Arizona PMP 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 controlled substance prescribing patterns. Reports are provided quarterly to all registered PMP users who have an active account, a defined role and specialty, and 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 report period listed. The following includes information on how to interpret each section of the prescriber report. For additional questions or comments related to the contents of the prescriber report, please complete the feedback form located at https://pharmacypmp.az.gov/prescriber-report-feedback .

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. If you believe one or more of your patients may have substance use disorder (SUD), we encourage you to review the 2018 Arizona Opioid Prescribing Guidelines , which includes topics on referring patients to treatment for SUD, approaches to addressing SUD with patients, and effective opioid tapering practices. For medical providers seeking consultation for complex patients with pain and opioid use disorder, please contact the Arizona Opioid Assistance and Referral (OAR) Line at 1-888-688-4222.

Report Header

The "Specialty" field represents the Healthcare Specialty 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-in to the PMP system. Under the "Menu" tab, select "My Profile" and update your Healthcare Specialty. For additional details on how to do this, please see the Q&A section of this document.

State Name	Prescription Monitoring Program
	PMP Prescriber Report

|			
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	

SAMPLE

Peer Groups

Most metrics include comparisons to median values of your prescriber peer groups. Only those prescribers who are registered with the PMP who have an active account, a defined role and specialty, and have written at least one opioid, sedative, or stimulant prescription during the prior 6-month period are included in the comparisons.

Total Prescribers Within Your Specialty:
3,875
SAMPLE
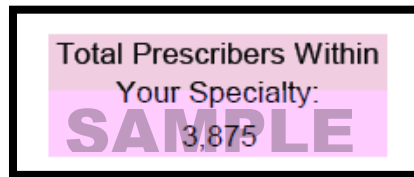
Peer Specialty Comparison: The same healthcare specialty as the prescriber. For example, comparison with all other roles (physicians, nurse practitioners, physician assistants, etc.) practicing in family practice. Throughout the report, the blue bar chart represents your prescribing activity, while the peer specialty comparison is displayed as the pink line.

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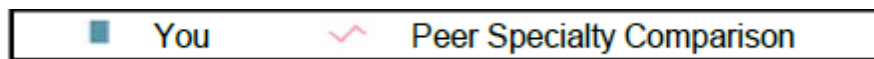
The specialty as selected by the prescriber at the time of registration is used for this comparison. If the number of peers in Specialty Level 3 is too small for a statistically valid comparison, Specialty Level 2 is used. If Specialty Level 2 is too small for a statistically valid comparison, Specialty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

Allopathic & Osteopathic Physicians ◄— Level 1
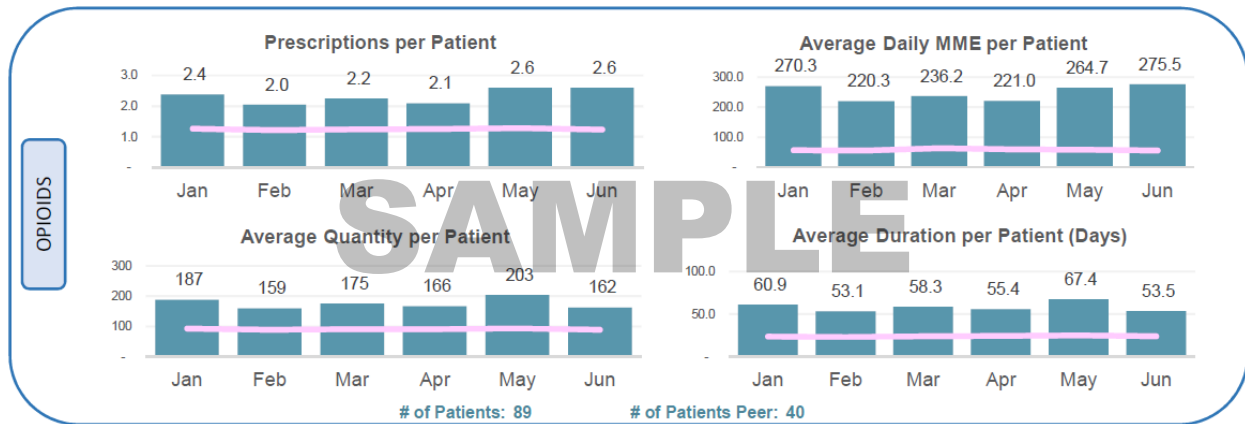Family Medicine - Adult Medicine
↑   ↑
Level 2   Level 3

Top Medications Prescribed

This metric represents the top three drugs (listed by generic name) based on the number of prescriptions prescribed by you and reported to the PMP during the 6-month reporting period.

TOP MEDICATIONS PRESCRIBED

| buprenorphine HCl/naloxone HCl | buprenorphine HCl | pregabalin |
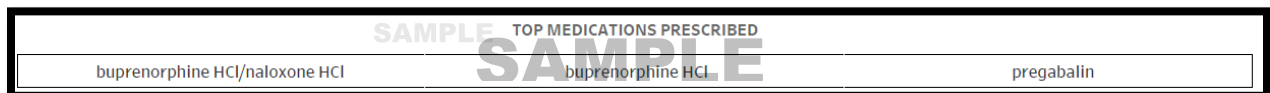
Opioids*

*This section excludes drugs containing buprenorphine

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

Average Duration per Patient: The average days supplied of opioids dispensed per 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).

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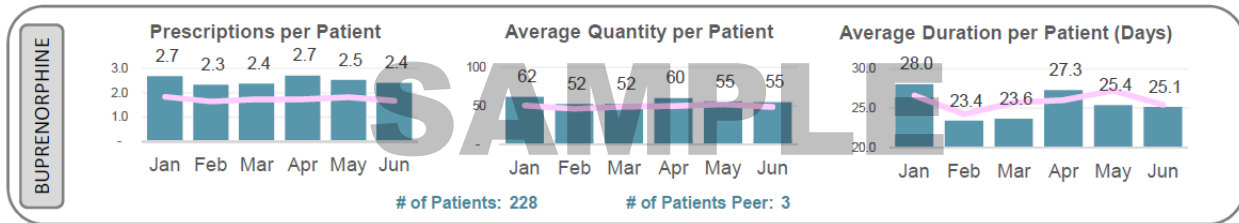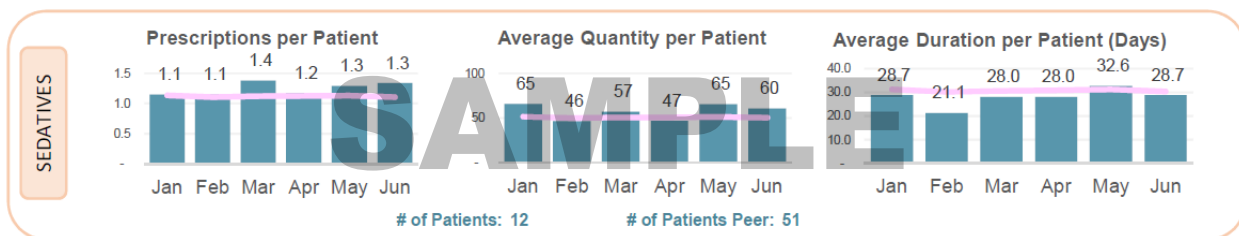
# of Patients Peer: Average Distinct count of patients prescribed opioids per physician, within peer specialty comparison, during the 6-month reporting period.

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**

Buprenorphine

Prescriptions per Patient	Average Quantity per Patient	Average Duration per Patient (Days)
Jan 2.7, Feb 2.3, Mar 2.4, Apr 2.7, May 2.5, Jun 2.4	Jan 62, Feb 52, Mar 52, Apr 60, May 55, Jun 55	Jan 28.0, Feb 23.4, Mar 23.6, Apr 27.3, May 25.4, Jun 25.1

# of Patients: 228   # of Patients Peer: 3

**This section includes only drugs containing buprenorphine dispensed from a pharmacy. Any buprenorphine dispensed from a Medication-Assisted Treatment (MAT) facility is not included in these totals.

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

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

Average Duration per Patient: The average days supplied of buprenorphine dispensed per 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).

# of Patients: Distinct count of patients prescribed buprenorphine by physician during the 6-month reporting period.

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

Sedatives***

Sedatives

Prescriptions per Patient	Average Quantity per Patient	Average Duration per Patient (Days)
Jan 1.1, Feb 1.1, Mar 1.4, Apr 1.2, May 1.3, Jun 1.3	Jan 65, Feb 46, Mar 57, Apr 47, May 65, Jun 60	Jan 28.7, Feb 21.1, Mar 28.0, Apr 28.0, May 32.6, Jun 28.7

# of Patients: 12   # of Patients Peer: 51

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

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

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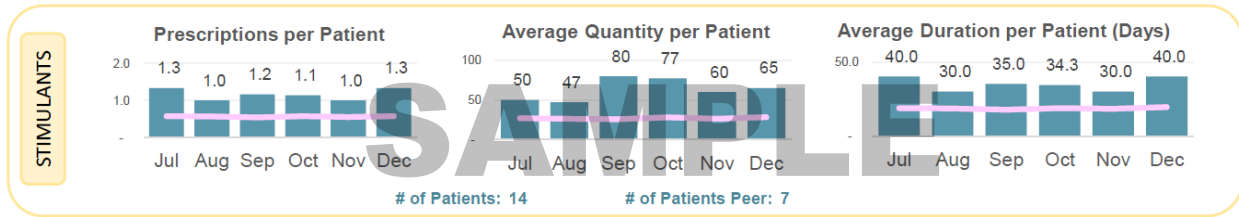
Average Duration per Patient: The average days supplied of sedatives dispensed per patient during each month. The days' supply in the reporting period is not necessarily consecutive (e.g., two 5-day opioid prescriptions written two weeks apart would count as 10 days).

# of Patients: Distinct count of patients prescribed sedatives by physician during the 6-month reporting period.

# of 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 patient during each month.

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

Average Duration per Patient: The average days supplied of stimulants dispensed per 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).

# of Patients: Distinct count of patients prescribed stimulants by physician during the 6-month reporting period.

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

At Risk Patients

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). 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 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.

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.

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

Questions and Answers (Q&A)

What are some of the limitations of the Prescriber Report?

- The Report is not able to account for variations in clinical hours or patient volume. Some practitioners may see 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.
- 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.
- 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 during the reporting window rather than to all practitioners within that specialty.

How can I update my Specialty so that 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 Arizona's PDMP at https://arizona.pmpaware.net/
2. Click on your name in the top right corner of the PMP and then click My Profile.
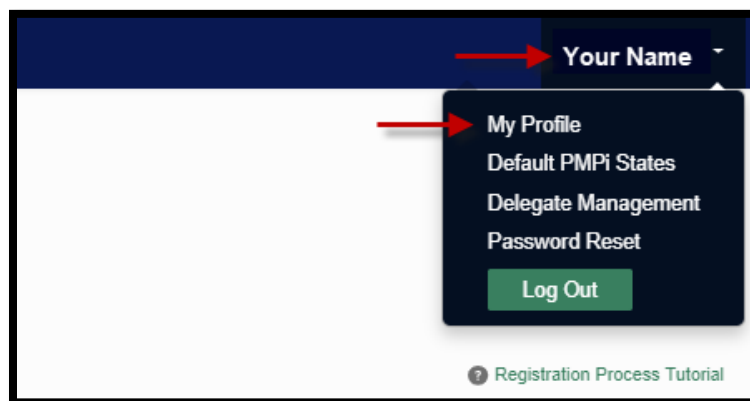
3. Under My Profile you will find Specialty which displays the currently selected Healthcare Specialty.

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.

My DEA number is incorrect on my prescriber report and in my CSPMP account. How can I fix that?

You can update your DEA number in your account by visiting our website and filling out the change form: https://pharmacypmp.az.gov/contact-information-changes

How can I look up my prescribing history?
You may further review your PMP prescription details by following the below steps.

1. Login to Arizona's PDMP at https://arizona.pmpaware.net/
2. Click Menu from the top menu bar to expand the options
3. Click MyRx below RxSearch
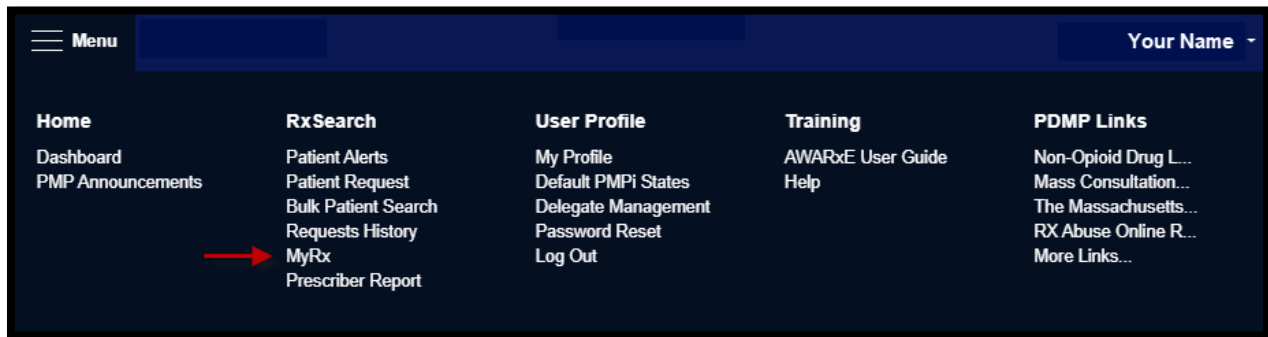
4. MyRx will allow you to search for prescriptions written by you that have been dispensed to the patient and reported to the AZ PMP.

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 after contacting the dispensing pharmacy you believe that there may be fraudulent activity associated with your DEA, please contact your local law enforcement.

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

*To learn more about opioid prescribing, please review the [2018 Arizona Opioid Prescribing Guidelines](#) , which includes topics on referring patients to treatment for substance use disorder, approaches to addressing substance use disorder with patients, and effective opioid tapering practices. For medical provider seeking consultation for complex patients with pain and opioid use disorder, please contact the Arizona Opioid Assistance and Referral (OAR) Line at **1-888-688-4222**.*

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

Only prescribers who are registered with the PMP, have a defined role and specialty, and have written at least one opioid, sedative, or stimulant prescription during the prior six-month period will receive a report.

I am not being credited for searches I know I have conducted. Why is the reported number of my searches so low?

One common user error is to review your patient's prescription history using the "Requests History" tab, or by clicking the patient's name from your dashboard without hitting the REFRESH button. If you do not hit REFRESH the prescription data will be unchanged from the last time you reviewed this report (i.e., you will not be viewing the most current prescription history), and you will not be credited with a new search.

I have delegates conducting searches of all my patients. Why are these searches not credited in my delegate search count?

Delegates may conduct searches on behalf of multiple prescribers in a practice or facility. However, the delegate MUST choose from the dropdown list the specific prescriber on whose behalf they are conducting a search. If a delegate chooses one prescriber for all patient searches conducted that day, that one prescriber will be given credit for utilizing the CSPMP. To ensure that you receive credit for patient searches, please instruct your delegates to choose you as the prescriber when conducting searches on your patients.