MA PMP Prescriber Report User Guide

The Prescriber Report is intended to give prescribers insight into their opioid prescribing patterns. Reports are provided quarterly to all registered PMP users with an active account and a defined role and specialty who have written at least one opioid prescription during the prior six-month period. The data represented includes Schedule II-V drugs as reported to the state PMP, by the dispensers and pharmacies, during the report period listed. The following includes information on how to interpret each section of the prescriber report.

Disclaimer: Comparisons with peer groups are meant to give prescribers a point of reference. The PMP recognizes that no two practice settings are identical. Additionally, this report is not intended to be an indication that the prescriber or his/her patients have done something wrong.

Report Header

The “specialty” field represents the specialty as chosen by you upon registration with the PMP. If you feel your specialty is misrepresented, you may update it within your PMP account and these changes will be reflected in the next distribution of your prescriber report.

To update your specialty in the PMP, please log into the PMP site. Under the “Menu” tab, select “My Profile” and update your Specialty on that page. For additional details on how to do this, please see the Q&A section of this document.

Peer Groups (for comparison)

Most metrics include comparisons to median values of your prescriber peer groups. Only those prescribers who are registered with the PMP with an active account and a defined role and specialty who have written at least one opioid prescription during the prior six-month period are included in the comparisons.

The prescriber peer groups are defined as follows:

- Similar Prescriber (SP): The same role and the same healthcare specialty of the prescriber. For example, a comparison with other physician assistants in family practice.
A value of * indicates that the SP peer group was too small for a statistically valid comparison and no comparison is provided.

Within Specialty (WS): The same healthcare specialty as the prescriber. For example, comparison with all other roles (physicians, nurse practitioners, physician assistants, etc.) with a specialty of Family Medicine.

The specialty as selected by the prescriber at the time of registration is used for this comparison. If Specialty Level 3 is too small for a statistically valid comparison, Specialty Level 2 is used. If Specialty Level 2 is too small for a statistically valid comparison, Specialty Level 1 is used.

Number of patients for which you prescribed opioids (monthly average)
This represents a monthly average of your patients that were prescribed opioids compared to your peers.

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Similar Prescriber (SP)</th>
<th>Within your Specialty (WS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF PATIENTS FOR WHICH YOU PRESCRIBED OPIOIDS (MONTHLY AVERAGE)</td>
<td>52</td>
<td>16</td>
<td>13</td>
</tr>
</tbody>
</table>

Number of prescriptions you wrote for opioids (monthly average)
This represents a monthly average of opioid prescriptions that were written by you in comparison to your peers.

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Similar Prescriber (SP)</th>
<th>Within your Specialty (WS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF PRESCRIPTIONS YOU WROTE FOR OPIOIDS (MONTHLY AVERAGE)</td>
<td>59</td>
<td>20</td>
<td>15</td>
</tr>
</tbody>
</table>

Top Medications Prescribed (Full Report Period)
This metric represents the top three Schedule II-V drugs (listed by generic name) based on the number of prescriptions prescribed by you and reported to the PMP.

<table>
<thead>
<tr>
<th>TOP MEDICATIONS PRESCRIBED (FULL REPORT PERIOD)</th>
<th>ALLOPATHIC &amp; OSTEOPATHIC PHYSICIANS</th>
<th>FAMILY MEDICINE - ADOLESCENT MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALPRAZOLAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAMADOL HCL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LORAZEPAM</td>
<td></td>
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</tr>
</tbody>
</table>

Prescriptions by Daily MME (Morphine Milligram Equivalent) (Full Report Period)
This metric categorizes all opioid prescriptions written by you into four groups based on their Daily Morphine Milligram Equivalent (MME) range. Each Daily MME range includes a comparison to your peers.
The Morphine Milligram Equivalent (MME) is the amount of morphine an opioid dose is equal to when prescribed. Buprenorphine is excluded from MME calculations in this report. The Centers for Disease Control and Prevention (CDC) recommends that prescribers should reassess evidence of the benefits and risks to the patient when increasing dosage to ≥ 50 MME/day (e.g., ≥ 50 mg hydrocodone; ≥ 33 mg oxycodone) and avoid increasing to ≥ 90 MME/day (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone) when possible due to an increased risk of complications.

The CDC’s Opioid Guideline Mobile App summarizes key recommendations on opioid prescribing and includes an MME calculator: [https://www.cdc.gov/drugoverdose/prescribing/app.html](https://www.cdc.gov/drugoverdose/prescribing/app.html)

### Opioid Treatment Duration (% Of Patients) (Full Report Period)
This metric categorizes your patients into four groups based on the duration of their opioid treatment. Each range includes a comparison to your peers. The ranges are based on the cumulative days’ supply of a patient’s prescriptions during the reporting period. The days’ supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written a month apart would count as 10 days).

### Prescription Volumes (Total MME) (Monthly Average)
This metric was calculated using the total dosage (Morphine Milligram Equivalent) of all opioid prescriptions written by you and is presented as a monthly average. Prescriptions are categorized by those containing oxycodone, hydrocodone and all other opioids. Each category includes a comparison to your peers.

### Anxiolytic/Sedative/Hypnotic Prescribing (Monthly Average)
This metric represents the monthly average of prescription counts and dosage units for Anxiolytic/Sedative/Hypnotic prescriptions written by you compared to your peers. All Anxiolytic/Sedative/Hypnotic prescriptions are included as a single category.
PMP Usage (Monthly Average)
This metric represents the average number of PMP patient report requests made within the reporting period by you and/or your delegates compared to your peers.

Patients Exceeding Multiple Provider Thresholds (Full Report Period)
Multiple Prescriber Threshold: This metric represents the number of your patients who received controlled substance prescriptions from more than 5 prescribers, including you, within the past six months.

Multiple Pharmacy Threshold: This metric represents the number of your patients who filled controlled substance prescriptions at more than 5 pharmacies within the past six months.

Dangerous Combination Therapy
This metric represents the number of patients in the reporting period receiving a prescription for both an opioid and a benzodiazepine (or an opioid, benzodiazepine and carisoprodol) for an overlapping period within the reporting period. The metric “by you” represents cases in which you wrote prescriptions for each of the drugs for the same patient. The metric “by you + other prescribers” represents cases in which you wrote at least one of the prescriptions (this metric is inclusive of the “by you” metric). Benzodiazepine prescriptions include any other anxiolytic, sedative and hypnotic medications.

According to the CDC, concurrent benzodiazepine, opioid, and/or carisoprodol prescriptions should be avoided, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death.
Questions and Answers (Q&A)

How can I update my specialty so it is represented correctly in this report?
The “specialty” in the prescriber report represents the specialty as chosen by you upon registration with the PMP. If you feel your specialty is misrepresented, you may update it within your PMP account and these changes will be reflected in the next distribution of your prescriber report.

To update your specialty, follow the steps below.
1. Login to ______________________
2. Click on your name in the top right corner of PMP AWARxE, click My Profile.

3. Under My Profile you will find Specialty which displays the currently selected Healthcare Specialty.
You may add additional specialties, if applicable, by clicking within the “Add a Healthcare Specialty” field and begin typing the name of your preferred specialty.

4. To delete an existing Healthcare Specialty click the “X” to the right of the specialty you wish to delete.

My DEA number is incorrect. How can I fix that?
You can validate or update your DEA number by visiting the DEA website: https://apps.deadiversion.usdoj.gov/webforms/jsp/regapps/common/updateLogin.jsp
To update your DEA number in MassPAT please contact us at 617-753-7310 or mapmp.dph@state.ma.us.
How can I look up my prescribing history?
You may further review your PDPMP prescription detail by following the below steps.

1. Login to https://massachusetts.pmpaware.net/
2. Click Menu from the top menu bar to expand the options
3. Click MyRX below RXSearch

4. MyRx will allow you to search for prescriptions written by you that have been dispensed to the patient and reported to the PMP.

How can I learn more about opioid prescribing, tapering and referring substance use disorder patients to treatment?
**CDC Guideline for Prescribing Opioids for Chronic Pain**

*Please familiarize yourself with these valuable SUD resources:*
Why did I receive this report when my peer prescriber has not received it?
Only prescribers that are registered with the PMP, have a defined role and specialty, and have written at least one opioid prescription during the prior six-month period will receive a report. Additionally, prescribers with inaccurate, invalid, or inactive email addresses in the PMP system would not be able to receive the report.

What are some of the limitations of the Prescriber Report?

1. The Report is not able to account for variations in clinical hours or patient volume. Some practitioners may see many more patients during the reporting period than others. The characteristics of your practice should be taken into consideration when viewing comparisons with prescribers within your specialty and like prescribers within your specialty (e.g., NPs, PAs, or MDs).

2. Certain specialties can have a small number of practitioners and, therefore, an outlier can significantly influence the number of patients, prescriptions, and the averages in several of the data fields included in the Report.

3. Comparisons exclude practitioners within your specialty that have not issued a prescription for at least one Schedule II or III opioid during the six month reporting period. Therefore, in certain specialties you are being compared to the subset of practitioners who have prescribed opioids during the reporting window rather than to all practitioners within that specialty.