Specific Metrics for PMP Prescriber Reports for
Prescription Monitoring Program

The Prescriber Report is not able to account for variations in clinical hours or patient volume. The characteristics of your practice should be taken into consideration when viewing comparative metrics.

Metric Values Generation

- The PMP Prescriber Reports is reflective on opioids in Schedule II-V, and anxiolytic/sedative/hypnotic medications as reported to the state PMP during the report period as noted.
- Metrics are reported either as values covering the full report period or the average of monthly metrics (which are referred to as "Monthly Average".)
- Some metrics additionally include comparisons to median values of prescriber peer groups; these are defined as follows:
    - Similar Prescriber (SP): The same role + the same healthcare specialty of the prescriber.
    - Within Specialty (WS): The same healthcare specialty as the prescriber.

Specific Metrics:

NUMBER OF YOUR PATIENTS RECEIVING OPIOIDS *(MONTHLY AVERAGE)*		
400	300	350
You	Similar Prescriber (SP)	Within your Specialty (WS)

1) Number of persons for which you prescribed at least one (1) Schedule II-V opioid

- Monthly average value
- Includes comparison with peer group median values

NUMBER OF PRESCRIPTIONS YOU WROTE FOR OPIOIDS *(MONTHLY AVERAGE)*		
1015	750	800
You	Similar Prescriber (SP)	Within your Specialty (WS)

2) Number of Schedule II-V opioid prescriptions written by you

- Monthly average value
- Includes comparison with peer group median values

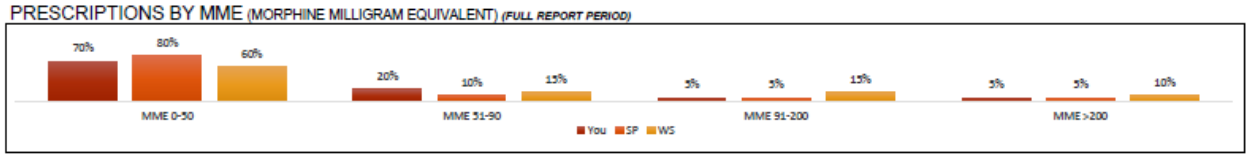
TOP MEDICATIONS PRESCRIBED *(FULL REPORT PEROID)*

HYDROCODONE BITARTRATE/ACETAMINOPHEN	ALPRAZOLAM	ZOLPIDEM TARTRATE

3) Top medications prescribed by you

- Top three (3) drugs based on # of prescriptions
- By generic name and as reported to the state PMP

- Full Report Period

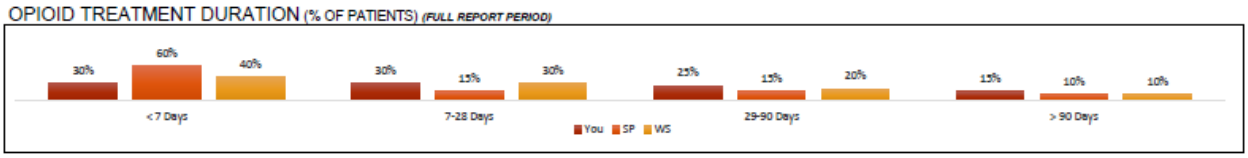


4) Percentage values of opioid prescriptions written by you divided into the following Daily MME ranges:

- MME 0-50
- MME 51-90
- MME 91-200
- MME > 200

o Full report period
o Includes comparison with peer group median values

*Although the use of any opioid can lead to overdose, research suggests that exposure to higher doses of all opioids increases the risk of overdose. Opioid doses of more than 100 MME are disproportionately associated with overdose-related hospital admissions and deaths.*****

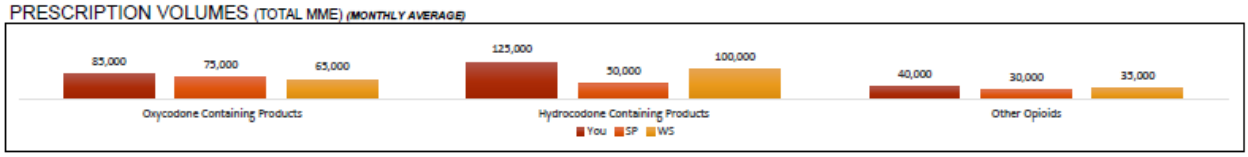


5) Percentage values of your patients where their opioid treatment duration falls into one of the following range of days (these values are based on the cumulative day's supply of a person's prescriptions during the report time.):

- < 7 Days
- 7-28 Days
- 29-90 Days
- 90 Days

o Full report period
o Includes comparison with peer group median values

*Compared to the general population, those who received three months of prescribed opioids are four times as likely to die from an opioid-related overdose within one year, and 30 times as likely to die of an opioid-related overdose within five years.***

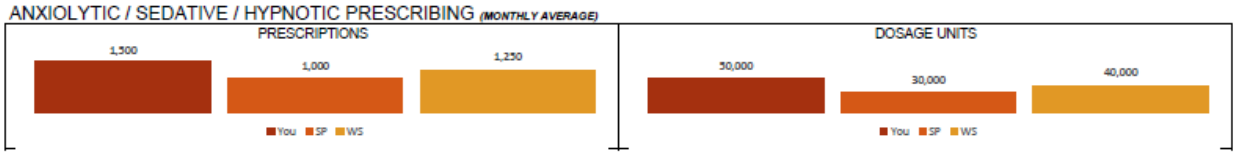


6) Total Morphine Milligram Equivalency (MME) of prescriptions written by you in the following groups:

- Total MME of Oxycodone containing products
- Total MME of Hydrocodone containing products
- Total MME of all other opioids

o Monthly average value
o Includes comparison with peer group median values

Download an [Opioid Morphine Milligram Equivalent (MME) Conversion Factors] table.

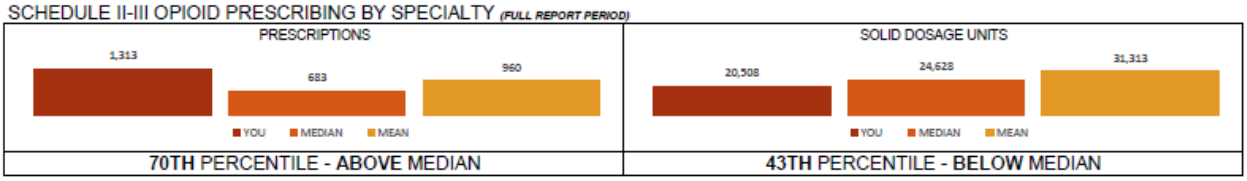


7) Anxiolytic / Sedative / Hypnotic Prescribing

- Number of Anxiolytic / Sedative / Hypnotic prescriptions (together as one group)
- Quantity of dose units of all Anxiolytic / Sedative / Hypnotic prescriptions.

o Monthly average value
o Includes comparison with peer group median values

*Benzodiazepines are present in nearly 57% of post-mortem toxicology screens of opioid related deaths; more frequently than heroin, cocaine, or prescription opioids.****



8) Schedule II-III Opioid Prescribing by Specialty

- Number of schedule II and III opioid prescriptions written by you
- Quantity of dose units of schedule II and III opioids prescriptions
- Percentile rank within your specialty for number of prescriptions and quantity

o Full Report Period
o Includes comparison to the median and mean of specialty peer group

*58% of those who died of an opioid-related overdose had an active Rx opioid in the previous 12 months.***

PDMP USAGE *(MONTHLY AVERAGE)*			
PDMP REQUESTS BY YOU	PDMP REQUESTS BY YOUR DELEGATE(S)	SIMILAR PRESCRIBER AVERAGE	SPECIALTY FIELD AVERAGE
100	75	200	150

9) PDMP Usage

- Number of PDMP Report requests by you (and your delegates, if appropriate)

o Monthly average value
o Includes comparison with peer group median values

PATIENTS EXCEEDING MULTIPLE PROVIDER THRESHOLDS *(FULL REPORT PERIOD)*	
PATIENTS EXCEEDING MULTIPLE PRESCRIBER THRESHOLD	PATIENTS EXCEEDING MULTIPLE PHARMACY THRESHOLD
25	15

10) Patient Exceeding Multiple Provider Thresholds

- Number of patients with prescriptions from > 5 prescribers (including at least one written by you)
- Number of patients having prescriptions filled at > 5 pharmacies (where you wrote at least one of these prescriptions.)

o Full report period

*The fatal opioid-related overdose rate for individuals with three or more opioid prescribers is seven times higher than the rate for other people.***

DANGEROUS COMBINATION THERAPY			
COMBO PRESCRIPTIONS FOR OPIOID + BENZO IN SAME MONTH		COMBO PRESCRIPTIONS FOR OPIOID + BENZO + CARISPORODOL IN SAME MONTH	
25	35	15	20
BY YOU	BY YOU + OTHER PRESCRIBERS	BY YOU	BY YOU + OTHER PRESCRIBERS

11) Dangerous Combo Therapy

- Number of patients receiving an opioid + a benzodiazepine* (in same month - both written for by you).
- Number of patients receiving an opioid + a benzodiazepine* (in same month - where you wrote just one of the prescriptions).

- Number of patients receiving an opioid, a benzodiazepine* + carisoprodol (in same month - all written for by you).
- Number of patients receiving an opioid, a benzodiazepine* + carisoprodol (in same month - where you wrote just one of the prescriptions).

* This would also include any other Anxiolytic / Sedative / Hypnotic medications

o Full report period

** Massachusetts Chapter 55 Legislative Report, August 2017 Includes data from the MA Prescription Monitoring Program.

*** Data Brief: Opioid1 -Related Overdose Deaths Among Massachusetts Residents

**** Opioid Abuse in Chronic Pain — Misconceptions and Mitigation Strategies

Nora D. Volkow, M.D., and A. Thomas McLellan, Ph.D., N Engl J Med 2016; 374:1253-1263March 31, 2016DOI: 10.1056/NEJMra1507771