

Intent:

This report contains high-level information on the Prescription Drug Monitoring Program (PDMP) and is intended to provide a summary of registration and reporting data specific to your profession. This report includes data up to July 31, 2019.



Overview:

The PDMP began in 2008 and is housed with the Board of Pharmacy under the Department of Commerce, Community, and Economic Development (DCCED) – Corporations, Business, and Professional Licensing (CBPL) section. Mandatory registration, reviewing, and reporting requirements went into effect in July 2017. All actively licensed practitioners with a valid DEA registration are required to register with the database; however, there are both practice-specific and supply-duration exemptions in AS 17.30.200(k) and (u) in which practitioners are not required to consult the PDMP. Generally, practitioners are required to review patient prescription history before prescribing, administering, and/or directly dispensing a federally scheduled II – IV controlled substance. If directly dispensing, practitioners must report this information to the PDMP daily. Information on exemptions can be found at pdmp.alaska.gov under the Registration and Use Exemptions tab and includes information for federally-employed practitioners and pharmacists as well as information on situational exemptions to PDMP use. If mandatory registration and use exemptions do not apply and a licensee fails to register with the PDMP, disciplinary action may be taken by the Board of Dental Examiners.

Delegate access is allowed so long as the delegate holds an active license, certification, or registration under AS 08. Delegate access can help relieve time-constraints as reviewing and reporting tasks can be distributed to qualified staff.

Information, Updates, and Imminent changes:

1. PDMP fees for initial and continued access went into effect on April 22, 2018 by authority of AS 17.30.200, which was subsequently implemented under 12 AAC 02.107. This requires a \$25.00 fee to be submitted before access to the controlled substance prescription database is granted.
2. PDMP renewal for dentists will be due by 02/28/19; however, due to the influx of delayed initial registrations, the processing time for renewals is 8 – 10 weeks from the date received.
3. Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: ‘Dentist’ to ‘IHS Prescriber’ (Indian Health Service) Prescriber or ‘VA Prescriber’ (Veterans Administration)
4. Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers and are searchable by name under the program ‘Prescription Drug Monitoring Program’ at: <https://www.commerce.alaska.gov/cbp/main/Search/Professional>
5. Enhancement features of interest include Clinical Alerts, NarxCare, and the Compliance Module.
6. An enhancement feature that is currently in-progress is License Integration, for which the PDMP received grant funding from the Bureau of Justice Administration (BJA) to implement.
7. Beginning May 15, 2019, Board of Dental Examiners’ staff assumed responsibility of processing initial and renewal registrations.

8. There are currently 14 initial registrations (pending accounts) and 253 renewal registrations for dentists.
9. The FY2019 PDMP legislative report was submitted to the legislature in March and can be found at: https://www.commerce.alaska.gov/web/portals/5/pub/PHA_PDMP_2019_LegislativeReport.pdf
10. By late summer or early fall 2019, NarxCare and the Compliance Module features will be in place, both of which are provided by our PDMP vendor, Appriss Health. NarxCare is a visual analytics feature based on patient risk-scores, and the Compliance Module will assist the PDMP manager and boards in monitoring mandatory use compliance. More information will be provided on pdmp.alaska.gov in the coming weeks.
11. An Awareness and Feedback Questionnaire for 2019, developed per the directive of the CDC, will be launched in September.

Data:

The Alaska State Board of Dental Examiners regulates several license types, including dentists, dental hygienist, dental assistants, and also issues permits for sedation and general anesthesia. As of July 31, 2019, there are a total of 7,651 registered users, 669 of which are dentists (Figure 1). The proportion of total licensed dentists registered with the PDMP is 84%; 16% are not registered (Figure 2) potentially due to potential non-compliance, not having an active Drug Enforcement Administration (DEA) registration, or being registered with a federal user role, e.g.: IHS, Military, or VA Prescriber.

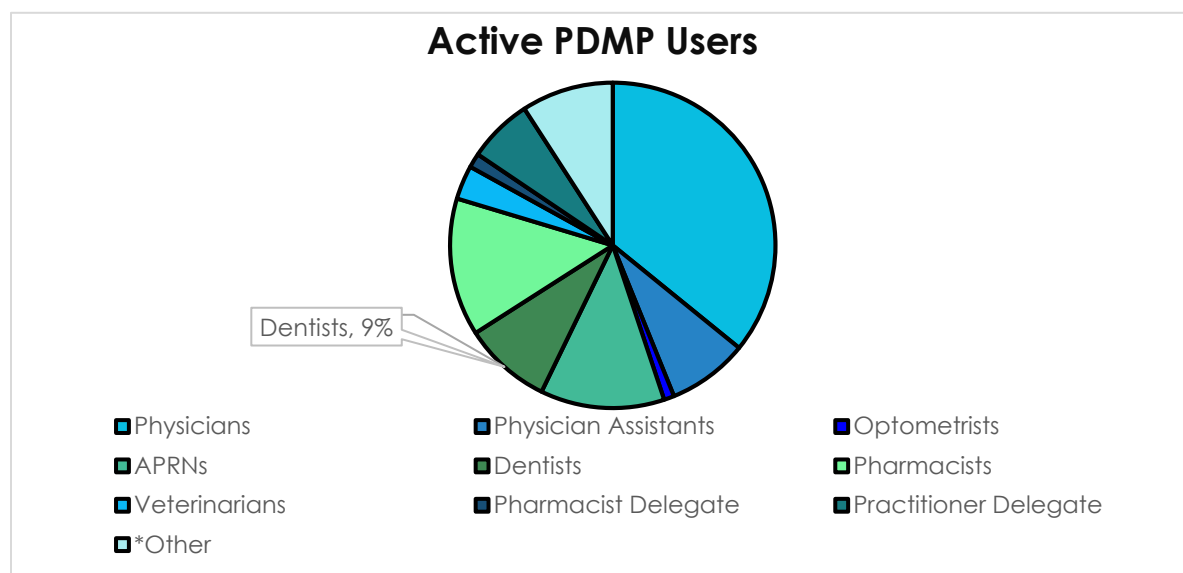


Figure 1. Dentists comprise 9% of actively registered users. *Other includes IHS, military and VA prescribers and dispensers, admin, restricted admin, and medical examiners/coroners.

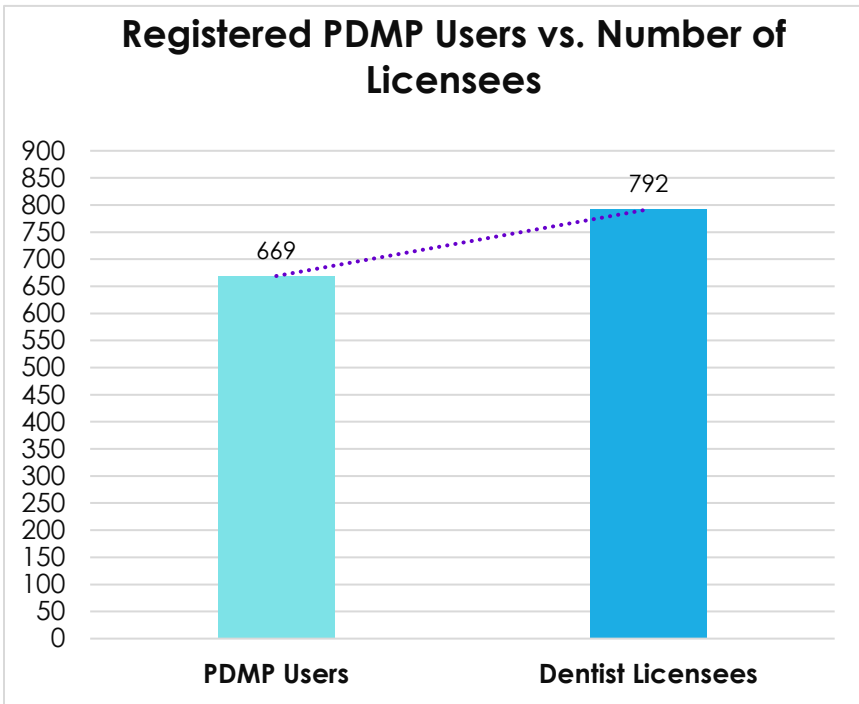


Figure 2. The proportion of licensed dentists to registered PDMP users is represented; however, some licensed dentists may be excluded from this figure due to not holding an active DEA registration.

Figure 3 below shows the number of opioid prescriptions dispensed against the number of patient prescription history requests. Figures 4 – 6 shows the interaction activities of captured from January 2017 to July 2019.

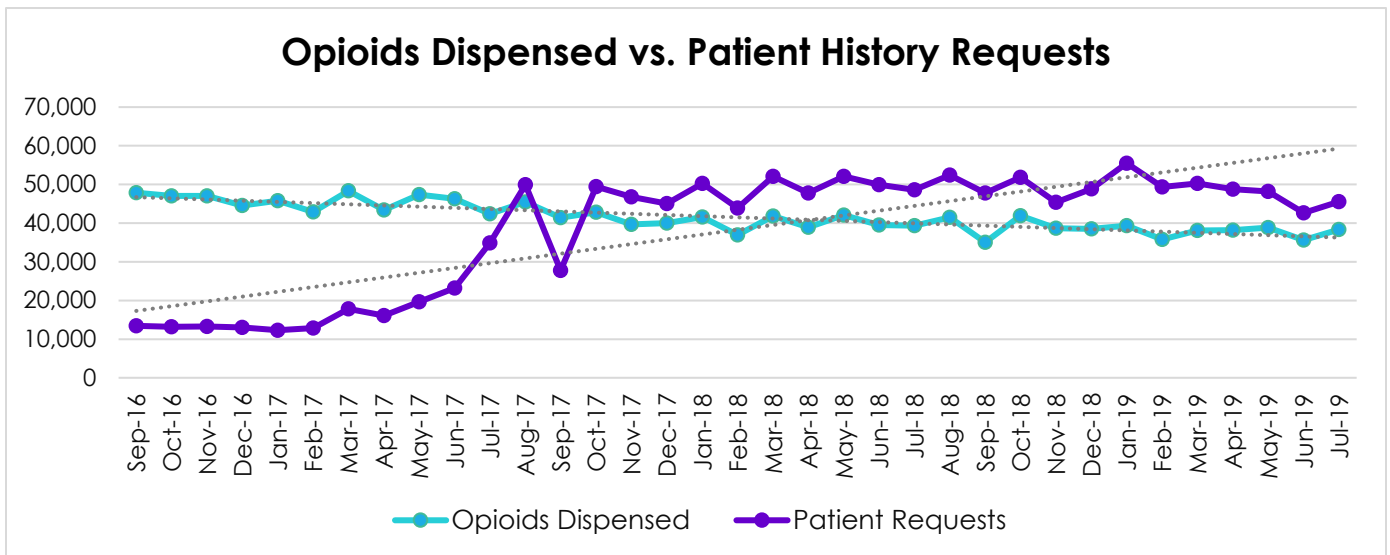


Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

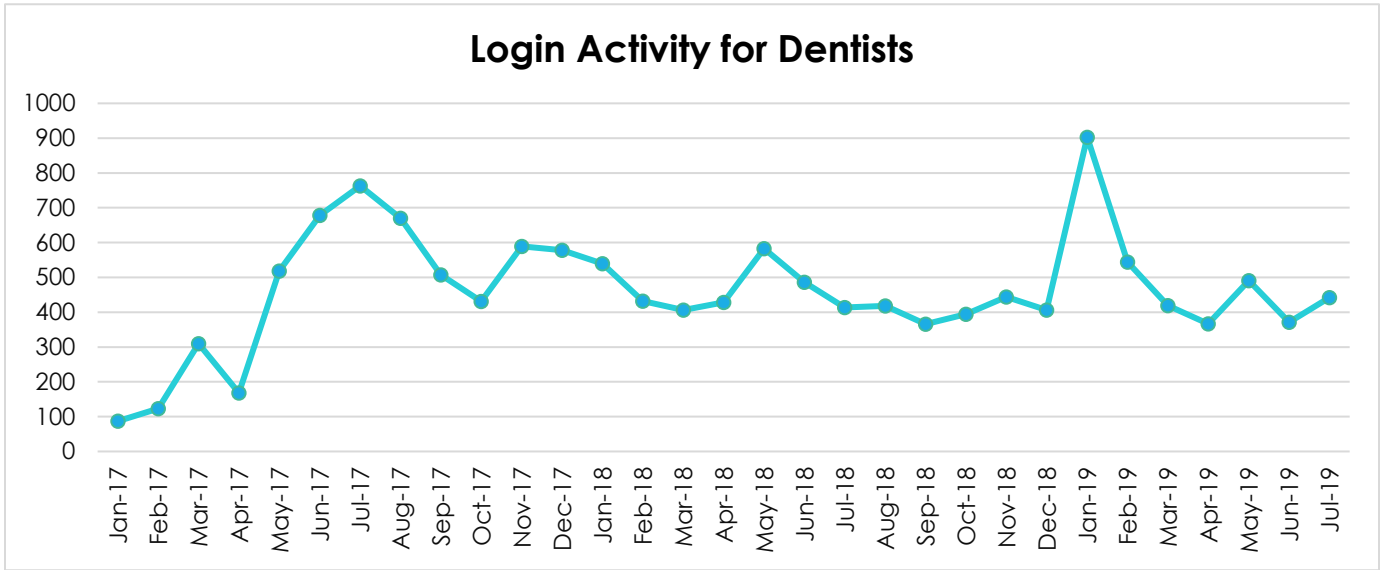


Figure 4. Prior to January 2019, login activity peaked in July 2017, corresponding to the effective date of mandatory use. In January, the PDMP recorded 903 logins, a 122.4% increase from the previous month.

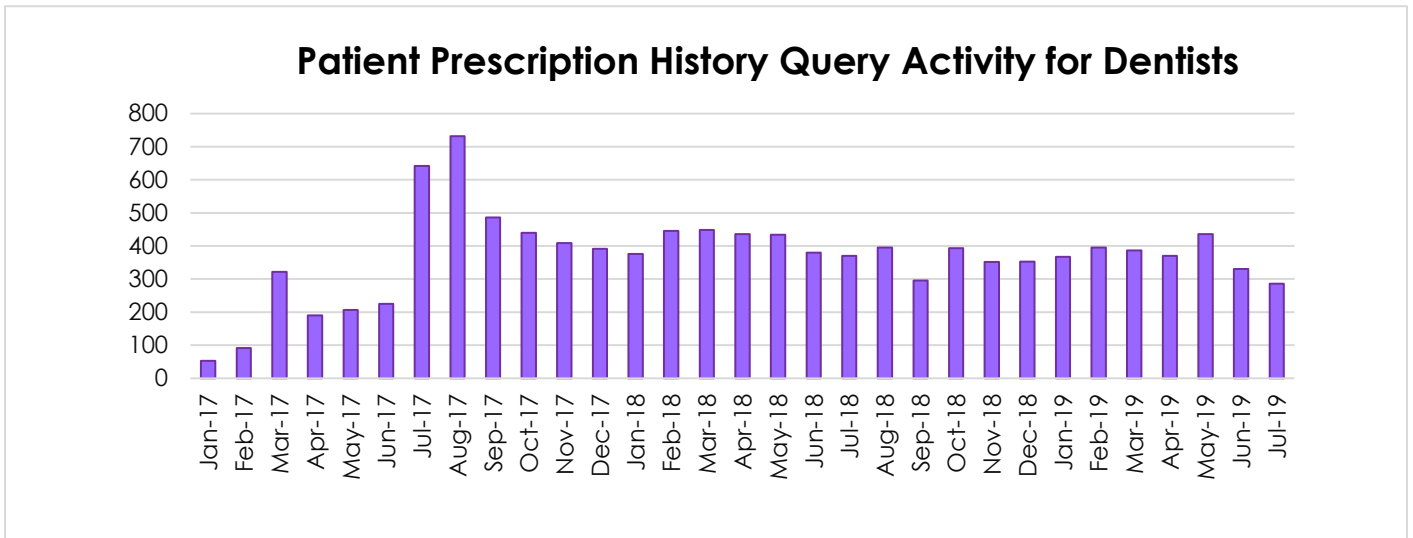


Figure 5. Patient prescription queries peaked in July 2017, corresponding to the mandatory use requirement; however, queries have not changed substantially for the last 12 months.

Figure 6 below shows the number of morphine milligram equivalents (MME) prescribed (subsequently dispensed) by profession. MMEs is a standardized measurement used to represent the potency of opioids, but excludes buprenorphine as a partial opioid agonist.

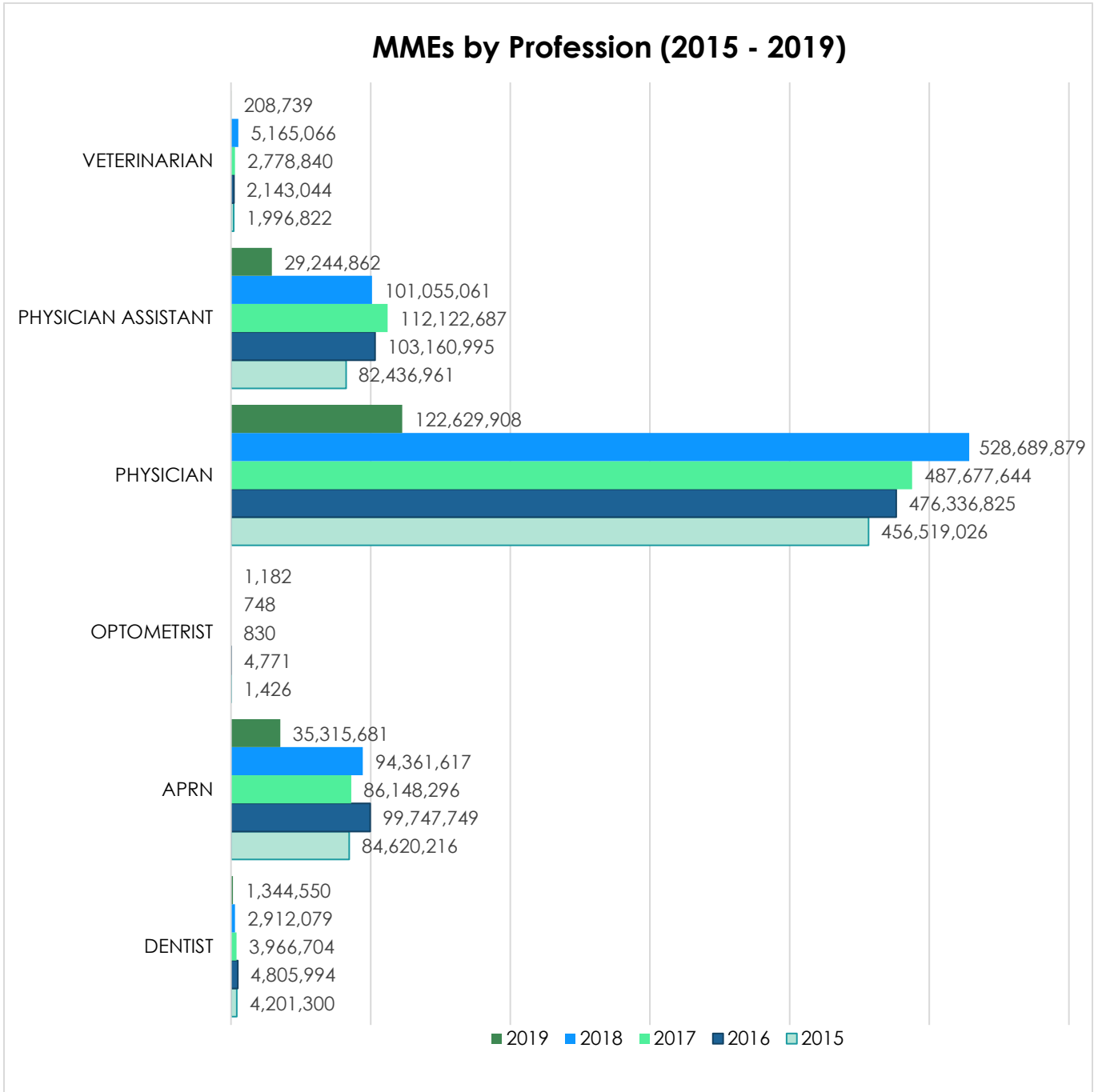


Figure 6. MMEs prescribed by dentists comprised .7% of total MMEs prescribed in 2019. The percent of MMEs prescribed by dentists fell by 26.5% from 2017 to 2018 and it appears the trend will be similar for 2019.

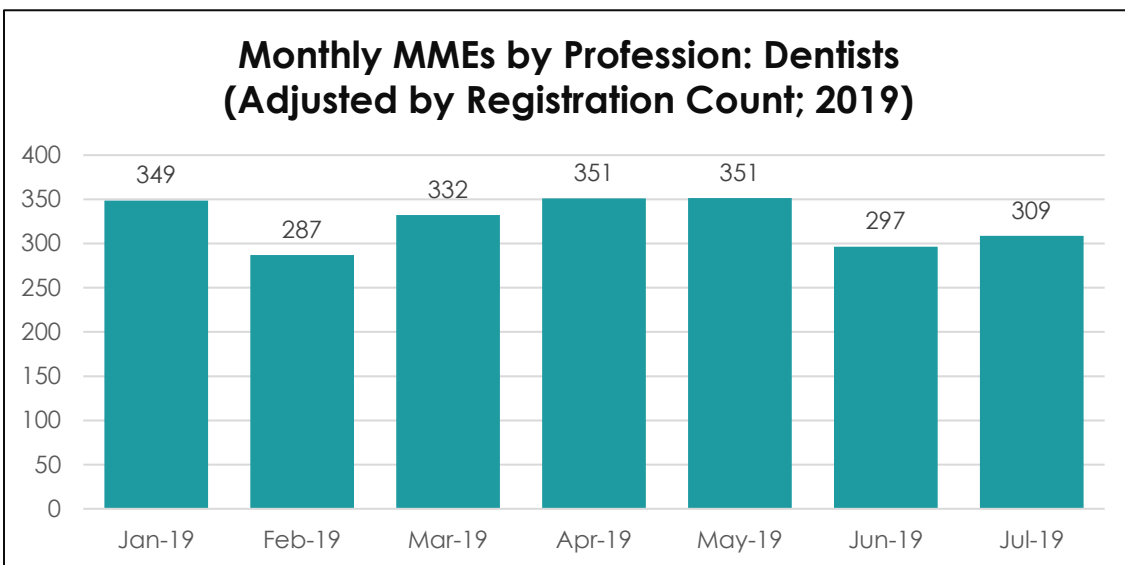
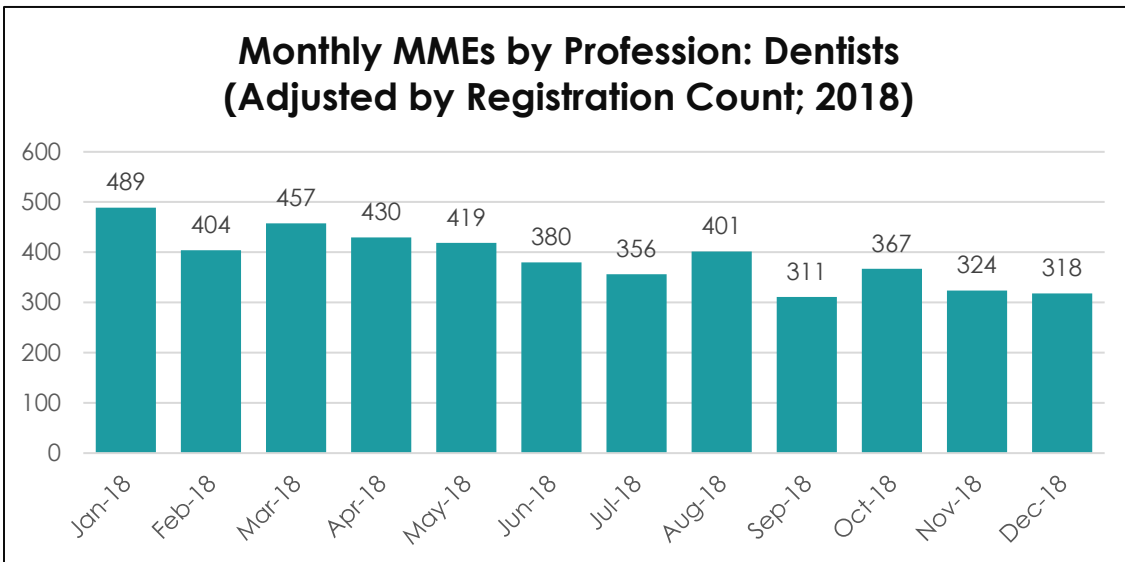
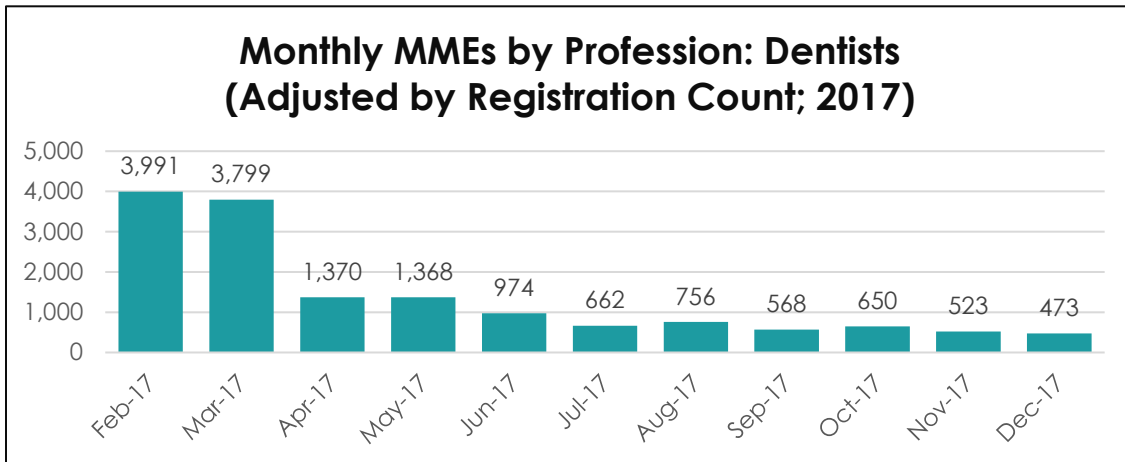


Figure 7. MMEs per month by profession and adjusted by registration count. January 2017 values are unavailable due to incomplete data.

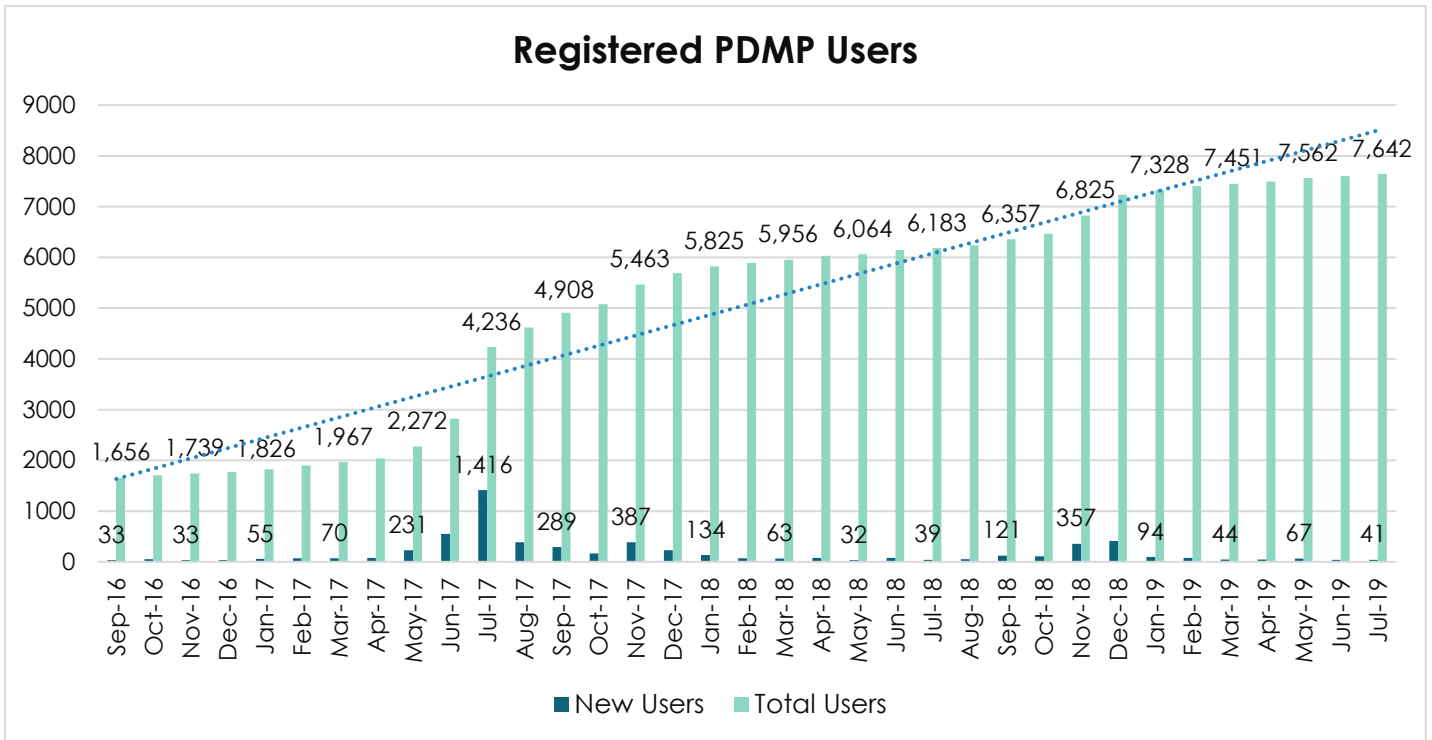


Figure 8. Registered users steadily increased following mandatory registration, but this appears to be leveling off in 2019.