The Department of Public Health's (DPH) Prescription Drug Monitoring Program (PMP) serves as a repository of data for all prescription drugs dispensed statewide, including those prescriptions that are sought after for illicit and non-medical use and thus represent the highest potential for abuse (federal Schedules II – V, including certain narcotics, stimulants and sedatives). The PMP also enables prescribers and dispensers to access a patient's prescription history and can be used as a clinical decision-making tool, allowing the provider to have a holistic view of the patient's medications.

When interpreting PMP county-level data, it is important to emphasize that increases or decreases in a single measure may not indicate an increase or decrease in prescription misuse or abuse. Put simply, use does not always equate to abuse. There are many factors that might explain an unusually high rate of prescribing in a given area. For instance, an area which contains a large number of residents in long-term care facilities may result in a high rate of opioid prescribing.

These datasets inform critical discussions about opioid prescribing, provide an important baseline to better inform future policy decisions and allow the state and stakeholders to more meaningfully measure whether policy initiatives are effective.

Effective October 6, 2014, all hydrocodone combination drug (HCD) products (e.g., Vicodin) were reclassified from Schedule III to Schedule II. This reclassification during the last quarter of 2014 makes comparisons over time difficult to interpret. Beginning with CY 2015 data, reports of Schedule II products will include all HCD prescriptions.

Individuals with activity of concern "thresholds" for this report are based on a 3-month time period. MDPH has previously released annual county-level reports that provide thresholds based on a 12-month time period. Although the numbers (or rates) generated may appear to be comparable, they represent different time periods and are **NOT** an apples-to-apples comparison. The results are only comparable when the thresholds (e.g., 4 different providers and 4 different pharmacies), time interval (e.g. over a three-month period), and drug products analyzed (e.g. Schedule II opioids) are the same. Meaning, the total number (or rates) of individuals who received Schedule II-V opioid prescriptions from 4 or more providers and had them filled at 4 or more pharmacies in a 3-month period cannot and should not be compared with the total number of individuals (or rates) who received Schedule II-V opioid prescriptions from 4 or more providers and had them filled at 4 or more pharmacies in a 12-month period.

County (County classifications are by patient zip code; patient state must also = MA)	Census Population	Total Schedule II Opioid Prescriptions	Total Number of Schedule II Opioid Solid Dosage Units	Individuals Receiving Schedule II Opioid Prescription	% of Individuals Receiving Schedule II Opioid Prescription (of total population)	Individuals with Activity of Concern	Rate of Individuals with Activity of Concern (per 1,000)
Barnstable	216,343	21,985	1,096,177	9,764	4.5	11	1.1
Berkshire	127,457	12,743	646,817	5,720	4.5	< 5	NR
Bristol	566,414	61,647	3,618,333	25,566	4.5	15	0.6
Dukes	17,364	1,316	71,886	633	3.6	< 5	NR
Essex	791,568	61,969	3,193,616	28,986	3.7	34	1.2
Franklin	71,509	7,930	460,167	3,267	4.6	< 5	NR
Hampden	473,588	49,478	2,794,248	21,225	4.5	16	0.8
Hampshire	164,339	14,838	903,310	6,187	3.8	8	1.3
Middlesex	1,614,538	88,464	4,473,026	44,864	2.8	37	0.8
Nantucket	11,237	934	38,861	444	4.0	< 5	NR
Norfolk	706,950	44,627	2,454,141	21,603	3.1	21	1.0
Plymouth	520,230	43,983	2,517,463	20,767	4.0	5	0.2
Suffolk	802,474	41,198	2,353,540	19,422	2.4	22	1.1
Worcester	832,834	67,419	4,022,113	30,522	3.7	19	0.6
MA	6,916,845	518,531	28,643,698	238,970	3.5	190	0.8

Note 1: Individuals with activity of concern "thresholds" for this report are based ONLY on a 3-month time period; see notes on previous page; CY19-Q1

Note 2: Counts greater than 0 but less than 5 are not reported. Rates based on these small values also are not reported (NR).

Note 3: Rates of individuals with activity of concern are based on the population of individuals who have received one or more Schedule II opioid prescriptions during the specified time period.

Note 4: Totals for all counties combined will differ slightly compared to the state totals presented elsewhere because some prescription records could not be assigned a county due to inaccurate zip code/city town information reported to the program.

Note 5: The total sum for the "Number of Individuals Receiving Schedule II Opioid Prescription" will be slightly different than the sum presented for the state in Figure 2 due to a small number of double counting of individuals moving from one county to another during the specified time period.

Note 6: PMP data are preliminary and subject to updates. The MA PMP database is continuously updated to allow for prescription record correction data submitted by pharmacies. The data were extracted on 4/18/2019; Release Date: May 2019.

Note 7: Beginning in 3rd quarter of 2016 the Department of Veteran's Affairs (VA) facilities began submitting data to the MA PMP.

Note 8: Small Area Population Estimates 2011-2020, version 2017, Massachusetts Department of Public Health, Bureau of Environmental Health. Population estimates used for years following the decennial census were developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health.

MA Prescription Monitoring Program Data
Trend Analyses for Schedule II Opioids Only

- Registered MassPAT providers conducted nearly 1.86 million searches in the 1st Quarter of 2019; there was an increase of approximately 90,000 searches from the previous quarter.
- In the 1st Quarter of 2019 there were just over 518,000 Schedule II opioid prescriptions reported to the MA PMP; this is a notable decrease from the previous quarter and a 39% decrease from the 1st Quarter of 2015 (n = 841,990 Schedule II opioid prescriptions).

Figure 1. Schedule II Opioid Prescriptions and MassPAT[1] Search Activity[2] Trends MA: Q1-2015 - Q1 2019

[1] MassPAT is the Massachusetts Prescription Awareness Tool (Online PMP)
[2] Search activity includes prescribers, delegates, and pharmacists registered in MassPAT and in the previous MA Online PMP system
[3] Pharmacies required to report daily
[4] STEP bill signed into law (7-day supply requirements go into effect)
[5] MA prescribers required to look up patient when prescribing a Schedule II or III opioid medication

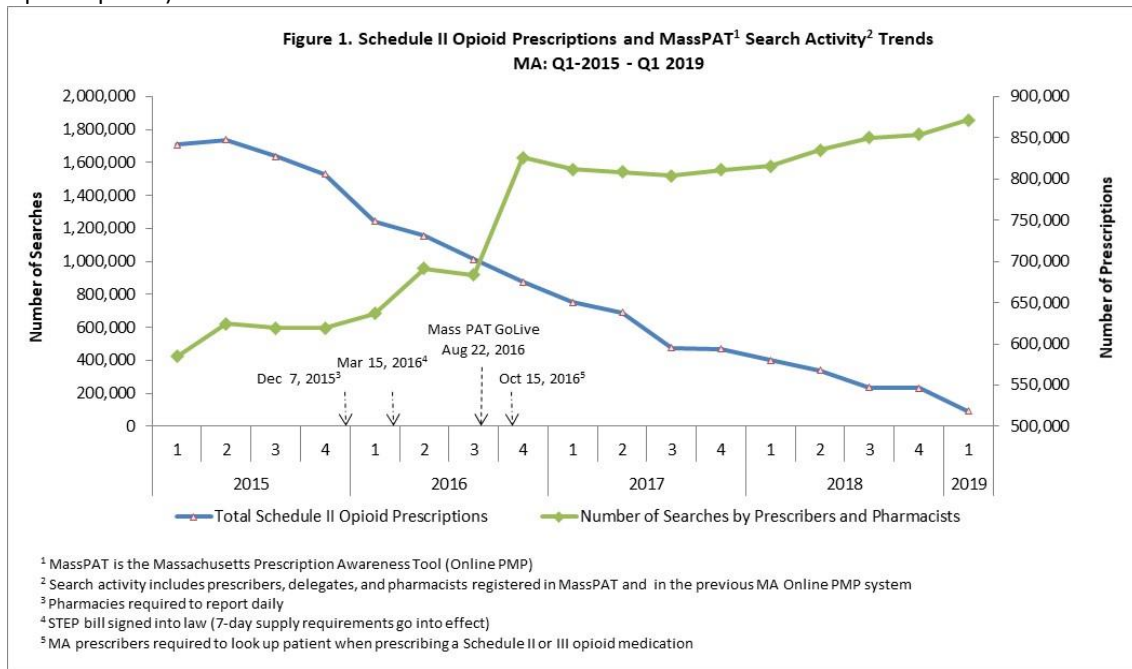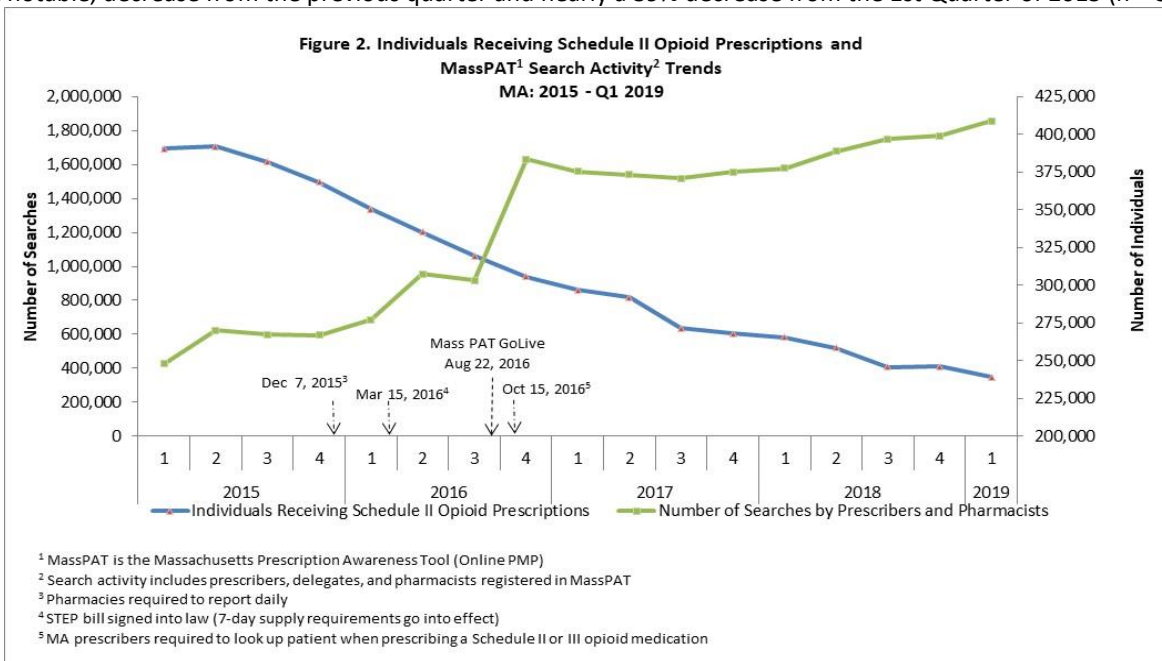**Note:** PMP data are subject to updates. The MA PMP database is continuously updated to allow for prescription record correction data submitted by pharmacies. The data for CY-2019 Q1 were extracted on 4/22/2019.

- Just under 239,000 individuals in MA received prescriptions for Schedule II opioids in the 1st Quarter of 2019; this is a small, but notable, decrease from the previous quarter and nearly a 39% decrease from the 1st Quarter of 2015 (n = 390,532).

Figure 2. Individuals Receiving Schedule II Opioid Prescriptions and MassPAT[1] Search Activity[2] Trends MA: 2015 - Q1 2019

[1] MassPAT is the Massachusetts Prescription Awareness Tool (Online PMP)
[2] Search activity includes prescribers, delegates, and pharmacists registered in MassPAT
[3] Pharmacies required to report daily
[4] STEP bill signed into law (7-day supply requirements go into effect)
[5] MA prescribers required to look up patient when prescribing a Schedule II or III opioid medication
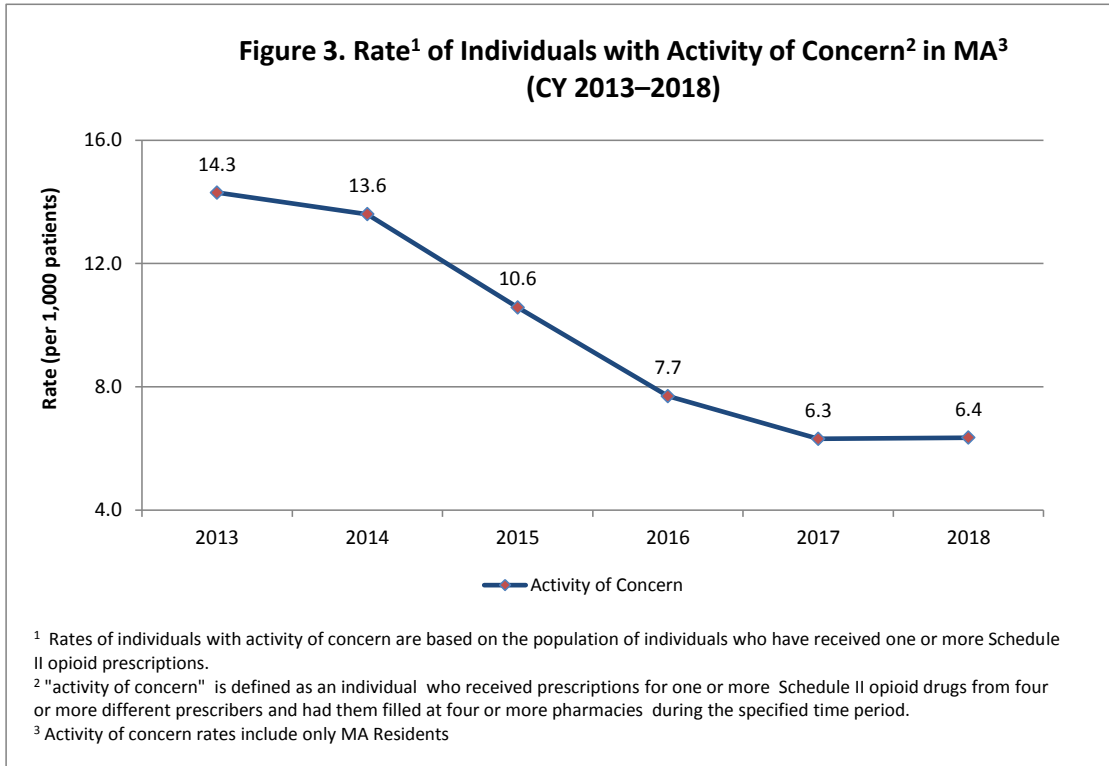
Note: PMP data are subject to updates. The MA PMP database is continuously updated to allow for prescription record correction data submitted by pharmacies. The data for CY-2019 Q1 were extracted on 4/22/2019.

- The rate of individuals with activity of concern (also referred to as multiple provider episodes) decreased from 14.3 to 6.4 per 1,000 individuals between CY 2013 and CY 2018, a 55% reduction in activity of concern. Between CY 2017 and CY 2018 the rates of individuals with activity of concern increased slightly from 6.3 to 6.4 per 1,000 patients; this may reflect greater stability in the rate moving forward.
- Potential contributors to the lack of continued decline of this rate may include an increase in multi-practitioner care teams, the continuing rise in specialty pharmacy that results in the use of multiple pharmacies by an individual to acquire medications, and law enforcement access to PMP data required a probable cause warrant as of 8/9/2018 (Ch. 208 of the Acts of 2018).

Figure 3. Rate[1] of Individuals with Activity of Concern[2] in MA[3] (CY 2013–2018)

[1] Rates of individuals with activity of concern are based on the population of individuals who have received one or more Schedule II opioid prescriptions.
[2] "activity of concern" is defined as an individual who received prescriptions for one or more Schedule II opioid drugs from four or more different prescribers and had them filled at four or more pharmacies during the specified time period.
[3] Activity of concern rates include only MA Residents

Note: PMP data are subject to updates. The MA PMP database is continuously updated to allow for prescription record correction data submitted by pharmacies. The data for CY-2018 were extracted on 1/17/2019.

Source

- Prescription Drug Monitoring Program, Bureau of Health Professions Licensure, MDPH