A Guide to Register and Use Florida's Prescription Drug Monitoring Program

E-FORCSE
Electronic-Florida Online Reporting of Controlled Substances Evaluation

An Evidence-Based Tool Against the Opioid Overdose Epidemic

Florida HEALTH
Palm Beach County

PalmBeach.FloridaHealth.gov

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This PDMP Educational Outreach Guide was developed by the Florida Department of Health in Duval County as part of the FL-OD2A response initiative funded by the Centers for Disease Control and Prevention (CDC).

Revised by the Florida Department of Health in Palm Beach County, July 2022.

Florida Health: the first accredited health system in the U.S.

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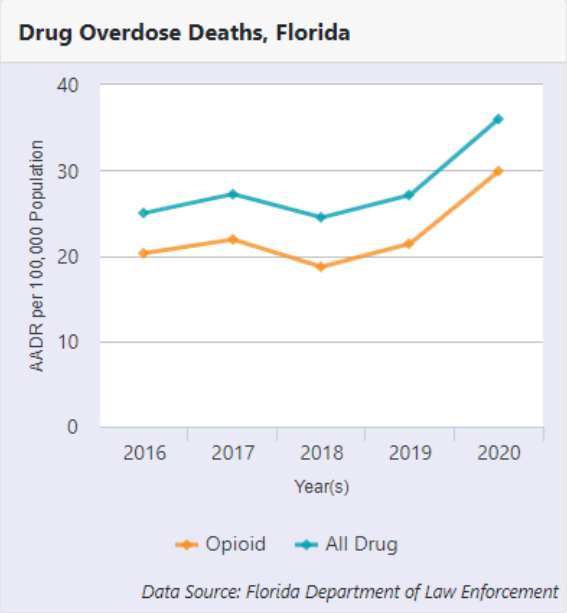
The Opioid Epidemic

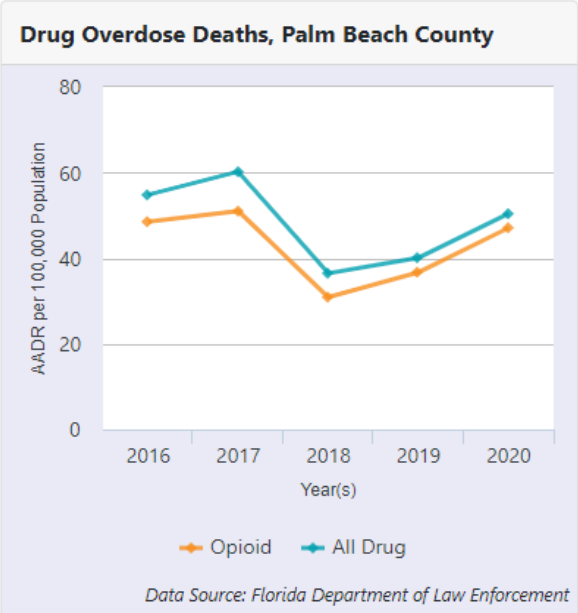
More than 932,000 people have died in the U.S. since 1999 from a drug overdose.[1] Nearly 75% of drug overdose deaths, or nearly 69,000 people, in 2020 involved an opioid.[2] Overdose deaths involving opioids, including prescription opioids, heroin, and synthetic opioids (like fentanyl), have increased by more than 8 times since 1999.

In 2020, 7,460 people died of a drug overdose in Florida,

a 41% increase from 2019. Of those, 6,089 were from opioids. Palm Beach County accounted for 652 of the overall drug overdose deaths in 2020, with 604 attributed to opioid overdose.[3]

Florida continues to struggle with high overdose morbidity and mortality. Substance use disorder and opioid use disorder are risk factors for viral infections such as HIV and hepatitis C infection. In pregnant women, substance use disorders can lead to neonatal abstinence syndrome.





Use of the PDMP Leads to Positive Outcomes

CDC Guidelines recommend checking PDMP for high dosages, dangerous combinations, and prescriptions from other providers. It is recommended that clinicians review PDMP when initiating therapy and periodically for chronic pain, ranging from every prescription to every three months.

1. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2021.
2. Hedegaard H, Miniño AM, Spencer MR, Warner M. Drug Overdose Deaths in the United States, 1999–2020. National Center for Health Statistics, December 2021.
3. Florida Health Substance Use Dashboard. https://www.flhealthcharts.gov/ChartsDashboards/rdPage.aspx?rdReport=SubstanceUse.Overview.
4. Pardo B. Do more robust prescription drug monitoring programs reduce prescription opioid overdose? Addiction. 2017; 112(10):1773-1783.

E-FORCSE®: Florida's Prescription Drug Monitoring Program (PDMP)

Florida's prescription drug monitoring program, E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substances Evaluation) is a database that collects and stores schedule II-V controlled substance dispensing information. Authorized users are able to access patient prescription histories to provide medical treatment to a current patient.

The purpose of using E-FORCSE® is to encourage safer prescribing of controlled substances and reduce drug abuse and diversion within the state.

Florida's prescription drug monitoring program (PDMP) has been in use since 2011, and it shares information with 29 states and the Military Health System.

E-FORCSE® improves patient safety by:

- Identifying patients who are obtaining opioids from multiple providers.
- Calculating the total amount of opioids prescribed per day (in MME/day).
- Identifying patients who are being prescribed other substances that may increase risk of opioids—such as benzodiazepines.
- Providing prescriber summary quarterly report to compare prescribing habits with the average prescriber of the same specialty.

After Florida implemented its PDMP in 2011, it saw a 50% decrease in oxycodone overdose deaths in 2012.

Florida Law Requires Use of the PDMP

Florida House Bill 21: Controlled Substances

Effective: July 2018

Mandated the following changes (among others) to opioid prescribing:

- A limit of a 3-day to 7-day supply of opioids for acute pain.
- A prohibition of refills ordered with the initial opioid prescription for acute pain.
- A requirement that the prescribing physician or his or her designee check Florida's PDMP prior to prescribing opioids.

Requirements for Prescribing a Controlled Substance:

The legal requirements for prescribing a controlled substance fall under Florida Statutes sections 456.44 (Controlled substance prescribing) and 893.055 (Prescription drug monitoring program).

Fla Stat 893.055 (8): A prescriber or dispenser or a designee of a prescriber or dispenser **must consult the system to review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance for a patient age 16 or older**. This requirement does not apply when prescribing or dispensing to a patient who has been admitted to hospice.

Fla Stat 893.055 (8) (b): A prescriber or dispenser or designee of a prescriber or dispenser who does not consult the system shall **document the reason he or she did not consult the system in the patient's medical record** or prescription record and **shall not prescribe or dispense greater than a 3-day supply of a controlled substance** to the patient. The only circumstance under which this is applicable is if the system is not operational or requestor has a temporary technological or electrical failure.

Fla Stat 893.055 (11): A prescriber or dispenser, or his or her designee, may have access to the information which relates to a patient of that prescriber or dispenser as needed for the purpose of reviewing the patient's controlled substance prescription history.

Statutory Exemptions Include:

- Patient is less than 16 years of age.
- Drug being prescribed is a non-opioid schedule V.
- System is not operational (see requirement above).
- Requestor has technological or electrical failure (see requirement above).

Disciplinary Actions Under PDMP Law:

- The PDMP program manager, upon determining a pattern consistent with the rules and having cause to believe a violation has occurred, may provide relevant information to the applicable law enforcement agency.
- The department shall issue a non-disciplinary citation to any prescriber or dispenser who fails to consult the system as required by this subsection for any initial offense. Each subsequent offense is subject to disciplinary action pursuant to s. 456.073.
- A person who willfully and knowingly fails to report the dispensing of a controlled substance as required by this section commits a misdemeanor of the first degree.
- A person who willfully and knowingly inappropriately accesses the PDMP information commits a felony of the third degree, punishable as provided in s. 775.082, s. 77.083, or s. 775.084.

E-FORCSE® Patient Requests and Patient Advisory Reports

Clinicians may request patient-specific information and reports to guide their prescribing decisions.

RxSearch

The RxSearch section of the E-FORCSE® portal menu contains the query functions available.

These functions include:

- Creating a patient request.
- Performing a bulk patient search.
- Viewing historical requests.
- Viewing prescriber reports.

Creating a Patient Request

The patient request allows providers to create a report that displays the prescription drug activity for a specific patient for a specified time-frame. This report is called a NarxCare report and includes the following:

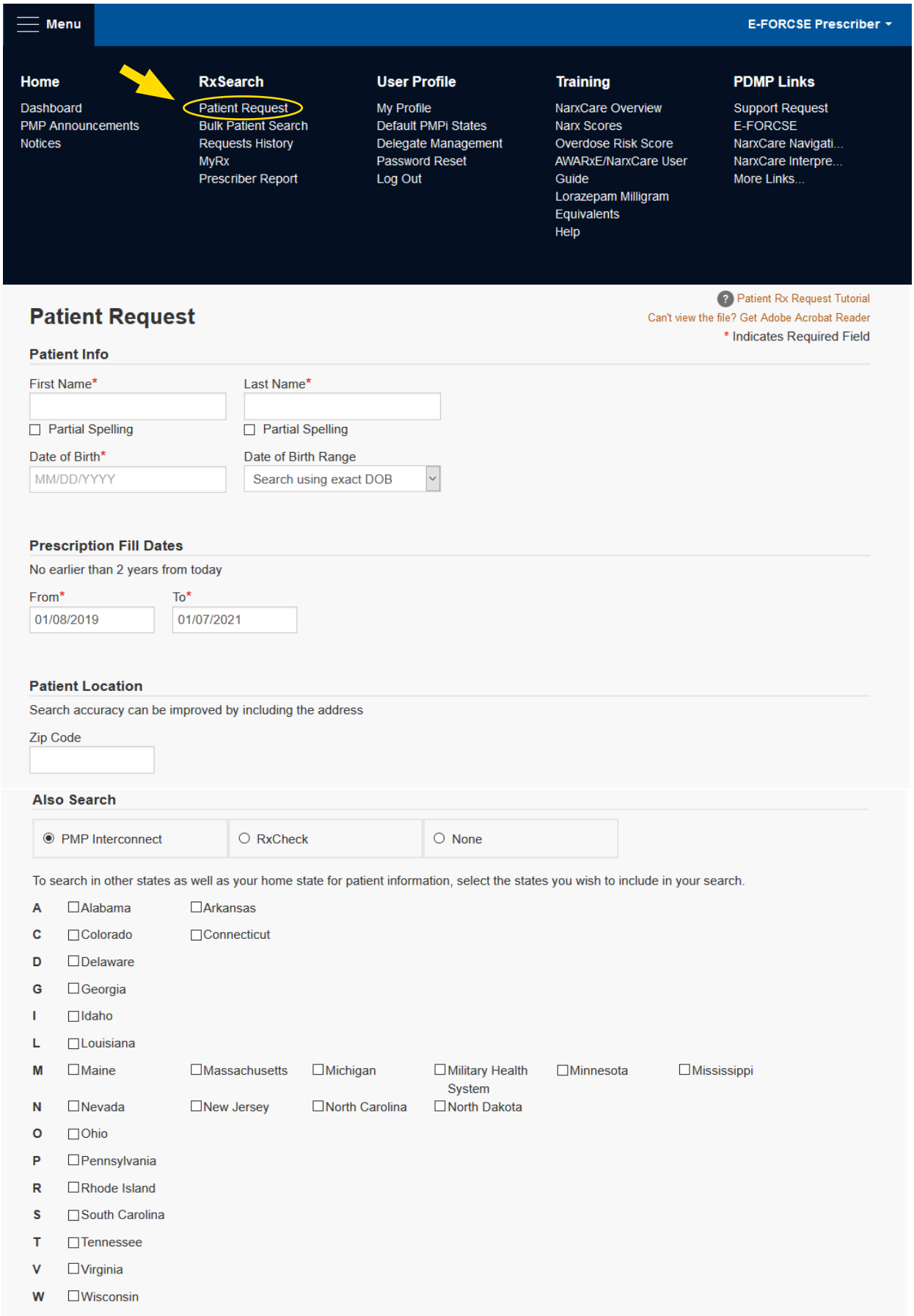
- Patient information
- Patient Overdose Risk Score
- Prescriptions
- Prescribers
- Dispensers
- Summary

Under "**RxSearch**," choose "**Patient Request**." Fill out required information and then click "**Search**." At a minimum, the following must be provided:

- First Name
- Last Name
- Date of Birth (MM/DD/YYYY)
- Prescription fill dates (MM/DD/YYYY)

From your search results, select one or more of the patients displayed, and then click "**Run Report**."

Patient Request Web Page Example



Patient Advisory Report (NarxCare Report)
NarxCare is a care management platform within E-FORCSE® that allows prescribers and pharmacists to analyze real-time controlled substance data. It helps clinicians make decisions with objective insight into a patient's controlled substance use history, ultimately leading to improved patient safety.

NarxCare improves best practices by:

- Preventing duplicate prescribing of controlled substances.
- Identifying potential interactions and helps prevent adverse drug events.
- Detecting if a patient received multiple prescriptions for the same drug from multiple clinicians.
- Verifies therapeutic adherence.

Clinicians can download a PDF or CSV report file of the PDMP data and show and discuss the information found on this report with patients to assist in treatment decisions.

NOTE: Clinicians may not give copies to the patient. Patients should be directed to the E-FORCSE® website to request copies of their reports.

The report provides:

- Narcotic, sedative and stimulant scores (Narx scores).
- Overdose risk score (ORS).
- Additional risk indicators.

Explanations and guidance for each report parameter are provided within the report.

The NarxCare report and Narx scores are intended to aid, not replace, medical decision making. The information presented should not be used as sole justification for providing or refusing to provide medications.

How Does NarxCare work?
NarxCare automatically accesses PDMP data, analyzes it, scores it, and generates an interactive visually enhanced report that enables the prescriber or dispenser to quickly understand the nature of a patient's controlled substance use history.

The report contains functional areas aimed to rapidly raise awareness of risk and prescription use patterns and when required individual prescription detail.

How Do I Navigate NarxCare?
The report interface is designed so that data becomes more detailed as you move down the report. Data visualization is enhanced with color-coded graphical displays where appropriate.

Clicking on the **menu icon** at the top of the page allows for navigation to all functional areas. The NarxCare report is the default screen. The **resources tab** enables providers to link patients with treatment and easily obtain useful reference materials and patient handouts.

NarxCare
by Appriss Health

Green, Frances age: 55F date: 1/19/2017 | NARX REPORT | RESOURCES

Risk Indicators

Narx Scores

Narcotic	**652**
Sedative	**601**
Stimulant	**020**

Explain these scores

Overdose Risk Score

620
(range 0-999)

Explain the overdose risk score

Red Flags (3)

- >= 4 opioid or sedative dispensing pharmacies in any 90 day period in the last 2 years
- >= 5 opioid or sedative providers in any year in the last 2 years
- > 100 MME total and 40 MME/day average

Explain these red flags

Graphs

Per CDC guidance, the conversion factors and associated daily morphine milligram equivalents for drugs prescribed 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.

Rx Data

Prescriptions Total Prescriptions: 30 Active MME: 28800.00 Active MME/day: 960.00 30 Day Avg. MME/day: 480.00

Fill Date	Drug	Qty	Days	Prescriber	Pharmacy	Refill	MgEq	MgEq/Day	Pymt Type	PMP
01/18/2017	BUPRENORPHINE 8 MG TABLET SL	60	30	Ro All	Wall D	0	14,400.00	480.00	Medicaid	OH
01/18/2017	CLONAZEPAM 1 MG TABLET	60	30	Ja Dav	Wall D	0	120.00	-	Medicaid	OH
12/21/2016	BUPRENORPHINE 8 MG TABLET SL	60	30	Do Gut	CVS	0	14,400.00	480.00	Medicaid	OH
12/13/2016	CLONAZEPAM 1 MG TABLET	60	30	Ke Har	CVS	0	120.00	-	Medicaid	OH

NarxCare Risk Indicators

Narx Scores for Narcotics, Sedatives and Stimulants

Narx Score Range: 000-999

Every NarxCare report includes type specific use scores for narcotics, sedatives and stimulants. Narx scores are delivered into workflow automatically as discreet data, easily viewable within a patient's record. Scores are best viewed at the beginning of a patient encounter and should be obtained at or near the time a patient is registered.

These scores are intended to raise awareness to the amount and complexity of the PDMP data available. In general, the scores correspond to the number of risk factors for the patient that exist within their history in the PDMP data. These risk factors include:

- Number of prescribers.
- Number of pharmacies.
- Amount of medication (in milligram equivalents).
- Overlapping prescriptions.

Increasing numbers of prescribers, pharmacies, milligram equivalencies, and overlapping prescriptions result in higher scores. More recent activity is weighted more heavily than distant activity as are overlapping prescriptions.

A patient who uses a high dose of medication for a long period of time will not necessarily have a high score.

The last digit of a Narx score equals the number of active prescriptions of that drug type.

- **Example**: A narcotics score of 504 indicates a patient should have 4 active narcotic prescriptions according to the dispensing information in the PDMP.

Narx scores are distributed within the PDMP population as follows:

- 75% of patients score below 200.
- 5% of patients score above 500.
- 1% of patient score above 650.

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

How is a Narx Score Calculated?
Narx scores represent a relative scoring system. The risk factors representing use within a PDMP report are counted and then converted to a percentile-based reference value that ranges from 0-99. Add the number of active prescriptions for a narcotic, sedative or stimulant and you get a Narx score.

To Note:

- A Narx score must be applied to the clinical scenario before evaluating appropriateness.
- Scores that raise concern should trigger a discussion, not a decision!
- Narx scores are not abuse scores.

Narx Score-based Guidance

Score/Range	Notes	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. Occasionally, patients in this score range have a remote history of high usage (>1 year ago).	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.
201-650	Approximately 24% of scores fall in this range.	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.

Overdose Risk Score (ORS)

ORS Score Range: 000-999

Represents the risk of unintentional overdose death. Higher scores indicate an increased risk of unintentional overdose.

Based on an Ohio study evaluating 1,687 unintentional overdose deaths from the year 2014.

Utilizes ten variables based on their independent predictive ability.

The risk of unintentional overdose death approximately doubles for every 100-point increase in the ORS.

Patient's with a history of previous overdose automatically get a score of 991 unless they have had multiple overdose events, in which case the last digit equals the number of previous overdoses (i.e., three prior overdoses=993).

The ORS can be applied to clinical practice in a manner similar to daily morphine milligram equivalent (MME):

- ORS of **450** can be used as a threshold of risk approximately equivalent to a patient receiving opioid doses of **50 MME/day**.
- ORS of **650** can be used as a threshold of risk approximately equivalent a patient receiving opioid doses of **90 MME/day** (the CDC's recommended maximum daily MME).

The ORS captures equivalent or greater risk at the above thresholds, and patients may be appropriate for:

- Naloxone* prescriptions.
- Substance use disorder evaluation and treatment (if appropriate).
- Discontinuation of potentiating drugs (if present).
- Dose reduction.
- Provider lock-in.
- Pharmacy lock-in.
- Consideration of non-opioid therapy.

***The CDC Guideline for Prescribing Opioids for Chronic Pain recommend naloxone be considered in patients receiving opioid doses at a level of 50 MME/day, and that most patients should be provided naloxone if receiving doses at a level of ≥90 MME/day.**

To Note:

ORS often correlates with the Narx scores, but not always. When differences exist, it is often because of different weighting associated with those elements that contribute to overdose risk. For instance, pharmacy usage is more predictive of overdose death than daily MME therefore carries more weight in the ORS as compared with its weight in calculating a Narx score. Also, certain decreases in use may increase risk of death. For example, a person who obtains opioid medications sporadically may have a lower MME but is subject to opioid naïve periods and have a high ORS.

Overdose Risk Score (ORS) Score-Based Guidance

Score	Approximate CDC MME Equivalent	Guidance
<010-440	<50 MME	Consider other sources of risk beyond PDMP data. See below.
450-650	50 MME (or more)	Consider Naloxone prescription. See below.
>650	90 MME (or more)	Consider naloxone prescription, especially if previous overdose is documented. 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.

Additional Risk Indicators

Three additional risk indicators (ARIs) are included as part of the NarxCare report:

- More than 5 providers in any year (365 days).
- More than 4 pharmacies in any 90-day period.
- More than 40 MME/day average and more than 100 MME total at any time in the previous two years.

Additional Risk Indicator-Based Guidance

Indicator	Guidance
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 MME/day average and more than 100 MME total at any given time in the past 2 years	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.

NarxCare RX Graph

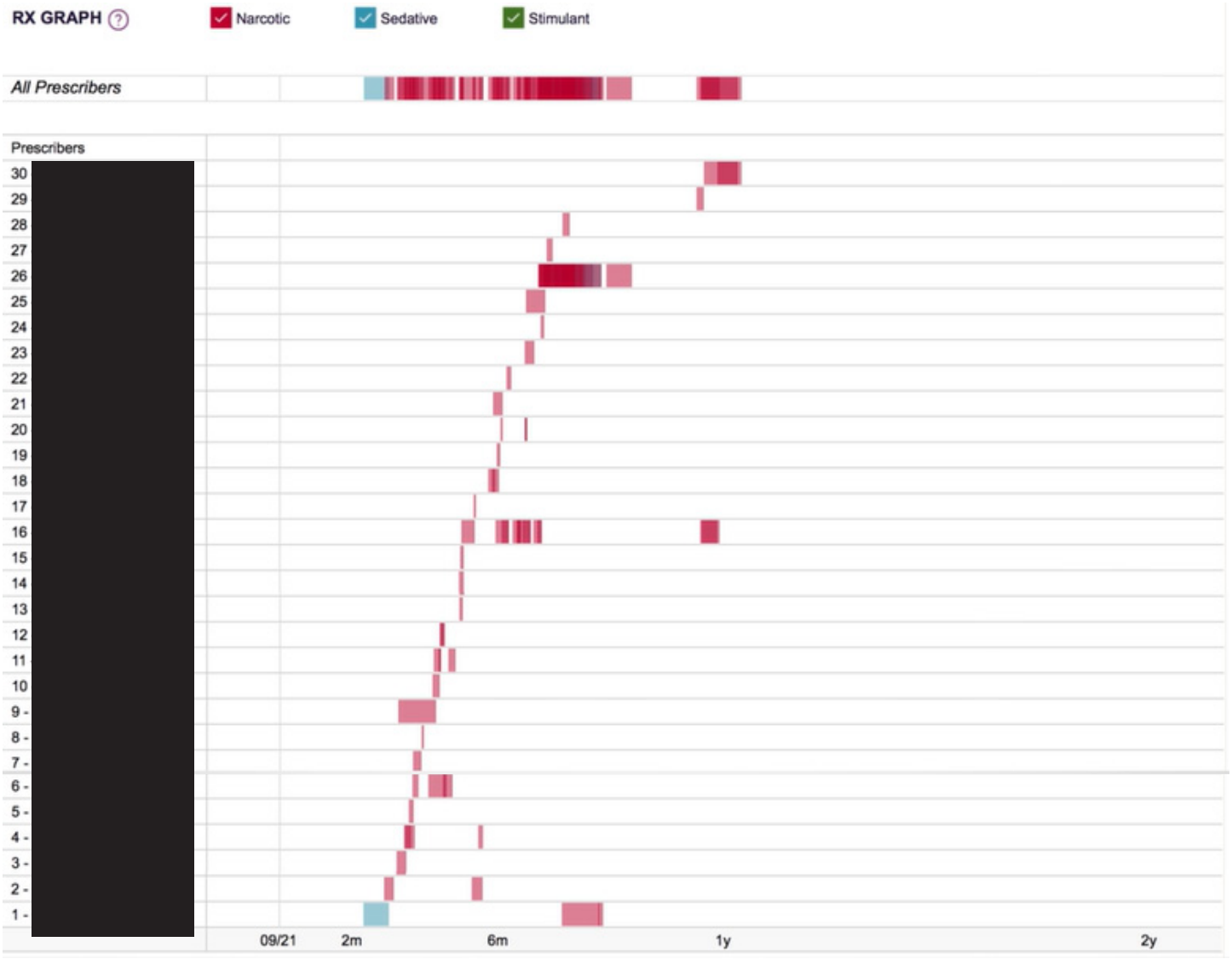
The RX graph portion of the NarxCare report is a key instrument that allows clinicians to rapidly see patterns and levels of use. Prescriptions are color-coded as follows and may be selected at the top of the graph:

- Narcotics are **red**.
- Sedatives are **blue**.
- Stimulants are **green**.
- Buprenorphine is treated separately from other opioids and is **purple**.

The RX graph is reverse time ordered. The most recent prescriptions are on the left side of the graph and the oldest are on the right. Each pixel in the graph represents one day. A 1 to 3 day prescription appears as a narrow vertical bar. A 30-day prescription appears as a longer bar.

The RX graph is interactive. Prescriptions can be clicked on or dragged over to see greater detail. Providers can also be clicked on for additional information.

NarxCare RX Graph Example



Milligram equivalent dosing graphs are found beneath the RX graph. There are separate graphs for opioid and sedative medications.

Buprenorphine is treated separately from other opioids and has its own associated graph. Importantly, buprenorphine is not included in MME calculations.

NarxCare Summary

The summary section provides useful metrics that include current quantity, which corresponds to an expected pill count for all active medications.

NarxCare RX Data

Each prescription dispensed to a patient is presented in a table format with selectable column headers. Hover the cursor over the prescriber and pharmacy fields for additional data. All prescriber and pharmacy identities are presented in a table as well.

Prescriber Summary Quarterly Report

This report is delivered on a quarterly basis and provides a summary of a prescribers' own prescribing history, including a comparison of their prescribing habits compared with the average prescriber of the same specialty, and a summary or graphical representation of their prescribing history.

Summary Includes:

- Top medications prescribed.
- Peer specialty comparison of:
  - Prescriptions per patient.
  - Average quantity per patient.
  - Average daily MME per patient.
  - Average duration per patient (days).
- Number patients at elevated risk:
  - Dangerous combinations.
  - Multiple providers and pharmacies.
  - MME threshold.
- PDMP usage:
  - Number of patient searches by clinician.
  - Number of patient searches by delegates.
  - Total patient searches.

Prescriber Summary Example

State

Prescription Monitoring Program

PMP Prescriber Report

APPRISS HEALTH

Date: 01/19/2021
Name: Prescriber Name
Role: Physician (MD, DO)

Date Covered by this Report: 10/01/2020-12/31/2020
DEA #: AA1111111
Specialty: Pain Medicine

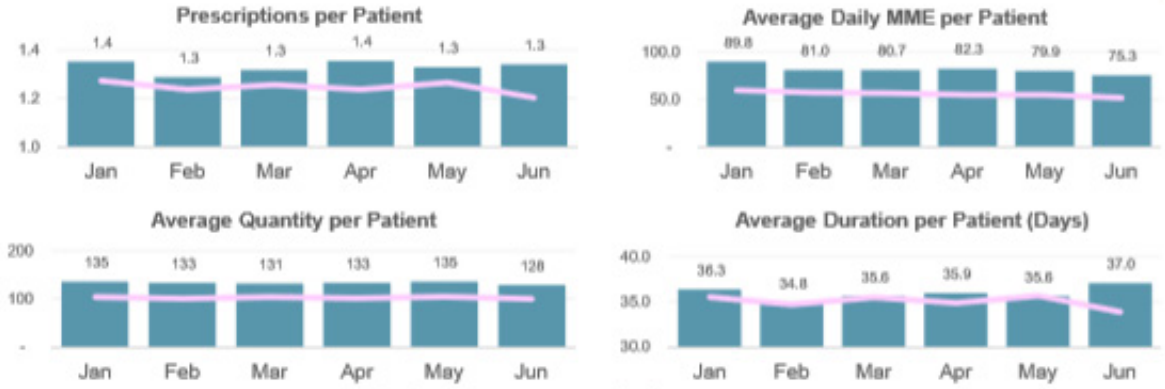
Total Prescribers Within Your Specialty: 91

TOP MEDICATIONS PRESCRIBED

hydrocodone bitartrate/acetaminophen	oxycodone HCl	oxycodone HCl/acetaminophen

You — Peer Specialty Comparison

OPIOIDS

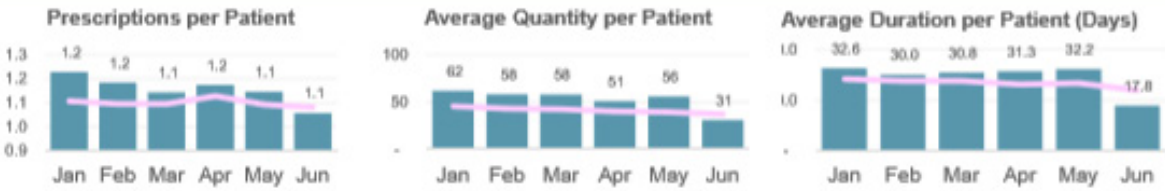


# of Patients: 1,284 # of Patients Peer: 314

BUPRENORPHINE

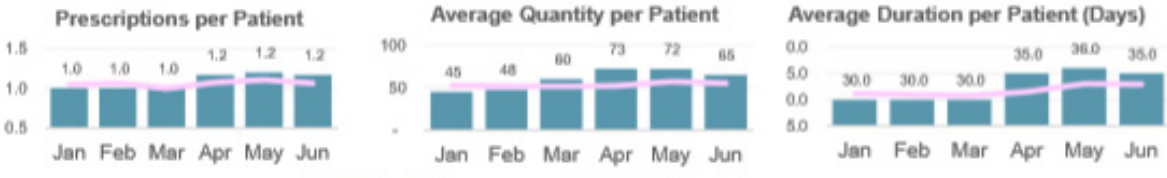
# of Patients: 35 # of Patients Peer: 11

SEDATIVES



# of Patients: 245 # of Patients Peer: 25

STIMULANTS



# of Patients: 9 # of Patients Peer: 1

AT-RISK PATIENTS

Dangerous Combination	Multiple Providers	MME Threshold
Benzo + Opioid 104 You / 458 You + Other Prescribers	Patients with 5 or more Prescribers 52	Patients Receiving Daily MME >= 90 291
Benzo + Opioid + Carisoprodol 1 You / 15 You + Other Prescribers	Patients with 5 or more Pharmacies 0	Patients Receiving Daily MME >= 120 125

PDMP USAGE

Patient Searches by You	Patient Searches by Your Delegate(s)	Your Total Patient Searches
34	5,377	5,411

Create an E-FORCSE Account
To create an E-FORCSE account, go to https://florida.pmpaware.net/login. This website provides quick access to the PDMP platform.

For technical assistance, call 1-877-719-3120.

E-FORCSE Designee Registration
Prescribers may allow designees to access the system on their behalf to make patient requests.

Registering as a designee follows the same process as registering as any other health care professional role.

Supervisor (prescriber or pharmacist) must already have a registered account with E-FORCSE.

Designee cannot perform patient requests until supervisor has approved them.

E-FORCSE User Resources
E-FORCSE provides the following resources to assist clinicans with use of the database:

- User Support Manual
- Quick Reference Guides
- Designee Access Information and Certification

To obtain Information about all facets of the PDMP visit www.e-forcse.com.

E-FORCSE Training Resources
The following training resources are available upon logging into E-FORCSE:

- NarxCare Overview
- Narx Scores
- Overdose Risk Score
- AWARxE/NarxCare User Guide
- Lorazepam Milligram Equivalents

E-FORCSE
Electronic-Florida Online Reporting of Controlled Substances Evaluation

E-FORCSE Contact Information
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