



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

This document is a guide to interpreting your Prescriber Report. Please see the additional attachment for your actual report, or log into the PDMP and navigate to Menu > RxSearch > Prescriber Report to download a copy. 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. 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 six-month period. The data represented includes Schedule II-V drugs as reported to the state PDMP, by the dispensers and pharmacies, during the report period listed. The following includes information on how to interpret each section of the prescriber report. For additional questions, please email DeShawn.Bryant@arkansas.gov.

***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 his/her patients have done something wrong.*

Report Header

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

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

Arkansas		Prescription Monitoring Program	
		PMP Prescriber Report	
SAMPLE			
Date:	9/4/2019	Date Covered by this Report:	01/1/2019-6/30/2019
Name:	Your Name	DEA #:	AA1234567
Role:	Physician (MD, DO)	Specialty:	Internal Medicine

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.



Total Prescribers Within
Your Specialty:
3,875

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 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.

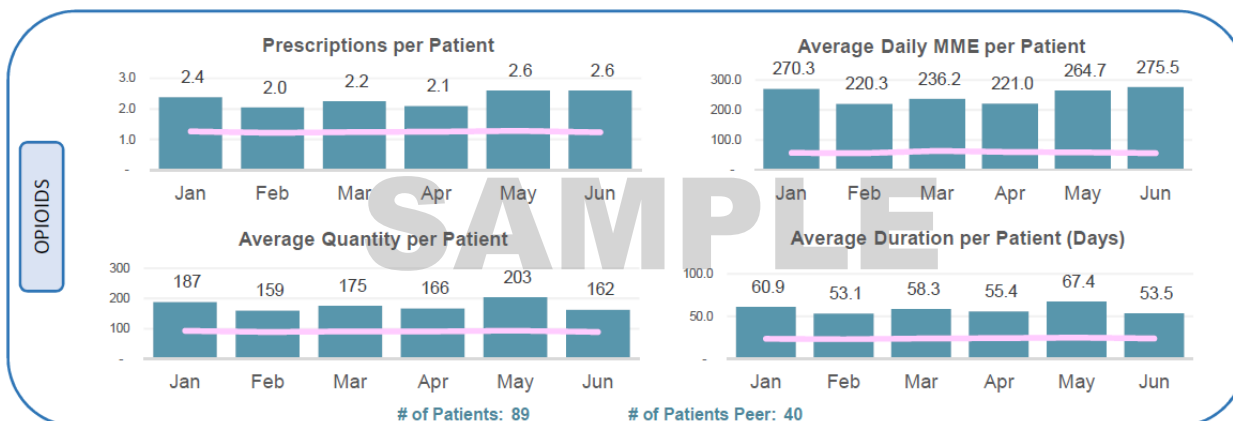


Top Medications Prescribed (Full Report Period)

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



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 supplied 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 physician during the 6-month reporting period.

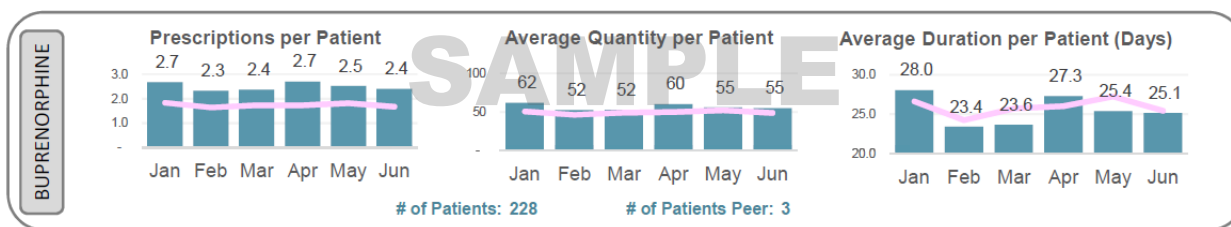
Unique Patients Peer: Average Distinct count of patients prescribed opioids per physician, within peer specialty comparison, during the 6-month reporting period.

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 ≥ 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>

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).

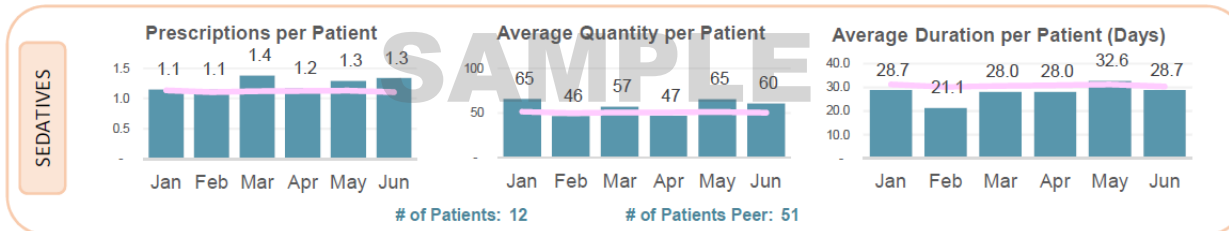


Unique Patients: Distinct count of patients prescribed buprenorphine

by physician during the 6-month reporting period.

Unique Patients Peer: Average Distinct count of patients prescribed buprenorphine per physician, 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.

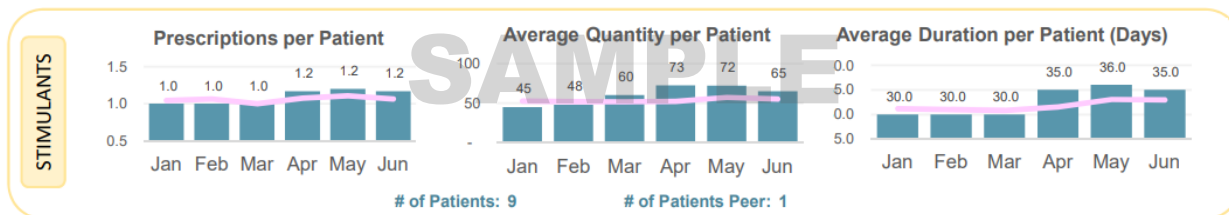
Average Quantity per Patient: The average quantity of sedatives dispensed per unique patient during each month.

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 physician during the 6-month reporting period.

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

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 physician during the 6-month reporting period.

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



At Risk Patients

AT-RISK PATIENTS	Dangerous Combination		Multiple Providers	MME Threshold
	12 You	Benzo + Opioid You + Other Prescribers	85	Patients with 5 or more Prescribers 25
0 You	Benzo + Opioid + Carisoprodol You + Other Prescribers	0	Patients with 5 or more Pharmacies 40	Patients Receiving Daily MME >= 120 66

Dangerous Combination Therapy:

This metric represents the number of patients in the six-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). 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).

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 6-month reporting period. This represents the Federal standard.

Patients Exceeding Daily MME Thresholds:

This metric represents the number of patients who received a daily MME value of ≥ 90 or ≥ 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.

PDMP USAGE	Patient Searches by You	Patient Searches by Your Delegate(s)	Your Total Patient Searches
	564	0	564

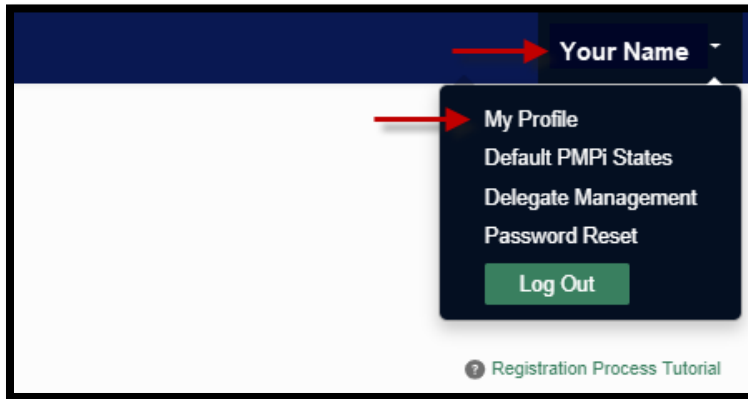
Questions and Answers (Q&A)

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

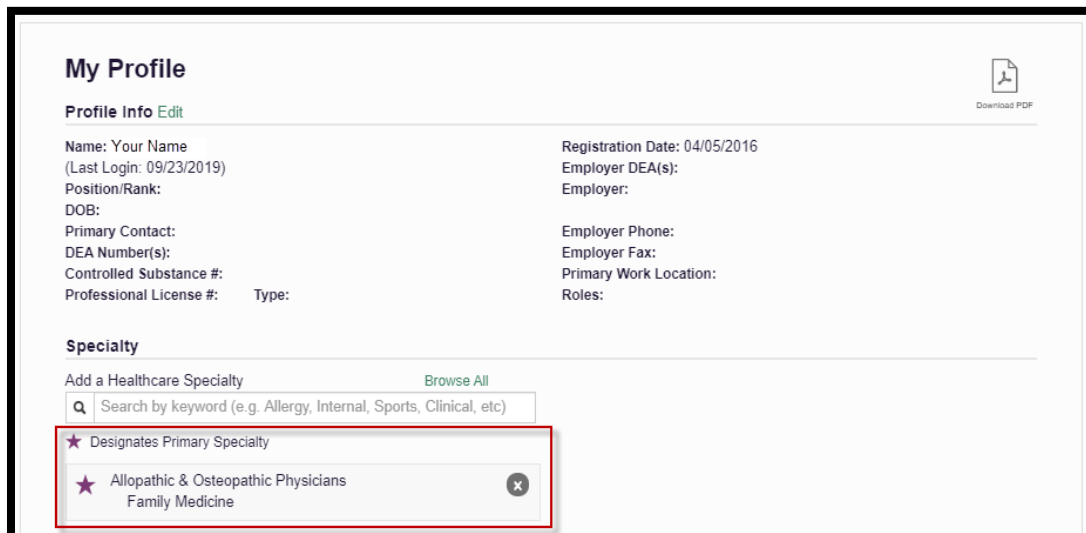
The “specialty” in the prescriber report represents the specialty level 2 as chosen by you upon registration with the PDMP. If you feel your specialty is misrepresented, you may update it within your PDMP account and these changes will be reflected in the next distribution of your prescriber report. To update your specialty, follow the steps below.



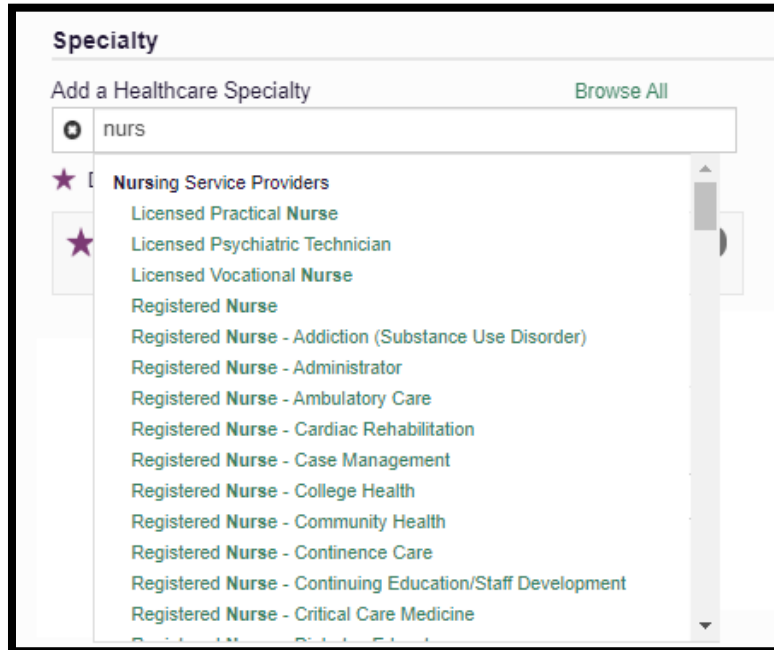
1. Login to the Arkansas PDMP at <https://arkansas.pmpaware.net/login>
2. Click on your name in the top right corner of PMP AWARxE, and then click My Profile.



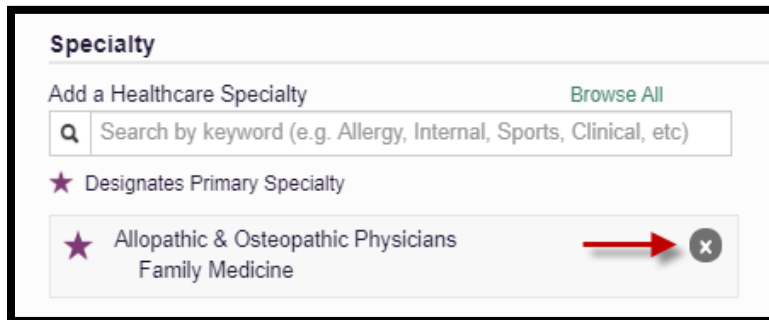
3. Under My Profile you will find Specialty which displays the currently selected Healthcare Specialty.



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.



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 (CMS) and is used by many state and federal government agencies.

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

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

<https://apps.dea diversion.usdoj.gov/webforms/jsp/regapps/common/updateLogin.jsp>

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

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

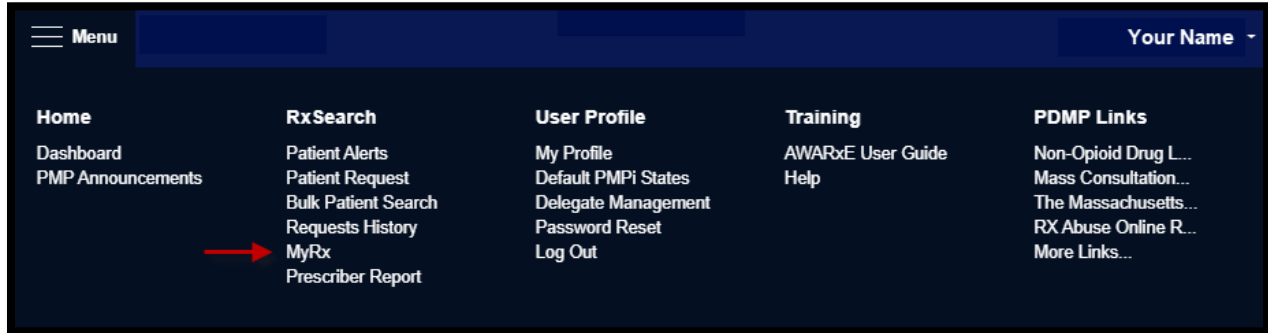
If you believe that one or more of these prescriptions are incorrect, you may contact the dispensing pharmacy for additional details about the prescription(s) in question. If fraudulent activity associated with your DEA number is suspected, you may contact local law enforcement.



How can I look up my prescribing history?

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

1. Login to the Arkansas <https://arkansas.pmpaware.net/login>
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 Arkansas PDMP.

My Rx * Indicates Required Field

Prescriptions Written

No earlier than 1 year from today

From* To*

DEA Numbers

AA1234567

Generic Drug Name (Optional)

Drug Name

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 or abuse, the Arkansas Department of Health (ADH) will send a report to the licensing board of the particular 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 opioid misuse and abuse.



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 six-month period will receive this report. Additionally, prescribers with inaccurate, invalid, or inactive email addresses in the PDMP system would not be able to receive the report.

What are some of the limitations of the Prescriber Report?

1. 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.
2. Comparisons exclude practitioners within your specialty that have not issued a prescription for at least one opioid, sedative, or stimulant prescription during the six-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, and 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:

<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>

The Arkansas State Medical Board's Amendment to Regulation 2 related to the prescribing of opioids:

<http://www.armedicalboard.org/Professionals/pdf/Regulation%2020Mark%20Up%202-2-28%20Revised.pdf>

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: <http://arimpact.uams.edu/>