

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.

With regards to prescriptive guidelines, CBPL’s Joint Committee on Prescriptive Guidelines met in 2016 and came up with several recommendations, one of which being that dentists should limit opioids for acute dental pain. Full recommendations can be found on the PDMP website at www.pdmp.alaska.gov.

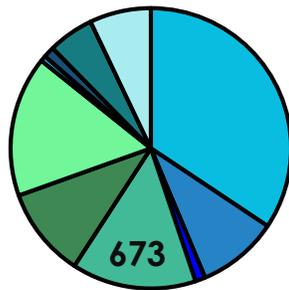
Updates and Imminent changes:

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

Data:

Presently, there are a total of 6,493 registered users, 673 of which are dentists (Figure 1). While dentists make up a relatively small percentage of registered users, the proportion of total licensed dentists registered with the PDMP is 81%, nearing complete registration compliance (Figure 2).

Active PDMP Users



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

Figure 1. Dentists comprise 10.3% of actively registered users. *Other includes IHS and VA prescribers and dispensers, admin, medical residents, and out-of-state pharmacists.

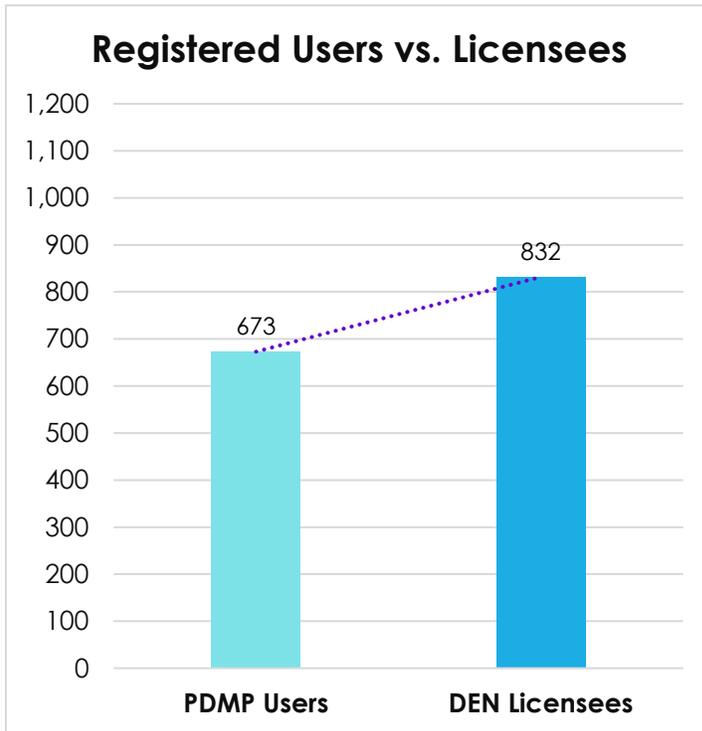


Figure 2. The proportion of licensed dentists to registered PDMP users.

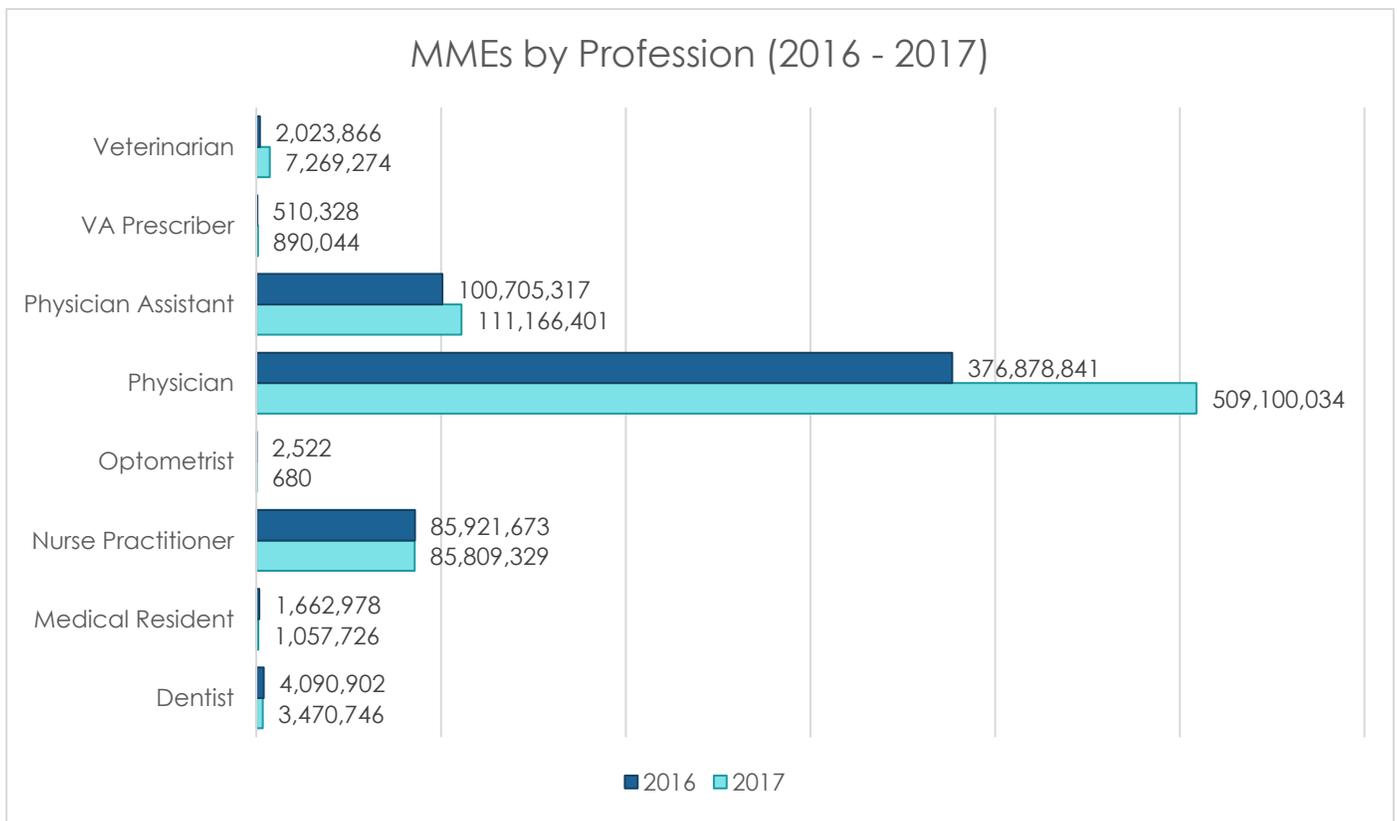


Figure 3. Of the total MMEs dispensed in 2017, less than 1% (.48%) originated from prescriptions written by dentists. This represents a relative decrease of 40% since 2016, where dentists prescribed .70% of total MMEs dispensed. Compared to other prescribing professions, dentists prescribe approximately half the MMEs of veterinarians and 146 times less than that of all physicians.

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.

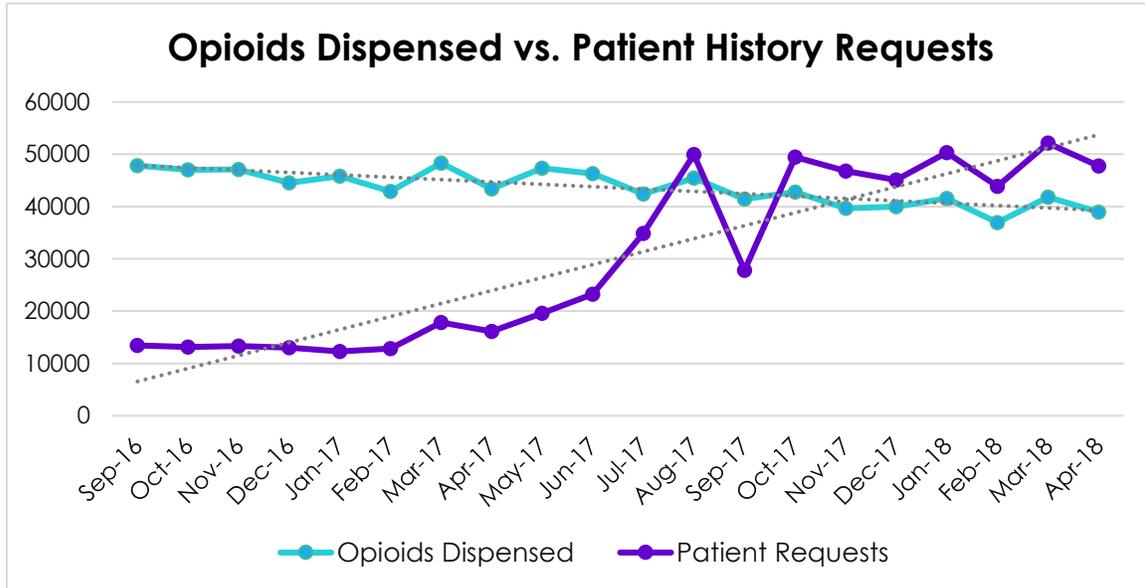


Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience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

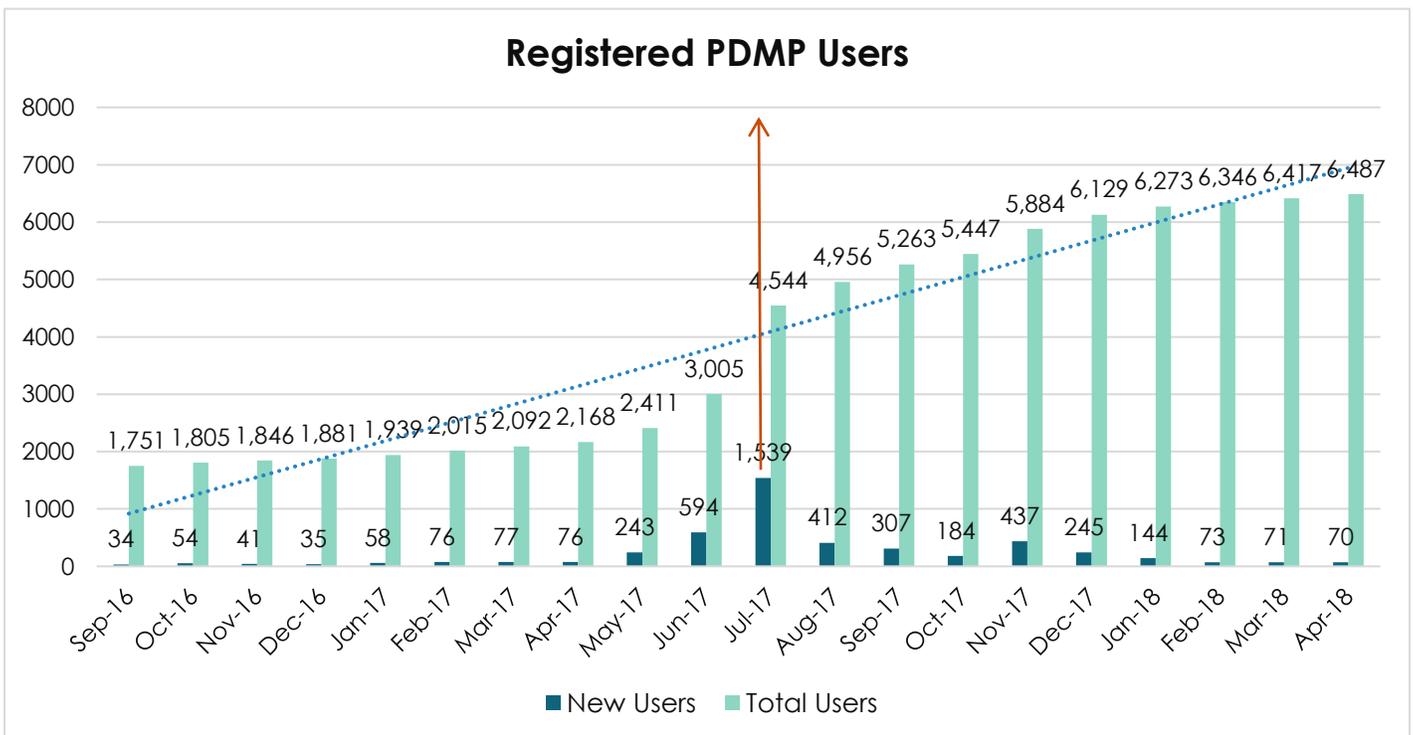


Figure 4. Registered users have steadily increased. New registrations peaked with 1,539 new practitioners and pharmacists, coinciding with the mandatory registration date of July 2017.