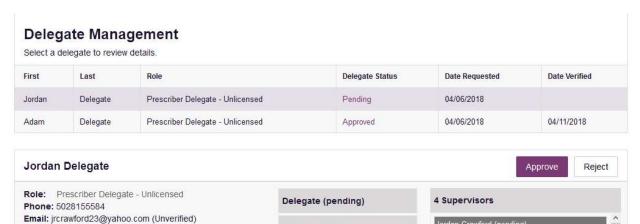
For supervisors, delegates associated with the user's account are displayed in a table found at **Menu > User Profile > Delegate Management**. From this location, the supervisor can approve or reject new delegates, or remove existing delegates from their account.

6.2.1 Approving and Rejecting Designees

- 1. When a user registers as a designee for a supervisor, the supervisor receives an email alerting them that a delegate account is pending their approval.
 - a. If the request is not acted upon, E-FORCSE® will send follow up emails advising that action is still required.
- 2. The supervisor logs into PMP AWAR_xE (https://florida.pmpaware.net/) and navigates to Menu > **User Profile > Delegate Management.**
- 3. From the Delegate Management screen, the supervisor can see all designees associated with their account. New designees are identified with pending listed as the status.



4. The user selects the designee to view their information in the detail card at the bottom of the



5. To approve or reject the designee, the supervisor must click the appropriate button above the designee's information. The designee's status will be removed if rejected.

National provider (invalid)

Personal DEA

Jordan Crawford (pending

Jordan Admin (rejected)

icrawford+admin2@annriss com

icrawford@appriss.com

6.2.2 Removing Designees

Address: 10401 Linn Station Rd

Louisville, KY 40223 Date of Birth: 01/01/1901

- 1. If a supervisor decides to remove a designee from their account, the supervisor navigates to Menu > User Profile > Delegate Management.
- 2. The supervisor selects the active designee from the list displayed.
- 3. The supervisor clicks the "Remove" button in the detail card at the bottom of the screen.
- 4. The designee will be placed back in pending status. The delegate is not removed from the supervisor's delegate list.

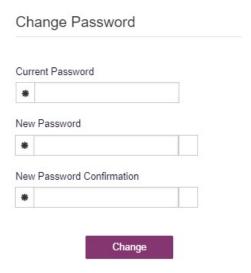
- a. If a supervisor wants to add the user again at a later date, the supervisor can locate the former designee in their list and select approve to add the designee to their account again.
- b. If a supervisor wants to completely remove the designee from their account, the supervisor can select the former designee and click the "Reject" button. This will remove them from the supervisor's account.
- c. It is the supervisor's responsibility to regularly maintain the designee listing to ensure to remove access if access is no longer necessary.

6.3 Password Management

Password management can be handled within PMP AWAR $_x$ E by the user. The user's password will expire after 90 days. A user can proactively change their password before it expires within the application through their user profile. If a password has expired, or if the user has forgotten the password, they can use "Reset Password" to change their password.

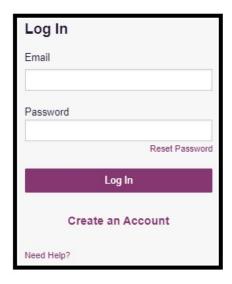
6.3.1 Updating the Current Password

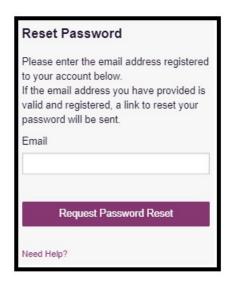
- When a user wants to change their current password, they navigate to Menu > User Profile >
 Password Reset.
 - a. This requires the user to know the current password and be logged into PMP AWAR_xE.
- 2. The user must then enter their current password and enter a new password twice.
 - a. The new password must contain at least 10 characters, including 1 capital letter and 1 special character (such as !,@,#,\$)
- 3. The new password will take effect once the user has logged out of the application.



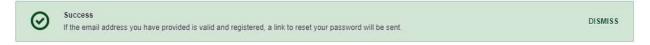
6.3.2 Resetting a Forgotten Password

1. When a user has forgotten their password or their password has expired, the user should click on the "Reset Password" link located on the log in screen.





2. The user must enter the email address they used to register with the application and click "Request Password Reset."



- 3. The user will receive an email containing a link to reset the password as long as the email address was valid and exists on an account.
 - a. The link will only be active for 20 minutes. After the time has expired, the user will need to repeat these steps to generate a new password reset email.
 - b. Per our security protocol, PMP AWAR_xE will not confirm the existence of an account. If the user does not receive an email to the email address provided, the below steps should be followed:
 - i. Ensure a valid email address was entered.
 - ii. Check junk, spam, or filtered folders for the message
 - iii. If the email address is a working email address but no email has been received, contact the State Administrators (contact information is located in the <u>Administrative Assistance</u> section) to request a new password or determine what email address is on the account.
 - iv. Whitelist the below email addresses/domains
 - a. The user should add the following email addresses to the email contacts list

Or

b. The user should contact their IT Support to get the following email addresses/domains added as safe senders:

<u>no-reply-pmpaware@globalnotifications.com</u> globalnotifications.com amazonses.com

- 4. Once the password reset email is received, the user must click the link in the email to reset their password. The user must enter the new password twice and then save the password.
 - a. The password must contain a capital letter and a symbol, and must be at least 10 characters. Users cannot reuse any of their last 12 passwords.

Email		
6000008		
×		
Now Dossword		
New Password		
*		
New Password Conf	irmation	
New Password Corn	IIIIIatioII	
*		

7 Assistance and Support

7.1 Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can contact Appriss at:

1-877-719-3120

or

Create a support request using the following URL: https://apprisspmp.zendesk.com/hc/en-us/requests/new

7.2 Administrative Assistance

If you have non-technical questions regarding E-FORCSE®, please contact:

E-FORCSE®, Florida Prescription Drug Monitoring Program

4052 Bald Cypress Way

Bin C16

Tallahassee, FL 32399 Phone: 1-850-245-4797 Fax: 1-850-617-6430

Email: e-forcse@flhealth.gov

8 Document Information

8.1 Disclaimer

Appriss has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information may change without notice.

9 Introduction to NarxCare

NarxCare is a robust analytics tool and care management platform that helps prescribers and dispensers analyze real-time controlled substance data from Prescription Drug Monitoring Programs (PDMPs). The primary source of data for the system is PDMP data. NarxCare automatically accesses the PDMP data, analyzes it, scores it, and generates an interactive, patient-centered report with visual enhancements that enable providers to quickly comprehend the patient's-controlled substance use history.

The NarxCare platform is designed to accommodate additional, non-PDMP data sources such as claims data, registry data, continuity of care documentation, etc. As these data become available they will be visually incorporated as additional risk indicators and eventually be included in existing and new algorithms.

Every NarxCare report includes type-specific use scores for narcotics, sedatives, and stimulants. These scores are based on a complex algorithm with up to twenty, time-weighted, measurement points. The scores range from 000 to 999, with higher scores equating to higher numbers of prescribers, MME, pharmacies, and overlapping prescriptions.

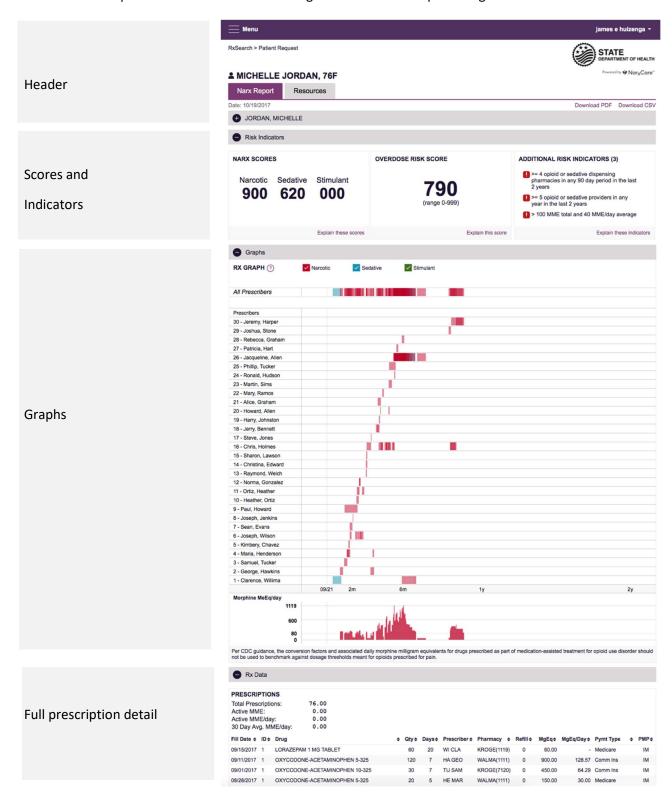
An Overdose Risk Score, developed using advanced data science, is also included. This risk score ranges from 000-999 with higher scores equating to increased risk of unintentional overdose. Currently based on PDMP data, the score will become more holistic in nature as additional data are added to the algorithm.

Data visualization is enhanced with a color-coded graphical display of prescription data that is interactive allowing for increased detail when desired.

A Resources section provides tools that enable providers to link patients with treatment and easily obtain information documents that may be helpful as reference material or patient handouts.

10 Application Interface Overview

The NarxCare report interface is a modular design with several collapsible segments.



11 Application Section Detail

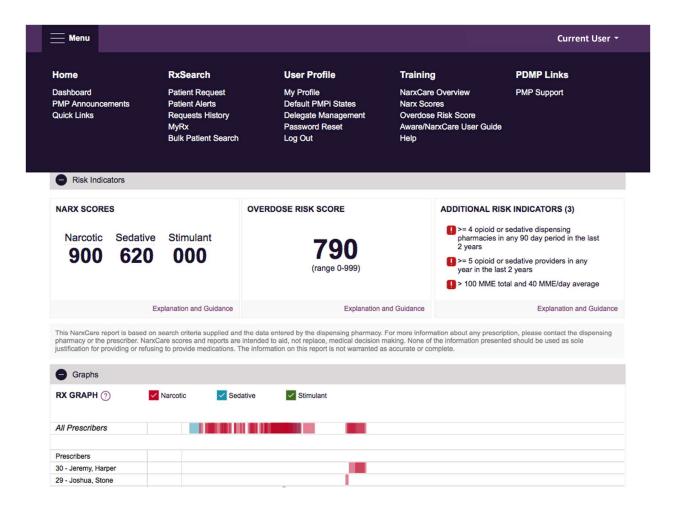
11.1 Header

The Header contains several report and account level controls.

- 1. Drop down menu bar
- 2. Patient identifying information
- 3. Navigation tabs
- 4. Report download links

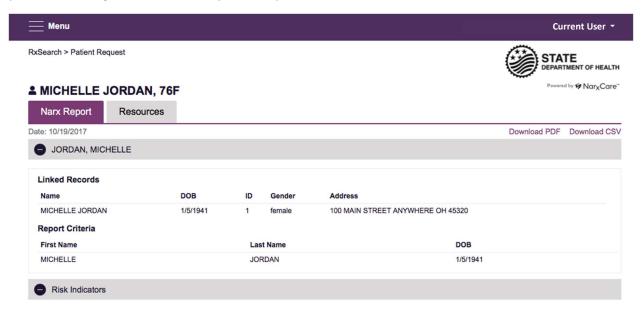
11.1.1 Drop down menu bar

Clicking on the menu icon allows for navigation to all functional areas in Aware. For full detail on Aware menu items please see the Aware User Guide [link]. For NarxCare users, there are additional training links in the drop-down menu as well as a link to this user guide. Clicking on the user's name reveals several account specific options.



11.1.2 Patient Identifying Information

The patient's name, age in years, and sex are displayed above the navigation tabs. The first collapsible item of the Narx Report interface is a collapsible segment that contains additional information about the patient including Date of Birth and possible specific address information as well.



11.1.3 Navigation tabs

Under the patient's name are two-tab options labeled Narx Report and Resources. The default is the Narx Report. Clicking on the Resources tab will expose several treatment locator and document resources that may be useful in managing patient referrals or reviewing CDC guidelines.



11.1.4 Report download links

On the right side of the report below the state logo are two download links that allow the user to download a report PDF or a comma separated values (csv) file of the PDMP data.

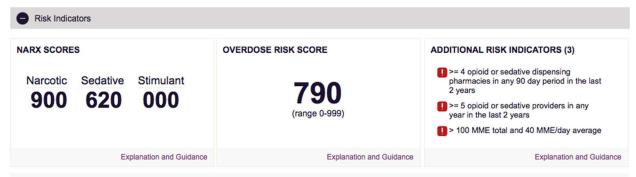


11.2 Narx Report

The body of the Narx Report contains several functional areas aimed at rapidly raising awareness of risk and prescription use patterns, and when required, individual prescription detail.

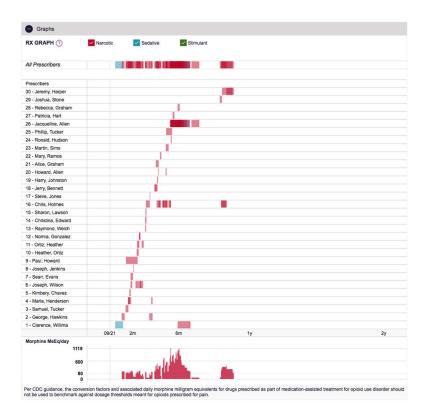
11.2.1 Scores and additional risk indictors

NarxCare includes a series of type specific use scores termed Narx Scores, an Overdose Risk Score, and Additional Risk Indicators at the top of the Narx Report. These scores and other elements are often automatically returned to the requesting system as discrete data. Requesting systems receiving such data can choose to display the scores within the native electronic health record or pharmacy management system, and many systems choose to display this data in the patient header, face sheet, or alongside patient vital signs. *More information on the scores and the additional risk indictors is available later in this document.*



This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete.

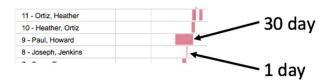
11.2.2 Rx Graph



The RxGraph is a key visualization instrument that allows providers to rapidly see important patterns and levels of use. Some key design elements include:

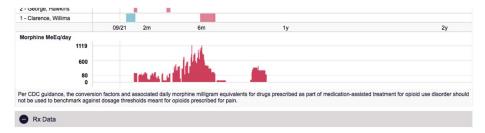
- 1. Prescriptions are color coded and selectable at the top of the graph:
 - a. Narcotics (opioids) = Red
 - b. Sedatives (benzodiazepines, sleep aids, etc.) = Blue
 - c. Stimulants = Green

- d. Other = Gray
- 2. The RxGraph is *reverse* time ordered. The most recent prescriptions are on the left side of the graph and the oldest are on the right side of the graph.
- 3. Each pixel in the graph represents 1 day. As a result, a 30-day prescription is represented by a rectangle about 1cm wide and a 1-3-day prescription appears as a narrow vertical bar.



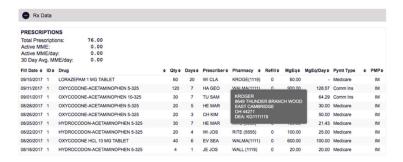
4. The RxGraph is interactive. Prescriptions can be clicked on or dragged over to see greater detail. Providers can also be clicked on to see greater detail.

A daily morphine milligram equivalency (MME) graph is also provided for a quick longitudinal view of daily MME. Abrupt changes in daily MME are often due to overlapping prescriptions. Similar graphs for sedatives and buprenorphine are also included when appropriate. Note that in 2017 the CDC removed all MME assignments for buprenorphine, as such, buprenorphine IS NOT included in MME calculations and are therefore excluded from the MME graph.



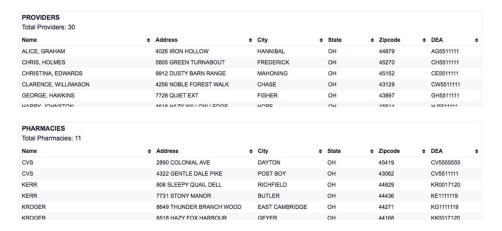
11.2.3 Prescription Detail

Each prescription dispensed to the patient is presented in a table format. Column headers are selectable. The prescriber and pharmacy fields have additional data available if the cursor is hovered over the element.



11.2.4 Prescriber and Pharmacy Detail

All prescriber and pharmacy identities are presented in a table with additional practice and location information available for review.



11.3 Resources

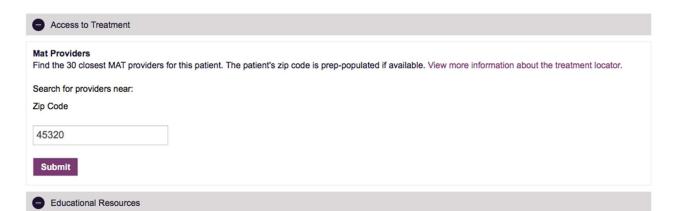
The Resources tab aggregates additional functionality and provider and patient information sheets for easy access.

11.3.1 MAT locator

A MAT locator is provided that quickly creates a list of the 30 closest providers who are listed in the Substance Abuse and Mental Health Administration (SAMHSA) buprenorphine treatment locator database. The patient's zip code is pre-populated but can be edited. Clicking on the submit button automatically generates a PDF that can be viewed and printed.

11.3.2 CDC documents

A series of CDC documents pertaining to both providers and patients are available for quick reference and printing if desired.



INFORMATIONAL DOCUMENTS

Click the associated link and print. View more information about resources.



Narx Scores

11.4 Overview

The NarxCare application delivers several elements of discrete data and a visually enhanced, interactive PDMP report. Contained on the report, and delivered as discrete data, are three type-specific *use* scores termed Narx Scores. These Narx Scores numerically represent the PDMP data for a patient.

Narx Scores are calculated for narcotics (opioids), sedatives, and stimulants and have the following characteristics:

- 1. Each Score is three digits and ranges from 000-999
- 2. The <u>last digit</u> of each Score represents the number of active prescriptions of that type. For example, a Narcotic Score of 50<u>4</u> indicates the patient should have 4 active narcotic prescriptions according to dispensation information in the PDMP.
- 3. The scores *correspond* to the number of literature-based risk factors that exist within the PDMP data. These risk factors include:
 - a. The number of prescribers
 - b. The number of pharmacies
 - c. The amount of medication dispensed (often measured in milligram equivalencies)
 - d. The number of times prescriptions of a similar type overlap from different prescribers.
- 4. The time elapsed for any risk factor serves to decrease its contribution to the score. For example, 1000 morphine milligram equivalencies (MME) dispensed within the last month will elevate the score *more than* 1000 MME dispensed 1 year ago.
- 5. The distribution of Narx Scores for patients found in a PDMP is approximated as follows:
 - a. 75% score less than 200
 - b. 5% score more than 500
 - c. 1% score more than 650

The Narx Scores were designed such that:

- A. Patients who use small amounts of medication with limited provider and pharmacy usage will have **low scores**.
- B. Patients who use large amounts of medications in accordance with recommended guidelines (single provider, single pharmacy, etc.) will have **mid-range scores**.
- C. Patients who use large amounts of medications while using many providers and pharmacies, and with frequently overlapping prescriptions will have **high scores**.

11.5 Narx Score Algorithm

Relative Scoring

Narx Scores represent a *relative scoring* system wherein the risk factors representing use within a PDMP report are counted *and then converted* to a reference value that ranges from 0-99. These reference values correlate with a percentile measurement of that use within the PDMP population.

A single point measurement of total MME in the last 60 days can be used to illustrate this concept further using the following three patients:

Patient A: 160 MME

Patient B: 4800 MME

Patient C: 1050 MME

If we were to place these three patients on a line of relative risk, we could intuit a linear relationship based on MME and they could be depicted as follows:



This depiction has no boundaries to the left or right, so these patients could just as easily be drawn as follows:



The NarxCare algorithm uses a unique strategy to establish boundaries of use by converting all measured variables, such as 60-day MME, to a scaled value between 0 and 99. This was done by evaluating a large PDMP population and measuring the 60-day MME value for every patient. This set of data was then used to create a reference table roughly equating to a percentile in the population. If we add the scaled value to each example patient's 60-day MME we get:

Patient A: 160 MME | 20

Patient B: 4800 MME | 90

Patient C: 1050 MME | 65

If we apply these new scaled values to our risk diagram and create a left and right boundary of 0 and 99 we get:



Interestingly, the population based scaled values indicate that Patient B and C are closer to each other than might otherwise be suspected. In this case, we can also say that Patient B has used more MME in the last 60 days than 90% of the rest of the PDMP population.

Time periods

The NarxCare algorithm evaluates a PDMP record using 4 different, overlapping time periods. In each time period the risk factor being evaluated is tabulated and then converted to a scaled value. Here is an example of a provider reference table.

Prescribers	2mo Scaled	6mo Scaled	1yr Scaled	2yr Scaled
0	0	0	0	0
1	19	12	8	6
2	36	22	16	11
3	51	32	23	16
4	64	41	30	21
5	75	49	37	26
6	85	57	43	30
And so on				

These reference tables exist for all the risk factors being evaluated and cover all 4 time periods. In general, as the raw value count (i.e. number of prescribers) increases, so does the reference value (up to 99 maximum). As the time period increases the scaled value decreases.

Prescriber Count	2mo Scaled	6mo Scaled	1 yr Scaled	2yr Scaled
Pharmacy Count	2mo Scaled	6mo Scaled	1 yr Scaled	2yr Scaled
Morphine MME	2mo Scaled	6mo Scaled	1 yr Scaled	2yr Scaled
Sedative LME	2mo Scaled	6mo Scaled	1 yr Scaled	2yr Scaled
Overlap Days	2mo Scaled	6mo Scaled	1 yr Scaled	2yr Scaled
0	0	0	0	0
1	3	2	1	1
2	6	4	3	2
3	9	5	4	3
4	11	7	6	4
5	14	9	7	5
6	16	10	8	6
And so on				

Weighting

A Narx Score is calculated as a weighted average of the scaled values. A 50% weighting is applied to the milligram equivalencies with the remaining risk factors making up the other 50%.



This type of weighting results in several reliable relationships. If we think of milligram equivalency as *consumption* and the combination of providers, pharmacies, and overlaps collectively as *behaviors*, we can intuit the following score categories.

	Consumption	<u>Behaviors</u>	Narx Score
Patient A	Low	Low	Low
Patient B	Low	High	Mid
Patient C	High	Low	Mid
Patient D	High	High	High

It is important to understand that there are several different patterns of user that can result in the same score. It is <u>always</u> necessary to look at the actual PDMP data to determine what use patterns exist that have resulted in the Narx Score presented.

Algorithm and Score Computation

The steps involved with calculating a Narx Score are as follows:

- 1. Determine the raw values for all time periods for all variables
- 2. Convert all raw values to scaled values
- 3. Average the scaled values for each risk factor for all time periods
- 4. Determine weighted average
- 5. Add (concatenate) the number of active prescriptions.

Using a sample patient as an example to illustrate the calculation of a Narcotic Score:

1. Determine the raw values for all time periods for all variables.

	60 days	6 mos	1 year	2 years
Prescribers	6	9	15	15
Pharmacies	4	4	6	6
MME	1640	5408	7358	7364
LME	0	0	0	0
Overlaps	17	55	65	65

2. Convert all raw values to scaled values.

	60 days	6 mos	1 year	2 years
Prescribers	85	76	84	64
Pharmacies	78	56	62	49
Morphine milligram eq	74	87	88	87
Lorazepam milligram eq	0	0	0	0
Overlaps	41	70	64	52

3. Average the scaled value for each risk factor for all time periods.

	60 days	6 mos	1 year	2 years	Avg
Prescribers	85	76	84	64	77
Pharmacies	78	56	62	49	61
MME	74	87	88	87	84
LME	0	0	0	0	0
Overlaps	41	70	64	52	57

4. Calculate the weighted average.

	60 days	6 mos	1 year	2 years	Avg	Wt	
Prescribers	85	76	84	64	77	1	77
Pharmacies	78	56	62	49	61	1	61
MME	74	87	88	87	84	3	252
LME	0	0	0	0	0	1	0
Overlaps	41	70	64	52	56	2	114
Weighted Average (sum/8)				63			

5. Add (concatenate) the number of active prescriptions

	60 days	6 mos	1 year	2 years	Avg	Wt	
Prescribers	85	76	84	64	77	1	77
Pharmacies	78	56	62	49	61	1	61
MME	74	87	88	87	84	3	252
LME	0	0	0	0	0	1	0
Overlaps	41	70	64	52	56	2	114
				Weight	ted Averag	ge (sum/8)	63
Number of Active Narcotic Prescriptions					<u>2</u>		
Narcotic Score					63 <u>2</u>		

11.6 Clinical Application

In work-flow use

Narx Scores are intended to be delivered into workflow automatically as discrete data and be easily viewable within a patient's record. Many systems choose to place the scores in the patient header, or alongside the patient's vital signs.

Narx Scores are best viewed at the beginning of a patient encounter, as such they should be obtained at or near the time a patient is registered.

General Considerations

- The primary purpose of providing Narx Scores is to raise provider awareness to the associated PDMP data available for review.
- Concerning Narx Scores are intended to trigger a discussion, not a decision. If a Narx Score
 raises concern the recommended course of action is to evaluate the PDMP data, review any
 additional pertinent data, and discuss any concerns with the patient.
- Just as there is no single blood pressure that can be considered *normal* for all people, there is no Narx Score that is *normal*. A Narx Score must be applied to the clinical scenario before evaluating appropriateness. For example, a blood pressure of 120/80 can simultaneously be:
 - o Inappropriate for a 2-month-old infant
 - Appropriate for a 20-year-old woman
 - Inappropriate for an elderly patient with an average daily blood pressure of 200/100
- Narx Scores are distributed within the PDMP population as follows:
 - o 75% of patients score below 200
 - 5% of patients score above 500
 - 1% of patients score above 650

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Example Use Cases

Narx Scores can be used to great effect in certain clinical scenarios. Again, the recommended course of action is to seek additional information and discuss concerns with the patient.

Case A – An 17y/o male basketball player with other significant history presents with a severe ankle sprain. His Narx Scores are:

<u>Narcotic</u>	<u>Sedative</u>	<u>Stimulant</u>	
000	000	000	

Important consideration: If considered for an opioid due to the severity of injury, this may be the patient's first exposure to the effects of an opioid. Recommend thorough review of the risks and benefits with the patient and consideration of an informed consent process.

Case B – an 81 y/o female presents with decreased level of consciousness following a fall where she suffered a closed head injury. Her Narx Scores are:

<u>Narcotic</u>	<u>Sedative</u>	<u>Stimulant</u>	
341	501	000	

Important Consideration: Many elderly patients are on chronic opioids and benzodiazepines. The use of opioids and benzodiazepines for this patient may have contributed to her fall. The patient may be taking enough medication to develop anxiety seizures due to benzodiazepine withdrawal, complicating the medical picture.

Case C – A 36 y/o male patient with mild chronic back pain frequently treated with opioids presents for a medication refill. On review of the PDMP record the patient has been to 17 different prescribers in the last year. His Narx Scores are:

<u>Narcotic</u>	<u>Sedative</u>	<u>Stimulant</u>
671	240	000

Important Consideration: Many patients obtain medications through multiple different providers. This can be due to the patient being seen in a clinic that is staffed by different providers or can be due to *access to care* issues requiring visits to urgent care centers or emergency departments.

Score Based Guidance

Score/Range	<u>Notes</u>	Recommendations*
000	This may be the first prescription of this type for the patient.	Discuss risks/benefits of using a controlled substance. Consider informed consent.
010-200	Approximately 75% of scores fall in this range.	Review use patterns for unsafe conditions.
	Occasionally, patients in this score range have a remote history of high usage (> 1 year ago).	Discuss any concerns with patient. See guidance below

If previously high usage exists with recent abstinence, consider risk/benefits of new prescriptions

201-650 Approximately 24% of scores fall Review use patterns for unsafe conditions.

Discuss any concerns with patient. See guidance below.

> 650 Approximately 1% of scores fall in this range.

Some patient records may have a score in this range and *still be* within prescriber expectations.

Many patient records include some level of multiple provider episodes, overlapping prescriptions, or elevated milligram equivalency. Review use patterns for unsafe conditions.

If multiple providers involved in unsafe prescribing discuss concern with patient and consider contacting other providers directly.

If multiple pharmacies involved in unsafe prescribing discuss concern with patient and consider pharmacy lock-in program.

If overlapping medications of same or different type, discuss concern with patient and consider taper to lower dose and/or discontinuation of potentiating medications.

If patient has evidence of a substance use disorder, consider inpatient admit or referral for outpatient evaluation and treatment.

12 Overdose Risk Score

12.1 Overview

The NarxCare application delivers several elements of discrete data and a visually enhanced, interactive PDMP report. Contained on the report, and delivered as discrete data, is an Overdose Risk Score (ORS). This score numerically represents the risk of unintentional overdose death.

The ORS has the following characteristics:

- 1. The Score is three digits and ranges from 000-999
- 2. Risk approximately doubles for every 100-point increase in the score.
- 3. Using patients who score 0-199 as a referent group the odds ratio associated with successive 100-point bins is as follows: [new table coming]

ORS	Odds Ratio of Unintentional Overdose Death
000-199	1
200-299	10
300-399	12
400-499	25
500-599	44
600-699	85
700-799	141
800-899	194
900-999	329

12.2 ORS Algorithm

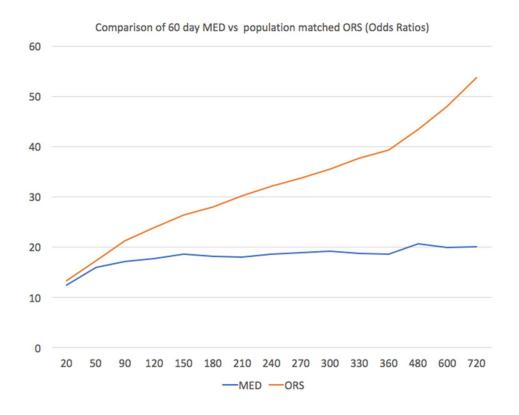
The ORS algorithm was derived using machine learning and other predictive techniques applied to a large case series of over 5,000 unintentional overdose deaths. For the first version of the score, more than 70 PDMP variables were evaluated with 12 chosen for the final model. Subsequent revisions of the model have included evaluation of 1,000s of variables, and efforts to include non-PDMP data such as criminal justice information, claims data, overdose registry data, etc. are ongoing. A specific characterization of the current variables and coefficients is beyond the scope of this document. In general, the variables that have shown to be predictive of unintentional overdose death include:

- The number of pharmacies visited per unit time
- Maximum morphine milligram equivalency (MME) in the last year
- The number of prescribers in the last 2 years
- Various slopes of opioid and sedative use
- Various slopes of prescriber usage

This section will be updated when new types of variables are incorporated, and/or new sets of data are included.

12.3 Clinical Application

The ORS is intended to eventually provide a holistic estimate of overdose risk. At the current time, the risk assessment does not incorporate any data other than PDMP usage. This aligns the clinical application of the score with other sources of overdose risk assessment based on PDMP data such as number of pharmacies visited in the last 90 days, or daily morphine equivalent dose (MED). The ORS performs much better than estimates using only one variable. For example, when comparing the utility of average MED in the last 60 days to the ORS, one can easily see that while MED does have a dose response curve, the ORS has markedly higher performance.



The absolute risk of death from unintentional overdose is very low in the population of patients found in a PDMP. Even though the annual unintentional overdose death rate is unacceptably high, measured in the thousands for many states, the number of people using controlled substances in those same states are in the multiple millions. Patients on elevated doses of medication are also prevalent and have a low overall incidence of unintentional overdose death. For example, in evaluating average daily MED over a period of 60 days in one state, the following death rates were found:

60-day MED avg	Decedents	Living	Death Rate
90 MED	1,008	162,231	0.6%
150 MED	722	94,681	0.8%
480 MED	144	13,693	1.0%

The results of this analysis equate the Center for Disease Control's (CDC) recommended maximum 90 MED for chronic opioid use to an expected death rate of just 0.6%. It isn't until you get to an avg MED of 480 that the death rate reaches 1% and at that level there are over 13,000 patients in the PDMP database.

One method of incorporating the ORS into clinical practice is to use a value of 650 as a threshold approximately equivalent to the CDC's recommended maximum of 90 MED. Just as patients who are above 90 MED are often evaluated for dose reduction, patients above a score of 650 may similarly be considered for:

- 1. Substance Use Disorder evaluation and treatment (if appropriate)
- 2. Discontinuation of potentiating drugs (if present)
- 3. Dose reduction
- 4. Provider Lock-in
- 5. Pharmacy Lock-in
- 6. Consideration of non-opioid therapy

Score Based Guidance

The overdose risk score (ORS) can be applied to clinical practice in a manner analogous to daily morphine equivalent dose (MED). The CDC opioid prescribing guidelines recommend naloxone be considered at 50 MED and that most patients should be treated at a dose of 90 MED or less. Using an equivalent population methodology, the following ORS ranges can be associated with CDC MED based guidance.

<u>Score</u>	Approximate CDC MED Equivalent	<u>Guidance*</u>
< 010-440	< 50 MED	Consider other sources of risk beyond PDMP data. See below
450 - 650	50 MED (or more)	Consider naloxone prescription
		See below
> 650	90 MED (or more)	Consider naloxone prescription
		Review use patterns for unsafe conditions.
		If multiple providers involved in unsafe prescribing discuss concern with patient and consider contacting other providers directly.
		If multiple pharmacies involved in unsafe prescribing discuss concern with patient and consider pharmacy lock-in program.
		If overlapping medications of same or different type, discuss concern with patient and consider taper to lower dose and/or discontinuation of potentiating medications.
		If patient has evidence of a substance use disorder, consider inpatient admit or referral for outpatient evaluation and treatment.

13 Additional Risk Indicators

13.1 Overview

The NarxCare application delivers several elements of discrete data and a visually enhanced, interactive PDMP report. Contained on the report, and delivered as discrete data, are a set of Additional Risk Indicators. These indicators may be determined by the state PDMP and are felt to have stand-alone value.

This section is intended to aggregate important information from multiple sources of data. These data sources may include PDMP data, claims data, overdose registry data, continuity of care documents, and criminal justice.

There are currently three PDMP based indicators:

- More than 5 providers in any 365-day period
- More than 4 pharmacies in any 90-day period
- More than 40 MED average and more than 100 MME total at any time in the previous 2 years

These indicators are based on the following literature:

Provider red flag: Hall AJ, Logan JE, Toblin RL, et al. Patterns of Abuse Among Unintentional Pharmaceutical Overdose Fatalities. *JAMA*.2008;300(22):2613-2620. doi:10.1001/jama.2008.802.

Pharmacy red flag: Zhou Yang, Barth Wilsey, Michele Bohm, et al. Defining Risk of Prescription Opioid Overdose: Pharmacy Shopping and Overlapping Prescriptions Among Long-Term Opioid Users in Medicaid. The Journal of Pain, Volume 16, Issue 5, 445 – 453.

40 MED red flag: Leonard Paulozzi, Edwin Kilbourne, Nina Shah, et. al. A History of Being Prescribed Controlled Substances and Risk of Drug Overdose Death. Pain Medicine Jan 2012, 13 (1) 87-95; DOI: 10.1111/j.1526-4637.2011.01260.x.

13.2 Clinical Application

PDMP based indicators typically corroborate any concerns raised by Narx Scores and Overdose Risk Score (ORS).

When available, additional risk indictors sourced from non-PDMP data sources may represent other dimensions of risk such as past heroin use, substance use disorder, previous overdose, etc.

When non-PDMP indicators become routinely available, they will be modeled into the ORS and it may then be the case that a patient may have low Narx Scores (due to low use of prescribed controlled substances) BUT have an elevated ORS (due to high risk associated with non-PDMP data.

In all cases, if a provider determines that inappropriate risk exists for a patient, they should seek additional information, discuss the risk concern with the patient, and choose appropriate medical care options that are in the best interest of the patient.

<u>Indicator</u>	<u>Guidance*</u>	
More than 5 providers in any year (365 days)	Review use patterns for unsafe conditions. If multiple providers involved in unsafe prescribing discuss concern with patient and consider contacting other providers directly.	
More than 4 pharmacies in any 90 day period	Review use patterns for unsafe conditions. If multiple pharmacies involved in unsafe prescribing discuss concern with patient and consider pharmacy lock-in program.	
More than 40 MED per day average and more than 100 MME total	Review use patterns for unsafe conditions. consider taper to lower dose and/or discontinuation of potentiating medications.	
If all 3 indicators present	Review use patterns for unsafe conditions. If multiple providers involved in unsafe prescribing discuss concern with patient and consider contacting other providers directly. If multiple pharmacies involved in unsafe prescribing discuss concern with patient and consider pharmacy lock-in program. If overlapping medications of same or different type, discuss concern with patient and consider taper to lower dose and/or discontinuation of potentiating medications. If patient has evidence of a substance use disorder, consider inpatient admit or referral for outpatient evaluation and treatment.	

14 Document Information

14.1 Disclaimer

Appriss has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information may change without notice.