Montana Prescription Drug Registry (MPDR)
Prescriber Report User Guide

This document is a guide to interpreting your MPDR Prescriber Report. Please log into PMP AWARxE and navigate to Menu > RxSearch > Prescriber Report to view your report. 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 MPDR 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 controlled substance prescriptions as reported to the MPDR by dispensers and pharmacies, during the report period listed. Most of the report is interactive and can produce additional details by hovering or clicking. The following includes information on how to interpret each section of the Prescriber Report.

Disclaimer: The MPDR is a patient safety tool and comparisons with peer groups are meant to give prescribers a point of reference and is not intended to be an indication of wrongdoing.

Recommendations and Regulations

Centers for Disease Control and Prevention (CDC) Prescribing Recommendations

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 CDC recommends that prescribers should reassess evidence of the benefits and risks to the patient when increasing dosage to ≥ 50 MME/day and avoid increasing to ≥ 90 MME/day when possible due to an increased risk of complications. Concurrent benzodiazepine, opioid, and/or carisoprodol prescriptions should be avoided, given the high risk of adverse drug interactions, specifically respiratory depression, and death. For CDC prescribing guidelines and MME Calculator, see https://www.cdc.gov/opioids/providers/prescribing/index.html

Montana Prescribing Regulations

- Restriction On Prescriptions For Opioid-Naive Patients (MCA 37-2-108) When a medical practitioner or a naturopathic physician prescribes an opioid to an opioid-naive patient on an outpatient basis, the prescription may not be for more than a 7-day supply except in certain circumstances.
- Prescriber Mandatory Use of the Prescription Drug Registry (MCA 37-7-1515) A prescriber, or an agent of the prescriber, is required to search a patient’s MPDR record before issuing a prescription for an opioid or a benzodiazepines to the patient, except in certain circumstances.

Report Header

| DATE: 07/17/2021 | quarter | DATES COVERED BY THIS REPORT: 01/01/2021 - 06/30/2021 |
| NAME: Your Name | 2021-02 | DEA #: AA1334567 |
| ROLE: Physician (MD, DO) | | SPECIALTY: Family Medicine |

The “Specialty” field represents the Healthcare Specialty chosen by you upon registration with the MPDR. If you feel your specialty is misrepresented, you may update it within your PMP AWARxE account, and these changes will be reflected in the next distribution of your prescriber report.
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To update your Specialty in the MPDR, please log-in to **PMP AWARxE**. 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 on page 8 of this document.

The “quarter” drop down in the Report Header allows you to view up to the last 4 quarterly reports, if one was generated for previous quarters.

**Top Medications Prescribed**

<table>
<thead>
<tr>
<th>Top Medications Prescribed</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine HC</td>
</tr>
</tbody>
</table>

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

**Peer Group**

Most metrics include comparisons to median values of your prescriber peer group. Only those prescribers who are registered with the MPDR, have defined specialty, and have written at least one opioid, sedative, or stimulant prescription during the prior 6-month period are included in the comparisons. All roles (physicians, nurse practitioners, physician assistants, etc.) with your specialty will be included in your peer group. The total number of prescribers within your specialty are displayed in the header in pink and represent your peer group.

The specialty 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.

The Peer Specialty Comparison line represents the median value of your peer group for each graph. Throughout the report, the blue bar chart represents your prescribing activity, while the peer specialty comparison is displayed as the pink line.
Opioids - This section excludes drugs containing buprenorphine

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

Average 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 2 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.
Buprenorphine - This section includes only drugs containing buprenorphine

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 2 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 - This section includes all Anxiolytic/Sedative/Hypnotic prescriptions

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 2 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).

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

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.

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.

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 MPDR patient report requests made within the reporting period by you and/or your delegates.

Interactivity

Most of the 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 filled at (date filled), drug units (each, gm, ml), or MME threshold.
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, as well as the other prescribers that prescribed to the patient (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.
Questions and Answers (Q&A)

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 upon registration with the MPDR. If you feel your specialty is misrepresented, you may update it within your MPDR 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 PMP AWARxE at [http://montana.pmpaware.net](http://montana.pmpaware.net)
2. Click on your name in the top right corner 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. How can I fix that?

You may update the DEA number on your MPDR account by the following steps:

1. Login to PMP AWARxE at http://montana.pmpaware.net
2. Click on your name in the upper righthand corner and choose My Profile
3. Click Edit to add or remove a DEA number

If your DEA registration is incorrect, please contact the DEA at https://apps.deadiversion.usdoj.gov/webforms/jsp/regapps/common/updateLogin.jsp
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How can I look up my prescribing history?

You may further review your MPDR prescription details by following the below steps.

4. Login to PMP AWARxE at [http://montana.pmpaware.net](http://montana.pmpaware.net)
5. Click **Menu** from the top menu bar to expand the options
6. Click **MyRx** below **RxSearch**

7. **MyRx** will allow you to search for prescriptions written by you that have been dispensed to the patient and reported to Montana.

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

Only prescribers that are registered with the MPDR, have a defined role and specialty, and have written at least controlled substance prescription during the prior six-month period will receive a 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.