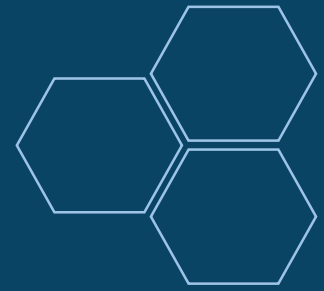# INSPECT

Indiana Board of Pharmacy Prescription Monitoring Program
www.inspect.IN.gov

Indiana's Prescription Drug Monitoring Program

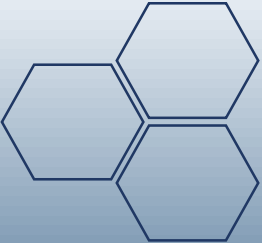# Prescription Drug Monitoring Programs (PDMPs)
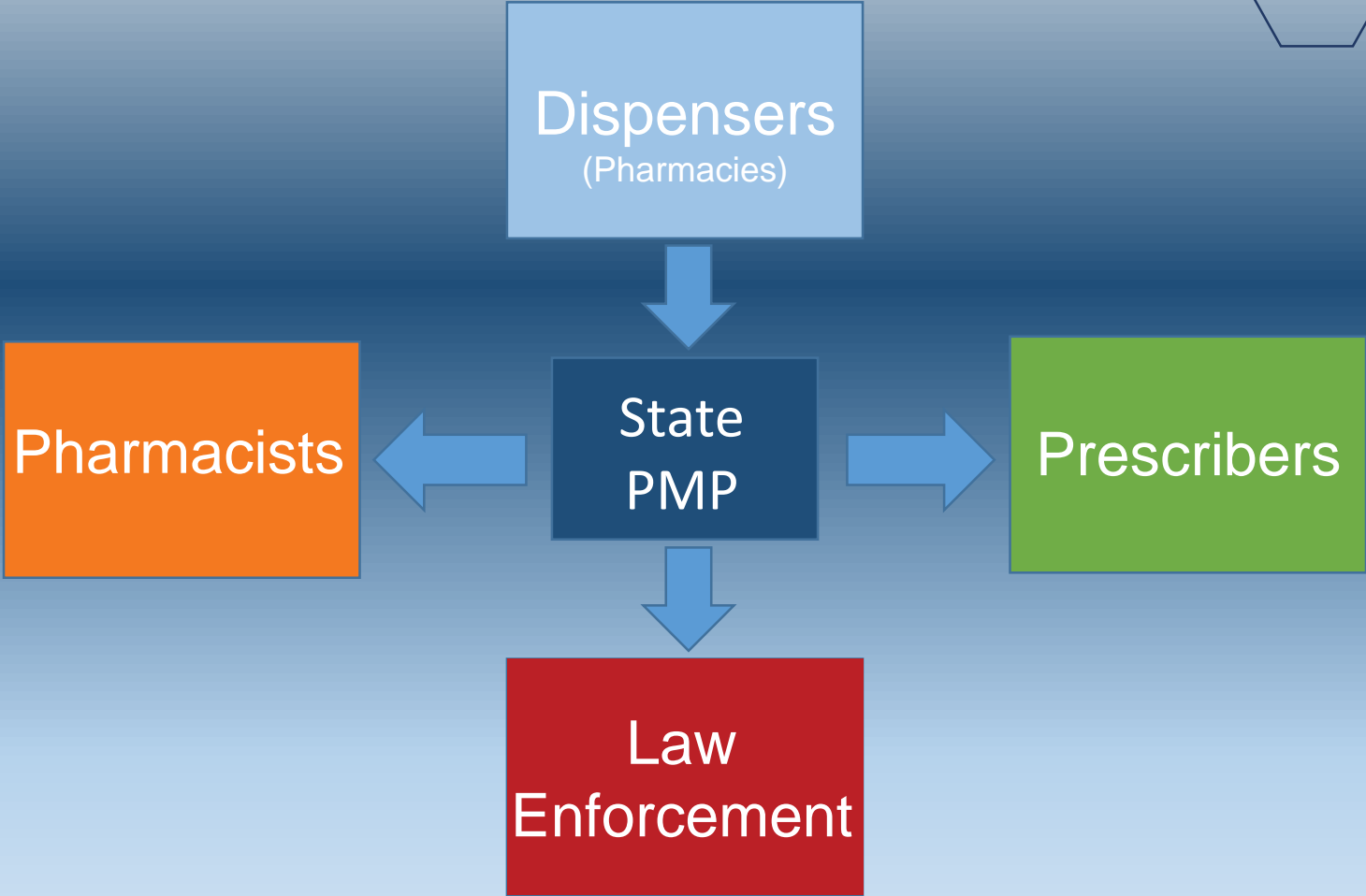
What data do PDMPs collect?
- ➤ Patient info
- ➤ Prescriber info
- ➤ Dispenser info
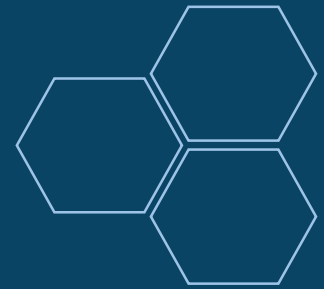- ➤ Schedule II-V drugs

Who can access PDMP data?
- ➤ Prescribers
- ➤ Pharmacists
- ➤ Law Enforcement

How do State PDMPs work?

INSPECT Program Overview

➢ Collects & tracks prescriptions for controlled substances schedule II-V and ephedrine/pseudoephedrine dispensed in Indiana.

➢ Includes data from retail & hospital pharmacies, dispensing physicians, mail orders, online and non-resident pharmacies

➢ Started collecting Veteran's Administration facility dispensing in 2016.

➢ Available to registered healthcare providers, pharmacists and law enforcement. Accessible to users with an Internet connection 24/7

➢ Required reporting frequency: Every 24 hours/business day

➢ 100% funded by controlled substance registration (CSR) fees

AWARxE

GET INFORMED.

DELEGATE/SUPERVISOR ROLES AND DELEGATE MANAGEMENT

PROPRIETARY PATIENT-MATCHING ALGORITHMS FOR DATA ACCURACY

BULK PATIENT SEARCH

PROVIDER PROFILE EDITING

USER INTERFACE THAT ADAPTS TO BROWSERS, SMART PHONES AND TABLETS

INSPECT

Support: (844) 446-4767

Log In

Email

Password

Reset Password

Log In

Create an Account

Need Help?

Browsers Supported (8+)

INSPECT

Powered by Awarxe™

Support: (844) 446-4767

Registration Process

Create an Account

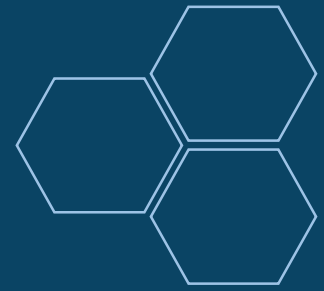Registration Process Tutorial ➡   Get Adobe Acrobat Reader

Email

✉

Password

✱

Password Confirmation

✱

Save and Continue

Need Help?

Registering as a Healthcare Professional

Registration Process

Select your User Roles

⊖ Healthcare Professional ←

- ☐ Physician (MD, DO)
- ☐ Dentist
- ☐ Nurse Practitioner / Clinical Nurse Specialist
- ☐ Midwife with Prescriptive Authority
- ☐ Physician Assistant
- ☐ Podiatrist (DPM)
- ☐ Optometrist
- ☐ Pharmacist with Prescriptive Authority
- ☐ Pharmacist
- ☐ Out of State Pharmacist
- ☐ Pharmacist in Charge
- ☐ Veterinarian
- ☐ Medical Resident with Prescriptive Authority
- ☐ Pharmacist's Delegate - Licensed
- ☐ Prescriber Delegate - Licensed
- ☐ Dispensing Physician
- ☐ Out of State Prescriber

Registration Process

Create an Account

📕 Get Adobe Acrobat Reader

All fields with an asterisk (*) are required.

Personal

DEA Number(s) *

[   ] **+ Add**

[DEA Numbers Added   ]

National Provider ID

[   ] **✎ AutoFill Form**

Drivers License Number *

[   ]

Professional License Number *

[   ]

License Type *

[▼]

Controlled Substance ID

[   ]

Position, Title, or Rank

[   ]

First Name *

[   ]

Middle Name

[   ]

Last Name *

[   ]

Date of Birth *

[   ]

Home Address

[   ]

Home Address Line 2

[   ]

Multiple DEA numbers can be entered, if necessary.

Save time with the AutoFill feature.

Scroll down to continue to employer section.

Employer

DEA Number(s)		Primary Work Location
	+ Add	
DEA Numbers Added		Name
National Provider ID		
	+ Add	Address
National Provider IDs Added		

Address Line 2

City

State

▼

Zip Code

Phone

Submit Your Registration

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Support: (844) 446-4767

✓ **Success**
A link to verify your email address has been sent.

DISMISS

If your account is "Pending Approval," it is complete and is awaiting approval by the State Administrator. → **Your Account is Pending Approval**

Welcome

Registration Process Tutorial ●   📄 Get Adobe Acrobat Reader

Based on the User Roles you've chosen, you may be required to submit additional documentation. You will receive an email with instructions and the necessary forms to be submitted. Once all validation documents are met, your registration will be reviewed for approval. Watch your email or log in for status updates.
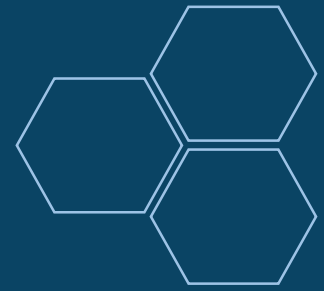
Your User Roles

Healthcare Professional	Validation Documents Required
Physician (MD, DO)	None Required

Registering for a
Law Enforcement Account

Select your User Roles

⊕ **Healthcare Professional**

⊖ **Law Enforcement** ⟵

- ☐ ATF
- ☐ Corrections
- ☐ DEA
- ☐ Drug Court
- ☐ FBI
- ☐ FDA
- ☐ Homeland Security
- ☐ Local
- ☐ Medicaid Fraud Units
- ☐ Multijurisdictional Task Force
- ☐ OIG
- ☐ Probation
- ☐ State Attorney General
- ☐ State Police
- ☐ State Prosecutor (District or Commonwealth Attorney)
- ☐ US Attorney

⊕ **Other**

Save and Continue

Personal

Drivers License Number *

Position, Title, or Rank *

Badge Number *

First Name *

Law Enforcement roles require
a valid badge number.

Middle Name

Last Name *

Date of Birth *

Primary Contact Phone *

Employer

City *

State *

Zip Code *

Phone *

Fax

Agency Head

Agency

Primary Work Location *

Name *

Address *

Address Line 2

City *

Submit Your Registration

Your Registration is Not Complete

Welcome

Registration Process Tutorial ➡   [Adobe icon] Get Adobe Acrobat Reader

Based on the User Roles you've chosen, you may be required to submit additional documentation. You will receive an email with instructions and the necessary forms to be submitted. Once all validation documents are met, your registration will be reviewed for approval. Watch your email or log in for status updates.

Your User Roles

Law Enforcement	Validation Documents Required	Documentation Received
Local	LawEnforcementLetterOfIntent.pdf	**Fill out the required form and upload it**

Upload validation documents

Local

[⬆ Add File...]

Validation documents will now be uploaded into the user profile, rather than mailed into INSPECT.

A blank copy of the document will also be email to the address provided.

Your User Roles

| Law Enforcement	Validation Documents Required	Documentation Received
Local	LawEnforcementLetterOfIntent.pdf	**Fill out the required form and upload it**

Upload validation documents

Local

Test_LawEnforcementLetterOfIntent.pdf,
33.03 KB
Uploaded less than 1 second ago

🗑 Delete

➕ Add File...

The completed validation document will appear here once it has been uploaded.
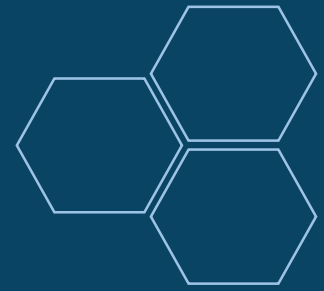
Registering for a Delegate Account

Registration Process

Select your User Roles

Registration Process Tutorial ●   Get Adobe Acrobat Reader

⊖ **Healthcare Professional**

- ☐ Physician (MD, DO)
- ☐ Dentist
- ☐ Nurse Practitioner / Clinical Nurse Specialist
- ☐ Midwife with Prescriptive Authority
- ☐ Physician Assistant
- ☐ Podiatrist (DPM)
- ☐ Optometrist
- ☐ Pharmacist with Prescriptive Authority
- ☐ Pharmacist
- ☐ Out of State Pharmacist
- ☐ Pharmacist in Charge
- ☐ Veterinarian
- ☐ Medical Resident with Prescriptive Authority
- ☐ Pharmacist's Delegate - Licensed
- ☐ Prescriber Delegate - Licensed   ← A professional License number will be required to register as a Delegate
- ☐ Dispensing Physician
- ☐ Out of State Prescriber

Delegate

I am a delegate for the following people... *

Email

[   ]   **Add**

Selected Supervisors

Delegates are required to add the
email address of their Supervisor.

Make sure that the Supervisor's email
address is valid and entered correctly.

Submit Your Registration

Powered By

APPRISS'
HEALTH

INSPECT
402 W Washington St.
W072
Indianapolis, IN 46204
(844) 446-4767

Account Approval Required

Your registration request requires approval from any supervisors you have selected. The Administrator will review your account request upon receiving the necessary approval.

Continue

Delegate

I am a delegate for the follow

Email

Add

Selected Supervisors

Email: inspectpdmptest@gmail.com   X

Submit Your Registration

New Delegate Registration for INSPECT Requires Your Approval `Inbox` `X`

A User has registered as a delegate for your account in INSPECT. You must approve this user before they can begin acting as a delegate for you.

Steps to Review and Approve a Delegate Account:

1. Log in to INSPECT
2. Choose "User Profile" then select "Delegate Management"
3. Click on the row for the new delegate and review their information
4. To approve the user, click the Red "Approve" button in the bottom right-hand corner.

Sincerely,
The INSPECT Team

INSPECT

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Support: (844) 446-4767

➕ Patient Alerts

➖ Recent Requests

RECENT REQUESTS

Patient Name	DOB	Status	Request Date	Delegate
Melvin Patient	01/01/2000	Complete	12/29/2017 3:06 PM	Test Delegatetwo
patient dummy	01/01/2000	Complete	12/29/2017 3:01 PM	Test Delegatetwo
test patient	01/01/2000	Complete	12/29/2017 2:49 PM	Test Delegate
test patient	01/01/2000	Complete	12/06/2017 3:02 PM	
test patient	01/01/2000	Complete	12/04/2017 3:39 PM	

View Requests History

➖ Delegates

DELEGATES

Delegate Name	Status	Request Date
NEW **Karen Licensing Delegate**	pending	12/29/2017

My Favorites

RxSearch - Patient Request

PMP Announcements

No Announcements Available.

Quick Links

INDIANA CONTROLLED SUBSTANCE
PRESCRIPTION REQUIREMENTS
DEA CONTROLLED SUBSTANCE
PRESCRIPTION REQUIREMENTS

Delegate Management

Select a delegate to review details.

First	Last	Role	Delegate Status	Date Requested	Date Verified
Test	Delegate	Prescriber Delegate - Licensed	Approved	10/05/2017	
Test	Delegatetwo	Prescriber Delegate - Licensed	Approved	10/12/2017	
Karen	Delegate	Prescriber Delegate - Licensed	Pending	12/29/2017	

Supervisors may activate or deactivate delegate accounts

Karen Licensing Delegate

Approve **Reject**

Role: Prescriber Delegate - Licensed
Phone: 3172348039
Email: inspectdelegatetest@gmail.com (Unverified)
Address: 402 W. Washington Street, Room W072
Indianapolis, IN 46204
Date of Birth: 01/01/1986

Delegate (pending)

Personal DEA

National provider (invalid)

Drivers license (valid)

3600-11-9876

Professional license (invalid)

123456A

1 Supervisor

Test Prescriber (pending)
inspectpdmptest@gmail.com

0 Delegates

Healthcare Specialty

My Dashboard

INSPECT
Rx

Powered by ⧉Awarxe™

Support: (844) 446-4767

Patient Alerts

PATIENT ALERTS

No patient alerts received.

The Requestor Dashboard is the first screen users
see once logged in with an approved account

Recent Requests

RECENT REQUESTS

Patient Name	DOB	Status	Request Date	Delegate
Melvin Patient	01/01/2000	Complete	12/29/2017 3:06 PM	Test Delegatetwo
patient dummy	01/01/2000	Complete	12/29/2017 3:01 PM	Test Delegatetwo
test patient	01/01/2000	Complete	12/29/2017 2:49 PM	Test Delegate
test patient	01/01/2000	Complete	12/06/2017 3:02 PM	
test patient	01/01/2000	Complete	12/04/2017 3:39 PM	

View Requests History

Delegates

Home	RxSearch	User Profile	Training	PDMP Links
Dashboard	Patient Request	My Profile	Aware User Guide	INDIANA CONTROLLE...
PMP Announcements	Bulk Patient Search	Default PMPi States	Help	DEA CONTROLLED SU...
Quick Links	Requests History	Delegate Management		
	MyRx	Password Reset		
		Log Out		

PATIENT ALERTS

No patient alerts received.

RxSearch - Patient Request

⊖ Recent Requests

RECENT REQUESTS

Patient Name	DOB	Status	Request Date	Delegate
Melvin Patient	01/01/2000	Complete	12/29/2017 3:06 PM	Test Delegatetwo
patient dummy	01/01/2000	Complete	12/29/2017 3:01 PM	Test Delegatetwo
test patient	01/01/2000	Complete	12/29/2017 2:49 PM	Test Delegate
test patient	01/01/2000	Complete	12/06/2017 3:02 PM	

PMP Announcements

No Announcements Available.

Quick Links

INDIANA CONTROLLED SUBSTANCE PRESCRIPTION REQUIREMENTS
DEA CONTROLLED SUBSTANCE PRESCRIPTION REQUIREMENTS

Home > Dashboard

My Profile

Default PMPi States

Delegate Management

Password Reset

Log Out

The drop down arrow next to the user's name will produce a shortcut to the user's profile settings

My Dashboard

⊖ Patient Alerts

PATIENT ALERTS

No patient alerts received.

⊖ Recent Requests

RECENT REQUESTS

Patient Name	DOB	Status	Request Date	Delegate
Melvin Patient	01/01/2000	Complete	12/29/2017 3:06 PM	Test Delegatetwo
patient dummy	01/01/2000	Complete	12/29/2017 3:01 PM	Test Delegatetwo
test patient	01/01/2000	Complete	12/29/2017 2:49 PM	Test Delegate

My Favorites

RxSearch - Patient Request

PMP Announcements

No Announcements Available.

Quick Links

INDIANA CONTROLLED SUBSTANCE
PRESCRIPTION REQUIREMENTS
DEA CONTROLLED SUBSTANCE
PRESCRIPTION REQUIREMENTS

Users can update their email address, employer information and contact by logging in to their account and accessing their profile settings.

My Profile

Profile Info

Name: Test Prescriber
Position/Rank:
DOB: 01/01/2001
Primary Contact: 317-234-4458
DEA Number(s): BJ6125341
Controlled Substance #: 01000001B
Professional License #: 01000001A   **Type:** MD

Employer DEA(s):
Employer:
        123 Any Street
        Indianapolis, IN 46204
Employer Phone: 317-234-4458
Role: Physician (MD, DO)

Specialty

Add a Healthcare Specialty   Browse All

🔍 Search by keyword (e.g. Allergy, Internal, Sports, Clinical, etc)

★ Designates Primary Specialty

★ Allopathic & Osteopathic Physicians
    Internal Medicine   ⊗

Patient Request

? Patient Rx Request Tutorial

Can't view the file? Get Adobe Acrobat Reader

* Indicates Required Field

Patient Info

First Name*

Last Name*

☐ Partial Spelling

☐ Partial Spelling

1. Enter patient search criteria in the boxes provided

2. Select date range-
(program will default to most recent 12 month period)

3. Check certification box

4. Click "Search"

Date of Birth*

MM/DD/YYYY

Prescription Fill Dates

No earlier than 3 years from today

From*

12/29/2016

To*

12/29/2017

Patient Request

? Patient Rx Request Tutorial

Can't view the file? Get Adobe Acrobat Reader

* Indicates Required Field

Law Enforcement Patient Request

Patient Info

First Name*

Last Name*

Date of Birth*

MM/DD/YYYY

Case Number*

← Law enforcement users must enter a valid case number.

Case Comments

Prescription Fill Dates

No earlier than 3 years from today

From*

To*

01/11/2017

01/11/2018

Patient Report   Refine Search

Report Prepared: 12/29/2017
Date Range: 12/29/2016 – 12/29/2017

Download PDF   Download CSV

+ test patient

– Summary

Prescriptions:	3
Prescribers:	1
Pharmacies:	1
Private Pay:	0
Active Daily MME:	0.0

Users will be able to export the data into a .pdf or .csv file by clicking the icons at the top of the report.

– Prescriptions

Filled	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy *	Refills	MME/D	Pymt Type	PMP
09/01/2017	1	09/01/2017	HYDROCODON-ACETAMINOPHEN 5-325	30.0	5	Te Pre	12345	XYZ P (6543)	0	30.0	Comm Ins	IN
08/27/2017	1	08/27/2017	HYDROCODON-ACETAMINOPHEN 5-325	30.0	5	Te Pre	23456	XYZ P (6543)	0	30.0	Comm Ins	IN
08/22/2017	1	08/22/2017	HYDROCODON-ACETAMINOPHEN 5-325	30.0	5	Te Pre	34567	ZYX P (6543)	0	30.0	Comm Ins	IN

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

Bulk Patient Search

How do you want to enter patients?

◉ Manual Entry
◯ File Upload

Manual Entry

First Name*	Last Name*	Date of Birth*	Zip Code	
test	Patient	01/01/2000		✖ Remove
Account	Dummy	01/01/1940		✖ Remove
Patient	Dummy	01/01/2000		✖ Remove
Melvin	Dummy	12/02/1951		Add ✚

My Rx

Prescriptions Written
No earlier than 3 years from today

From*
[MM/DD/YYYY]

To*
[MM/DD/YYYY]

DEA Numbers

☑ BJ6125341

Generic Drug Name (Optional)

Drug Name
[   ]

Search

RxSearch > Requests History

INSPECT

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Support: (844) 446-4767

Advanced Options ▾ | REQUESTOR NAME Yes | PATIENT NAME Yes | | Search

Requests History

Select a patient to review details about the request.

Download PDF   Download CSV

Patient First Name ⇕	Patient Last Name ⇕	Requestor ⇕	Requested For ⇕	Request Type ⇕	Status ⇕	Date Requested ⇕
Patient	Dummy	You		AWARxE	Complete	11/30/2017 12:10 PM
Melvin	Dummy	You		AWARxE	Complete	11/30/2017 12:09 PM
Melvin	Dummy	You		AWARxE	Complete	11/30/2017 12:09 PM
test	patient	You		AWARxE	Complete	11/30/2017 10:26 AM
Testing	Dummy	You		AWARxE	Complete	11/29/2017 9:46 PM
dumb	Dummy	You		AWARxE	Complete	11/29/2017 9:44 PM

INSPECT
Indiana Board of Pharmacy Prescription Monitoring Program
www.inspect.in.gov

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Default InterConnect PMPs

☐ Arizona
☐ Arkansas
☐ Colorado
☐ Connecticut
☐ Delaware
☐ Idaho
☐ Illinois
☐ Kansas
☐ Kentucky
☐ Massachusetts
☐ Michigan
☐ Minnesota
☐ Nevada
☐ New Mexico
☐ New York
☐ North Dakota
☐ Ohio
☐ Oklahoma

1. The user navigates to **Menu** > **User Profile** > **Default PMPi States**. A listing of available states will be displayed.

2. The user checks the boxes next to the states they want pre-selected when creating a new Patient Rx request.

3. The user clicks "Update Defaults" to save their selections.
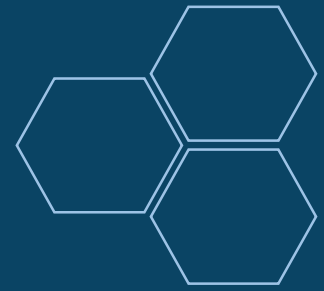
Contents

Guidelines for Practitioners
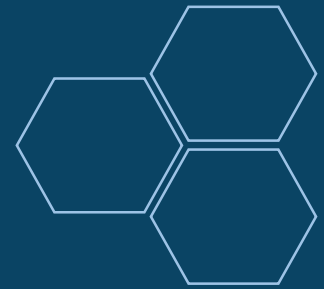
➢ Practitioners: Must hold an valid individual DEA number as well as a valid CSR license (N/A for Pharmacists). The practitioner must be providing medical or pharmaceutical treatment, or evaluating the need for such treatment to the patient in question.

➢ YOU ALONE are ultimately responsible for the activity that occurs on your account.

➢ Always validate the contents of the Rx Report!

➢ Feel free to share information regarding the contents of a patient's Rx History Report with mutual providers and law enforcement—but DO NOT send along your hardcopy. Advise mutual providers to obtain their own report.

Sharing with Law Enforcement
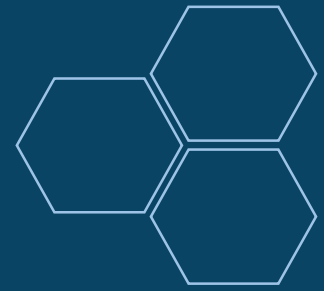
➢ Legislation passed during the 2010 General Assembly adds a provision to IC-35-48-7-11.1 stating,

> ➢ *(n) A practitioner who in good faith discloses information based on a report from the INSPECT program to a law enforcement agency is immune from criminal or civil liability. A practitioner that discloses information to a law enforcement agency under this subsection is presumed to have acted in good faith.*

Guidelines for Law Enforcement

➢ Only obtain Rx History Reports for suspects/probationers who are subjects of active, ongoing investigation and/or adjudications involving the unlawful diversion or misuse of controlled substances. Through 2016 legislation this includes All Coroners – NO FISHING EXPEDITIONS!

➢ **The Rx History Report is NOT the evidence!**
> Think of INSPECT as a sort of intelligence service—a *means* of streamlining your investigation and reducing
> the time it takes to collect the actual, hardcopy evidence available at the pharmacy level.
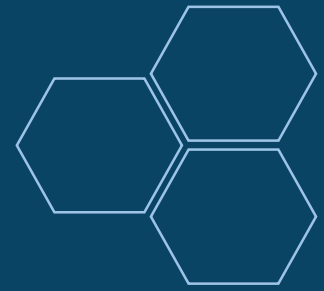
Eligibility for INSPECT Access

➤ **Licensing Board:** Must be engaged in an investigation of a licensee

➤ **Attorney General's Office:** Must be engaged in an investigation, adjudication, or a prosecution regarding a violation of state/federal laws concerning controlled substances

➤ **Law Enforcement:** Must concern an investigation and/or an adjudication involving the unlawful diversion or misuse of controlled substances.

➤ **Practitioners:** Must be providing medical or pharmaceutical treatment, or evaluating the need for such treatment to the patient in question.

* The conditions under which eligible users may obtain data from INSPECT are outlined in statute (IC 35-48-7-11.1).

Are you Registered?

WHAT: A new state law requires Physicians who are permitted to prescribe controlled substances to register with INSPECT, Indiana's prescription drug monitoring program.

WHEN: By Tuesday, Jan. 1, 2019.

WHERE: Information about registering for INSPECT can be found online at www.in.gov/pla/inspect

WHY: CSR holders are required to query patients' INSPECT history each time they prescribe or dispense an opioid or benzodiazepine.

The query requirements take effect in various settings on the following dates.

- Jan. 1, 2019: Hospital emergency departments and pain-management clinics
- Jan. 1, 2020: Hospitals
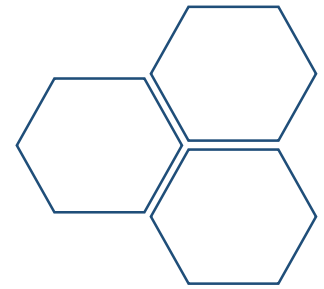- Jan. 1, 2021: All remaining prescribers with a CSR *and* DEA

How to Integrate

1) Complete the Integration Request form and Gateway Licensee Questionnaire.

2) Review and sign the End User License Agreement. Return documents to inspect@pla.in.gov

3) Have your software vendor review the PMP Gateway Application Program Interface (API).

4) Appriss, the INSPECT software vendor, will set up an initial technical meeting with your vendor.

To learn more, please visit
www.INSPECT.IN.GOV

INSPECT
Indiana Board of Pharmacy Prescription Monitoring Program
www.inspect.IN.gov

INTEGRATION INITIATIVE

Contact Information

➢ To register for an account, please visit https://indiana.pmpaware.net

➢ If you registered for an account prior to October 11, 2017 and no longer have access to the email address in your profile, submit your new email request to inspect@pla.in.gov and someone will assist with your account within 24 hours.

➢ **Technical Assistance-** If you need additional help with any of the procedures outlined in this guide, you can contact the Appriss help desk at: 1-844-446-4767.

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