

4815 West Markham Street ◆ Little Rock, Arkansas 72205-3867 ◆ Telephone (501) 661-2000

Governor Asa Hutchinson

Renee Mallory, RN, BSN, Interim Secretary of Health

Jennifer Dillaha, MD, Director



# Arkansas Prescription Drug Monitoring Program (PDMP) Prescriber Report User Guide

This document is a guide to interpreting your Prescriber Report. Please log into the PDMP and navigate to Menu > RxSearch > Prescriber Report to view the Prescriber Report. Prescriber Report images below are examples and NOT a reflection of your prescribing history.

The **Prescriber Report** is intended to give prescribers insight into their opioid prescribing patterns. **Prescriber Reports** are provided quarterly to all registered PDMP users, with an active account, and a defined role and **Specialty** who have written at least one opioid, sedative, or stimulant prescription during the prior 6-month period. The data represented includes Schedule II-V drugs as reported to the state PDMP, by the dispensers and pharmacies, during the reporting period listed. The following includes information on how to interpret each section of the **Prescriber Report**. For additional questions, please call the AR PDMP at 501-683-3960.

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

Interactivity: Please note, Prescriber Reports are now interactive! Please refer to pages 5-7 for an overview of the additional information that you may now obtain from your Prescriber Report.

#### Report Header

The **Specialty** field represents the *Healthcare Specialty* as chosen by you upon registration with the PDMP.

**Note:** If you feel your **Specialty** is misrepresented, you may update it within your PDMP account or call 501-683-3960 and a PDMP representative can assist in updating your specialty. Any changes made will be reflected in the next distribution of your **Prescriber Report**.

To update your **Specialty** in the PDMP, please log in to the PDMP system. Click on your name in the top right corner of PMP AWARxE, and then click **My Profile** to update your *Healthcare Specialty*. For additional details on how to do this, please see the **Q&A** section of this document.

The "quarter" dropdown menu allows you to view up to the last 4 quarterly reports if one was generated for previous quarters.





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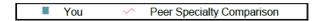
#### Peer Groups (for comparison)

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



**Peer Specialty Comparison:** The same *Healthcare Specialty* as the prescriber. For example, comparison with all other roles (physicians, nurse practitioners, physician assistants, etc.) practicing in family practice.

Throughout the **Prescriber Report**, the blue bar chart represents your prescribing activity, while the peer specialty comparison is displayed as the pink line.

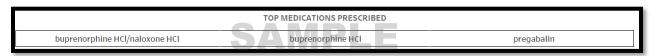


The **Specialty**, as selected by the prescriber at the time of registration, is used for this comparison. If Specialty Level 3 is too small for a statistically valid comparison, Specialty Level 2 is used. If Specialty Level 2 is too small for a statistically valid comparison, Specialty Level 1 is used.



#### **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 PDMP during the 6-month reporting period





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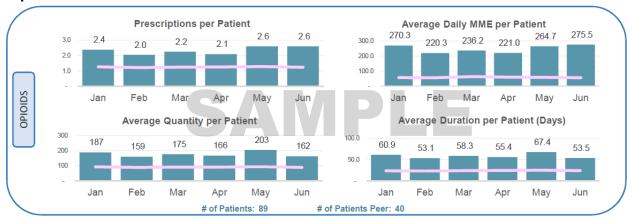
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## Opioids\*



\*This section excludes drugs containing buprenorphine

**Prescriptions per Patient:** The average number of opioid prescriptions dispensed per unique patient during each month.

**Daily MME per Patient:** The average daily MME for opioids dispensed per patient during each month. Daily MME is the total MME divided by days supplied for each dispensation.

**Average Quantity per Patient:** The average quantity of opioid doses dispensed per unique patient during each month.

**Average Duration per Patient:** The average days' supply of opioids dispensed per unique patient during each month. The days' supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written two weeks apart would count as 10 days).

**Unique Patients:** Distinct count of patients prescribed opioids by the prescriber during the 6-month reporting period.

**Unique Patients Peer:** Average Distinct count of patients prescribed opioids per prescriber, within peer specialty comparison, during the 6-month reporting period.

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  $\geq 50$  MME/day (e.g.,  $\geq 50$  mg hydrocodone;  $\geq 33$  mg oxycodone) and avoid increasing to  $\geq 90$  MME/day ( $\geq 90$  mg hydrocodone;  $\geq 60$  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



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## **Buprenorphine\*\***



\*\*This section includes only drugs containing buprenorphine

**Prescriptions per Patient:** The average number of buprenorphine prescriptions dispensed per unique patient during each month.

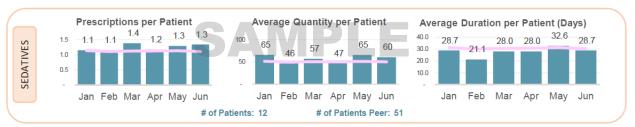
**Average Quantity per Patient:** The average quantity of buprenorphine doses dispensed per unique patient during each month.

Average Duration per Patient: The average days supplied of buprenorphine dispensed per unique patient during each month. The days' supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written two weeks apart would count as 10 days).

**Unique Patients:** Distinct count of patients prescribed buprenorphine by the prescriber during the 6-month reporting period.

**Unique Patients Peer:** Average Distinct count of patients prescribed buprenorphine per prescriber, within peer specialty comparison, during the 6-month reporting period.

#### Sedatives\*\*\*



\*\*\*This section includes all Anxiolytic/Sedative/Hypnotic dispensations

**Prescriptions per Patient:** The average number of sedative prescriptions dispensed per unique patient during each month.

**Average Quantity per Patient:** The average quantity of sedatives dispensed per unique patient during each month.

**Average Duration per Patient:** The average days supplied of sedatives dispensed per unique patient during each month. The days' supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written two weeks apart would count as 10 days).

**Unique Patients:** Distinct count of patients prescribed sedatives by the prescriber during the 6-month reporting period.

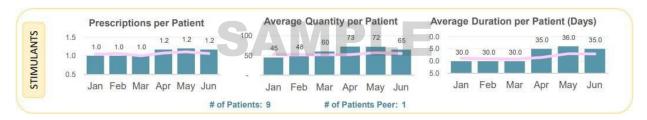
**Unique Patients Peer:** Average Distinct count of patients prescribed sedatives per prescriber, within peer specialty comparison, during the 6-month reporting period.



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## **Stimulants**



**Prescriptions per Patient:** The average number of stimulant prescriptions dispensed per unique patient during each month.

**Average Quantity per Patient:** The average quantity of stimulants dispensed per unique patient during each month.

Average Duration per Patient: The average days supplied of stimulants dispensed per unique patient during each month. The days' supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written two weeks apart would count as 10 days).

**Unique Patients:** Distinct count of patients prescribed stimulants by the prescriber during the 6-month reporting period.

**Unique Patients Peer:** Average Distinct count of patients prescribed stimulants per prescriber, within peer specialty comparison, during the 6-month reporting period.

## **At-Risk Patients**

|          | Dangerous Combination         |                         | Multiple Providers                  | MME Threshold                       |
|----------|-------------------------------|-------------------------|-------------------------------------|-------------------------------------|
| Ë        | Benzo + Opioid                |                         | Patients with 5 or more Prescribers | Patients Receiving Daily MME >= 90  |
|          | 12                            | 85                      | 25                                  | 83                                  |
| P.A.     | You                           | You + Other Prescribers |                                     |                                     |
| NS       | Benzo + Opioid + Carisoprodol |                         | Patients with 5 or more Pharmacies  | Patients Receiving Daily MME >= 120 |
| <u> </u> | 0                             | 0                       | 40                                  | 66                                  |
|          | You                           | You + Other Prescribers |                                     |                                     |

#### **Dangerous Combination Therapy:**

This metric represents the number of patients in the 6-month 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 "You" represents cases in which you wrote prescriptions for each of the drugs for the same patient. The metric "You + Other Prescribers" represents cases in which you wrote at least one of the prescriptions (this metric is inclusive of the "You" metric).

**Note:** 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.



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#### Patients Exceeding Multiple Provider Thresholds:

This metric represents the number of your patients who received controlled substance prescriptions from 5 or more prescribers/pharmacies, including you, within the 6-month reporting period.

#### Patients Exceeding Daily MME Thresholds:

This metric represents the number of patients who received a daily MME value of  $\geq$  90 or  $\geq$  120 for dispensations prescribed by you during the 6-month reporting period.

## **PDMP Usage**

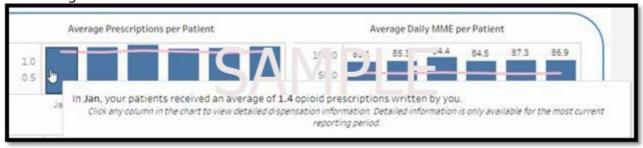
This metric represents the total number of PDMP patient report requests made within the reporting period by you and/or your delegates.



## **Interactivity**

Most of the Prescriber Report is interactive and will provide additional detail if hovered over or clicked on.

Hovering over any of the bar or line graph data points will provide additional information about the metric you are viewing.



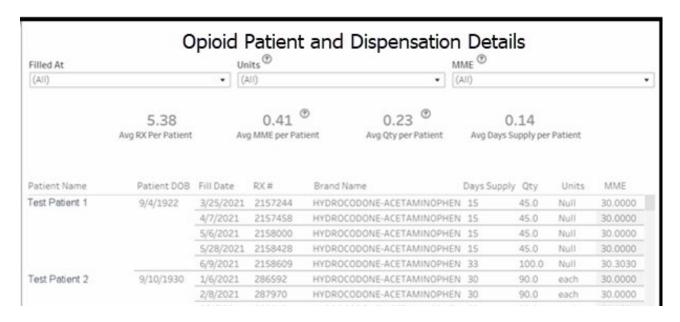
Clicking on one of the graphs will open a screen displaying the details of each prescription that contributed to the metric you clicked on. For example, clicking any metric in the **Opioids** section of the report will display the details of the opioid prescriptions that you wrote for the reporting period, including patient details. Use the filters at the top of the report to view prescriptions by date filled, drug units (each, gm, ml), or MME threshold.



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Similar displays are available by clicking the metrics in the **Buprenorphine**, **Sedatives**, and **Stimulants** sections of the report.



There are also additional details available for the **At-Risk Patients** section of the report. Clicking on the "Dangerous Combination Therapy" metric will display a list of all patients that are concurrently prescribed opioids, benzodiazepines, and/or carisoprodol. Use the "You" filter at the top to see cases in which you wrote prescriptions for each of the drugs for the same patient. Use the "You + Other Prescribers" filter to see cases in which you wrote at least one of the prescriptions (this metric is inclusive of the "You" metric).

From the list of patients, click on a patient name to see the full prescription detail for any concurrently prescribed opioids, benzodiazepines, and/or carisoprodol.



Similar displays of patient and prescription details are available by clicking the "Multiple Providers" and "MME Thresholds" metrics.



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## Questions and Answers (Q&A)

#### How can I update my Healthcare Specialty, so it is represented correctly in this report?

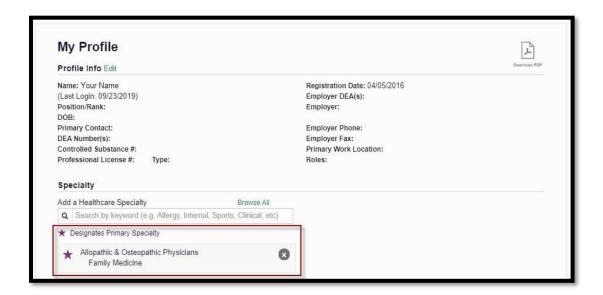
The **Specialty** in the **Prescriber Report** represents the Specialty Level 2, as chosen by you upon registration with the PDMP or call 501-683-3960 and a PDMP representative can assist in updating your specialty. If you feel your **Specialty** is misrepresented, you may update it within your PDMP account. Any changes made will be reflected in the next distribution of your **Prescriber Report**.

To update your **Specialty**, follow the steps below:

- 1. Log in to the Arkansas PDMP at <a href="https://arkansas.pmpaware.net/login">https://arkansas.pmpaware.net/login</a>
- 2. Click on your name in the top right corner of PMP AWARXE, and then click My Profile.



3. Under My Profile, you will find Specialty, which displays the currently selected Healthcare Specialty.





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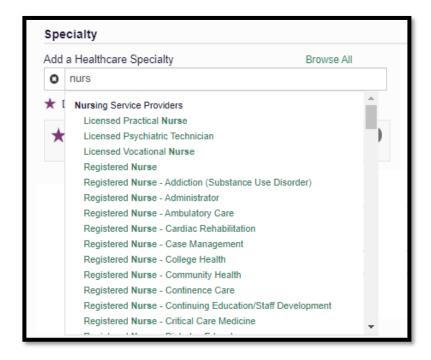
You may add additional specialties, if applicable, by clicking on the **Add a Healthcare Specialty** field and begin typing the name of your preferred **Specialty**.

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



## Who determines the list of Healthcare Specialty options?

The list of *Healthcare Specialty* options used by the Arkansas PDMP is issued by the Center for Medicare and Medicaid Services.





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#### My DEA number is incorrect. How can I fix that?

You can validate your DEA number by visiting the DEA website:

https://apps.deadiversion.usdoj.gov/webforms2/spring/updateLogin?execution=e1s1

If you need to update your DEA number on your PDMP account, please contact the AR PDMP at 501-683-3960.

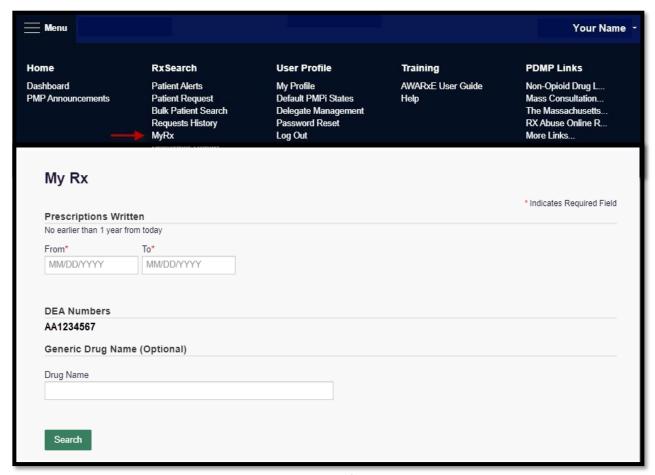
## What if I believe that there is an error on the MyRx prescription history?

If you believe that one or more of these prescriptions are incorrect, you may contact the dispensing pharmacy for additional details about the prescription(s) in question. If fraudulent activity associated with your DEA number is suspected, you may contact local law enforcement.

## How can I look up my prescribing history?

You may further review your PDMP prescription detail by following the below steps.

- 1. Log in to the Arkansas <a href="https://arkansas.pmpaware.net/login">https://arkansas.pmpaware.net/login</a>
- 2. Click Menu from the top menu bar to expand the options.
- 3. Click MyRx located under the RxSearch column.
- 4. **MyRx** will allow you to search for prescriptions written by you that have been dispensed to the patient and reported to the Arkansas PDMP.





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## Why am I getting this report?

Per Act 820 of 2017, the Arkansas PDMP is required to issue quarterly reports to individual prescribers. If after one year of providing quarterly reports, the information appears to indicate misuse, the Arkansas Department of Health (ADH) will send a report to the licensing board of the prescriber. Additionally, this report provides you with valuable information pertaining to your own opioid, stimulants, buprenorphine, and benzodiazepine prescribing, and that of others within your *Healthcare Specialty* and role. We hope you find it helpful as we all examine how we can address controlled substance misuse.

## Why did I receive this report when my peer prescriber has not received it?

Only prescribers that are registered with the Arkansas PDMP, have defined a role and *Healthcare Specialty*, and have written at least one opioid, sedative, or stimulant prescription during the prior 6-month period will receive this report. Additionally, prescribers with inaccurate, invalid, or inactive email addresses in the PDMP system will not receive notifications for the **Prescriber Report**. However, if the user logs into PMP AWARXE, they will be able to access the **Prescriber Report**.

## What are some of the limitations of the Prescriber Report?

- 1. Certain specialties can have a small number of practitioners. Therefore, an outlier can significantly influence the number of patients, prescriptions, and averages in several of the data fields included in the **Prescriber Report**.
- 2. Comparisons exclude practitioners within your **Specialty** that have not issued a prescription for at least one opioid, sedative, or stimulant prescription during the 6-month reporting period. Therefore, in certain specialties, you are being compared to the subset of practitioners who have prescribed a controlled substance in those categories during the reporting window rather than to all practitioners within that **Specialty**.
- 3. If a practitioner has more than one **Specialty**, the comparison will be performed on the primary *Healthcare Specialty* as defined in the PDMP.
- 4. This report is a static report. Errors corrected in the PDMP after the report is generated will not be reflected until the next quarterly report is run.

## How can I learn more about opioid prescribing, tapering, and referring substance use disorder patients to treatment?

CDC Guidelines for Prescribing Opioids for Chronic Pain: <a href="https://www.cdc.gov/drugoverdose/prescribing/guideline.html">https://www.cdc.gov/drugoverdose/prescribing/guideline.html</a>

The Arkansas State Medical Board's Amendment to Regulation 2 related to the prescribing of opioids: <a href="http://www.armedicalboard.org/Professionals/pdf/Regulation%202%20Mark%20Up%202-2-28%20Revised.pdf">http://www.armedicalboard.org/Professionals/pdf/Regulation%202%20Mark%20Up%202-2-28%20Revised.pdf</a>



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AR-IMPACT, a web-based, interactive, learning conference for prescribers has been launched by UAMS. Visit the website for information on upcoming topics, to attend the sessions, and to earn CMEs: <a href="http://arimpact.uams.edu/">http://arimpact.uams.edu/</a>

## How do I download a copy of my Prescriber Report?

From the **Prescriber Report** dashboard, click the download icon ( Download Download in the top section of the **Prescriber Report**. You can access image download (.png file) of the top-level dashboard in a separate window. An interactive **Prescriber Report** with identifiable prescriber/patient/dispenser details will <u>not</u> be available for download. Depending on your web browser settings, your **Prescriber Report** .png file may download and minimize at the bottom of the web browser window, computer Desktop, download folder, or some other designated location.



## I am using Safari as my browser and cannot access my Prescriber Report.

Safari 13.1 web browser has default permissions implemented by Apple to block all third-party cookies. If you attempt to access your **Prescriber Report** using Safari 13.1 as your web browser, you will be presented with a message, "Safari\_Blocked." There is no known work-around for viewing **Prescriber Reports** within the Arkansas PDMP using the Safari 13.1 web browser at the time of this publication.

When I click on the Prescriber Report link in the Arkansas PDMP, I am prompted to log into Appriss Health, but I don't have an Appriss Health log in and cannot view my Prescriber Report.

You may need to update your web browser settings to allow for third-party cookies or allow an exception for [\*]. pmpaware.net. After updating third-party cookie settings, we recommend that you clear your cache before making additional attempts to view your **Prescriber Report** dashboard.



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## My Prescriber Report dashboard is blank.

If you do not have a **Prescriber Report** for a given quarter and navigate to the **Prescriber Report** section in the Arkansas PDMP, a message will be displayed over a blank dashboard, "*No data for this quarter*."

