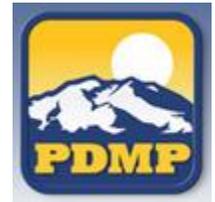


Intent:

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. Indian Health Service, Veterans Administration, Military, and other federal practitioners and pharmacists are not required to register and are therefore not required to interact with the database.

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, which 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.
- PDMP renewal for dentists will be due by 02/28/19, however, licensees should begin renewing three months in advance (by November 30) to ensure timely processing.
- Effective July 1, 2018, applicants seeking licensure and intending to pursue prescriptive authority must complete no less than two hours of education in pain management and opioid use and addiction within two years immediately preceding the date of application. Similarly, licensees with DEA registrations must complete at least two hours of continuing education for license renewal and remain registered with the PDMP.
- Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: 'Physician' to 'IHS Prescriber'.
- 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>

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. All licensees required to register with the PDMP register using the user role 'Dentist', unless working for a federal employer (IHS, VA, military, etc.).

As of July 31, 2018, there are a total of 6,278 registered users, 659 of which are registered using the 'Dentist' role (Figure 1). Dentists are among the top four professions of registered users and the majority of active licensed dentists are registered; the proportion of total licensed dentists to other professions with the PDMP is 10%, where dentists have reached 77.7% registration compliance (Figure 2). Registration compliance has dropped by 3.3% since the last review period in April (refer to 05/04/2018 report).

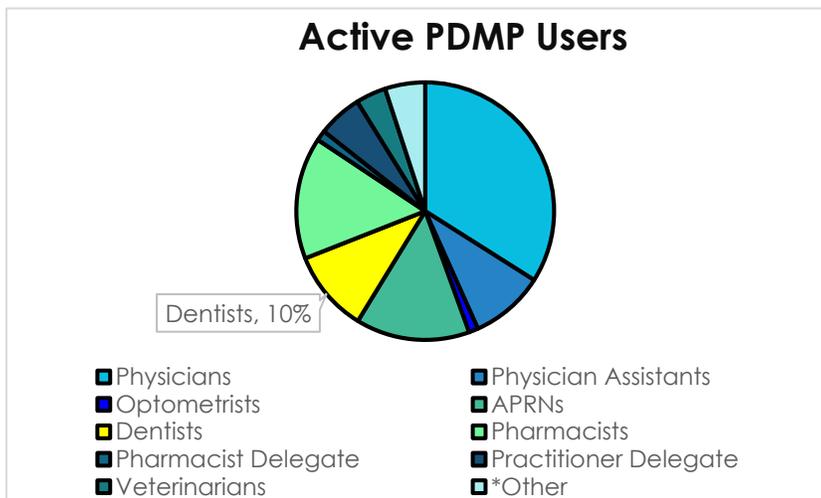


Figure 1. Dentists make up 10% of total registered PDMP users. *Other includes IHS, VA, and military prescribers and dispensers, admin, medical residents, coroners, and out-of-state pharmacists. The number of dentists inclusive in the 'Other' category is not known.

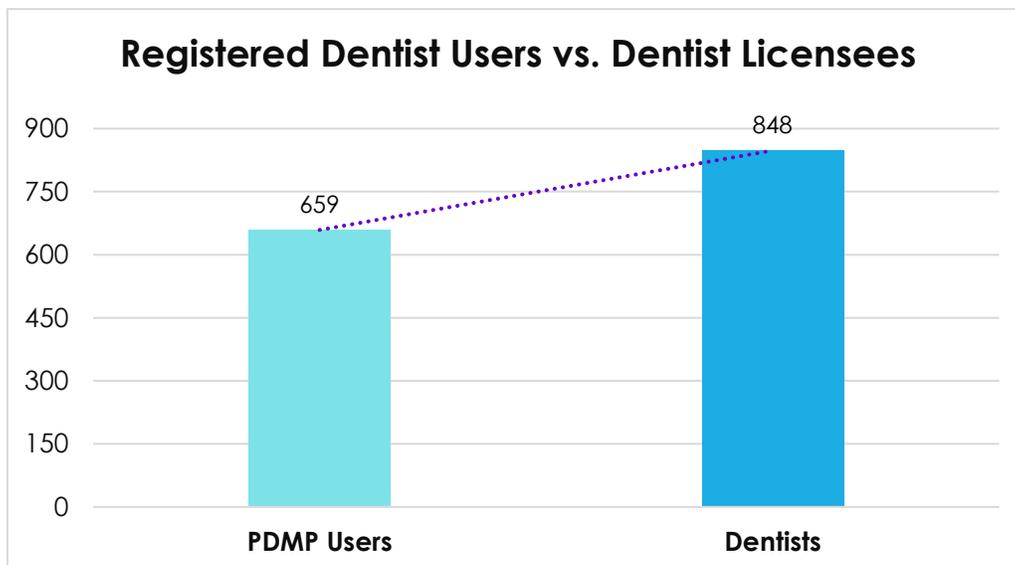
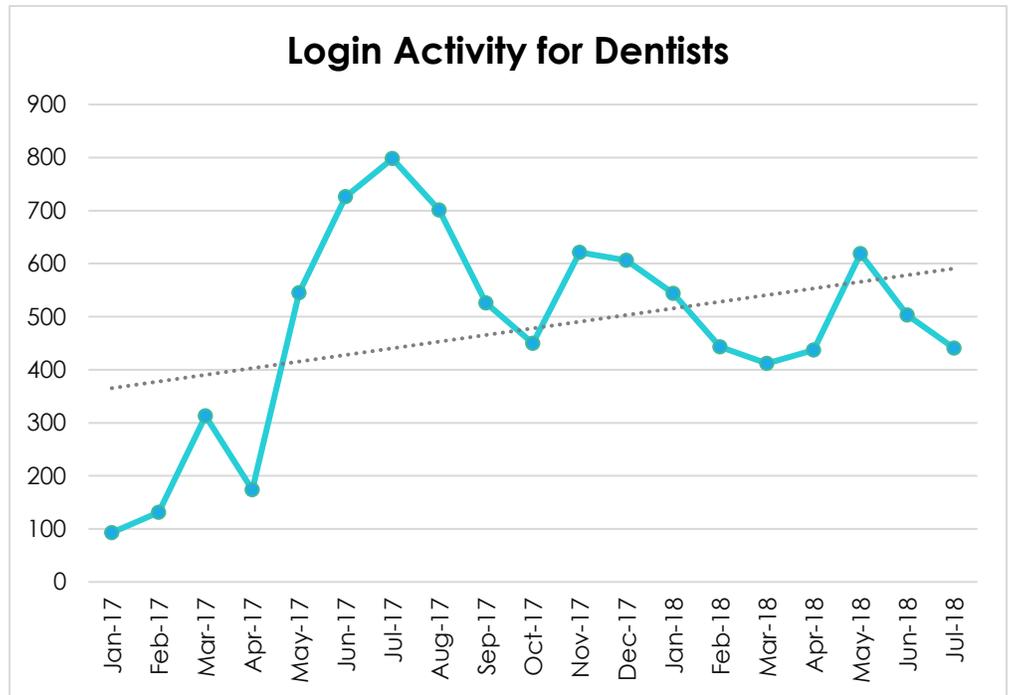


Figure 2. The proportion of licensed dentists to registered PDMP users. This represents a compliance rate of nearly 78%, meaning 22% of licensees potentially required to register are not yet registered. This figure is an estimation as the exact number of dentists with federal Drug Enforcement Agency registrations is not known.

The next two graphs (Figures 3 and 4) reflect the interaction activities of dentists captured from January 2017 to July 2018.

Figure 3. Despite large fluctuations in login activity for dentists, overall data shows a linear increase in activity from January 2017 to the end of this report period, attributed largely to the mandatory registration and reviewing requirement effective July 2017. Login activity by month, however, has decreased overall; From July 2017 to July 2018, the percent change of login activity is -45% and the average rate of decrease in login activity per month is -3.3%.



Patient Prescription History Query Activity for Dentists

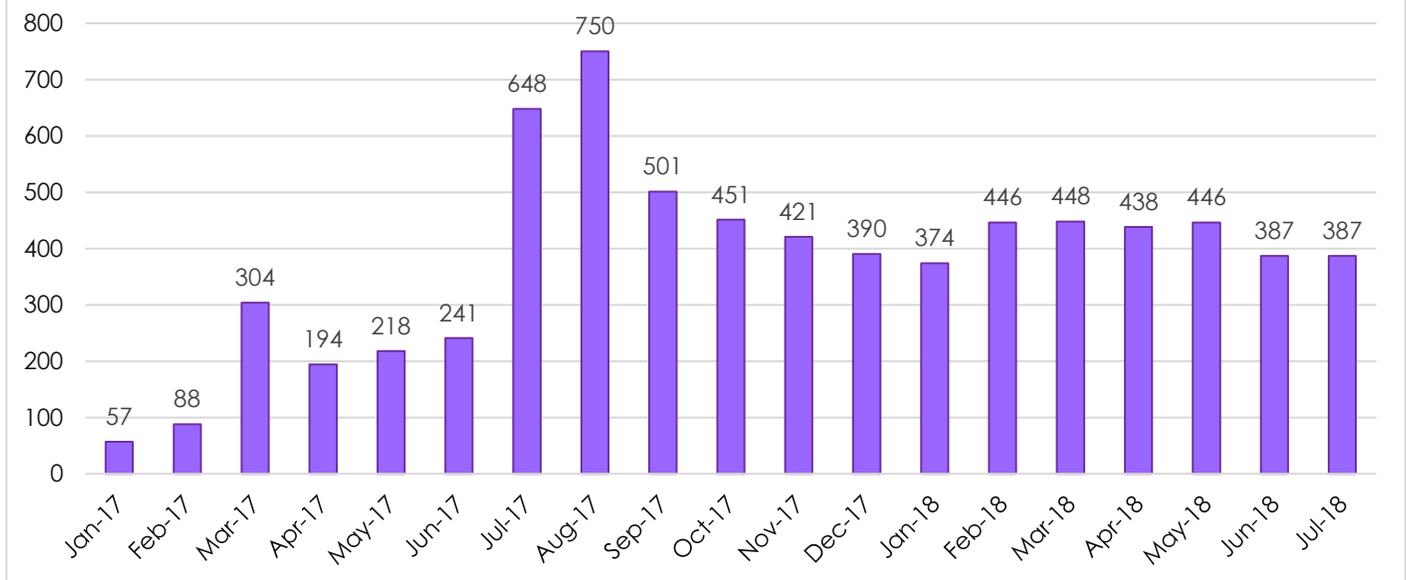


Figure 4. Patient prescription history queries have increased substantially over the last year with a 556% increase from the beginning of the year in 2017 to the beginning of the year in 2018, owing to mandatory reviewing requirements effective July 2017. Rx queries peaked in August 2018 with 750 requests, however, patient requests over the last two months are nearly half of what they were in the previous year.

The following data (Figures 5 through 7) represents information not specific to any given profession and provides a general summary of PDMP trends as recorded in the controlled substance prescription database.

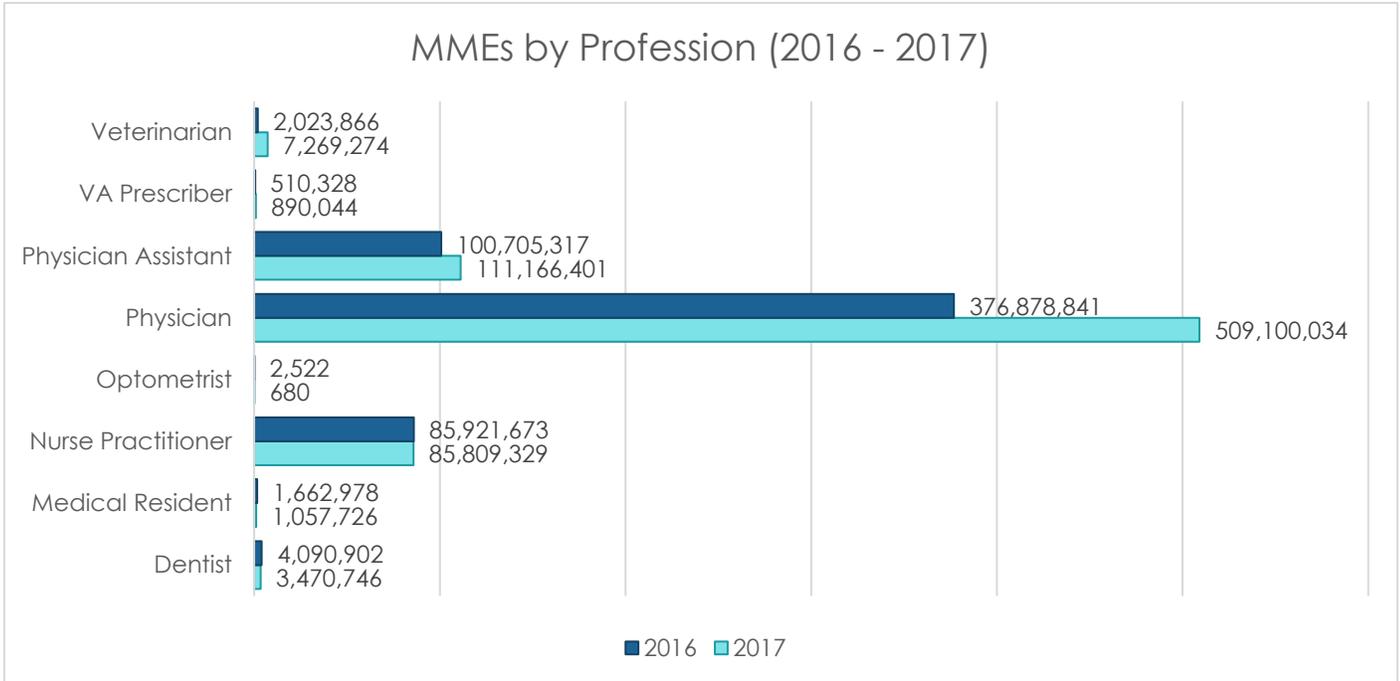


Figure 5. Of the total MMEs dispensed in 2016, .7% originated from prescriptions written by dentists. This represents a relative decrease of -31.2% since 2017, where these practitioners prescribed .48% of total MMEs dispensed.

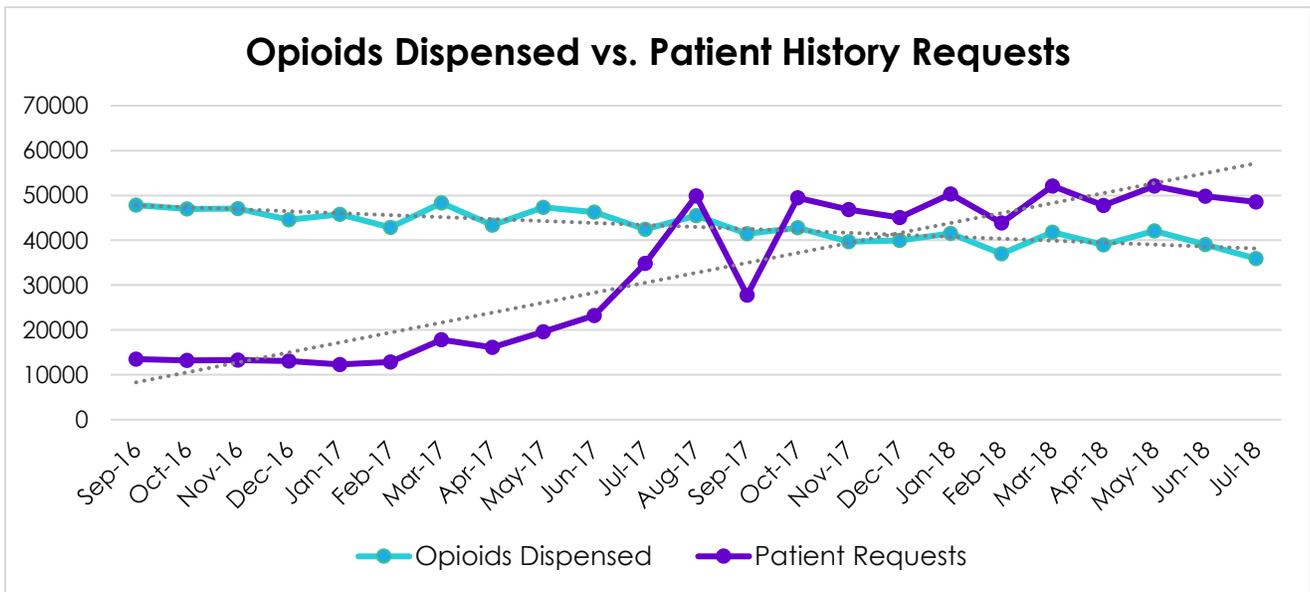


Figure 6. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

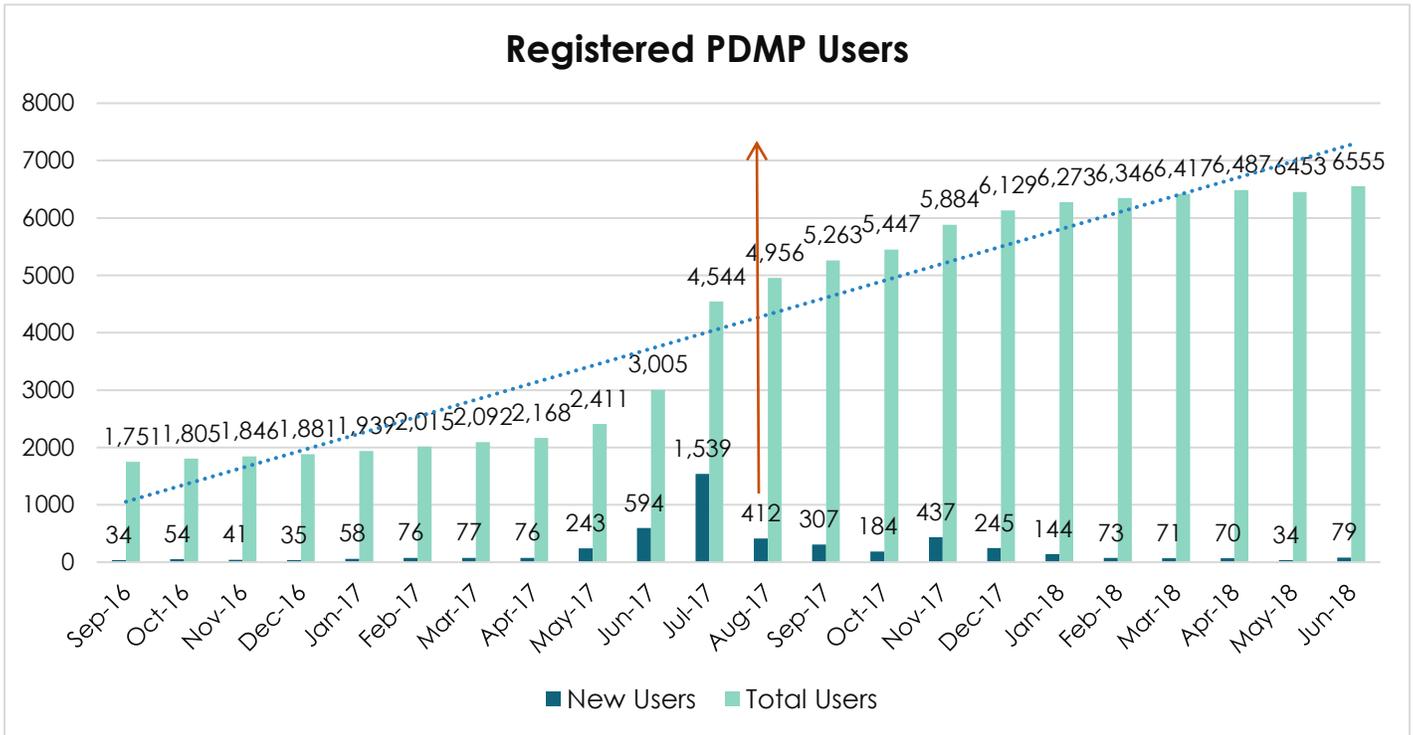


Figure 4. Registered users have steadily increased. New registrations peaked with 1,539 new practitioners and pharmacists, coinciding with the mandatory registration date of July 2017. The increase of new registrations for May and June may not correlate with the total number of registered users as PDMP registrations were deactivated and user roles changed due to filtering and clean-up processes beginning June 2018 for registration renewal.