





Law Enforcement User Guide Montana Prescription Drug Registry (MPDR)

May 2021 Version 1.0

9901 Linn Station Road | Louisville, KY 40223 | apprisshealth.com

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1 Document Overview

The PMP AWARxE Law Enforcement User Guide provides step-by-step instructions for law enforcement and licensing board investigators to register and request data from the Montana Prescription Drug Registry (MPDR) database, the state's prescription monitoring program (PMP). The MPDR is administered and maintained by the Montana Board of Pharmacy, within the Montana Department of Labor and Industry. This document includes such topics as:

- Registering for an account
- Creating Insight Report requests
- Viewing request status
- Viewing Insight reports
- Managing your account
- Requesting MPDR Law Enforcement Insight Reports

As background, the MPDR provides a list of controlled substance prescriptions dispensed to patients to healthcare professionals to use as a tool to help improve patient safety. The information may also be used to identify possible misuse or diversion of controlled substances. Pharmacies are required to report controlled substance prescriptions, Schedules II through V, to the MPDR by close of the next business day after dispensing. Law enforcement and licensing board investigators have limited access to request reports as described in this guide.

In general, healthcare professionals who have authority to register and directly search the MPDR include:

- Physician (including Resident and Compact)
- Dentist
- Optometrist
- Podiatrist
- Naturopathic Physician
- Physician Assistant

- Advanced Practice Registered Nurse with Prescriptive Authority
- Pharmacist
- Pharmacist's Delegate Licensed
- Pharmacist's Delegate Unlicensed
- Prescriber Delegate Licensed
- Prescriber Delegate Unlicensed

Note: Prescribers and Pharmacists with Emergency Healthcare Registration issued in Montana are included in online registration and access.

In addition, authorized representatives of Medicaid, Medicare, Veterans Affairs, Indian Health Service, and Tribal Health may apply for online access if they do not have a Montana license.

1.1 What is a Law Enforcement Registered User/Requestor?

The following users need to register online to request information from the online MPDR Law Enforcement Insight Reports function through Appriss, but **DO NOT have direct patient search authority**:

- Federal, State, Tribal, or Local Law Enforcement pursuant to an investigative subpoena.
- State Licensing Board Investigators pursuant to an active complaint and investigation of drug misuse or drug diversion.

Importantly, law enforcement users DO NOT have direct access to search the MPDR Appriss AWARxE database but use the online system to submit their report requests.

- Insight Reports are generated by the search request criteria entered by law enforcement or board investigator users through their online account. However, the requested report is not available to such users until the MPDR Administrator validates the request and approves the resulting report(s).
- Once approved by the MPDR Administrator, the user will receive an email notification that their requested report(s) is available to retrieve online through the MPDR Law Enforcement Insight Report access account created by the user.

2 Registration

This chapter provides an overview of the PMP AWARxE registration process as well as detailed instructions for registering for an account for **law enforcement** and **licensing board investigators.**

2.1 Registration Overview

The registration process is comprised of four sections: Register for an Account, User Role Selection, User Demographics, and Review Profile Details. All four sections must be completed before your registration is successfully submitted for processing.

• **Register for an Account-** Your email address will be your username so each individual must register for an account with a unique and private email address.

More detail about each registration section is provided below.

2.2 Registering for an Account

To request a new account in PMP AWARxE:

1. Navigate to <u>https://montana.pmpaware.net/login</u>.

The Log In page is displayed as shown on the following page.

Log In				
Email				
Password				
Reset Password				
Log In				
Create an Account				

2. Click Create an Account.

The Register for an Account page is displayed.

ease create your own account and do not create an account	on behalt of someone else.
Email	Confirm Email
Password	Confirm Password
Password Must:	
Contain one upper case letter	
Contain one lower case letter	
Contain one special character (! @ # \$ etc.)	
• Maximum of 72 characters	
	Alexado base a second 2 la s
0 1'	Already have an account? Log I

Note: 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, then re-enter it in the **Confirm Email** field. The email address you provide will be your username for logging in to the system.

Note: If the email addresses you entered do not match, an error message is displayed.

Email	Confirm Email
appriss.testuser12@gmail.com	appriss.testuser12@gmail.co
	 The email addresses you entered do not match.

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 twelve (12) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) special character such as !, @, #, \$, etc.
- No more than 72 characters

|--|

•••	2
Password Confirmation	
Password Must:	
Minimum of 8 characters	
→ ✓ Contain one upper case letter	
✓ Contain one lower case letter	
 Contain one special character (! @ # \$ etc.) 	
→ ✓ Maximum of 72 characters	

If the passwords you entered do not match, an error message is displayed.

Password	Confirm Password	
	Interpretation of the passwords you entered do not match.	

5. Click **Continue**.

The Account Registration: User Role Selection page is displayed.

am:		
a Healthcare Professional or Delegate	an Agency Administration	a Restricted Admin
in Law Enforcement	an Other Professional	

Note: At this point in the registration process, you may click **Log Out, Complete Later** to save your login credentials and complete your registration at a later time. When you are ready to complete your registration, navigate to <u>https://montana.pmpaware.net</u>, then enter the username and password you established in the previous steps.

6. Click the Law Enforcement user role category as your user role type.

The list of available user roles in that category is displayed. Law enforcement users can select from the following:

- Federal Law Enforcement
- State Law Enforcement
- Licensing Board Investigator

Account Registratio	on	
Tell us about your role		
I am:		
Æ		
a Healthcare Professional or Delegate	in Law Enforcement	an Other Professional
Select a specific role from below		
State Law Enforcement		
Federal Law Enforcement		

Notes:

- If you do not see an applicable role for your profession, the MPDR Administrator has not configured a role of that type and potentially may not allow users in that profession access to PMP AWARxE. Please contact the MPDR Administrator for more information.
- 7. Click to select your user role, then click **Continue**.

The **Account Registration: User Demographics** page is displayed with the fields to complete for Professional Details.

Account Registration	
Role category: <i>Law Enforcement</i> Role: <i>State Law Enforcement</i> Change	
Professional Details	* Indicates Required Field
Position, Title, or Rank *	

Notes:

 If you selected the wrong user role, you may click Change, located at the top of the page next to the user role you selected, at any time to return to the previous page and select the correct user role. Please be aware that changing your user role will cause you to lose any information you entered on the registration form. The information you are required to enter on this page may vary by state. Required fields for your state are marked with a red asterisk (*). You may use the information provided below as a guideline; however, the same fields will not be displayed or required for every user role.

The **Personal Information** section of this page allows you to enter your personal contact information such as first and last name, date of birth, last name, and mobile phone number.

Personal Information		
First Name *	Middle Name	Last Name *
Date of Birth *		
Mobile Phone Number 🐼 * (###) ##### This may be used for password reset		

a. The **Employer Information** section allows you to enter information about your employer such as name, address, phone number, and fax number.

Employer Information				
Employer Name *				
Address *		Address Line 2		
City *	State *	~	Zip Code *	
Phone * (###) ### ####				

8. Once you have entered all required information, click **Continue**.

Note: At this point in the registration process, you may click **Log Out, Complete Later** to save your login credentials and complete your registration at a later time. When you are ready to complete your registration, navigate to <u>https://montana.pmpaware.net</u>, then enter the username and password you established in the previous steps. The Account Registration: Review Profile Details page is displayed.

Account Registration	
Review Profile Details Please take a moment to review the information below before submitting.	
Role category: Law Enforcement Role: State Law Enforcement Change	
Position, Title or Rank: Test	
First Name: LE Middle Name: Last Name: TEST Date of Birth: 01/01/1970 Mobile Phone Number: (406) 444-5555 Employer Name: County Sheriff's Office Address: 123 Main St Address Line 2: City: Billings State: MT Zip Code: 59101 Phone: (406) 777-8888	

- 9. Review your information to ensure it is correct before submitting your registration.
 - a. If you need to change your user role, click **Change**, located at the top of the page next to the role you selected. *Note that changing your user role will cause you to lose any information you entered on the registration form*.
 - b. If you need to edit your personal information, click **Edit** next to the **Personal Information** section header.
- 10. If all information is correct, click **Submit & Continue**.

The Set Up Multi-Factor Authentication page is displayed.

Set up Multi-Factor	Authentication			
		1	2	3
		Choose Method(s)	Verify	Complete
For added security, your state war how you would like to receive this	nts to periodically make sure it's you using t code.	this application. This will be done	e by sending you	you a verification code via email or SMS every 30 days after you log in to the application. Please set up
How would you like to receive a code to verify it's you? Choose one or more methods. We recommend choosing both so you have a backup. If you choose both, you will receive two separate codes via each method.				
Text a code to	8620 Update Number			
Email a code to	@gmail.com Update Em	ail		
Continue				

- 11. Verify that the mobile phone number and email address displayed on this page are correct.
 - a. If both are correct, continue to step 12.
 - b. If you need to update your mobile phone number:
 - i. Click **Update Number**.

You will be prompted to confirm that you want to update your mobile phone number.

Note: Updating this number will also update your primary mobile phone number.



ii. Click Yes, Continue.

You will be prompted to enter your password to continue.

Please Enter You	ir Password t	o Continue
The page you are trying to ac	cess requires you to re-	enter your password.
Number -8620		
Password *		
	Cancel	Continue

iii. Enter the password you created in step 4, then click **Continue**.

Note: If you no longer have the password, you can reset it by following the instructions in the <u>Reset Password</u> section of this document.

Once you have successfully entered your password, you will be prompted to enter your new mobile phone number.

	. , , ,,	•
8620		
New Number *		
1		
Re-enter New Number *		

- iv. Enter your new mobile phone number in the **New Number** field, then reenter it in the **Re-enter New Number** field.
- v. Click Update.

You will be returned to the **Set Up Multi-Factor Authentication** page. If your phone number and email address are correct, continue to <u>step 12</u>; or, if you need to update your email address, continue to <u>step c</u>.

- c. If you need to update your email address:
 - i. Click **Update Email**.

You will be prompted to confirm that you want to update your email address.

Note: Your email address is associated with your login credentials. Updating your email address will also update your login credentials.

Are you sure you	ı want to upd	ate your email?
Your email is associated with y	you login credentials. Up	dating the email will update your
login credentidis. Are you sure	, you want to proceed w	an apadang your cinan:
	Cancel	Yes, Continue

ii. Click Yes, Continue.

You will be prompted to enter your password to continue.

Please Enter Your Password to Continue
The page you are trying to access requires you to re-enter your password.
Email @gmail.com
Password *
Cancel Continue

iii. Enter the password you created in step 4, then click **Continue**.

Note: If you no longer have the password, you can reset it by following the instructions in the <u>Reset Password</u> section of this document.

Once you have successfully entered your password, you will be prompted to enter your new email address.

Undate Email
Your email is associated with you login credentials. Updating the email will update your login credentials. Are you sure you want to proceed with updating your email?
Current Email jrcrawford23+cau@gmail.com
New Email Address *
@gmail.com
Re-enter New Email Address *
@gmail.com
Cancel Update

- iv. Enter your new email address in the **New Email Address** field, then reenter it in the **Re-enter New Email Address** field.
- v. Click Update.

You will be returned to the **Set Up Multi-Factor Authentication** page. If your phone number and email address are correct, continue to <u>step 12</u>; or, if you need to update your mobile phone number, refer to <u>step b</u>.

12. Select whether you would like to receive your verification code via text message or email.

Note: If you select both methods, you will receive two separate codes—one via each method.

Set up Multi-Factor Authentication					
	1 Choose Method(s)	2 Verify	Complete		
For added security, your state wants to periodically make sure it's you using t how you would like to receive this code.	his application. This will be done	e by sending you	a verification code via email or SMS every 30 days after you log in to the application. Please set up		
How would you like to receive a code to verify it's you? Choose one or more methods. We recommend choosing both so you have a backup. If you choose both, you will receive two separate codes via each method.					
Text a code to Update Number Email a code to Update Email					
Continue					

13. Click Continue.

The Enter Verification Code page is displayed.

Set up Multi-Factor Authentication			
	1	2	3
	Choose Method(s)	Verify	Complete
Enter email verification code			
Verification Code			
Didn't get a code? It make take a few minutes for it to arrive Try again			
Continue			

14. Once you have received your verification code via the selected method, enter it in the **Verification Code** field.

Notes:

- It may take several minutes to receive your verification code.
- If a few minutes have elapsed and you have not received a code, you can click **Try again** to request a new code.
- You can use your internet browser's **back** button to return to the previous page and select a different delivery method.
- 15. Click Continue.

A message is displayed indicating that your **multi-factor authentication** has been successfully set up.

Note: Your multi-factor authentication expires every 30 days. Upon expiration, you will be prompted to re-validate your account when you log in.

Set up Multi-Factor Authentication					
	1	2	3		
	Choose Method(s)	Verify	Complete		
⊘ Success!					
You have successfully set up multi-factor authentication! You will be asked to verify your identity every 30 days using If you need to make changes to your contact methods in the future, you can do so in your user profile.					
	Continu	ie to AWARxE			

16. Click Continue to AWARxE.

Once you have submitted your registration and completed the multi-factor authentication process, you will be notified of your account status (<u>Pending</u> <u>Approval</u>) and instructed to <u>verify your email address</u>.

Pending Approval: If your account requires manual approval to complete your registration, your registration status will be "Pending Approval." You may click the plus sign (+) next to **Registration Details** to view the information you submitted. *Note that your information may not be edited at this time.* Refer to Account Approval for more information.

	Registration Process Tutorial Can't View This File? Get Adobe Acrobat Reader
Account Registration	
Status: Your Account is Pending Approval	
Your registration information and documents are being reviewed for approval. You can review your submitted documents below and upload more if required.	Watch your email or log in for status updates.
Email Verification: Not Complete - Please check your email and verify. Re	send Email
Registration Details	
Log Out	

2.3 Verifying Your Email Address

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

Note: If you did not receive the email containing the verification link, you may click *Resend Email* from the Account Registration page.

	(2) Registration Process Tutorial
	Can't View This File? Get Adobe Acrobat Reader
Account Registration	
Status: Your Account is Pending A	pproval
our registration information and documents are being reviewed ou can review your submitted documents below and upload me	d for approval. Watch your email or log in for status updates. ore if required.
mail Verification: Not Complete - Please check your email	and verify. Resend Email
Verification Documents	
Registration Details	
Log Out	

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 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.

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

Note: If your account requires approval, you will not have full access to PMP AWARxE functionality, including requesting Insight Reports, until your account is approved. Please refer to <u>Account Approval</u> for more information.

2.4 Account Approval

Once the MPDR Administrator has determined that all you have met all account requirements and has approved your account, you will receive an email stating that your account has been approved and is now active.

 Welcome To PMP AWARxE - Demo Inbox ×

 no-reply-pmpaware@globalnotifications.com via amazonses.com to me *

 Your account request for access to PMP AWARxE - Demo has been approved by the administrator on 2019-01-16. You may now log in for access to the system.

Once you receive the account approval email, you can log in to PMP AWARxE using the email address and password you created when you registered.

Notes:

- If you no longer have the password, you can reset it by following the instructions in the <u>Reset Password</u> section of this document.
- Upon logging in, you may be presented with the End User License Agreement that you must review and accept prior to using the application.

TERMS AN (Test Upda	ID CONDITIONS FOR USE OF THE Appriss PMP AWARXE Demo (APAD) ted 09/22/2018)
By logging abide by th 700.012 an to:	in to and using the Appriss PMP AWARxE Demo ("APAD"), you agree to e requirements governing the Prescription Monitoring Program at 105 CMR d any other applicable requirements, including, but not necessarily limited
 Where a other licens substances 	pplicable - You attest that you are a duly licensed practitioner, pharmacist or red health care professional authorized to prescribe or dispense controlled in the Commonwealth of Kentucky.
2) Where a Departmen prescribe c registered substances notify the D status.	pplicable - You further attest that you are duly registered with the Kentucky t of Public Health, Office of Prescription Monitoring and Drug Control, to ontrolled substances in at least one of the Schedules II through V or duly with the Board of Registration in Pharmacy to dispense controlled in at least one of the Schedules II through V. You also agree to promptly epartment of any change or proposed change in licensure or registration
3) Where a	pplicable - You attest that you are a member of law enforcement authorized

3 Basic System Functions

This chapter describes how to log in to PMP AWARxE, Multi-Factor Authentication, how to log out, and is the process for requesting MPDR Law Enforcement Insight Reports online.

3.1 Log In to PMP AWARxE

1. Navigate to <u>https://montana.pmpaware.net</u>.

The Log In page is displayed.

Log In	
Email	
Password	
	Reset Password
Log In	
Create an Account	

- 2. Enter the email address you provided when you registered 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.

4. Click Log In.

Note: Your multi-factor authentication expires every 30 days. If your multi-factor authentication has expired, you will be prompted to re-validate your account upon logging in to AWARxE. If you click **Log In** and are prompted to re-validate your account, please refer to the <u>Multi-Factor Authentication</u> section of this document.

The My Dashboard page is displayed. Provided are any announcements from State Administrators, and any quick links configured by State administrators. From the Menu at the top left of the dashboard you may navigate to the separate sections of the application.



i Menu	LE User •
Home - Dashboard	MONTANA PRESCRIPTION DRUG REGISTRY Duport: 1433-307-0399
My Dashboard	
	PMP Announcements No Announcements Available.
	Quick Links MPDR Homepage

3.1.1 Multi-Factor Authentication

Your multi-factor authentication expires every 30 days. If your multi-factor authentication has expired, you will be prompted to re-verify your account upon logging in to AWARxE.

1 2 Choose Method(s) Verity
or added security, your state wants to periodically make sure it's you using this application. This will be done by sending you a verification code via email or SMS every 30 days after you log in to the application. Please set u w you would like to receive this code.
How would you like to receive a code to verify it's you? Choose one or more methods. We recommend choosing both so you have a backup. If you choose both, you will receive two separate codes via each method.
Text a code to -8620 Update Number
Email a code to @gmail.com Update Email
Continue

- 1. Verify that the mobile phone number and email address displayed on this page are correct.
 - a. If both are correct, continue to step 2.
 - b. If you need to update your mobile phone number:
 - i. Click **Update Number**.

You will be prompted to confirm that you want to update your mobile phone number.

Note: Updating this number will also update your primary mobile phone number.



ii. Click Yes, Continue.

You will be prompted to enter your password to continue.

Please Enter Your Password to Continue

The page you are trying to access requires you to re-enter your password.

Number -8620		
Password *		
	Cancel	Continue

iii. Enter the password you created in step 4, then click **Continue**.

Note: If you no longer have the password, you can reset it by following the instructions in the <u>Reset Password</u> section of this document.

Once you have successfully entered your password, you will be prompted to enter your new mobile phone number.

8620 ew Number *	
ew Number *	
ew Number ^	
e-enter New Number *	

- iv. Enter your new mobile phone number in the **New Number** field, then re-enter it in the **Re-enter New Number** field.
- v. Click Update.

You will be returned to the Multi-Factor Authentication page. If your phone number and email address are correct, continue to <u>step 2</u>; or, if you need to update your email address, continue to <u>step c</u>.

- c. If you need to update your email address:
 - i. Click Update Email.

You will be prompted to confirm that you want to update your email address.

Note: Your email address is associated with your login credentials. Updating your email address will also update your login credentials.



ii. Click Yes, Continue.

You will be prompted to enter your password to continue.

Please Enter Your Password to Continue
The page you are trying to access requires you to re-enter your password.
Email @gmail.com
Password *
Cancel Continue

iii. Enter the password you created in step 4, then click **Continue**.

Note: If you no longer have the password, you can reset it by following the instructions in the <u>Reset Password</u> section of this document.

Once you have successfully entered your password, you will be prompted to enter your new email address.

Update Email

Your email is associated with you login credentials. Updating the email will update your login credentials. Are you sure you want to proceed with updating your email?

Current Email jrcrawford23+cau@gmail.c	om	
New Email Address *		
@gma	il.com	
Re-enter New Email Addre	SS *	
@gmail.	com	
	Cancel	Update

- iv. Enter your new email address in the **New Email Address** field, then re-enter it in the **Re-enter New Email Address** field.
- v. Click Update.

You will be returned to the Multi-Factor Authentication page. If your phone number and email address are correct, continue to <u>step 2</u>; or, if you need to update your mobile phone number, refer to <u>step b</u>.

2. Select whether you would like to receive your verification code via text message or email.

Note: If you select both methods, you will receive two separate codes—one via each method.

Choose Method(s)	2 Verify
For added security, your state wants to periodically make sure it's you using this application. This will be do how you would like to receive this code.	ne by sending you a verification code via email or SMS every 30 days after you log in to the application. Please set up
How would you like to receive a code to verify it's you? Choose one or more methods. We recommend choosing both so you have a backup. If you choose both	you will receive two separate codes via each method.
Text a code to	
Email a code to @gmail.com Update Email	
Continue	

3. Click Continue.

The Enter Verification Code page is displayed.

	1	2
	Choose Method(s)	Verify
Enter email verification code		
Didn't get a code? It make take a few minutes for it to arrive Try again		
Continue		

4. Once you have received your verification code via the selected method, enter it in the **Verification Code** field.

Notes:

- It may take several minutes to receive your verification code.
- If a few minutes have elapsed and you have not received a code, you can click **Try again** to request a new code.
- You can use your internet browser's **back** button to return to the previous page and select a different delivery method.
- 5. Click Continue.

Your account is verified, and you will be logged in to AWARxE.

3.2 Log Out of PMP AWARxE

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



4 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
- Updating or resetting your password

4.1 My Profile

My Profile allows you to view your account demographics, including user role, as well as update your contact information, and time zone.

To update your account:

1. Click Menu > My Profile.

The My Profile page is displayed.

My Profile		L.
Profile Info Edit		Download PDP
Name:E User (Last Login: 02222021) PositionRank: Appriss Test DOI: 01/01/1950	Registration Date: 03/05/2021 Registration Approval Date: 03/05/2021 Employer: County Sheriff 3 Office 122 Main St Abasotoke, MT 59001 Employer Phone: (55) 555-555 Role: State Law Enforcement	
Setting Time Zone Indran (Fast)		
Contact Information		
Mobile Phone: (303) 218-8620 Used for Multi-Factor Authentication		Update
Email: jrcrawford23+hotfix1@gmail.com Used for Multi-Factor Authentication		Update
Save Changes		

- 2. Update your information as necessary. The following notes may be helpful in updating your information:
 - **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.
 - 1. To update the email address or mobile phone number associated with your account, click the update button.

Conta	act Information	
	Mobile Phone: Used for Multi-Factor Authentication	Update
	Email: Used for Multi-Factor Authentication	Update

2. You will be required to enter your current password.

Please Enter Your Password to Continue	×
The page you are trying to access requires you to re-enter y	our password.
Phone:	
	Continue

 Elect whether you wish to use the mobile phone number or email address as a verification method for multi factor authentication if you have not already and click the box for Change Mobile Phone Number or Change Email Address. Clicking this box will expand an additional box for you to enter and re-enter your new contact information.

Update Mobile Phone Setting	js		×
Phone:			
Use as a verification method for	r Multi-Factor Auther	ntication.	
Change Mobile Phone Number			
New Mobile Phone			
Confirm Mobile Phone			
	Cancel	Continue	

- 4. Enter and re-enter the desired mobile phone number or email address and click Continue. The phone number or email address will now have updated on the My Profile screen.
- 3. Once you have made all necessary changes, click **Save Changes**.

4.2 Password Management

Your AWARxE password expires every 90 days. There are two ways you can manage your password:

1. You can proactively change your password within the application before it expires by <u>updating your current password</u>.

2. If your password has already expired, or if you have forgotten your password, you can <u>reset your password</u>.

4.2.1 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.

Ch	ange Password
Curr	ent Password
*	
New	Password
*	
New	Password Confirmation
*	
_	
	Change

- 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 twelve (12) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) number
- One (1) special character such as !, @, #, \$, etc.
- 4. Click Change.

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

4.2.2 Resetting a Forgotten Password

1. If you have forgotten your password or your password has expired, navigate to <u>https://montana.pmpaware.net</u>.

The Log	In page	is disp	layed.
---------	---------	---------	--------

Log In	
Email	
Password	
	Reset Password
L	₋og In
Create	an Account

2. Click Reset Password.

The Reset Password page is displayed.

Reset Password	
Please enter the email address registered to your account below.	
Email	
Continue	
Continue	

3. Enter the email address associated with your account, then click **Continue**.

If 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.

The Change Password page is displayed.

 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 twelve (12) characters
- One (1) uppercase letter
- One (1) lowercase letter
- One (1) special character such as !, @, #, \$, etc.

You cannot re-use any of your last 12 passwords.

5. 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 active for 20 minutes.** After the time has expired, you will need to repeat steps 1–3 to generate a new password reset email.
- 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

5 MPDR Law Enforcement Insight Reports

This **MPDR Law Enforcement Insight Reports** section describes the reports found under **Menu** > **Insight**. Insight Reports are investigative by nature; therefore, not all user roles have access to these reports. Typically, these reports are used by state PMP administrators, law enforcement, and other investigative roles in the investigation of a case.

The following users will request information from the online MPDR Law Enforcement Insight Reports functions through Appriss, but **DO NOT have direct patient search authority**:

- Federal, State, Tribal, or Local Law Enforcement pursuant to an investigative subpoena.
- State Licensing Board Investigators pursuant to an active complaint and investigation of drug misuse or drug diversion.

Importantly, law enforcement users DO NOT have direct access to search the MPDR Appriss AWARxE database but use the online system to submit their report requests.

- Insight Reports are generated by the search request criteria entered by law enforcement or board investigator users through their online account. However, the requested report is not available to such users until the MPDR Administrator validates the request and approves the resulting report(s).
- Once approved by the MPDR Administrator, the user will receive an email notification that their requested report(s) is available to retrieve online through the MPDR Law Enforcement Insight Report access account created by the user.

Note: You may not have access to all of the reports listed in this section. Some users will not have access to any of these reports. The reports available under **Insight Reports** may vary depending on your user role and the settings enabled by the MPDR Administrator. If you do not have access to a report and you think you should, please contact the MPDR Administrator.

Overview

The **New Reports** menu option allows you to access the Insight Reports that are available to you and generate those reports. To access these reports, click **Menu** > **New Reports** (located under **Insight**).





PMP AWARxE Reports		
Report Name	Description	
Prescriber Activity Request	Displays a summary of prescriptions prescribed by specified DEA number and the corresponding patient and pharmacy information.	
Dispenser Activity Request	Displays a summary of prescriptions dispensed at specified location and the corresponding patient and prescriber information.	
DEA	Displays current information for prescribers or dispensers as contained within the DEA database.	
Investigative Patient Request	Allows broader searches for a single or multiple patients by name, identification number, or address.	
Patient History Request	Displays a list of all AWARxE and Gateway users requesting a report on the identified patient.	

A list of the most common reports is provided below. Note that you may not have access to all of these reports, and/or you may have access to reports not listed here that are specific to your state. You may click the report name to easily navigate to that section.

Report Name	Description
Prescriber Activity Request	Displays a summary of prescriptions prescribed by specified DEA number and the corresponding patient and pharmacy information.
Dispenser Activity Request	Displays a summary of prescriptions dispensed at a specified location and the corresponding patient and prescriber information.
Investigative Patient Request	Displays prescription histories for a single patient or multiple patients by name, identification number, or address.
Patient History Request	Displays a list of all AWARxE and Gateway users who searched for a prescription history report on the identified patient.

5.1 Prescriber Activity Request

The **Prescriber Activity Request** displays a summary of prescriptions prescribed by a specified DEA number as well as the corresponding patient and pharmacy information. To generate this report:

1. From the PMP AWARxE Reports page, click **Prescriber Activity Request**.

The Prescriber Activity Request page is displayed.

Montana Prescription Drug Registry (MPDR) PMP AWARxE Law Enforcement User Guide

equest Purpose			
nvestigation Type	Case Number	Case Comments	
Ŧ			
Primary Drug Category	Drug Product Name		
· · · · · · · · · · · · · · · · · · ·			
		h	
equest Criteria			
Tescriber			
DEA Number	First Name 🔲 Partial Search		
OR			
	Last Name Dartial Search		
Rx Date*	Drug	Patient	
Date Type: 🔘 Written Date 💿 Fill Date	Schedule:	First Name	
From			
11/30/2017			
To	Categories	Last Name	
11/30/2018	Select to add multiples -		
11002010	Generic Name	DOB	
		MM/DD/YYYY	
bload Documentation			
load documents associated with this search request			
Choose files [Max File Size: 15MB]			

2. Enter the request information, using the table below as a guide, noting that required fields are marked with a red asterisk (*).

Field Name	Description
Request Purpose	
Investigation Type	Use the drop-down menu to select the type of investigation you are conducting in association with this request (e.g., forgery, questionable activity, person selling Rx drugs, etc.).
Primary Drug Category	Use the drop-down menu to select the primary drug category for the request (e.g., anabolic steroids, barbiturates, etc.).
Case Number	If applicable, enter the case number with which this request is associated in this field.
Drug Product Name	Enter the drug name in this field.
Case Comments	Enter any relevant comments regarding the case in this field.
Request Criteria	
Prescriber* (required)	Enter the prescriber's DEA number in the DEA Number field; Or Enter the prescriber's name in the First Name and Last Name fields. You may enter the complete name, or you may click the Partial Search checkbox to search by a partial first and/or last name. This

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Field Name	Description
	option can be helpful when searching hyphenated names or names that are often abbreviated, such as "Will" vs. "William."
	<i>Note:</i> The Partial Search function requires at least three letters. If the prescriber's name contains only one or two letters, please do not attempt a partial search.
Rx Date* (required)	 Select whether the system should search by Written Date or Fill Date.
	2. Use the <i>MM/DD/YYYY</i> format to enter the From and To search dates, or select a date from the calendar that is displayed when you click in these fields.
Drug	• Use the Schedule drop-down menu to search by a specific drug schedule.
	• Use the Categories drop-down menu to search by a specific drug category (e.g., anesthetic, cannabinoid, etc.). You may select multiple categories.
	• To search by a generic drug name, enter the drug name in the Generic Name field.
Patient	If you are searching for a specific patient, you may enter any combination of First Name, Last Name , and DOB .
Upload Documentation	Click Choose files to attach any necessary or relevant information to the request.
Run on behalf of	If you are running the report on behalf of another user, click this checkbox. If this checkbox is selected, you must enter the user's complete First Name and Last Name . You may also select the user's role from the As Role drop-down menu and add any comments in the Annotation field.

3. Once you have finished entering your requested search criteria, click **Run Prescriber** Activity.

Note: If you used the **Partial Search** option and the system found multiple prescribers matching your requested search criteria, you will be presented with the Multiple Prescribers Found picklist.

/ultipl /our se	e prescribers foun earch.	nd matching your crit	eria. Please select the p	prescriber(s) or refine
	First Name	Last Name	DEA Number	Address
	JOHN	DOE	CD1111119	
	JOHN	DOE	GH111119	

To run the report, click the checkbox next to the correct prescriber(s), then click **Run Prescriber Activity**; or to return to the Prescriber Activity Request page, click **Refine Search Criteria**.

If the requested search is successful, a message is displayed indicating that the report
has been created and will be processed shortly. When the report has completed
processing, it will be validated and approved by the MPDR Administrator. Once
approved, the requested report will be available in your Reports History. Please refer to
<u>Viewing the Prescriber Activity Request</u> for more information.

0	Success Report Created. It will be	processed shortly. Pleas	e see Reports History to view this repor	t.			DISMISS
Prescr	riber Activity Request	Back to New Insigh	nt Reports				
Requ	uest Purpose						
Inve	stigation Type	C	ase Number		Case Comments		
		•					
	and all cleans, and a cleanting of a clean life, and	T	48-48-08-94-04-0			. 18. August 18. alar	يدرونيك الطفير بططير

• If no prescribers matching your requested search criteria are found, an error message is displayed. Ensure that all criteria were entered correctly before submitting the report again. You may also retry the requested search using the **Partial Search** option.

0	Error No matching prescribers found.				DISMISS
Prescrib	er Activity Request Back	to New Insight Reports			
Reques	at Purpose	Case Number	Case Comments		
بر	· · · · · · · · · · · · · · · · · · ·	An example of the second se	ala da alba a da ser a dal se producto da colorida en se a da dal das	an a	

5.1.1 Viewing the Prescriber Activity Request

To view your Prescriber Activity Request once validated and approved by the MPDR Administrator:

1. Click Menu > Reports History (located under Insight).

The Report Requests page is displayed.

Insight > Reports History						
Advanced Options - REPORT TY	rpe any			Searc	h	
Report Requests	port					
Report Type	Key Parameters	Match Result	Requestor	Requestor Role	Request Date	Status
Prescriber Activity Request	DEA: AP1111119	Appriss Test	Rolps Weever		12/03/2018 7:00 PM	Ready
Investigative Search Request	First Name: joh, Last Name: doe	2 Patients	Thilly: Teases		12/03/2018 2:50 PM	Ready
Investigative Search Request	Identifier: DL12	1 Patients	Thinks (Tearson)		12/03/2018 2:46 PM	Ready
Investigative Search Request	First Name: wil, Last Name: testpatient	0 Patients	Thilly: Tearse		12/03/2018 2:44 PM	Ready
Investigative Search Request	Identifier: DI 12	0 Patients	Robert Strengt		12/03/2018 2:44 PM	Ready

2. Click the link in the **Report Type** column for the report you wish to view. The most recent report requests are displayed at the top of the list.

The Prescriber Activity Report is displayed and contains the following sections:

- **Header.** The report header contains the case information you entered when you created the request as well as the date the report was prepared and the date range for the request. If enabled by your State Administrator, you can:
 - Click Add Note in the Report Note field to add a note to the report.
 - Click **Download PDF** or **Download CSV** to download a PDF or CSV version of the report.
 - Click **Share Report** to share the report with another active user.

Prescriber Activity Report		
Investigation Type: Case Number: Primary Drug Category: Drug Product Name: Case Notes:	Agency: Contact: Role: Phone: Email:	insultan Parter
Report Prepared: 02/05/2021 Date Range: 02/05/2020 – 02/05/2021 Report Note: Add Note		Dountoad PDF Dountoad CSV Share Report

 Prescriber Information. The Prescriber Information section contains the requested search criteria you entered for the prescriber as well as any additional demographic information associated with that prescriber (e.g., DEA number, name, address, etc.).

Appriss Test					
Street Address	Street Address 2	City	State	Zip	
Report Criteria					
DEA Number AP1111119	Prescriber First Name Appriss	Prescr Test	iber Last Nar	ne	

• **Summary.** The Summary section provides an overview of the total number of prescriptions, patients, and pharmacies for the prescriber for the specified timeframe.

Summary	
Prescriptions	2
Patients	2
Pharmacies	2

• **Prescriber Activity.** The Prescriber Activity section displays information related to each prescription attributed to the prescriber within the specified timeframe, including patient information.

Prescriber A	ctivity																	
Last 🖨	First	\$ ров 🗧	\$ Fill Date	Ŷ	Written Date	÷	Drug Name 🗢	0	Qty	🗢 Su	pply 🗘	Store ID 4	¢ I	Rx#	¢ i	Pymt Type	¢	*
Testpatient	MM	01/01/1900	12/01/2018		12/01/2018		OXYCODONE-ACETAMINOPHEN 5-325	3	30.0	30		Appr1119	1	20180401	F	Private Pay		
TESTPATIENT	ALICE	01/01/1900	10/30/2018		10/29/2018		HYDROCODON-ACETAMINOPHN 10-325	3	80.0	10		Appr1119		152846	(Comm Ins		Ŧ

• **Dispensers.** The Dispensers section displays information for all dispensers who filled a prescription attributed to the prescriber within the specified timeframe.

Dispensers						
Store ID 🔶	Name 🔶	Address 🗢	City 💠	State 💠	Zip	\$ ^
Appr1119	Appriss Inc	10401 LINN STATION RD	LOUISVILLE	KY	40223	
Appr1119	Appriss Test	10401 LINN STATION RD	LOUISVILLE	KY	40223	-

• **Therapeutic Class Summary.** The Therapeutic Class Summary section displays the prescription count, patient count, and pharmacy count for each drug in each therapeutic class prescribed by the prescriber in the specified timeframe.

Therapeutic Class Summary				
Therapeutic Class 4	Script Count	Patient Count	Pharmacy Count	-
OPIATE AGONISTS	2	2	2	-

5.2 Dispenser Activity Request

The **Dispenser Activity Request** displays a summary of prescriptions dispensed at a specified location as well as the corresponding patient and prescriber information. To generate this report:

1. From the PMP AWARxE Reports page, click **Dispenser Activity Request**.

The Dispenser Activity Request page is displayed as shown on the following page.

. , .	o New Insight Reports	
Request Purpose		
Investigation Type	Case Number	Case Comments
~		
Primary Drug Category	Drug Product Name	
~		
Request Criteria		
Dispenser*		
Search by		
DEA Number		
○ NCPDP		
O Dispenser Name		
Rx Fill Date∗	Drug	Patient
From	Schedule	First Name
02/17/2020	~	
То	Categories	Last Name
02/17/2021	Select to add multiples -	
	Generic Name	DOB
		MM/DD/YYYY
Upload Documentation		
Upload Documentation Upload documents associated with this searc	h request	
Upload Documentation Upload documents associated with this searc (e.g. subpoena).	h request	
Upload Documentation Upload documents associated with this searc (e.g. subpoena). Choose files [Max File Size: 15]	h request VB]	
Upload Documentation Upload documents associated with this searc (e.g. subpoena). Choose files [Max File Size: 15]	h request VB]	
Upload Documentation Upload documents associated with this searc (e.g. subpoena). Choose files [Max File Size: 15]	h request VB]	
Upload Documentation Upload documents associated with this searc (e.g. subpoena). Choose files [Max File Size: 15]	h request //B]	
Upload Documentation Upload documents associated with this searc (e.g. subpoena). Choose files [Max File Size: 15] Run on behalf of	h request VB]	

2. Enter the request information, using the table below as a guide, noting that required fields are marked with a red asterisk (*).

Field Name	Description
Request Purpose	
Investigation Type	Use the drop-down menu to select the type of investigation you are conducting in association with this request (e.g., forgery, questionable activity, person selling Rx drugs, etc.).
Primary Drug Category	Use the drop-down menu to select the primary drug category for the request (e.g., anabolic steroids, barbiturates, etc.).
Case Number	If applicable, enter the case number with which this request is associated in this field.
Drug Product Name	Enter the drug name in this field.
Case Comments	Enter any relevant comments regarding the case in this field.
Request Criteria	·
Dispenser* (required)	 Select whether you would like to search for the dispenser by DEA, NCPDP, or name.
	 Enter the dispenser's DEA number in the DEA Number field; Or
	Enter the dispenser's NCPDP number in the NCPDP field; Or
	Enter the dispenser's name in the Name field. You may enter the complete name, or you may click the Partial Search checkbox to search by a partial first and/or last name. This option can be helpful when searching hyphenated names or names that are often abbreviated, such as "Will" vs. "William."
	Note: The Partial Search function requires at least three letters. If the dispenser's name contains only one or two letters, please do not attempt a partial search.
Rx Date* (required)	 Select whether the system should search by Written Date or Fill Date. Use the MM/DD/YYYY format to enter the From and To search
	dates, or select a date from the calendar that is displayed when you click in these fields.
Drug	• Use the Schedule drop-down menu to search by a specific drug schedule.
	• Use the Categories drop-down menu to search by a specific drug category (e.g., anesthetic, cannabinoid, etc.). You may select multiple categories.
	• To search by a generic drug name, enter the drug name in the Generic Name field.
Patient	If you are searching for a specific patient, you may enter any combination of First Name , Last Name , and DOB .
Upload Documentation	Click Choose files to attach any necessary or relevant information to the request.
Run on behalf of	If you are running the report on behalf of another user, click this checkbox. If this checkbox is selected, you must enter the user's complete First Name and Last Name . You may also select the user's

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Field Name	Description
	role from the As Role drop-down menu and add any comments in the Annotation field.

3. Once you have finished entering your requested search criteria, click **Run Dispensary Activity**.

Note: If you used the **Partial Search** option and the system found multiple dispensers matching your requested search criteria, you will be presented with the Multiple Dispensaries Found picklist.

∕lulti our	ple dispensaries found matching y search.	our criteria. Plea	ase select the dispensary or r	efine
	Name	DEA Number	Address	
	WAL-MART PHARMACY 10-0652	BW0905072	3101 E KANSAS AVE	
	WAL-MART PHARMACY 10-0346	BW2189012	719 W 7TH AVE	
	WALGREEN CO.	BW3284457	2101 NW TOPEKA BLVD	
	WALKER, ERIC D MD	BW3848706	2319 CORONADO ST	
	WAL-MART PHARMACY 10-0043	BW4046884	521 E CHESTNUT ST	
	WAL-MART PHARMACY 10-0242	BW4052685	310 HEDGE LN	-
	Ref	ine Search Crite	ria Run Dispensary Ac	tivitv

To request the report, click the checkbox next to the correct dispenser(s), then click **Run Dispensary Activity**; or to return to the Dispenser Activity Request page, click **Refine Search Criteria**.

• If the requested search is successful, a message is displayed indicating that the report has been created and will be processed shortly. When the report has completed processing, it will be validated and approved by the MPDR Administrator. Once approved, the requested report will be available in your Reports History. Please refer to <u>Viewing the Dispenser Activity Request</u> for more information.

\odot	Success Report Created. It will be p	processed shortly.		DISMISS
Dispense	er Activity Request	Back to New Insight Reports		
Request	t Purpose			
Investig	jation Type	Case Number	Case Comments	

• If no dispensers matching your requested search criteria are found, an error message is displayed. Ensure that all criteria were entered correctly before running the report again. You may also retry the search using the **Partial Search** option.

Could not create report: DEA Number is valid, but it is not in our system.						
Dispenser Activity Request	Back to New Insight Reports					
Request Purpose						
Investigation Type	Case Number	Case Comments				
	v					

5.2.1 Viewing the Dispenser Activity Request

To view your **Dispenser Activity Request** once validated and approved by the MPDR Administrator:

1. Click Menu > Reports History (located under Insight).

The Report Requests page is displayed.

g				P		Xe TM 1-866-Appris
dvanced Options - REP	ORT TYPE any			Search		
Report Request	s					
Click on Report Type to view	the report					
Click on Report Type to view	the report Key Parameters	Match Result	Requestor	Requestor Role	Request Date	Status
Click on Report Type to view Report Type Dispensary Activity Request	the report Key Parameters DEA: AB1111119, SK1111119	Match Result Test Pharmacy	Requestor Robyn Weaver	Requestor Role	Request Date 12/03/2018 8:01 PM	Status Ready
Click on Report Type to view Report Type Dispensary Activity Request Dispensary Activity Request	the report Key Parameters DEA: AB1111119, SK1111119 DEA: BW0905072, BW2189012, BW4046884, BW4052685	Match Result Test Pharmacy No Match	Requestor Robyn Weaver Robyn Weaver	Requestor Role	Request Date 12/03/2018 8:01 PM 12/03/2018 7:57 PM	Status Ready Ready

2. Click the link in the **Report Type** column for the report you wish to view. The most recent report requests are displayed at the top of the list.

The Dispenser Activity Report is displayed and contains the following sections:

- **Header.** The report header contains the case information you entered when you created the request as well as the date the report was prepared and the date range for the request. If enabled by your State Administrator, you can:
 - Click Add Note in the Report Note field to add a note to the report.
 - Click **Download PDF** or **Download CSV** to download a PDF or CSV version of the report.
 - Click **Share Report** to share the report with another active user.

Dispenser Activity Report	
Investigation Type: Case Number: Primary Drug Category: Drug Product Name: Case Notes:	Agency: Contact: Role: Phone: Email:
Report Prepared: 02/05/2021 Date Range: 02/05/2020 – 02/05/2021 Report Note: Add Note	Download CDF Download CDV Share Report

• **Dispenser Information.** The Dispenser Information section contains the search criteria you entered for the dispenser as well as any additional demographic information associated with that dispenser (e.g., DEA number, name, address, etc.).

Test Pharmacy				
Street Address 123 EAST MAIN STREET	City MAINESVILLE	State NM	Zip 54321	
Report Criteria Street Address	City	State	Zin	DEA Number
123 EAST MAIN STREET	MAINESVILLE	NM	54321	AB1111119

• **Summary.** The Summary section provides an overview of the total number of prescriptions, patients, and prescribers for the dispenser for the specified timeframe.

Summary	
Prescriptions	7
Patients	5
Prescribers	3

• **Dispenser Activity.** The Dispenser Activity section displays information related to each prescription dispensed by the dispenser within the specified timeframe, including patient information and prescriber name.

Dispenser Activity																	
Last	First	\$	DOB	ŧ	Fill Date	Drug Name	÷	Qty	ŧ	Supply 🗘	Written Date 🖨	Prescriber Name	Rx #	\$ I	Pymt Type	÷	*
TestPatient	Animal		01/01/1900		12/03/2018	DIAZEPAM POWDER	Ħ	4.0		30	12/03/2018	Jane Smith	123456	1	Private Pay		
Testpatient	Polly		01/01/1900		12/03/2018	KADIAN ER 200 MG CAPSULE		1.0		30	12/03/2018	Bob Testprescriber	99991	1	Private Pay		
Testpatient	Polly		01/01/1900		12/03/2018	PROPRANOLOL 20 MG TABLET		5.0		30	12/03/2018	Bob Testprescriber	99991	1	Private Pay		
Testpatient	Polly		01/01/1900		12/03/2018	PROPRANOLOL 20 MG TABLET		1.0		30	12/03/2018	Bob Testprescriber	99991	1	Private Pay		
Testpatient	Polly		01/01/1900		12/03/2018	BUTALBITAL COMPOUND CAPSULE		5.0		30	12/03/2018	Bob Testprescriber	99991	1	Private Pay		
Testpatient	Dave		01/01/1900		12/03/2018	PHENOBARBITAL 16.2 MG TABLET		30.0	0	30	12/03/2018	Test Prescriber	9999911	1	Private Pay		
Testpatient	Dave		01/01/1900		12/03/2018	DIAZEPAM POWDER		4.0		30	12/03/2018	Test Prescriber	9999911	1	Private Pay		
Patient	Test		01/01/1900		11/06/2018	DIDANOSINE DR 250 MG CAPSULE		1.0		30	11/06/2018	Test Prescriber	999978	1	Private Pay		
Patient	Test		01/01/1901		03/14/2018	PROZAC 20 MG PULVULE		30.0	0	30	03/13/2018	Test Doctor	98765		Comm Ins		Ļ

• **Prescribers.** The Prescribers section displays information for all prescribers for whom the dispenser filled a prescription within the specified timeframe.

Prescribers					
Prescriber Full Name	Address	City	State	Zip	¢ ^
Test Doctor					
Test Prescriber					
Jane Smith					*

• **Therapeutic Class Summary.** The Therapeutic Class Summary section displays the prescription count, patient count, and prescriber count for each drug in each therapeutic class dispensed by the dispenser in the specified timeframe.

Therapeutic Class Summary								
Therapeutic Class 4	Script Count	Patient Count	Prescriber Count	^				
	2	2	1					
BETA-ADRENERGIC BLOCKING AGENTS	2	1	1					
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)	1	1	1					
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	2	2	2					
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS	1	1	1					
SALICYLATES	1	1	1	-				

5.3 Investigative Patient Request

The **Investigative Patient Request** allows you to request searches for a single patient or multiple patients by name, identification number, or address. To generate this report:

1. From the PMP AWARxE Reports page, click **Investigative Patient Request**.

The Investigative Patient Request page is displayed as shown on the following page.

Montana Prescription Drug Registry (MPDR) PMP AWARxE Law Enforcement User Guide

Investigative Patient Reques	t Back to New	Insight Reports			
Request Purpose					
Investigation Type		Case Number		Case Comments	
	v				
Driment Data Ontennet		Dave Desiduat Marsa			
Primary Drug Category		Drug Product Name			
	Y				
Request Criteria					
Patient*					
Search for a patient using:	Specific Pa	tient Info			
To search for a nationt record, enter	 Alias Name any information 	(S) that is known about the	nationt		
First Name	Loot Name		Date of Ridh		
Filst Name	Last Name				
Partial Search	Partial Sea	arch			
Street Address: Requires either Cit	y/State or Zip				
i.e 4300 N Broadway					
City	State	Zip Code			
		v			
Phono Number					
(000) 000-0000					
Identification Number					
Search records associated with t Search records associated with t	the identification r	umber of the patient			
 Search records associated with t Identification Number 	the identification r	umber of the person pi	icking up		
Partial Search					
Rx Date*	[Schedule			
Date Type: 🔘 Written Date 🖲	Fill Date		*		
From					
12/03/2017					
То					
12/03/2018					
Upload Documentation					
Upload documents associated with th (e.g. subpoena).	ns search request				
Choose files [Max File Si	ze: 15MB]				
Search					

2. Enter the request information, using the table below as a guide, noting that required fields are marked with a red asterisk (*).

Field Name	Description
Request Purpose	
Investigation Type	Use the drop-down menu to select the type of investigation you are conducting in association with this request (e.g., forgery, questionable activity, person selling Rx drugs, etc.).
Primary Drug Category	Use the drop-down menu to select the primary drug category for the request (e.g., anabolic steroids, barbiturates, etc.).
Case Number	If applicable, enter the case number with which this request is associated in this field.
Drug Product Name	Enter the drug name in this field.
Case Comments	Enter any relevant comments regarding the case in this field.

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Field Name	Description
Request Criteria	
Patient* (required)	1. Select whether you are searching for Specific Patient Info or Alias Name(s) .
	2. Enter any known information about the patient or alias.
	 If you selected the Specific Patient Info option, you may enter any combination of First Name, Last Name, Date of Birth, Street Address, City, State, Zip Code, and Phone Number.
	You may also choose to search by identification number. If you choose this option, select whether you would like to search for records associated with the identification number of the patient OR records associated with the identification number of the person picking up .
	Identification Number
	Search records associated with the identification number of the patient Search records associated with the identification number of the person picking up Identification Number Partial Search
	 If you selected the Alias Name(s) option, you may enter up to four alias names and DOBs.
	Note: When submitting a search request for the patient's or alias's name or identification number, you may enter the complete name or ID number, or you may click the Partial Search checkbox to search by a partial name or ID number. This option can be helpful when searching hyphenated names or names that are often abbreviated, such as "Will" vs. "William."
	The Partial Search function requires at least three characters. If
	the patient's name contains only one or two letters, please do not attempt a partial search.
Rx Date* (required)	1. Select whether the system should search by Written Date or Fill Date.
	 Use the MM/DD/YYYY format to enter the From and To search dates, or select a date from the calendar that is displayed when you click in these fields.
Drug	Use the Schedule drop-down menu to search by a specific drug schedule.
Upload Documentation	Click Choose files to attach any necessary or relevant information to the request.

3. Once you have finished entering your requested search criteria, click **Search**.

A message is displayed indicating that the report has been created and will be processed shortly. When the report has completed processing, it will be validated and approved by the MPDR Administrator. Once approved, the requested report will be available in your Reports History. Please refer to <u>Viewing the Investigative Patient Request</u> for more information.

5.3.1 Viewing the Investigative Patient Request

To view your **Investigative Patient Request** once validated and approved by the MPDR Administrator:

1. Click Menu > Reports History (located under Insight).

The Report Requests page is displayed.

isight > Reports History				PI		хе тм 1-866-Арргізз
Advanced Options - REPO	RT TYPE any			Search		
Report Requests	e report					
Report Type	Key Parameters	Match Result	Requestor	Requestor Role	Request Date	Status
Investigative Search Request	First Name: joh, Last Name: doe	2 Patients	Robyn Weaver		12/03/2018 8:23 PM	Ready
Dispensary Activity Request	DEA: AB1111119, SK1111119	Test Pharmacy	Robyn Weaver		12/03/2018 8:01 PM	Ready
Dispensary Activity Request	DEA: BW0905072, BW2189012, BW4046884, BW4052685	No Match	Robyn Weaver		12/03/2018 7:57 PM	Ready

2. Click the link in the **Report Type** column for the report you wish to view. The most recent report requests are displayed at the top of the list.

The Investigative Patient Results page is displayed. This page contains a list of any patients found matching your requested searching criteria.

Investigative Patient R	Results	
Refine Search 2 matches found		
Select All Select patient(s) to include in t	the report	
🔲 john doe	Date of Birth: 2018-11-01 Gender: unknown	914 W. CARLISLE AVE SPOKANE WA 99205
JOHN DOE	Date of Birth: 1900-01-01 Gender: male	832 NOT REAL PATIENT DR WICHITA KS 67205
Run Report		

3. Click the checkbox next to the correct patient(s), then click Run Report.

Note: If your requested search did not find any patients matching your search criteria, your Reports History will indicate **0** Patients in the Match Result column. For documentation purposes, you can still view the blank report.

Report Requests Click on Report Type to view the report									
Report Type	Key Parameters	Match Result	Requestor	Requestor Role	Request Date	Status			
Investigative Search Request	First Name: joh, Last Name: doe	2 Patients	Rolp: Weever		12/03/2018 2:50 PM	Ready			
Investigative Search Request	Identifier: DL12	1 Patients	Thinky (Teases)		12/03/2018 2:46 PM	Ready			
Investigative Search Request	First Name: wil, Last Name: testpatient	0 Patients	Rolp: Terre		12/03/2018 2:44 PM	Ready			
Investigative Search Request	Identifier: DL12	0 Patients	Histor (Press)		12/03/2018 2:44 PM	Ready			

The Investigative Patient Report is displayed and contains the following sections:

- **Header.** The report header contains the case information you entered when you created the request as well as the date the report was prepared and the date range for the request. If enabled by your State Administrator, you can:
 - Click Add Note in the Report Note field to add a note to the report.

 Click **Download PDF** or **Download CSV** to download a PDF or CSV version of the report.

Investigative Patient Report				
Investigation Type: Case Number: Primary Drug Category: Drug Product Name: Case Notes:	Agency: Contact: Role: Phone: Email:	Janahan Puttar Janahan Puttar@pti		
Report Prepared: 02/05/2021 Date Range: 02/05/2020 – 02/05/2021 Report Note: Add Note			Jan Download PDF	CSV Download CSV

• **Patient Information.** The Patient Information section displays the requested 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 requested.

e john doe	DOB: 11/01/2018	Gender: unknown	Patient Address One	2: 914 W. CARLISLE AVE
Linked Record	s			
Name	DOB	ID	Gender	Address
john doe	11/01/2018	1	unknown	914 W. CARLISLE AVE SPOKANE WA 99205
Report Criteria				
First Name	Last Name	Rx Date From	Rx Date To	
joh	doe	2017-12-03	2018-12-03	

- 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.
- **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.

Summary					
Summary		Opioids* (excluding buprenorphine)	Buprenorphine*		
Total Prescriptions	1	Current Qty	0.6	Current Qty	0.0
Total Private Pay	0	Current MME/day	24.0	Current mg/day	0.0
Total Prescribers	1	30 Day Avg MME/day	5.6	30 Day Avg mg/day	0.0
Total Pharmacies	1				

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

Prescriptio	ons														
illed 🗘 F	Pickup 🖨	ID 🖨	DS 🗧	Written 🗘	Drug	\$ G	ату 🖨	Days 🖨	Prescriber 🗘	Rx # 4	Pharmacy	Refills 🖨	Daily Dose	Pymt Type	\$
1/27/2018		1	A	11/27/2018	OXYCONTIN ER 80 MG TABLET	2	2.0	10	Test ELWIN	77	drug store	0	24.0 MME	Comm Ins	

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

Prescribers						
Name	Address 🗘	City 🗘	State 🗢	Zip 💠	Phone	\$
Test ELWIN						Ŧ

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

Dispensers						
Pharmacy 🗢	Address 🗢	City	State 🗢	Zip 🗢	Phone	\$
drug store	1111 W 10TH ST	LOUISVILLE	KY	40229	5155155151	-

• **Therapeutic Class Summary.** The Therapeutic Class Summary section displays the prescription count, dispenser count, and prescriber count for each drug in each therapeutic class prescribed to the patient in the specified timeframe.

Therapeutic Class Summary							
Therapeutic Class 4	Script Count	Dispensary Count	Prescriber Count	Total Quantity	Total Days Supply	*	
DPIATE AGONISTS 1 1 1 2.0 10 🗸							

5.4 Patient History Request

The **Patient History Request** displays a list of all AWARxE and Gateway users who searched for a prescription history report on the identified patient during the specified timeframe. To generate this report:

1. From the PMP AWARxE Reports page, click **Patient History Request**.

The Patient History Request page is displayed.

Patient First Name:*	Patient Last Name:*	
Patient DOB:*		
MM/DD/YYYY		
From:	To:	
02/17/2020 If you would like to exclude make a selection below. Healthcare Professional Agency Administration	02/17/2021 searches performed by users of specific r	ole categories from displaying on the Patient History Report, please
02/17/2020 If you would like to exclude make a selection below. Healthcare Professional Agency Administration Restricted Admin Law Enforcement	02/17/2021 searches performed by users of specific r	ole categories from displaying on the Patient History Report, please
02/17/2020 If you would like to exclude make a selection below. Healthcare Professional Agency Administration Restricted Admin Law Enforcement Other	02/17/2021 searches performed by users of specific r	ole categories from displaying on the Patient History Report, please
02/17/2020 If you would like to exclude make a selection below. Healthcare Professional Agency Administration Restricted Admin Law Enforcement Other System Admin	02/17/2021 searches performed by users of specific r	ole categories from displaying on the Patient History Report, please

- 2. Enter the patient's complete First Name, Last Name, and DOB.
- 3. Enter the report timeframe in the From and To fields.
- 4. If you would like to exclude searches performed by users in specific role categories from displaying on the Patient History Report, click the checkbox next to those roles.
- 5. Once you have entered all requested search criteria, click **Run Patient History Request**.

A message is displayed indicating that the report has been created and will be processed shortly. When the report has completed processing, it will be validated and approved by the MPDR Administrator. Once approved, the requested report will be available in your Reports History. Please refer to <u>Viewing the Patient History Request</u> for more information.

5.4.1 Viewing the Patient History Request

To view your **Patient History Request** once validated and approved by the MPDR Administrator:

1. Click Menu > Reports History (located under Insight).

The Report Requests page is displayed.

Insight > Reports History				PT		Xe TM 1-866-Appris
Advanced Options - REPOR	RT TYPE any			Search		
Report Requests	ie report					
Report Type	Key Parameters	Match Result	Requestor	Requestor Role	Request Date	Status
Patient History Request	Patient Name: john doe	134 Requests	Robyn Weaver		12/03/2018 9:25 PM	Ready
Investigative Search Request	First Name: john, Last Name: doe	2 Patients	Robyn Weaver		12/03/2018 9:23 PM	Ready
Patient History Request	Patient Name: will smith	0 Requests	Robyn Weaver		12/03/2018 9:20 PM	Ready

2. Click the link in the **Report Type** column for the report you wish to view. The most recent report requests are displayed at the top of the list.

The Patient History Results page is displayed and contains the following sections:

 Header. The report header contains the date the report was prepared and the date range for the request. If enabled by your State Administrator, you can click Download PDF or Download CSV to download a PDF or CSV version of the report.

Patient History Results		
Report Prepared: 12/03/2018 Date Range: 12/03/2017 – 12/03/2018	Download PDF	CSV Download CSV

• **Patient Information.** The Patient Information section displays the search criteria used to search for the patient.

john doe	
Report Criteria	
DOB	
01/01/1900	

• **Patient History.** The Patient History section displays information about the patient (first name, last name, and date of birth) as well as information about all AWARxE and Gateway users who requested a report on the patient during the specified timeframe, including the requestor's first name, last name, and user role; date of the request; and request source (AWARxE or Gateway).

Patient His	story							
Patient Last Name	Patient First Name	Patient DOB	Requestor Last Name	Requestor First Name	User Role	Date	÷ Requestor Source	\$
doe	john	01/01/1900	REVIEWEE	PEER	Prescriber Delegate - Licensed	11/30/2018 03:17 PM	AWAR×E	
doe	john	01/01/1900	REVIEWEE	PEER	Prescriber Delegate - Licensed	11/30/2018 03:07 PM	AWARXE	
doe	john	01/01/1900	Willis	Stephen		11/28/2018 10:12 AM	AWAR×E	
doe	john	01/01/1900	WILLIS	STEPHEN	Licensed Social Worker	11/27/2018 06:25 PM	AWARXE	
doe	john	01/01/1900	Admin	Jordan	Admin	11/20/2018 03:23 PM	AWAR×E	
doe	john	01/01/1900	Porter	Jonathan		11/15/2018 05:54 PM	AWARXE	
doe	john	01/01/1900	Crawford	Jordan		11/07/2018 02:45 PM	AWAR×E	
doe	john	01/01/1900	Chinnathambi	Usha		11/07/2018 02:22 PM	AWAR×E	
doe	john	01/01/1900	Chinnathambi	Usha		11/07/2018 02:20 PM	AWAR×E	
doe	john	01/01/1900	Chinnathambi	Usha		11/07/2018 02:19 PM	AWAR×E	
doe	john	01/01/1900	Crawford	Jordan		11/07/2018 02:08 PM	AWAR×E	
doe	john	01/01/1900	Crawford	Jordan		11/07/2018 02:04 PM	AWAR×E	
doe	john	01/01/1900	Crawford	Jordan		11/07/2018 02:03 PM	AWARXE	
doe	john	01/01/1900	Crawford	Jordan		11/07/2018 02:03 PM	AWAR×E	
doe	john	01/01/1900	Police	Local	Local	11/06/2018 02:55 PM	AWAR×E	
doe	john	01/01/1900	Crawford	Jordan		10/30/2018 04:06 PM	AWAR×E	
doe	john	01/01/1900	Porter	Jonathan		10/29/2018 07:56 PM	AWAR×E	

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 Health at 1-833-307-0309;
 OR
- Create a support request at the following URL: <u>https://apprisspmp.zendesk.com/hc/en-us/requests/new</u>.

Technical assistance is available 24 hours per day, 7 days per week, 365 days per year.

6.2 Administrative Assistance

If you have non-technical questions about the Montana Prescription Drug Registry, please contact:

Montana Prescription Drug Registry Phone: 406-841-2240 Email: dlibsdmpdr@mt.gov

For additional information, go to the MPDR webpage at: <u>www.mpdr.mt.gov</u>

6.3 MPDR Statute and Rule Resources

Please see Montana Administrative Code (MCA) 37-7-1501 through 1515 by clicking <u>here</u>.

Please see Administrative Rules of Montana (ARM) 24.174.1701 through 1715 by clicking <u>here</u>.

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

Version	Date	Chapter/Section	Change Made			
Draft Versions						
1.0	05/19/2021	N/A	N/A; initial version			