# Table of Contents

1 Document Overview ........................................................................................................... 1  
   1.1 What is a Requestor? ..................................................................................................... 1

2 Registration ............................................................................................................................. 2  
   2.1 Registration Overview ................................................................................................. 2
   2.2 Pre-loaded Requestor Access ....................................................................................... 2
   2.3 Registering for an Account .......................................................................................... 3
      2.3.1 Email Verification ................................................................................................ 8
      2.3.2 Account Approval ................................................................................................. 8
   2.4 Registering for a Healthcare Professional’s Delegate Account .................................. 9

3 Basic System Functions .......................................................................................................... 10
   3.1 Log In to PMP AWARxE .............................................................................................. 10
   3.2 My Dashboard .............................................................................................................. 11
      3.2.1 Patient Alerts ........................................................................................................ 11
      3.2.2 Recent Requests .................................................................................................. 12
      3.2.3 Delegates/Supervisors ......................................................................................... 12
      3.2.4 Announcements and Quick Links ........................................................................ 12
   3.3 Log Out of PMP AWARxE .......................................................................................... 13

4 RxSearch ............................................................................................................................... 14
   4.1 Creating a Patient Request .......................................................................................... 14
      4.1.1 Multiple Patients Identified .................................................................................. 18
      4.1.2 Partial Search Results .......................................................................................... 19
      4.1.3 No Results Found ................................................................................................ 19
   4.2 Viewing a Patient Report .............................................................................................. 20
      4.2.1 Basic Report Functions ......................................................................................... 21
      4.2.2 Patient Information ............................................................................................... 22
      4.2.3 Summary .............................................................................................................. 22
      4.2.4 Prescriptions ........................................................................................................ 23
      4.2.5 Prescribers ............................................................................................................ 23
      4.2.6 Dispensers ............................................................................................................. 23
   4.3 Requests History ........................................................................................................... 24
   4.4 MyRx ............................................................................................................................ 25
Table of Contents

Additional Risk Indicators ........................................................................................................... 61
Clinical Application ...................................................................................................................... 62
1 Document Overview

The PMP AWARxE Requestor Support Manual provides step-by-step instructions for healthcare professionals and others requesting data from the Minnesota Prescription Monitoring Program (PMP) database. It includes such topics as:

- Registering for an account
- Creating patient requests
- Viewing request status
- Viewing patient reports
- Appointing a delegate to request and receive information on behalf of a prescriber or dispenser
- Managing your account

1.1 What is a Requestor?

A requestor is a PMP AWARxE account holder authorized to review patients’ prescription history. Physicians and pharmacists (dispensers) are the most common type of requestor roles. A complete list of available roles is provided below:

**Healthcare Professionals**

- Dentist
- Medical Resident with Prescriptive Authority
- APRN
- Optometrist
- Pharmacist
- IHS Dispenser
- VA Dispenser
- Physician (MD, DO)
- IHS Prescriber
- VA Prescriber
- Physician Assistant
- Podiatrist (DPM)
- Veterinarian
- Pharmacist’s Delegate – Unlicensed
- Pharmacist’s Delegate – Licensed
- Prescriber’s Delegate – Unlicensed
- Prescriber’s Delegate – Licensed

**Other**

- Medicaid Restricted Recipient Program
- Medicaid Restricted Recipient Program – Delegate
- DHS – Office of the Inspector General
- Medical Examiner/Coroner
- Medical Examiner - Delegate
2 Registration

This chapter provides an overview of the PMP AWARxE registration process as well as detailed instructions for registering for an account and registering for a delegate account.

2.1 Registration Overview

PMP AWARxE requires that every individual register as a separate requestor, using their email address as their username within the system. An individual can register as a delegate, a role that is designed to allow the individual to generate reports on the behalf of another, current account holder; for example, a nurse at a small doctor’s office could be assigned to act as a delegate to a physician to create Patient Reports for the patients whom the physician is seeing that day. All reports requested by the delegate are attributed to the prescriber for whom they run the report.

Please note that if you had an account in the previous system (RxSentry), you may already have an account in PMP AWARxE. Please refer to the Pre-loaded Requestor Access section of this document before attempting to create a new account. Please utilize the email address associated with your previous account.

The registration process is comprised of three pages: Create an Account, Select Your Role, and Demographics. All three pages must be completed before your registration is successfully submitted for processing.

2.2 Pre-loaded Requestor Access

Please note that individuals who had an account with the previous system (RxSentry) may already have an account in PMP AWARxE. If you received an email from the MN PMP office alerting you of the system change, then you already have an account. Your username is the email address where you received the email.

1. Before attempting to create a new account, please attempt to access your account by following the Reset Password instructions in this guide.

2. Once you have reset your password, log in to the application at https://minnesota.pmpaware.net.

3. Upon successful login, enter any missing demographic information that is marked by a red asterisk on the Registration Process page.
2.3 Registering for an Account

To request a new account in PMP AWARxE:

1. Navigate to https://minnesota.pmpaware.net. The Log In page is displayed.

2. Click Create an Account.

The Register for an Account page is displayed.

Notes:

- A tutorial describing the complete registration process is available by clicking the Registration Process Tutorial link located in the top right corner of the page.
3. Enter your current, valid email address in the **Email** field. The email address you provide will be your username for logging in to the system.

4. Enter a password in the **Password** field, using the password requirements provided below, then re-enter it in the **Password Confirmation** field.

   **Passwords must contain:**
   - At least eight (8) characters
   - One (1) uppercase letter
   - One (1) lowercase letter
   - One (1) special character such as !, @, #, $, etc.

   *Note that a checkmark appears next to each requirement as it is met.*

5. Click **Continue**.

   *Note: If you enter an email address and password, and then click **Continue**, but do not continue with the registration process, you will receive an email stating that your registration is incomplete. You must complete your registration within the timeframe specified in the email or it will be rejected and you must start over. If you cannot remember the password you created, please refer to the **Reset Password** instructions in this guide.*

The **Select Your User Roles** page is displayed.

6. To select your user role:
   a. Click the plus sign (+) next to the user role category that best fits your profession (Healthcare Professional or Other).
The category expands to display the available user roles.

b. Click to select the checkbox next to your user role.

**Notes:**

- You can only select one role.
- 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 AWARxE. Please contact your State Administrator for more information.

7. Click **Save and Continue**.

    The Demographics page is displayed as shown on the following page.
8. Complete the required fields.

**Notes:**

- **Required fields are marked with a red asterisk (**). If you have questions about what information should be entered, help text is provided for several fields by hovering your mouse over that field.**
- **Please enter all active DEA numbers, if applicable.**
- **If you have an NPI number, you must enter it in the National Provider ID field, then click Autocomplete Form to auto-populate the form with the demographic information associated with your NPI number.**
• If you are attempting to register and are receiving an error on your DEA, NPI, or Professional License, you may already have an account in the system. Please attempt to access your account by following the Reset Password instructions in this guide.

9. Click Submit Your Registration.

Note: If you are registering as a delegate, there is an additional step in the registration process. Please refer to the Registering as a Delegate section for more information.

Once you have submitted your registration, you will be notified that your account has been approved or is pending approval.

a. Access Granted: The following requestor roles will be granted immediate access to the PMP AWARxE application, provided their personal DEA number, NPI number, last four digits of Social Security Number (SSN), AND professional license number are valid and found within the registry:
   • Dentist
   • Medical Resident with Prescriptive Authority
   • Optometrist
   • Physician (MD, DO)
   • Physician Assistant
   • Podiatrist (DPM)
   • Veterinarian
   • Pharmacist

If your account is approved, you will be presented with the End User License Agreement that you must review and accept. After accepting, you will be routed to your account dashboard and can begin using the application. Please refer to the My Dashboard section for more information.

Notes:
   • If you are registering as a delegate, your account will be automatically approved; however, your access must be approved by the supervisor(s) you have selected before you can perform a Patient Request.
   • If you have a user role that allows automatic approval and your account is denied, you will receive an email with the reason for denial.

b. Pending Approval: If your account registration requires no further action but could not be verified by the process above, or if your user role is not one that is immediately approved, your account will be pended for review and approval by your State Administrator.
2.3.1 Email Verification

1. Once you have submitted your registration, PMP AWARxE sends an email to the supplied email address for verification of an active email address.

2. When you receive the email, it will contain a link to verify your email address. Click the verify your email link.

Notes:

- The link contained within the email is only valid for 20 minutes. In the event that time has expired, clicking the link will result in a new email verification notification being sent to you. Click the link in the new email to verify your email address.

- If you are not able to receive HTML-formatted emails or emails with hyperlinks, please contact the help desk using the contact information located in the Technical Assistance section of this document.

- If you registered with the wrong email address, please log in to the account, then navigate to Menu > User Profile (under the My Profile Section) to update your email address. Please refer to the My Profile section for more information.

3. Once you click the link, you are directed to PMP AWARxE and a message is displayed indicating that your email address has been validated.

2.3.2 Account Approval

Once the State Administrator has determined that your registration has met all account requirements, your account may be approved. When your account is approved, you will receive an email stating that your account has been approved and is now active.

Once your account has been approved, you can log in to PMP AWARxE using the email address and password you supplied during the account creation process.

*Note:* If you no longer have the password, you can reset it by navigating to https://minnesota.pmpaware.net and clicking Reset Password, or by navigating to https://minnesota.pmpaware.net/identity/forgot_password.
2.4 Registering for a Healthcare Professional’s Delegate Account

Registering for a delegate account is virtually identical to registering for any other healthcare professional role. To register for a delegate account:

1. Select one of the following role types: Prescriber Delegate – Licensed, Prescriber Delegate – Unlicensed, Pharmacist Delegate – Licensed, or Pharmacist Delegate - Unlicensed on the Select Your User Role page.

2. Enter any required information on the Demographics page, noting that you must enter your supervisor’s email address in the “I am a delegate for the following people...” field. You may enter multiple supervisors’ emails by clicking Add.

Notes:

- **The supervisor must already have an account within the MN PMP AWARxE system.**
- Ensure that you enter the supervisor’s email address correctly and that it is a valid email address.
- You will not be able to perform Patient Requests on behalf of a supervisor until that supervisor has approved you as their delegate.
3 Basic System Functions

This section describes how to log in to PMP AWARxE, utilize the Requestor Dashboard that is displayed upon logging in, and how to log out.

3.1 Log In to PMP AWARxE

1. Navigate to https://minnesota.pmpaware.net. The Log In page is displayed.

2. Enter the email address you provided when you registered for an account in the Email field.

3. Enter your password in the Password field.

   Note: If you have forgotten your password, click Reset Password. You will be prompted to enter the email address registered to your account. Once you have entered a valid, registered email address, you will receive an email with a link to reset your password. If a mobile phone number was provided during the account registration process you will have the option of receiving a text code for password reset.

4. Click Log In.

   The My Dashboard page is displayed. Please refer to the My Dashboard section for a complete description of the dashboard.

   Note: Multiple sessions are not allowed, meaning that if you log in on one computer or browser, then attempt to log in on another computer or browser, your original session will be terminated.
3.2 My Dashboard

Upon logging in to PMP AWARxE with an approved account, the requestor dashboard (My Dashboard) is displayed. This dashboard provides a quick summary of pertinent items within PMP AWARxE, including State Administrator announcements, your recent patient searches, and, if applicable, your delegate’s or supervisor’s status. My Dashboard can be accessed at any time by clicking Menu > Dashboard (located under Home).

3.2.1 Patient Alerts

This section displays the most recent patient alerts.

- New alerts (i.e., those that have not been viewed) are displayed in **bold** with the word “NEW” next to them.
- You can download the letter associated with the alert by clicking **Download PDF**.
- You can view the Patient Request associated with a patient by clicking the patient’s name.
You can click Patient Alerts, located at the top of the section, to access a full listing of patient alerts. You can also access patient alerts at any time by clicking Menu > Patient Alerts (located under Rx Search).

**Note:** This section is role dependent, meaning that certain roles will be unable to view this section.

### 3.2.2 Recent Requests

This section displays your most recent patient searches, including those performed by your delegate(s).

- You can view the Patient Report by clicking the patient’s name.
- You can view a list of all past requests by clicking View Requests History. You can also access your request history at any time by clicking Menu > Requests History (located under Rx Search).

**Note:** The report that is displayed when you click the patient’s name is a historical report, meaning that it contains the data that was viewed when the report was initially run. For instructions on performing new patient Rx history searches, please refer to the Creating a Patient Request section.

### 3.2.3 Delegates/Supervisors

This section displays your delegates or supervisors, depending on your role.

- If you are a supervisor, you can quickly change a delegate’s status from the dashboard by clicking the delegate’s name. Once you click the delegate’s name, the Delegate Management page is displayed, and you can approve, reject, or remove a delegate from your profile.

- Click Delegates, located at the top of the section, to access the Delegate Management page. The Delegate Management page can also be accessed at any time by clicking Menu > Delegate Management (located under My Profile). For additional information regarding delegate management, please refer to the Delegate Management section.

### 3.2.4 Announcements and Quick Links

This section displays announcements from your State Administrator as well as links to webpages outside of AWARxE that may be of use to you.

- The quick view only displays the first few lines of text; however, you can click PMP Announcements, located at the top of the section, to display the full announcement text. You can access the Announcements page at any time by clicking Menu > Announcements (located under Home).

- The announcements displayed in this section are configured by your State Administrator. Announcements can be configured as role-specific, meaning that a “physician” role may see an announcement, whereas a “delegate” may not.
Quick links are also configured by your State Administrator. Any links configured will be visible toward the bottom right of the dashboard in the Quick Links section.

3.3 Log Out of PMP AWARxE

To log out of the system, click the arrow next to your user name (located in the top right corner of the page), and then click Log Out.
4 RxSearch

The RxSearch section of the PMP AWARxE menu contains the report/request functions available to you. These functions may include:

- Creating a patient request
- Viewing patient reports
- Viewing historical requests
- Viewing a report of prescriptions attributed to you
- Viewing patient alerts

Note: You may not have access to all of the reports listed above. The functions available under RxSearch may vary depending on your role and the settings enabled by your State Administrator. If you do not have access to a report and you think you should, please contact your State Administrator.

4.1 Creating a Patient Request

The Patient Request allows you to create a report that displays the prescription drug activity for a specific patient for the specified timeline.

1. Log in to PMP AWARxE.
2. Click Menu > Patient Request.
   The Patient Request page is displayed.
Note: A tutorial describing the complete patient request creation process is available by clicking the Patient Rx Request Tutorial link located in the top right corner of the page.

3. Enter the required information, noting that required fields are marked with a red asterisk (*). At a minimum, you must complete the following fields:

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Info</strong></td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td>Enter the patient’s complete first and last name;</td>
</tr>
<tr>
<td>Last Name</td>
<td>Or Click the <strong>Partial Spelling</strong> checkbox to search by a partial</td>
</tr>
<tr>
<td></td>
<td>first and/or last name. This option can be helpful when</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
searching hyphenated names or names that are often abbreviated, such as “Will” vs. “William.”

**Note:** The Partial Spelling function requires at least three letters. If the patient’s name contains only one or two letters, please do not attempt a partial search.

1. After you have finished entering the patient’s information and clicked **Search**, you may be presented with a multiple patient pick list. This list will contain demographic information on the patient to help you determine the correct patient.
2. Select the appropriate patient record(s), then click **Run Report**. Please refer to **Partial Search Results** for more information.

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Use the MM/DD/YYYY format, or select a date from the calendar that is displayed when you click in this field. The default search criteria is an exact match for the patient’s birthdate, but you are also able to query by a range for the patient’s birthdate. The available ranges are 6 months, 1 year, or two years.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Click the <strong>Search Using Exact DOB</strong> dropdown (the dropdown is expanded in the above image.)</td>
</tr>
<tr>
<td></td>
<td>2. The available ranges are displayed.</td>
</tr>
<tr>
<td></td>
<td>3. Select the desired range from the list.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription Fill Dates</th>
<th>Use the MM/DD/YYYY format, or select a date from the calendar that is displayed when you click in these fields. <strong>Note:</strong> The search timeframe is limited to 12 months from the current date.</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td></td>
</tr>
<tr>
<td>To</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** If you are a delegate, you must select the supervisor you are requesting on behalf of from the **Supervisor** field, located above the Patient Info section of the page.

If no supervisors are available, please contact your supervisor(s) to approve your account or add the supervisor under My Profile. Current supervisors and their statuses are displayed on your dashboard. Refer to the Delegates/Supervisors section of My Dashboard or the My Profile section for further instructions.

4. If desired, you may enter the patient’s ZIP code; however, this could affect the search results.
5. If you require information from other states, click the checkbox next to the desired state(s) in the PMP InterConnect Search section of the page.

```
PMP InterConnect Search
To search in other states as well as your home state for patient information, select the states you wish to include in your search
A  [ ] Arizona
C  [ ] Colorado  [ ] Connecticut
I  [ ] Idaho
K  [ ] Kansas
M  [ ] Massachusetts  [ ] Michigan  [ ] Minnesota
N  [ ] New York
O  [ ] Ohio PMP
R  [ ] Rhode Island
T  [ ] Tennessee CSMD
V  [ ] Vermont
```

**Notes:**

- Partial search is not available when searching other states. If you have selected partial search, the PMP InterConnect Search section will be removed from the bottom of the page.
- If a state is not included on the list, data sharing with that state is not currently in place, or your user role does not allow for data sharing. Please contact your State Administrator using the information provided in the Administrative Assistance section for more information.

6. Once you have entered all the required search criteria, click **Search**.

   a. If your search results return a single patient, the Patient Report or Narx Report is displayed. *Note that your user role determines whether the Patient Report or Narx Report is returned.* Refer to the **Viewing a Patient Report** section for more details regarding these reports.

      **Note:** If you need a PDF or CSV version of the report, you can click **Download PDF** or **Download CSV**, located in the top right corner of the report.

   b. If the search could not determine a single patient match, a message is displayed indicating that multiple patients were found.

      - If you searched for an exact patient name and multiple patients were found, refer to the **Multiple Patients Identified** section.

      - If you searched for a partial patient name and multiple patients were found, refer to the **Partial Search Results** section.

   c. If your search does not return any results, a message is displayed indicating that either no patient matching your search criteria could be identified or the patient was identified but no prescriptions were found. Refer to the **No Results Found** section for more information.
4.1.1 Multiple Patients Identified

1. If you searched for an exact patient name and multiple patients were found, a message is displayed indicating that multiple patients matching your search criteria have been identified.

![Multiple Patients Found](image)

2. From this window, you can:
   a. Click **Refine Search Criteria** to return to the Patient Request page, refine your search criteria, and re-run the report;
   Or
   b. Select one or more of the patient groups displayed, and then click **Run Report**.

   The Narx Report or Patient Report for the patient group(s) you selected is displayed. Refer to the **Viewing a Patient Report** section for more details regarding these reports.
4.1.2 Partial Search Results

1. If you searched for a partial patient name and multiple patients were found, a message is displayed indicating that multiple patients match your search criteria.

2. From this window, you can:
   a. Click **Refine Search** to return to the Patient Request page, refine your search criteria, and re-run the report;
   Or
   b. Select one or more of the patients displayed, and then click **Run Report**. The Narx Report or Patient Report for the patient(s) you selected is displayed. Refer to the **Viewing a Patient Report** section for more details regarding these reports.

4.1.3 No Results Found

1. If your search criteria could not be matched to any patient records, a message is displayed indicating that no matching patient could be identified.

   Or

2. If your search criteria matches a patient record but the patient has no prescriptions within the specified timeframe, a message is displayed indicating that the patient was found but no prescriptions were found.

   Click **Change Date Range** to return to the Patient Request page, enter a different date range, and re-run the report.

   4. If you need to export the report, please see the **Requests History** section for details on how to pull up the report.
Notes:

- Be sure to verify that all information entered on the request was entered correctly (e.g., verify that the first and last names were entered in the correct fields, verify the patient’s birthdate, etc.).
- If Partial Search was not originally selected, you can click the Partial Search checkbox to expand your search results.

4.2 Viewing a Patient Report

If your search results return a single patient, the Narx Report or Patient Report is automatically displayed. Note that your role determines whether the Narx Report or Patient Report is returned. You may also access your previously requested Narx Reports or Patient Reports at any time by clicking Menu > Requests History. Refer to the Requests History section for more information.

- Healthcare Professionals and Medical Examiners/Coroners roles are presented with Narx Reports, shown below, please refer to Appendix A: NarxCare for further information on interpreting the results.

- All other roles are permitted to view only Patient Reports, shown below, continue with this section.
The Patient Report page consists of the following sections:

- **Patient Information**
- **Summary**
- **Prescriptions**
- **Prescribers**
- **Dispensers**

### 4.2.1 Basic Report Functions

- The top of the report displays the date the request was run and the date range used to create the request. Depending on your role type, the **Download PDF** and **Download CSV** buttons may be available, allowing you to save the report as a PDF document or as a CSV data file.

- You can expand or collapse each section of the report. Click the plus sign (+) next to a section to expand it, or click the minus sign (-) to collapse it.

- You can resize the tables in each section of the report to show more or fewer records. To resize a table, click and drag the bottom of the table with your mouse. **Note:** A minimum of two rows are required to be displayed.

- You can sort the columns in each section of the report. Clicking on a column header will allow the results to be sorted in ascending or descending order based on the column selected. **Note:** If you choose to export the report, your column sorting will be saved.
4.2.2 Patient Information

The Patient Information section displays the search criteria used to search for the patient as well as all known patient names, birthdates, and addresses that have been linked to the patient for whom you searched.

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>ID</th>
<th>Gender</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testpatient</td>
<td>01/01/1990</td>
<td>10</td>
<td>male</td>
<td>606 OPIDOPATIENT DR OPIDOPATIENT ND 43077</td>
</tr>
<tr>
<td>BOB TESTPATIENT</td>
<td>01/01/1990</td>
<td>3</td>
<td>male</td>
<td>1023 NOT REAL ST WITCHITA KS 67203</td>
</tr>
<tr>
<td>BOB TESTPATIENT</td>
<td>01/01/1990</td>
<td>7</td>
<td>male</td>
<td>1023 NOT REAL STREET WITCHITA KS 67203</td>
</tr>
<tr>
<td>ROBERT TESTPATIENT</td>
<td>01/01/1990</td>
<td>9</td>
<td>male</td>
<td>1023 NOT REAL ST WITCHITA KS 67203</td>
</tr>
<tr>
<td>BOB TESTPATIENT</td>
<td>01/01/1990</td>
<td>4</td>
<td>male</td>
<td>1023 NOT REAL STREET WITCHITA KS 67203</td>
</tr>
<tr>
<td>Bob Testpatient</td>
<td>01/01/1990</td>
<td>2</td>
<td>unknown</td>
<td>1023 NOT REAL STREET WITCHITA KS 67203</td>
</tr>
<tr>
<td>BOB TESTPATIENT</td>
<td>01/01/1990</td>
<td>5</td>
<td>female</td>
<td>1023 NOT REAL ST WITCHITA KS 67203</td>
</tr>
<tr>
<td>BOB TESTPATIENT</td>
<td>01/01/1990</td>
<td>6</td>
<td>male</td>
<td>1023 NOT REAL ST WITCHITA KS 67203</td>
</tr>
<tr>
<td>BOBBY TESTPATIENT</td>
<td>01/01/1990</td>
<td>8</td>
<td>male</td>
<td>1023 NOT REAL ST WITCHITA KS 67203</td>
</tr>
<tr>
<td>Bob Testpatient</td>
<td>01/01/1990</td>
<td>1</td>
<td>male</td>
<td>101 Main St City OH 30897</td>
</tr>
</tbody>
</table>

- The Linked Records table can represent instances of a patient with multiple addresses, misspellings of names, etc.
- The ID column of the Linked Records table provides an ID number that corresponds to the ID column in the Prescriptions section of the report, allowing you to match the patient in the Linked Records table with the appropriate prescription.

4.2.3 Summary

The Summary section provides an overview of the total number of prescriptions, prescribers, and pharmacies for the patient for the specified timeframe, including opioid and buprenorphine intake.

<table>
<thead>
<tr>
<th>Summary</th>
<th>Opioids (excluding buprenorphine)</th>
<th>Buprenorphine</th>
<th>Current City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Prescriptions</td>
<td>15</td>
<td>Current City</td>
<td></td>
</tr>
<tr>
<td>Total Prescribers</td>
<td>7</td>
<td>9.20 Current mg/day</td>
<td></td>
</tr>
<tr>
<td>Total Pharmacies</td>
<td>7</td>
<td>5.69 Current mg/day</td>
<td></td>
</tr>
<tr>
<td>30 Day Avg. NMD/day</td>
<td>19</td>
<td>0.0 30 Day Avg. mg/day</td>
<td></td>
</tr>
</tbody>
</table>
4.2.4 Prescriptions

The Prescriptions section displays information related to each prescription issued to the patient within the specified timeframe.

<table>
<thead>
<tr>
<th>ID</th>
<th>Written</th>
<th>Drug</th>
<th>Qty</th>
<th>Days</th>
<th>Prescriber</th>
<th>Rx #</th>
<th>Pharmacy</th>
<th>Refills</th>
<th>Days Dispensed</th>
<th>Days Remaining</th>
<th>PMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/27/2018</td>
<td>5</td>
<td>OXYCODONE 10-35 MG TABLET</td>
<td>8.0</td>
<td>30</td>
<td>BO TES</td>
<td>B00003</td>
<td>1</td>
<td>5.33 MME</td>
<td>Private Pay</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>05/22/2018</td>
<td>1</td>
<td>BUPIRENPHINE HCL 15.0 MG TABLET</td>
<td>5.0</td>
<td>14</td>
<td>Ca TES</td>
<td>M467999321</td>
<td>1</td>
<td>NO MME</td>
<td>Private Pay</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>04/29/2018</td>
<td>5</td>
<td>ACOETAMPHINON 0.0125 MG TABLET</td>
<td>30.0</td>
<td>30</td>
<td>AL TES</td>
<td>B00001</td>
<td>1</td>
<td>12.4 MME</td>
<td>Private Pay</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>04/26/2018</td>
<td>5</td>
<td>OXAZepam TABLET</td>
<td>120.0</td>
<td>30</td>
<td>AL TES</td>
<td>B00002</td>
<td>1</td>
<td>12.4 MME</td>
<td>Private Pay</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>04/23/2018</td>
<td>7</td>
<td>HYDROCODONE-ACTAMIN 10-325 MG TABLET</td>
<td>30.0</td>
<td>10</td>
<td>PA TES</td>
<td>152847</td>
<td>0</td>
<td>16.0 MME</td>
<td>Private Pay</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>04/20/2018</td>
<td>5</td>
<td>ACOETAMPHINON 0.0125 MG TABLET</td>
<td>30.0</td>
<td>3</td>
<td>MI PHA</td>
<td>AT1152500</td>
<td>0</td>
<td>4.4 MME</td>
<td>Private Pay</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>04/13/2018</td>
<td>5</td>
<td>ACOETAMPHINON 0.0125 MG TABLET</td>
<td>30.0</td>
<td>3</td>
<td>WA CO</td>
<td>AT1152500</td>
<td>0</td>
<td>4.4 MME</td>
<td>Private Pay</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>04/09/2018</td>
<td>10</td>
<td>HYDROCODONE-ACTAMIN 10-325 MG TABLET</td>
<td>100.0</td>
<td>250</td>
<td>SE PHA</td>
<td>ES17544411</td>
<td>1</td>
<td>4.0 MME</td>
<td>Private Pay</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>04/09/2018</td>
<td>10</td>
<td>BUTTRANS 5 MG ORAL PATCH</td>
<td>100.0</td>
<td>150</td>
<td>SE PHA</td>
<td>ES17544451</td>
<td>1</td>
<td>0.56 mg</td>
<td>Private Pay</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

*For 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 for the patients prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency and, as opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonists. MME = morphine milligram equivalent, mg = dosage in milligrams.

- The ID column corresponds with the ID column in the Linked Records table in the Patient Information section of the report, allowing you to match the patient with the appropriate prescription.

4.2.5 Prescribers

The Prescribers section displays information for all prescribers who issued a prescription to the patient within the specified timeframe.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO, WALGREEN CO</td>
<td>301 W MAIN ST</td>
<td>INDEPENDENCE</td>
<td>KS</td>
<td>67201</td>
<td></td>
</tr>
<tr>
<td>Doctor, Paul</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHARMACY, MULVANE</td>
<td>1008 SE LOUIS DR</td>
<td>MULVANE</td>
<td>KS</td>
<td>67201</td>
<td></td>
</tr>
<tr>
<td>PHARMACY, SEDAN</td>
<td>130 E MAIN ST</td>
<td>SEDAN</td>
<td>KS</td>
<td>67201</td>
<td></td>
</tr>
<tr>
<td>TESTPRESCRIBER, ALICE</td>
<td>1111 FAX ST</td>
<td>WICHITA</td>
<td>KS</td>
<td>67202</td>
<td></td>
</tr>
<tr>
<td>TESTPRESCRIBER, BOB</td>
<td>9888 NOWHERE ST</td>
<td>WICHITA</td>
<td>KS</td>
<td>67202</td>
<td></td>
</tr>
<tr>
<td>TESTPRESCRIBER, Carol</td>
<td>2920 HIGH ST</td>
<td>WICHITA</td>
<td>KS</td>
<td>67202</td>
<td></td>
</tr>
</tbody>
</table>

4.2.6 Dispensers

The Dispensers section displays information for all dispensers who filled a prescription for the patient within the specified timeframe.

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALGREEN CO (7516)</td>
<td>301 W MAIN ST</td>
<td>INDEPENDENCE</td>
<td>KS</td>
<td>67201</td>
<td></td>
</tr>
<tr>
<td>RANDALL, DAMEL (035)</td>
<td>205 RAYFORD RD</td>
<td>GREENVILLE</td>
<td>SC</td>
<td>29003</td>
<td></td>
</tr>
<tr>
<td>KANSAS CVS PHARMACY, L.L.C. (9159)</td>
<td>301 N SANTA FE ST</td>
<td>CLAYTON</td>
<td>KS</td>
<td>65652</td>
<td></td>
</tr>
<tr>
<td>HOMECARE PLUS INC (4692)</td>
<td>864 WILSON DR</td>
<td>RIDGELAND</td>
<td>MS</td>
<td>36917</td>
<td></td>
</tr>
<tr>
<td>DIPLOMATE SPECIALTY PHARMACY (8244)</td>
<td>4100 S SAGINAW ST</td>
<td>FLINT</td>
<td>MI</td>
<td>48507</td>
<td></td>
</tr>
<tr>
<td>Davis Pharmacy (1111)</td>
<td>1111 FAX ST</td>
<td>WICHITA</td>
<td>KS</td>
<td>67202</td>
<td></td>
</tr>
<tr>
<td>Alkin's PHARMACY (4667)</td>
<td>1111 FAX ST</td>
<td>WICHITA</td>
<td>KS</td>
<td>67202</td>
<td></td>
</tr>
</tbody>
</table>

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4.3 Requests History

The Requests History function allows you to view previously created Patient Reports or Narx Reports.

Notes:

- When viewing historical requests, the report results are not updated with new information. The results displayed are the results at the time the original search was performed.
- Historical reports are only available for 14 days after report creation. Reports are automatically removed from your Requests History after 14 days.

1. To view a previously created Patient Report, click Menu > Requests History. The Requests History page is displayed.

![Requests History](image)

Note: You can only view Patient Reports you or your delegate(s) have created.

2. From this page, you can:
   a. Click Advanced Options to filter the list of requests.

![Advanced Options](image)

   b. Click Download PDF to export your search history.
c. Click a patient name to view the details of that request in a detail card at the bottom of the page.

- Click View to display the results of the previously submitted request. Refer to Viewing a Patient Report for details regarding Patient Reports.

  Note: The results of previous requests are not updated with new information. The results displayed are the results at the time the original search was performed.

- Click Refresh to generate a new Patient Report for the selected patient. The Patient Request page will be displayed with the patient’s information automatically populated. Refer to Creating a Patient Request for complete instructions on generating new requests.

4.4 MyRx

If you have a DEA number associated with your AWARxE account, MyRx allows you to run a report that displays the filled prescriptions for which you were listed as the prescriber.

  Note: This functionality is only available if you have a DEA number associated with your user profile.

To run the MyRx report:

1. Click Menu > MyRx.

The MyRx search page is displayed.
2. Enter the date range for your search in the From and To fields using the MM/DD/YYYY format.

   **Note:** The maximum search timeframe is 12 months from the current date.

3. Click the checkbox next to the DEA number(s) for which you wish to run a report.
4. If you wish to search for a specific drug, enter the generic drug name in the Drug Name field.
5. Click Search.

   Your report results are displayed. If configured by your PMP Administrator, you may click Download PDF to export your report results.

4.4.1 MyRx History

   The MyRx History tab allows you to view any MyRx reports you have run in the past.

   **Notes:**
   - MyRx History provides historical reports, meaning that the report only displays your prescriptions for the timeframe selected when you originally ran the report.
   - Reports are only available in MyRx History for seven days. After seven days, they are automatically removed from your MyRx History.

   To view your MyRx History:
   1. From the MyRx page, click the MyRx History tab.
The MyRx History page is displayed.

2. Click **View Report** next to the report you wish to open.
4.5 Patient Alerts

This function displays your available patient alerts.

*Note: This section is role dependent, meaning that certain roles will be unable to view this section.*

To access these alerts, click **Menu > Patient Alerts**.

The Patient Alerts page is displayed.

- New alerts (i.e., those that have not been viewed) are displayed in **bold** with the word “**NEW**” next to them.
- You can download the letter associated with the alert by clicking **Download PDF**.
- You can view the Patient Request associated with a patient by clicking the patient’s name.
5 User Profile

The User Profile section of the PMP AWARxE menu allows you to manage your AWARxE user profile, including:

- Viewing and updating your profile information
- Managing your delegate account(s)
- Updating or resetting your password

5.1 My Profile

My Profile allows you to view your account demographics, including user role, license numbers, employer details, etc. as well as update your address, email address, healthcare specialty, time zone, mobile phone number, and supervisor(s) (if you are a delegate).

**Note:** If you need to update your personal or employer identifiers (including DEA/NPI/NCPDP numbers), please contact your State Administrator.

To update your account:

1. Click **Menu > My Profile.**
   
   The My Profile page is displayed.

![My Profile Image]
2. Update your information as necessary. The following notes may be helpful in updating your information:

- **Updating Employer Information**: To update your employer information, click **Edit**, located next to the **Profile Info** header. When the Edit Profile Info window is displayed, update the information, and then click **Update**.

![Edit Profile Info](image)

- **Healthcare Specialty**: You can add or update your healthcare specialty in the Specialty section of the page. Search for your specialty by typing a few characters into the **Healthcare Specialty** field, or click **Browse All** to view all available specialties and select yours from the list. If you have multiple specialties, you can designate your primary specialty by clicking the star icon to the left of the specialty. To remove a specialty, click the “x” button to the right of the specialty.

![Specialty](image)
• **Updating Time Zone:** To update your time zone, select the correct time zone from the **Time Zone** drop-down.

• **Contact Information:** You may update the email address and mobile phone number associated with your account in the Contact Information section of the page.

To update the email address associated with your account, enter the new email address in the **New Email Address** field, then re-enter it in the **Re-enter Email Address** field. Once your changes have been saved, you will receive an email asking you to verify the new email address. Please ensure that you click the link in the verification email to verify your new email address. *Note that the verification link is only valid for 20 minutes. If you click the verification link after it has expired, you will be sent a new link.*

To update the mobile phone number associated with your account, enter the new phone number in the **New Mobile Phone Number** field, then re-enter it in the **Re-enter New Mobile Phone Number** field.

![Contact Information](image)

• **Adding Supervisors:** If you are a delegate, you may add supervisors to or remove supervisors from your account in the Supervisors section of the page. To add a supervisor, enter the supervisor’s email address, and then click **Add**. To remove a supervisor, click the “x” button next to the supervisor.

![Supervisors](image)

3. Once you have updated the necessary information, click **Save Changes**.
5.2 Default PMPi States

5.2.1 Setting Default PMPi States

PMP AWARxE is configured to integrate PMPInterconnect (PMPi) to expand search capabilities when researching Patient Rx history. Users have the ability to select from a list of approved states and can configure states to be selected by default when performing patient Rx searches. Please note that the states displayed below may not be reflective of the states that are available on a user account.

Note: Only users with PMPi access will have access to this menu item.

Default InterConnect PMPs

- Arizona
- Colorado
- Connecticut
- Idaho
- Kansas
- Massachusetts
- New York
- Rhode Island
- Tennessee CSMD
- Vermont

1. The user navigates to **Menu > Default PMPi States** (located under User Profile.)

2. A listing of available states is displayed.
   - Available states are dependent by the states’ individual configurations and your user role. Users will only see states that their user role has been granted access to.

3. The user checks the boxes next to the states they desire to always be pre-selected when creating a new Patient Rx request.

4. The user clicks “Update Defaults” to save their selections.

5. When the Patient Rx request screen is opened to create a new request, the selected default states will now automatically be checked to include in the search results.
   - Users can de-select default states as they choose. Having default states does not lock the state to always be required in patient searches.
5.2.2 Using PMPi with a Patient Rx Search

When creating a new Patient Rx request, a list of available PMPi states is listed at the bottom of the screen.

*Note:* If you are utilizing partial search, available states will not display and PMPi search will not be available.

Available states are dependent by the states’ individual configurations and your user role. Users will only see states that their user role has been granted access to.

1. The user can select as many states as they wish to obtain results from.
2. PMP AWARx will submit the request for the patient to the PMPi systems of the selected states.
3. Results from those states are blended into the final Narx Report.
   - The report does not separate Rx information from a state by state basis. It incorporates all information from all sources into a single report.

*Note:* Only an exact name match will return results from interstate searches. There will not be a multiple patient pick list displayed for patients who do not have an exact name match.

5.3 Delegate Management

If you are a supervisor, the Delegate Management function allows you to approve or reject new delegates, or remove existing delegates from your account.

5.3.1 Approving and Rejecting Delegates

If a user registers as a delegate and selects you as their supervisor, you will receive email notification that a delegate account is pending your approval.

*Note:* If the request is not acted upon, the system will send weekly follow-up emails advising you that action is still required.

Once you have received the email notification:

1. Log in to PMP AWARx.
2. Click Menu > Delegate Management.

The Delegate Management page is displayed.

<table>
<thead>
<tr>
<th>Delegate Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select a delegate to review details.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

*Note:* New delegates are identified with a status of “Pending.”
3. Click the delegate’s name to display their information in the detail card at the bottom of the page.

![Delegate Information Card]

4. Click Approve to approve the delegate;  
   Or
5. Click Reject to reject the delegate. If rejected, the delegate will be removed.

5.3.2 Removing/Deactivating Delegates

If you need to deactivate a delegate from your account:

1. Click Menu > Delegate Management. 
   The Delegate Management page is displayed.

2. Click the delegate’s name to display their information in the detail card at the bottom of the page.

3. Click Remove. 
   Upon removal, the delegate’s status will be returned to “Pending.” The delegate is not removed from your delegate list.

   Notes:
   - If you need to add the user again at a later date, select the former delegate, then click Approve to add them to your account.
   - If you need to completely remove a delegate from your account, select the former delegate, then click Reject. Rejecting a delegate will remove them from your account.
   - It is your responsibility to regularly maintain your delegate list and remove access if it is no longer necessary.

5.4 Password Management

Your AWARxE password expires every 180 days. There are two ways you can manage your password:

1. You can proactively change your password within the application before it expires by updating your current password.
2. If your password has already expired, or if you have forgotten your password, you can reset your password. Note that you can reset your password via email or mobile phone.

5.4.1 Updating a Current Password

If your password has not expired, but you would like to proactively reset it, you can do so within the AWARxE application.

**Note:** This functionality requires that you know your current password and are logged into PMP AWARxE.

To update your password:

1. Click **Menu > Password Reset**.
   
The Change Password page is displayed.

2. Enter your current password in the **Current Password** field.
3. Enter a new password in the **New Password** field, then re-enter it in the **New Password Confirmation** field. The password guidelines are provided below.

   **Passwords must contain:**
   
   - At least eight (8) characters
   - One (1) uppercase letter
   - One (1) lowercase letter
   - One (1) special character such as !, @, #, $, etc.

   **Note that a checkmark appears next to each requirement as it is met.**
4. Click **Change**.
   Your password is updated, and you will use the new password the next time you log in to the system.

5.4.2 Resetting a Forgotten Password

1. If you have forgotten your password or your password has expired, navigate to [https://minnesota.pmpaware.net](https://minnesota.pmpaware.net).
   The Log In page is displayed.

2. Click **Reset Password**.
   The Reset Password page is displayed.
3. Enter the email address associated with your account, then click **Continue**. You will be prompted to select how you want to reset your password.

4. Select whether you would like to reset your password via a code texted to your mobile phone or via an email containing a link to reset the password.

   **Note:** Resetting your password via mobile phone requires that you have a mobile phone number stored in the system. Please refer to *My Profile* for information on adding your mobile phone number to your account. If you do not have a mobile phone number stored in the system, and you cannot remember your password or it has expired, please select the email option.

5. Click **Continue**.
   
   a. If you selected the mobile phone option, a verification code is sent to your mobile phone, and you are prompted to enter that code.
Once you have received the verification code, enter it, and then click **Continue**.

**OR**

b. If you selected the email option and the email address you provided is valid and registered, you will receive an email containing a link to reset your password. Once you have received the email, click the link.

Once you have entered the verification code or clicked the link in the email, the Change Password page is displayed.

6. Enter a new password in the **New Password** field, then re-enter it in the **New Password Confirmation** field. The password guidelines are provided below.

**Passwords must contain:**

- At least eight (8) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) special character such as !, @, #, $, etc.

*Note that a checkmark appears next to each requirement as it is met.*

7. **Click Change.**
Your password is updated, and you will use the new password the next time you log in to the system.

**Notes:**

- **The password reset link is only active for 20 minutes.** After the time has expired, you will need to repeat steps 1–5 to generate a new password reset email.

- **If you use the mobile reset option, the validation code is only active for 20 minutes.** In addition, only the most recent code is valid (e.g., if you requested a validation code twice, only the second code would be valid).

- **Per our security protocol, PMP AWARxE will not confirm the existence of an account.** If you do not receive an email at the email address provided, follow the steps below:
  1. Ensure you entered a valid email address.
  2. Check your Junk, Spam, or other filtered folders for the email.
  3. If the email address is correct but you have not received the email, contact your PMP Administrator to request a new password or determine what email address is associated with your account.
  4. Add the following email addresses and domains to your contacts list, or contact your organization’s IT support to have them added as safe senders:
     - (a) no-reply-pmpaware@globalnotifications.com
     - (b) globalnotifications.com
     - (c) amazonses.com
6 Assistance and Support

6.1 Technical Assistance

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

- Contact Appriss Customer First Center at 844-966-4767;
  OR
- Create a support request at the following URL: https://apprisspmp.zendesk.com/hc/en-us/requests/new

Technical assistance is available Monday through Friday from 8:00 a.m.–5:00 p.m. CT.

6.2 Administrative Assistance

If you have non-technical questions regarding the MN PMP, please contact:

Minnesota Board of Pharmacy
Prescription Monitoring Program
2829 University Ave. SE, Suite 530
Minneapolis, MN 55414

E-mail: minnesota.pmp@state.mn.us
Phone: 651-201-2836
7 Document Information

7.1 Disclaimer

Appriss has made every effort to ensure the accuracy of the information in this document at the time of printing; however, information is subject to change.

7.2 Change Log

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Chapter/Section</th>
<th>Change Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRAFT</td>
<td>11/28/2018</td>
<td>N/A</td>
<td>N/A; initial DRAFT publication</td>
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</table>
Appendix A: NarxCare

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 monitoring programs also known as prescription drug monitoring programs (PDMPs), which are the system’s primary data source.

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.

Every NarxCare report includes type-specific use scores for narcotics, sedatives, and stimulants. These scores are based on a complex algorithm with up to 20 time-weighted measurement points. The scores range from 000–999, with higher scores equating to higher numbers of prescribers, Morphine Milligram Equivalent (MME), pharmacies, and overlapping prescriptions.

An Overdose Risk Score (ORS), 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 sources are added to the algorithm.

Data visualization is enhanced with an interactive, color-coded graphical display of prescription data that allows 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.
Application Interface Overview

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

Report Header

The Narx Report page heading contains several report- and account-level controls:

- **Drop-down menu bar**: Clicking **Menu** allows you to navigate to all functional areas of AWARxE. For NarxCare users, the menu contains additional training links as well as a link to the NarxCare user guide. You can click your user name for quick access to account management options such as **My Profile**, **Delegate Management**, and **Password Reset**.

- **Patient identifying information**: The patient’s name, age in years, and gender are displayed above the navigation tabs. Additional patient information, such as date of birth and address, can be found in the first segment of the Narx Report.

- **Navigation tabs**: There are two tabs beneath the patient’s name labeled **Narx Report** and **Resources**. The **Narx Report** tab is displayed by default. You can click on the **Resources** tab to display several treatment locators and document resources that may be useful in managing patient referrals or reviewing CDC guidelines.
• **Report download links:** If you need to download a PDF or CSV version of the report, click the Download PDF or Download CSV links located on the right side of the page below the state logo.

![Report download links](image)

Report Body

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.

• **Scores and additional risk indicators:** The Narx Report includes a series of type-specific use scores, Narx Scores, Overdose Risk Score, and Additional Risk Indicators, which are located in the Risk Indicators section of the report. **Note:** Please refer to the Narx Scores, Overdose Risk Score, and Additional Risk Indicators sections of this document for more information on those scores and indicators.
- **Rx Graph:** The Rx Graph, located in the Graphs section of the report, allows you to rapidly see important patterns and levels of use.

  - Prescriptions are color coded and can be selected or deselected at the top of the graph.
  1. Narcotics (opioids) = red
  2. Buprenorphine = purple
  3. Sedatives (benzodiazepines, sleep aids, etc.) = blue
  4. Stimulants = green
  5. Other = grey

  - The Rx Graph is reverse time ordered, meaning that the most recent prescriptions are displayed on the left side of the graph and the oldest are displayed on the right.
− Each pixel in the graph represents one day; therefore, a 30-day prescription is represented by a rectangle about 1 cm wide and a 1–3-day prescription appears as a narrow vertical bar.

− The Rx Graph is interactive. You can click on a prescription to view information for that prescription, or you can click and drag over multiple prescriptions to view information for the selected prescriptions.

− Daily morphine milligram equivalency (MME), buprenorphine milligrams, and lorazepam milligram equivalency (LME) graphs are also provided for a quick longitudinal view of daily MME, buprenorphine, and LME. Abrupt changes in these factors are often due to overlapping prescriptions.
Prescription Detail

Each prescription dispensed to the patient is presented in the Prescriptions table, which is located in the Rx Data section of the report. If desired, you can use the arrows next to each column header (⇅) to sort the table by that column. You can also hover your cursor over a prescriber or pharmacy to view additional information such as prescriber or pharmacy full name, address, and DEA number.

Provider and Pharmacy Detail

Provider and pharmacy information, including full name, address, and DEA number, is presented in the Providers and Pharmacies tables, located in the Rx Data section of the report.
Resources Tab

The **Resources** tab provides easy access to treatment locators and CDC documents.

- **MAT locator:** The MAT locator, located in the Access to Treatment section of the **Resources** tab, 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.

  ![MAT locator](image1)

  The patient’s zip code is pre-populated but can be edited. Clicking **Submit** to generate a PDF that can be viewed and printed.

- **CDC documents:** The Information Documents section of the **Resources** tab provides a series of CDC documents pertaining to both providers and patients that can be referenced quickly and printed, if desired.

  ![CDC documents](image2)
Narx Scores

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 called 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 consists of three digits ranging from 000–999.
2. **The last digit of each score represents the number of active prescriptions of that type.** For example, a Narx Score of 504 indicates the patient should have four 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 MME dispensed within the last month will elevate the score more than 1000 MME dispensed one 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:

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

**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, which could be depicted as follows:

![Risk Diagram](image)

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

![Risk Diagram](image)

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:

![Risk Diagram](image)
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 four different, overlapping time periods. In each time period, the risk factor being evaluated is tabulated and then converted to a scaled value.

These reference tables exist for all the risk factors being evaluated and cover all four 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. Some examples are provided below.

<table>
<thead>
<tr>
<th>Prescriber Count</th>
<th>2mo Scaled</th>
<th>6mo Scaled</th>
<th>1 yr Scaled</th>
<th>2yr Scaled</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>19</td>
<td>12</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>36</td>
<td>22</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>51</td>
<td>32</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>64</td>
<td>41</td>
<td>30</td>
<td>21</td>
</tr>
<tr>
<td>5</td>
<td>75</td>
<td>49</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>6</td>
<td>85</td>
<td>57</td>
<td>43</td>
<td>30</td>
</tr>
</tbody>
</table>

**And so on ...**

<table>
<thead>
<tr>
<th>Pharmacy Count</th>
<th>2mo Scaled</th>
<th>6mo Scaled</th>
<th>1 yr Scaled</th>
<th>2yr Scaled</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>25</td>
<td>16</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>45</td>
<td>31</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>63</td>
<td>44</td>
<td>35</td>
<td>27</td>
</tr>
<tr>
<td>4</td>
<td>78</td>
<td>56</td>
<td>45</td>
<td>35</td>
</tr>
<tr>
<td>5</td>
<td>90</td>
<td>67</td>
<td>54</td>
<td>42</td>
</tr>
<tr>
<td>6</td>
<td>99</td>
<td>76</td>
<td>62</td>
<td>49</td>
</tr>
</tbody>
</table>

**And so on ...**

---

1 At this time, MN Statutes 152.126 permits use of 12 months of data; thus the 4th time period is not applicable.
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.
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 use that can result in the same score. It is always 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 following steps are involved with calculating a Narx Score:

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 the 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.

<table>
<thead>
<tr>
<th></th>
<th>60 days</th>
<th>6 mos</th>
<th>1 year</th>
<th>2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribers</td>
<td>6</td>
<td>9</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>MME</td>
<td>1640</td>
<td>5408</td>
<td>7358</td>
<td>7364</td>
</tr>
<tr>
<td>LME</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overlaps</td>
<td>17</td>
<td>55</td>
<td>65</td>
<td>65</td>
</tr>
</tbody>
</table>

2. Convert all raw values to scaled values.

<table>
<thead>
<tr>
<th></th>
<th>60 days</th>
<th>6 mos</th>
<th>1 year</th>
<th>2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribers</td>
<td>85</td>
<td>76</td>
<td>84</td>
<td>64</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>78</td>
<td>56</td>
<td>62</td>
<td>49</td>
</tr>
<tr>
<td>Morphine milligram eq</td>
<td>74</td>
<td>87</td>
<td>88</td>
<td>87</td>
</tr>
<tr>
<td>Lorazepam milligram eq</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overlaps</td>
<td>41</td>
<td>70</td>
<td>64</td>
<td>52</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>60 days</th>
<th>6 mos</th>
<th>1 year</th>
<th>2 years</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribers</td>
<td>85</td>
<td>76</td>
<td>84</td>
<td>64</td>
<td>77</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>78</td>
<td>56</td>
<td>62</td>
<td>49</td>
<td>61</td>
</tr>
<tr>
<td>MME</td>
<td>74</td>
<td>87</td>
<td>88</td>
<td>87</td>
<td>84</td>
</tr>
</tbody>
</table>
4. Calculate the weighted average.

<table>
<thead>
<tr>
<th>60 days</th>
<th>6 mos</th>
<th>1 year</th>
<th>2 years</th>
<th>Avg</th>
<th>Wt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribers</td>
<td>85</td>
<td>76</td>
<td>84</td>
<td>64</td>
<td>77</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>78</td>
<td>56</td>
<td>62</td>
<td>49</td>
<td>61</td>
</tr>
<tr>
<td>MME</td>
<td>74</td>
<td>87</td>
<td>88</td>
<td>87</td>
<td>84</td>
</tr>
<tr>
<td>LME</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overlaps</td>
<td>41</td>
<td>70</td>
<td>64</td>
<td>52</td>
<td>56</td>
</tr>
</tbody>
</table>

Weighted Average (sum/8) 63

5. Add (concatenate) the number of active prescriptions

<table>
<thead>
<tr>
<th>60 days</th>
<th>6 mos</th>
<th>1 year</th>
<th>2 years</th>
<th>Avg</th>
<th>Wt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribers</td>
<td>85</td>
<td>76</td>
<td>84</td>
<td>64</td>
<td>77</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>78</td>
<td>56</td>
<td>62</td>
<td>49</td>
<td>61</td>
</tr>
<tr>
<td>MME</td>
<td>74</td>
<td>87</td>
<td>88</td>
<td>87</td>
<td>84</td>
</tr>
<tr>
<td>LME</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Overlaps</td>
<td>41</td>
<td>70</td>
<td>64</td>
<td>52</td>
<td>56</td>
</tr>
</tbody>
</table>

Weighted Average (sum/8) 63

Number of Active Narcotic Prescriptions 2

Narcotic Score 632

**General Considerations**

- The primary purpose of providing Narx Scores is to raise provider awareness of 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:
  - 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:
  - 75% of patients score below 200
  - 5% of patients score above 500
  - 1% of patients score above 650
Example Cases Producing Low, Medium, and High Scores

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** – A 17-year-old male basketball player with other significant history presents with a severe ankle sprain. His Narx Scores are:

<table>
<thead>
<tr>
<th>Narcotic</th>
<th>Sedative</th>
<th>Stimulant</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>000</td>
<td>000</td>
</tr>
</tbody>
</table>

  **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-year-old female presents with decreased level of consciousness following a fall where she suffered a closed head injury. Her Narx Scores are:

<table>
<thead>
<tr>
<th>Narcotic</th>
<th>Sedative</th>
<th>Stimulant</th>
</tr>
</thead>
<tbody>
<tr>
<td>341</td>
<td>501</td>
<td>000</td>
</tr>
</tbody>
</table>

  **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-year-old 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:

<table>
<thead>
<tr>
<th>Narcotic</th>
<th>Sedative</th>
<th>Stimulant</th>
</tr>
</thead>
<tbody>
<tr>
<td>671</td>
<td>240</td>
<td>000</td>
</tr>
</tbody>
</table>

  **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 it can be due to access to care issues requiring visits to urgent care centers or emergency departments.

Score-Based Guidance

<table>
<thead>
<tr>
<th>Score/Range</th>
<th>Notes</th>
<th>Recommendations*</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td>This may be the first prescription of this type for the patient.</td>
<td>Discuss risks/benefits of using a controlled substance. Consider informed consent.</td>
</tr>
<tr>
<td>010–200</td>
<td>Approximately 75% of scores fall in this range. Occasionally, patients in this score range have a remote history of high usage (&gt; 1 year ago).</td>
<td>Review use patterns for unsafe conditions. Discuss any concerns with patient. See guidance below. If previously high usage exists with recent abstinence, consider risk/benefits of new prescriptions.</td>
</tr>
<tr>
<td>Score/Range</td>
<td>Notes</td>
<td>Recommendations*</td>
</tr>
<tr>
<td>------------</td>
<td>-------</td>
<td>-----------------</td>
</tr>
<tr>
<td>201–650</td>
<td>Approximately 24% of scores fall in this range.</td>
<td>Review use patterns for unsafe conditions. Discuss any concerns with patient. See guidance below.</td>
</tr>
<tr>
<td>&gt; 650</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

Overdose Risk Score

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 reference group, the odds ratio associated with successive 100-point bins is as follows:

<table>
<thead>
<tr>
<th>ORS</th>
<th>Odds Ratio of Unintentional Overdose Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>000–199</td>
<td>1</td>
</tr>
<tr>
<td>200–299</td>
<td>10</td>
</tr>
</tbody>
</table>
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 thousands 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 two 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.

*Appriss uses only PMP data as variables in generating Overdose Risk Scores in the Minnesota PMP NarxCare Report.*
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:

<table>
<thead>
<tr>
<th>60-day MED avg</th>
<th>Decedents</th>
<th>Living</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 MED</td>
<td>1,008</td>
<td>162,231</td>
<td>0.6%</td>
</tr>
<tr>
<td>150 MED</td>
<td>722</td>
<td>94,681</td>
<td>0.8%</td>
</tr>
<tr>
<td>480 MED</td>
<td>144</td>
<td>13,693</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

The results of this analysis equate the 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 average 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 ORS can be applied to clinical practice in a manner analogous to daily 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.

<table>
<thead>
<tr>
<th>Score</th>
<th>Approximate CDC MED Equivalent</th>
<th>Guidance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 010–440</td>
<td>&lt; 50 MED</td>
<td>Consider other sources of risk beyond PDMP data. See below</td>
</tr>
</tbody>
</table>

450–650 | 50 MED (or more) | Consider naloxone prescription. See below.
### Additional Risk Indicators

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:


### Clinical Application

PDMP-based indicators typically corroborate any concerns raised by the Narx Scores and ORS. When available, additional risk indicators 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.

### Indicator-Based Guidance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Guidance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 5 providers in any year (365 days)</td>
<td>Review use patterns for unsafe conditions.</td>
</tr>
<tr>
<td></td>
<td>If multiple providers involved in unsafe prescribing, discuss concern with patient and consider contacting other providers directly.</td>
</tr>
<tr>
<td>More than 4 pharmacies in any 90-day period</td>
<td>Review use patterns for unsafe conditions.</td>
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<tr>
<td></td>
<td>If multiple pharmacies involved in unsafe prescribing, discuss concern with patient and consider pharmacy lock-in program.</td>
</tr>
<tr>
<td>More than 40 MED per day average and more than 100 MME total</td>
<td>Review use patterns for unsafe conditions.</td>
</tr>
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<td></td>
<td>Consider taper to lower dose and/or discontinuation of potentiating medications.</td>
</tr>
<tr>
<td>Indicator</td>
<td>Guidance*</td>
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<tr>
<td>If all 3 indicators present</td>
<td>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.</td>
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</tbody>
</table>