

Explain these Additional Risk Indicators (Guidance on Page 2)

- There are currently three PMP based additional risk indicators (ARIs):
 - More than 5 providers in any year (365 days)
 - More than 4 pharmacies in any 90 day period
 - More than 40 morphine milligram equivalent per day (40 MED) average and more than 100 MME total
- In some locations a history of previous overdose may also be available.
- These indicators chosen are based on the following literature:
 - History of previous overdose
 - [Ann Intern Med](#). 2016 Jan 5; 164(1): 1-9. doi: 10.7326/M15-0038. Epub 2015 Dec 29.
 - Provider Indicator
 - Hall AJ, Logan JE, Toblin RL, et al. Patters of Abuse Among Unintentional Pharmaceutical Overdose Fatalities. *JAMA*.2008;300(22):2613-2620. doi: 10.1001/jama.2008.802.
 - Pharmacy Indicator
 - Zhou Yang, Barth Wilsey, Michele Bohm, et al. Defining Risk of Prescription Opioid Overdose: Pharmacy Shopping and Overlapping Prescriptions Among Long-Term Opioid Users in Medicaid. *The Journal of Pain*, Volume 16, Issue 5, 445-453.
<http://www.ncbi.nlm.nih.gov/pubmed/25681095>
 - 40 MED Indicator
 - Leonard Paulozzi, Edwin Kilbourne, Nina Shah, et al. A history of Being Prescribed Controlled Substances and Risk of Drug Overdose Death. *Pain Medicine* Jan 2012, 13 (1) 87-95; DOI: 10.1111/j. 1526-4637. 2011.01260.x.

Brief Narrative

ARIs within the PMP data have been shown to be predictors of adverse outcome, specifically unintentional overdose death. The PDMP based ARIs used by NarxCare were studied alongside the NarxCare Narcotic score as a predictor of unintentional overdose death and were found to have statistically equivalent OR when all 3 variables are present simultaneously (functionally equivalent to a Narcotic Score of 650).

A history of previous overdose is associated with a high rate of repeat overdose (8% - 17% depending on continued opioid usage ranging from zero to high). When present this indicator will be displayed at the top of the additional risk indicator section, along with the number of previous overdoses recorded in parentheses.

Clinical Guidance

<u>Indicator</u>	<u>Guidance*</u>
History of Previous Overdose	Consider naloxone prescription. If patient has evidence of a substance use disorder, consider inpatient admit or referral for outpatient evaluation and treatment. NOTE: THERE IS ALWAYS THE CHANCE THAT AN OVERDOSE HAS OCCURRED AND NOT BEEN REPORTED. IN THE CASE OF AN UNREPORTED OVERDOSE, THE OVERDOSE RISK SCORE MAY UNDERREPRESENT THE TRUE OVERDOSE RISK OF THE PATIENT.
More than 5 providers in any year (365 days)	Review the use of patterns for unsafe conditions. If multiple providers are involved in unsafe prescribing, discuss the concern with the patient and consider contacting other providers directly.
More than 4 pharmacies in any 90-day period	Review the use of patterns for unsafe conditions. If multiple pharmacies are involved in unsafe prescribing, discuss the concern with the patient and consider the pharmacy lock-in program.
More than 40 MED per day average and more than 100 MME total	Review the use of patterns for unsafe conditions. Consider tapering to lower dose and/or discontinuation of potentiating medications.
Patient is participating in a specialized docket to address a diagnosed substance use disorder	Drug court data is used to indicate that a patient is a current participant in a certified specialized docket due to a diagnosed substance use disorder. A prescriber should discuss the terms of the treatment court/specialized docket program with the patient prior to prescribing.
Patient is participating in an opioid treatment program to address a diagnosed opioid use disorder	Opioid treatment program (OTP) data is used to indicate that a patient is a current participant in an opioid treatment program and is receiving controlled substance medications for the treatment of opioid use disorder. A prescriber should consider contacting the OTP to coordinate care.

*Explanations and guidance within this document are not intended to be all inclusive of the options available to the clinician or pharmacist. NarxCare scores and reports are based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented in NarxCare reports should be used as sole justification for providing or refusing to provide medications.