

May 5, 2020

This report contains summary data from the Prescription Drug Monitoring Program (PDMP) and is prepared for the Alaska Board of Pharmacy. Data is provided as a courtesy for the board and is intended to be used for informational purposes only.

Notices:

The 2019 PDMP Legislative Report is posted to our website <u>akpdmp.alaska.gov</u>. For a more in-depth report on the PDMP and compliance across other professions, we encourage you to read the report.

Currently, the Board of Pharmacy allows 30 days from the date of licensure to initially register for the PDMP.

PDMP renewal coincide with the board's professional license deadline, June 30, 2020. The PDMP renewal application will be combined with the license renewal application.

General Information and Updates:

- 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.
- Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those required to register by updating user roles, e.g.: 'Pharmacist' to 'IHS Dispenser'.
- Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers, which are searchable by name under the program 'Prescription Drug. Monitoring Program' at: https://www.commerce.alaska.gov/cbp/main/Search/Professional.
- There are currently 29 pending accounts in AWARxE for Pharmacists, Pharmacists-in-Charge, Military and HIS Dispensers, and Out of State Pharmacists.

Enhancements:

- On September 9th, 2019, **NarxCare** was integrated into the existing AWARXE platform. NarxCare provides visual analytics snapshots upon a patient query so providers can make more informed clinical decisions based on a patient's overdose risk score (ORS), which is a value between 0 and 900 and provides an odds ratio for unintentional death.
- An **Awareness and Feedback Questionnaire** was open from February 19 March 11, 2020 and results will be available in June.
- The **Compliance Module** feature went live on November 13, 2019 and provides the PDMP Manager the ability to review providers who did not meet mandatory review requirements for a certain date range, and gives providers the ability to view their own compliance.



- Clinical Alerts went live on April 15, 2020, which gives real-time alerts to providers when a
 patient meets or exceeds a prescription threshold, daily MME threshold, or combination of
 opioid and benzodiazepine prescriptions.
- The **License Integration** enhancement project will be launching in the next few days, and will provide automatic verification of licensure status, e.g.: active or inactive between CBPL's licensing database, Portal, and the AWARXE platform. For existing users, this means providers who do not renew their professional license will be automatically deactivated in the PDMP.

Datasharing:

Alaska currently shares data with eleven states. There are pending MOU/MOA agreements with two other states, Puerto Rico, and the Military PDMP.

Approved data sharing

- Connecticut
- Idaho
- Louisiana
- Massachusetts
- Montana
- Minnesota

- North Dakota
- Rhode Island
- South Carolina
- Washington
- Wyoming

Pending Requests

- Military PDMP
- Texas

- Oregon
- Puerto Rico

Data:

The Alaska State Board of Pharmacy regulates several license types, including pharmacists, pharmacy technicians, and pharmacy interns. All pharmacist licensees are required to register with the PDMP user role, 'Pharmacist', unless working for a federal employer (IHS, VA, military, etc.). Pharmacy technicians and interns may register as delegates for Pharmacist users.

As of April 30, 2020, there are a total of 7,871 registered users, 943 of which are registered using the 'Pharmacist' role and 29 are registered using the 'Pharmacist-in-Charge' role (Figure 1). The pharmacist user role accounts for 15% of registered users in AWARXE, while pharmacist delegates make up 1% of registered users.

There are currently 1,151 pharmacist licensees, of which 972 are registered. This does not account for pharmacists registered under another user role, such as IHS, Military, or VA dispenser user roles. Out of State Pharmacists are also excluded from this count. (Figure 2)



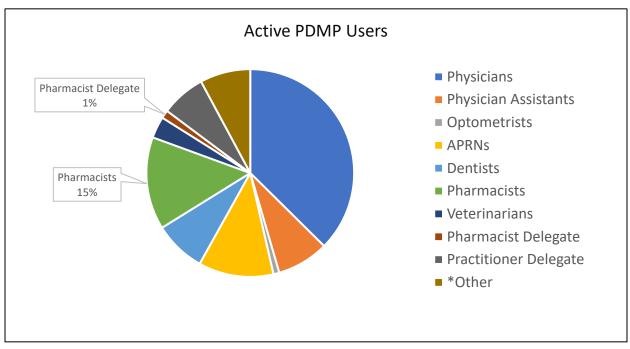


Figure 1. The Pharmacists user role category comprises 15% of actively registered users. This includes Pharmacists, Pharmacists-in-Charge, Military, VA, and IHS Dispensers. *Other includes admin and restricted admin; IHS, military, and VA prescribers; medical examiner/coroner; state Medicaid program; and medical

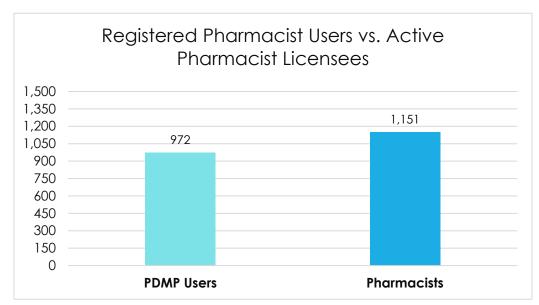


Figure 2. The compliance rate is 84% accounting only for users registered with the "Pharmacist" user role. If Military, VA, and IHS dispensers are included, the compliance rate is 98%.

Figure 3 and 4 below reflect pharmacist interactions with the PDMP. Pharmacists are not required to login to check patient prescription history, however, consistent with login activity trends, pharmacists are consulting the PDMP when dispensing medications. Figure 5 shows the overlap of logins versus



patient queries while figure 6 shows the proportion of pharmacy license types performing patient queries.

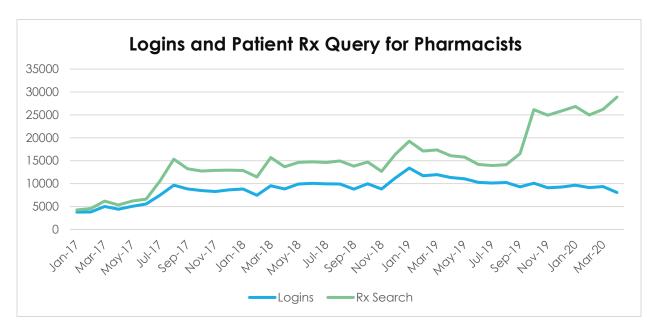


Figure 3. Logins vs. patient prescription history searches performed by Pharmacists, Pharmacists-in-Charge, and Delegate searches shows a synchronous trend until September 2019. From September 2019 to April 2020, fewer logins are resulting in more searches.

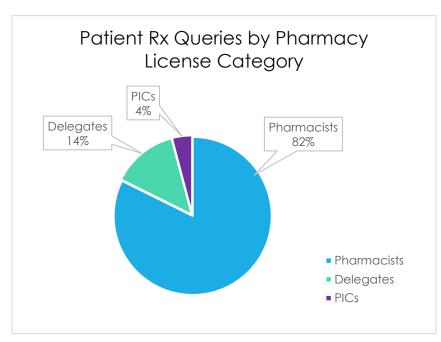


Figure 4. In 2019, 14% of pharmacist delegates (technicians or interns) queried patients' prescription history on behalf of pharmacists.



Pharmacists continue to have the highest rate of search activity, adjusted by user count. Figure 5 below shows the average number of patient searches per user is 342, compared to physician assistants at 97. This does not account for searches conducted by delegates. Optometrists continue to be the lowest at less than one log-in per user in 2019.

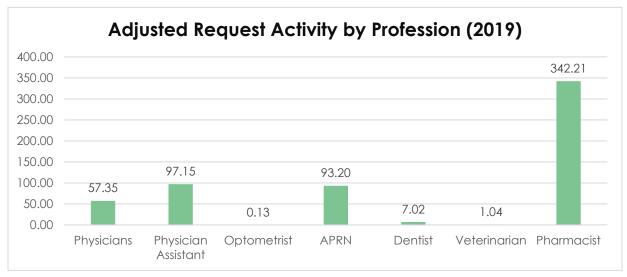


Figure 5. Adjusted by registered user count. Of mandatory professions required to register with the PDMP, pharmacists are the only providers not required to login to view patient prescription history; however, they have the highest patient request activity adjusted by the number of registered users in their profession.

Under AS 17.30.200(d)(1) and 12 AAC 52.860(b), local, state, and federal law enforcement officials may receive information contained within the PDMP upon a search warrant, subpoena, or order issued by an administrative law judge or court. The number of subpoenas issued by the Drug Enforcement Administration are included in figure 8, below.

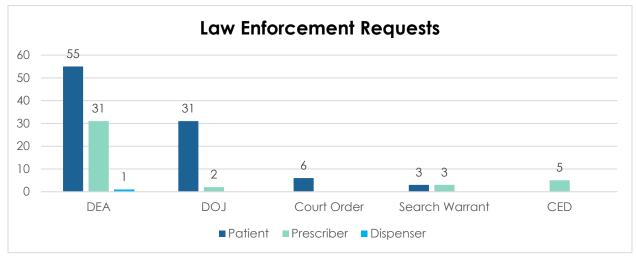


Figure 6. The PDMP manager responded to 137 subpoenas in 2019.



There have been significant improvements on registration compliance, which will allow for a focus on compliance with delinquent reporters. There are currently 263 delinquent reporters, with at least 65 over 100 days delinquent. In the coming months, delinquent reporters will be contacted and we expect this number to decrease significantly.

An outreach and education plan is being developed to address user compliance with reviewing and reporting. The CDC recommends avoiding concurrent benzodiazepine and opioid prescriptions, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death. The data below represents an infrequent rate of treatment involving dangerous combinations, however there is a surprising rate of combination treatment involving benzodiazepines and opioids in the last data set, indicating 64% of APRN's, 66% of Physicians, and 59% of Dentists have treated at least one patient with this therapy.

| | | | | | | Dangerous Combo | |
|----------|-------------|----------|------------|-------------|-------------|-----------------|--------------|
| Provider | Providers | Number | Compliance | Prescribing | Prescribing | Benzo | Benzo Opioid |
| Туре | Prescribing | Reviewed | Rate | >90MME | >120MME | Opioid | Carisoprodol |
| NUR | 493 | 359 | 73% | 73 | 43 | 316 | 35 |
| DEN | 356 | 69 | 19% | 46 | 16 | 211 | 7 |
| MED | 767 | 560 | 73% | 121 | 65 | 510 | 31 |
| VET | 158 | 21 | 13% | 6 | 6 | 10 | 0 |
| OPT | 5 | 2 | 40% | 0 | 0 | 0 | 0 |