

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.



Overview:

The PDMP began in 2008 and 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.

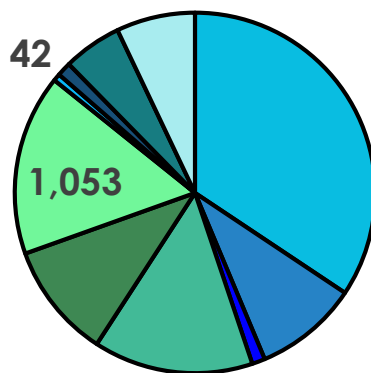
Delegate access is allowed so long as the delegate holds an active license, certification, or registration under AS 08. Delegate access can help relieve time-constraints as reviewing and reporting tasks can be distributed to qualified staff.

Updates and Imminent changes:

- PDMP fees for initial and continued access went into effect on April 22, 2018 by authority of AS 17.30.200 and was 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.

Data: Presently, there are a total of 6,493 registered users, 1,053 of which are pharmacists (Figure 1). While pharmacists make up a relatively small percentage of registered users, the proportion of total licensed pharmacists registered with the PDMP is 93%, nearing 100% registration compliance (Figure 2). Figure 3 provides a snapshot of opioid days supply.

Active PDMP Users



- Physicians
- APRNs
- Pharmacist-in-Charge
- Other
- Physician Assistants
- Dentists
- Pharmacist Delegate
- Optometrists
- Pharmacist
- Practitioner Delegate

Figure 1. Pharmacists comprise 16.2% of actively registered users. *Other includes IHS and VA prescribers and dispensers, admin, medical residents, and out-of-state pharmacists. Although there are 42 Pharmacists-in-Charge, individuals who have selected this role may already be included in the total number of users under the Pharmacist role category, as the AwarxE system allows users to select more than one user role.

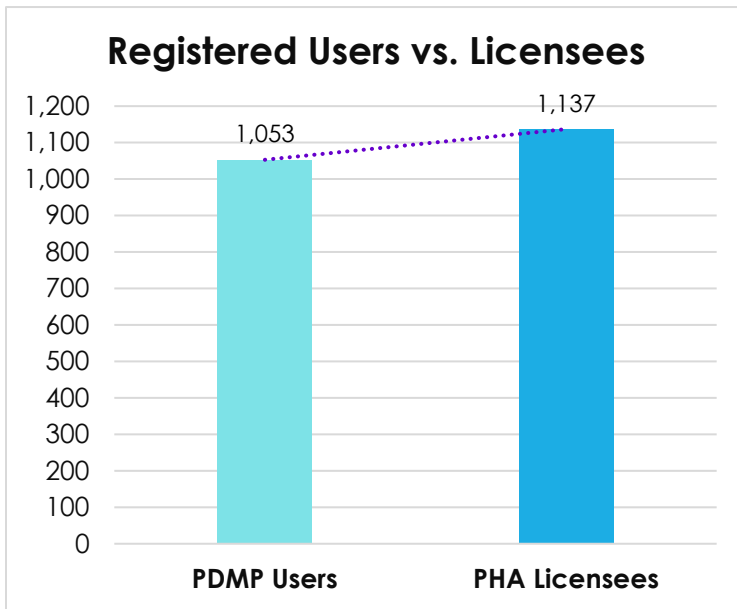
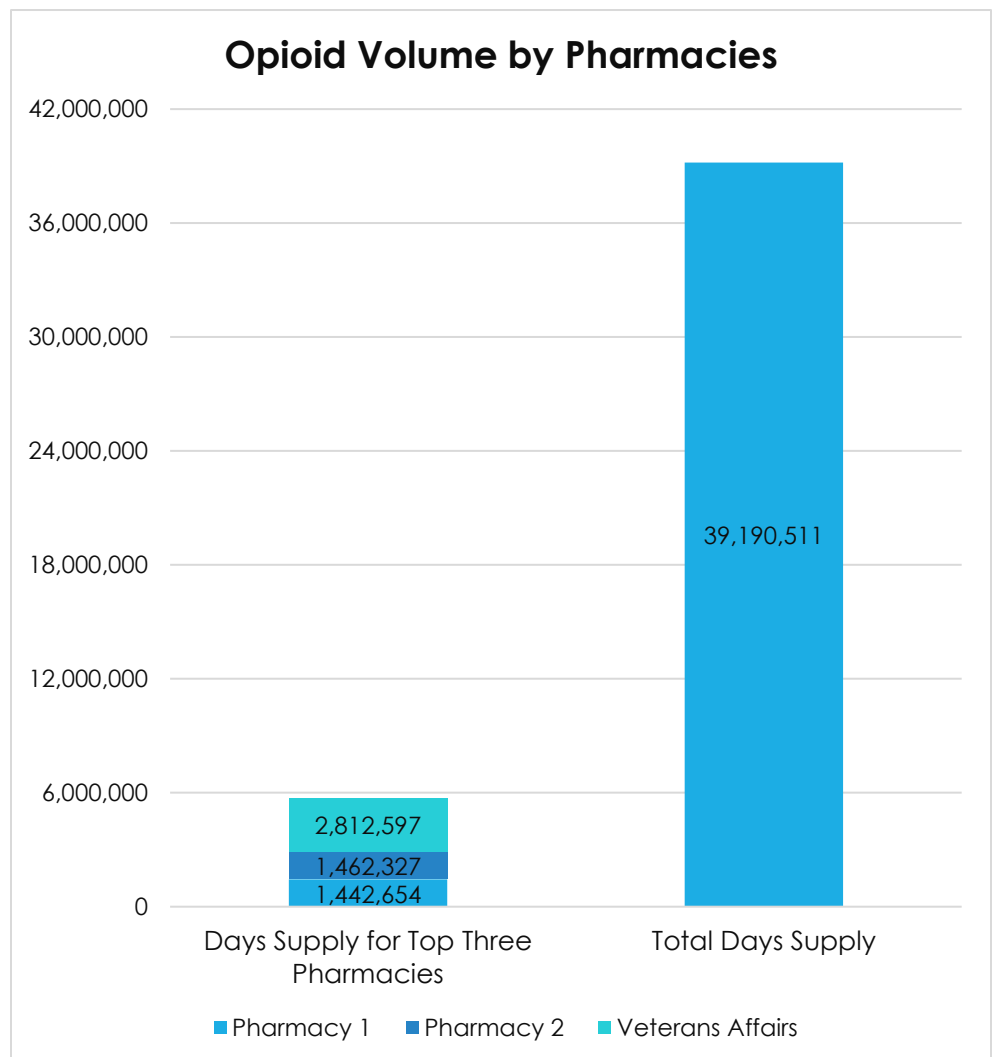


Figure 2. The proportion of licensed pharmacists to registered PDMP users.

Figure 3. Of the total 2.38 million opioid prescriptions, the top two pharmacies and the VA have dispensed 11% of these prescriptions. Out of 39.2 million days supply of opioids to date, these entities have dispensed 14% of the total days supply.



The following data (Figures 4 and 5) represents information not specific to any given profession and provides a general summary of PDMP trends as recorded in the controlled substance prescription database.

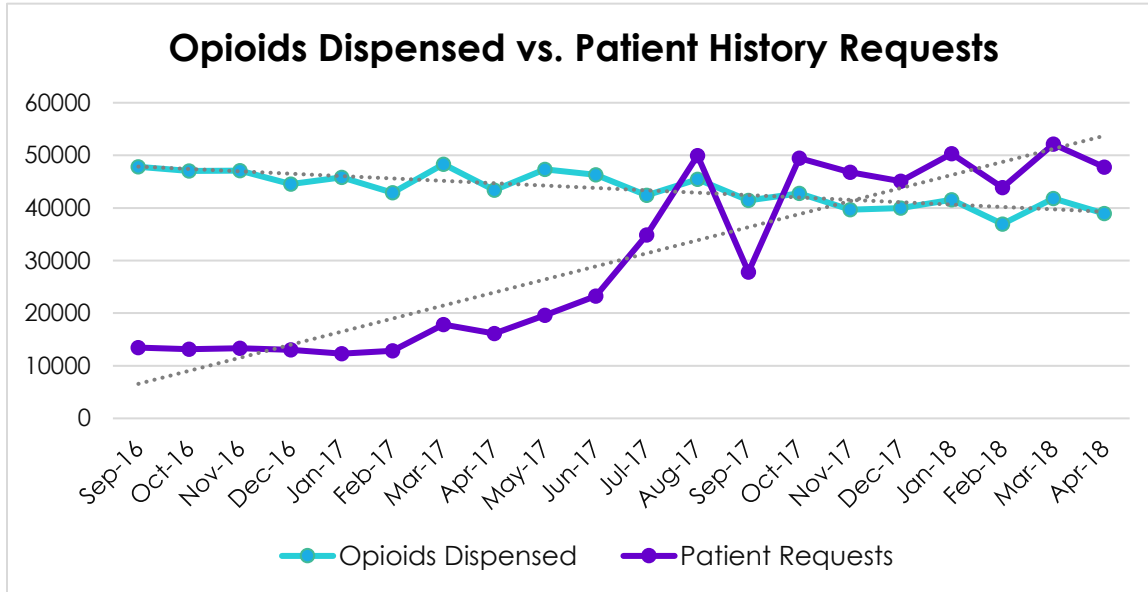


Figure 4. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

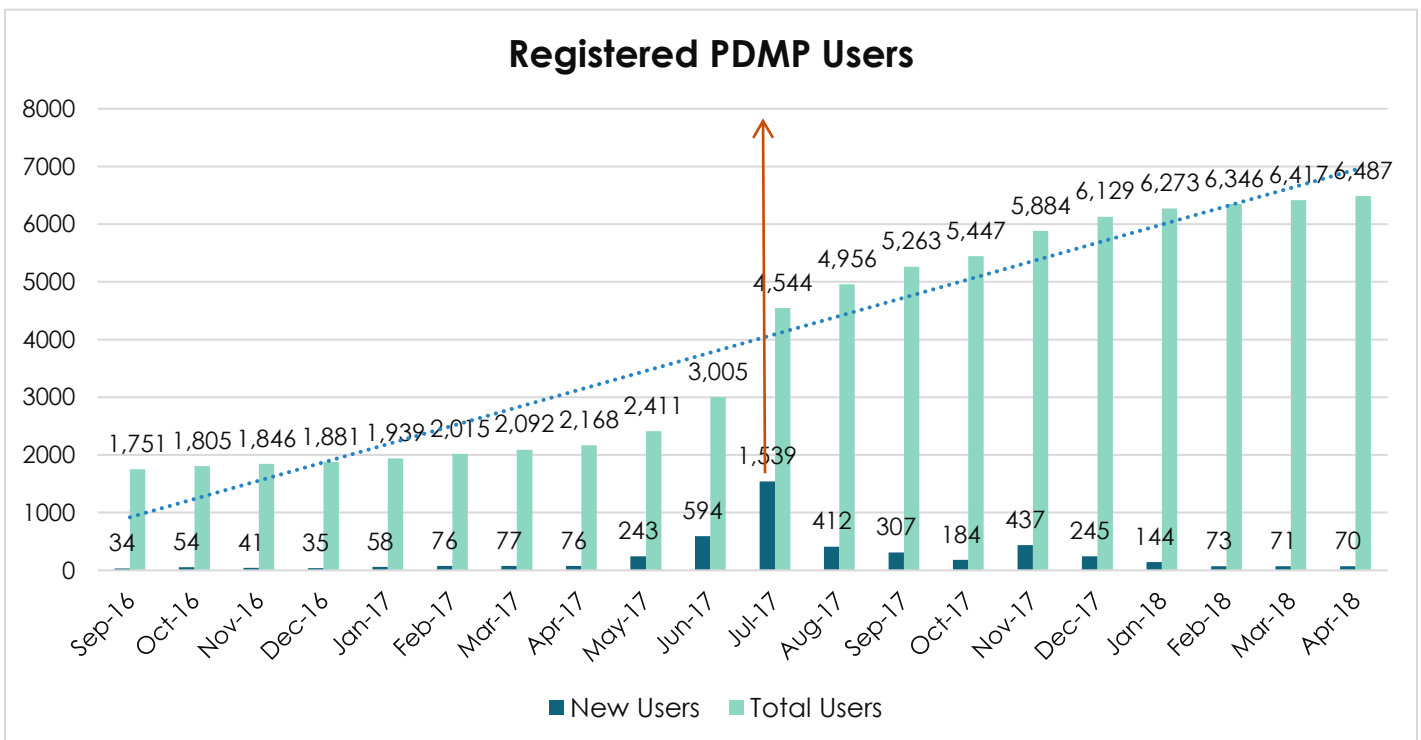


Figure 5. Registered users have steadily increased. New registrations peaked with 1,539 new practitioners and pharmacists, coinciding with the mandatory registration date of July 2017.