

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 September 2018.



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 on a daily basis. Information on exemptions can be found www.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 State Medical Board.

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, 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 on or after November 30 to ensure renewal through 02/28/21.
- 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.
- An Awareness and Feedback Questionnaire, developed per the directive of the CDC, was made available from May 2018 to June 2018. Out of 402 total respondents, 31 (7.73%) of dentists participated. Preliminary results can be found at www.pdmp.alaska.gov.
- 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' (Indian Health Service) Prescriber.
- 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>

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 September 30, 2018, there are a total of 6,375 registered users, 656 of which are dentists (Figure 1). The proportion of total licensed dentists registered with the PDMP is 77%; 23% are not registered 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 Prescriber, VA Prescriber, or Military Prescriber.

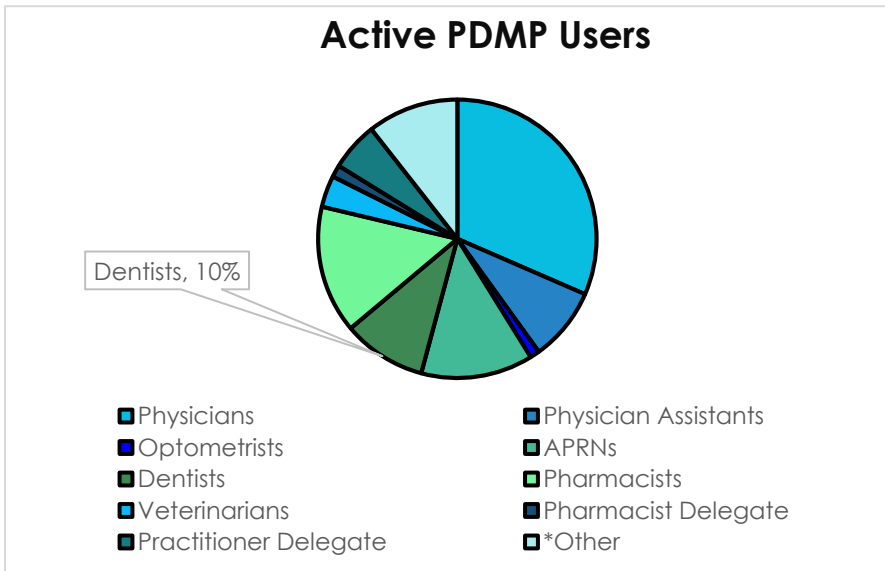


Figure 1. Dentists comprise 10% of actively registered users. *Other includes IHS and VA prescribers and dispensers, military prescribers, admin, medical examiners/coroners, and out-of-state pharmacists.

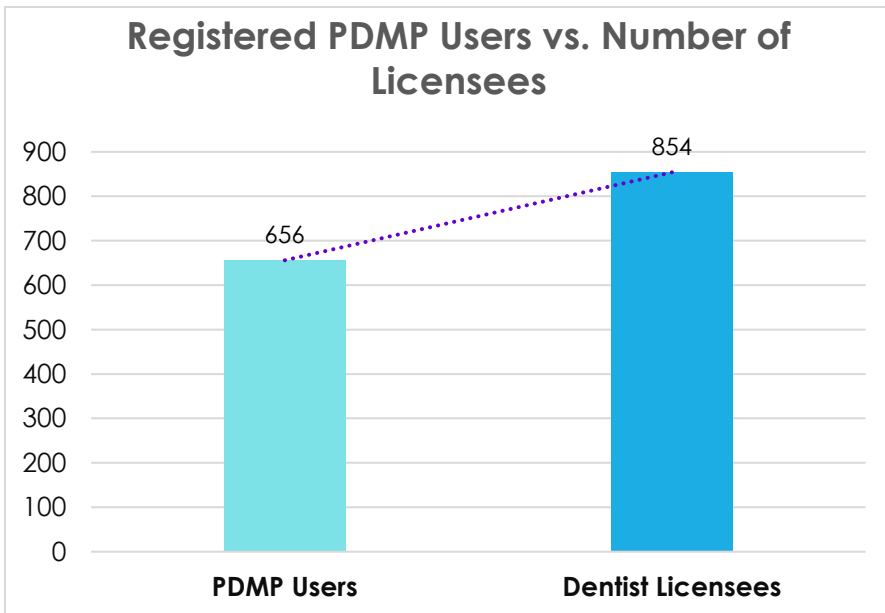


Figure 2. The proportion of licensed dentists to registered PDMP users is represented; however, some licensed veterinarians may be excluded from this figure due to not holding an active DEA registration or being inclusive in federal registration categories such as IHS Prescriber, VA Prescriber, or Military Prescriber.

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 physicians and physician assistants captured from January 2017 to September 2018.

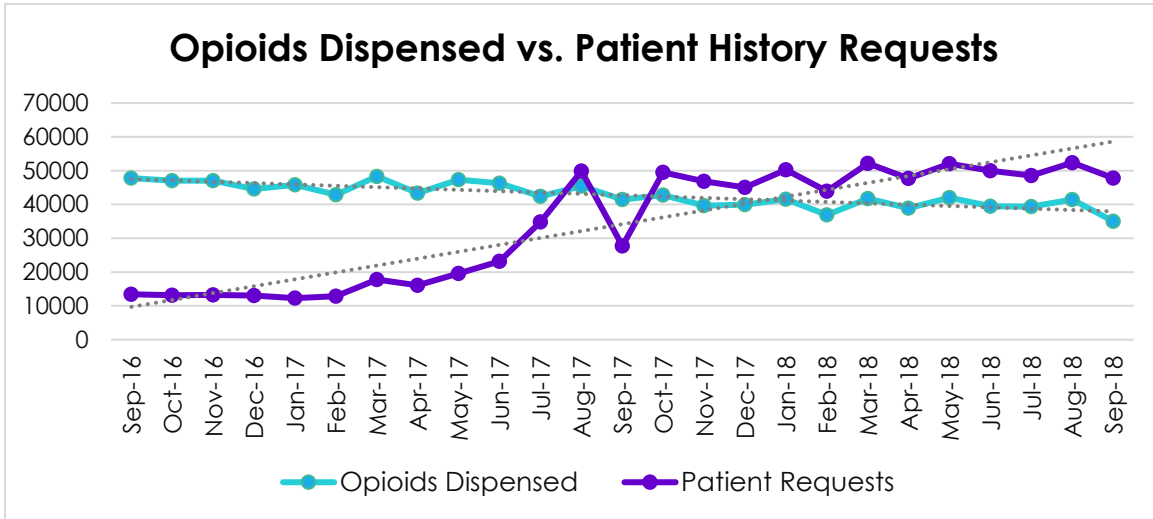


Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience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

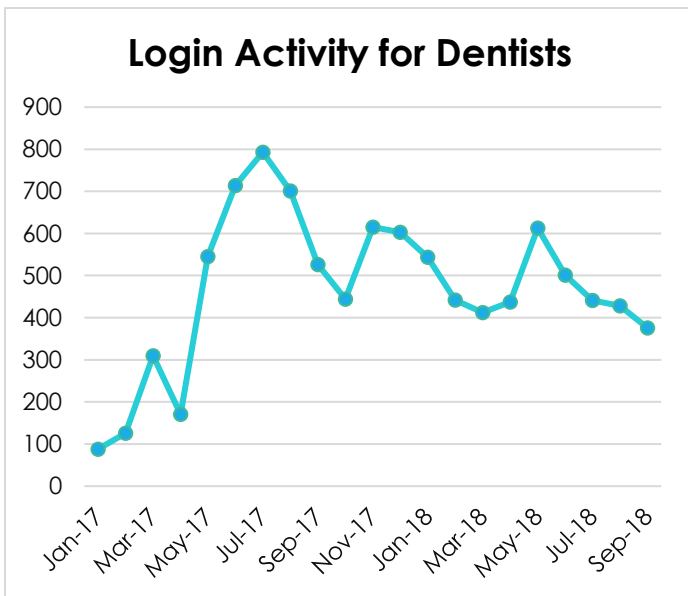


Figure 4. Login activity for veterinarians increased dramatically following mandatory reviewing requirements effective in July 2017 and was steady until January 2018. Logins have decreased substantially since the beginning of the year.

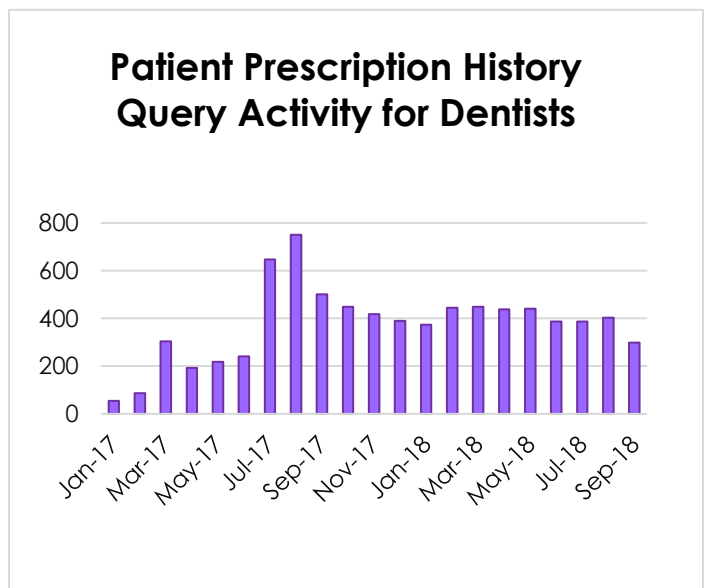


Figure 5. The number of patient prescription history requests peaked in September 2017 and has since been decreasing. The range of patient prescription queries in 2018 hovers between 300 and 445 requests per month.

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.

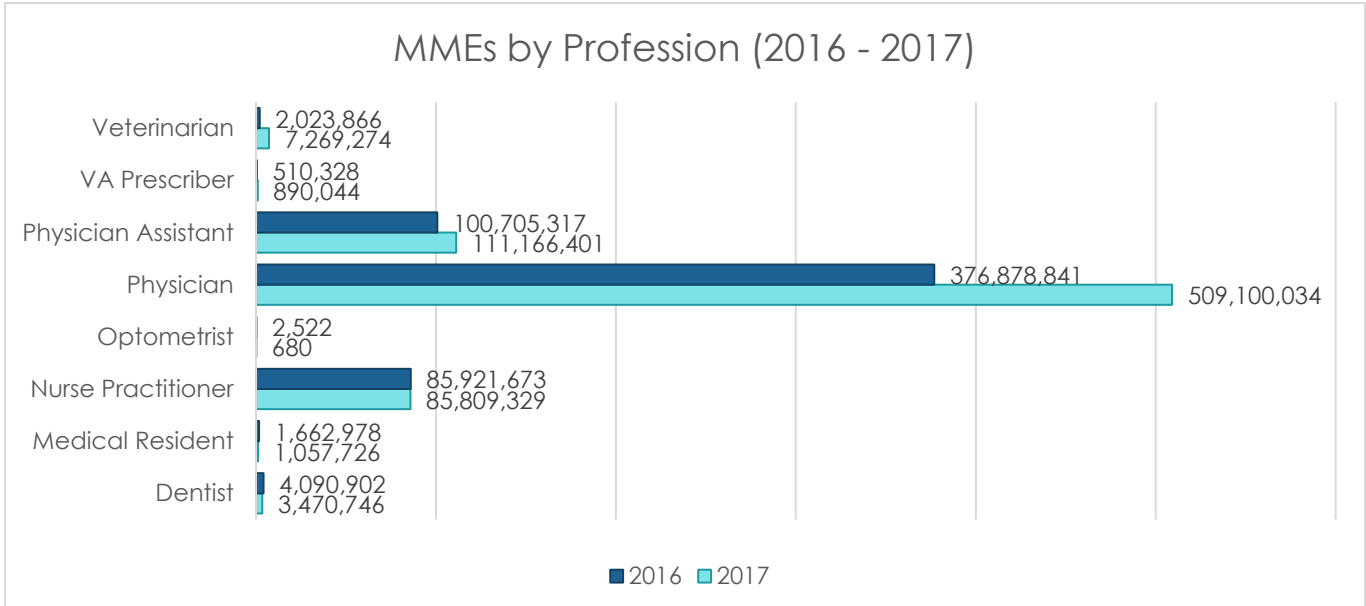


Figure 6. Dentists prescribed less than 1% of total MMEs in 2016 and 2017.

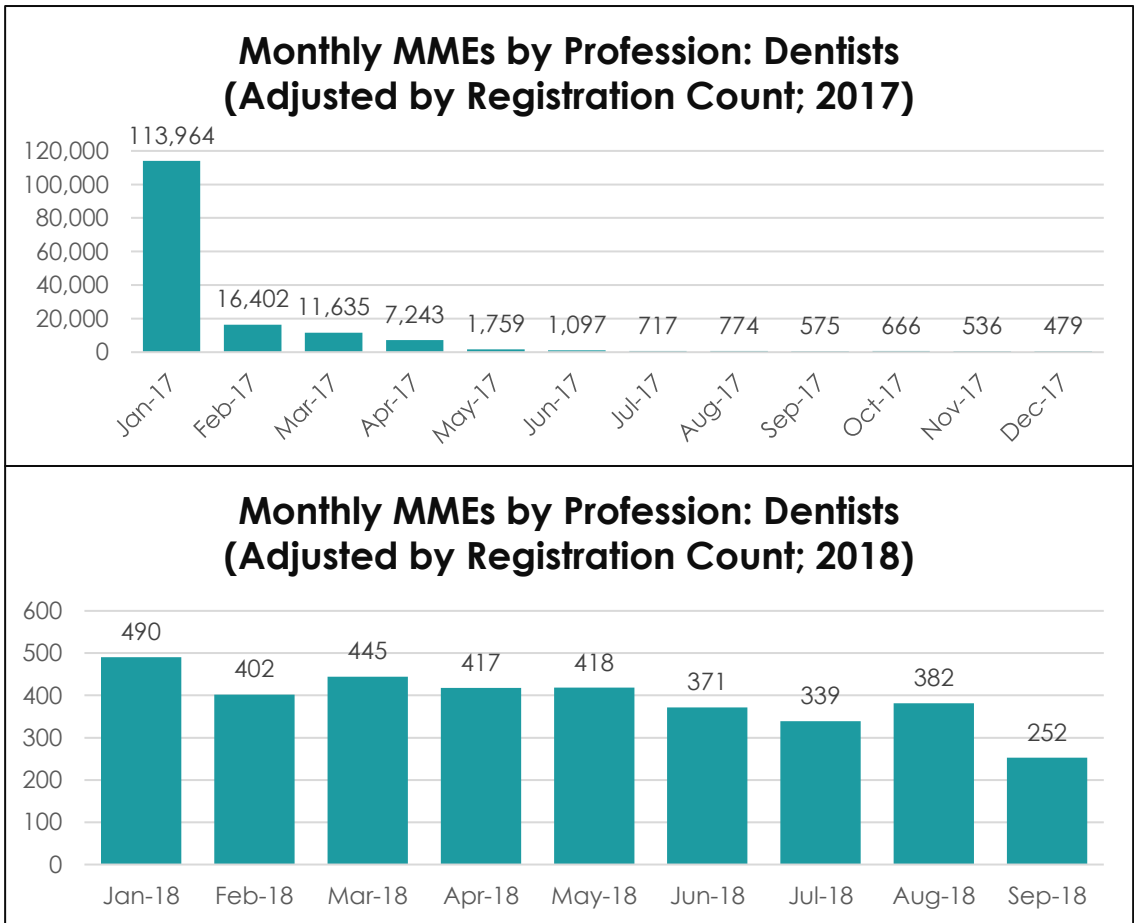


Figure 7. MMEs per month by profession and adjusted by registration count.

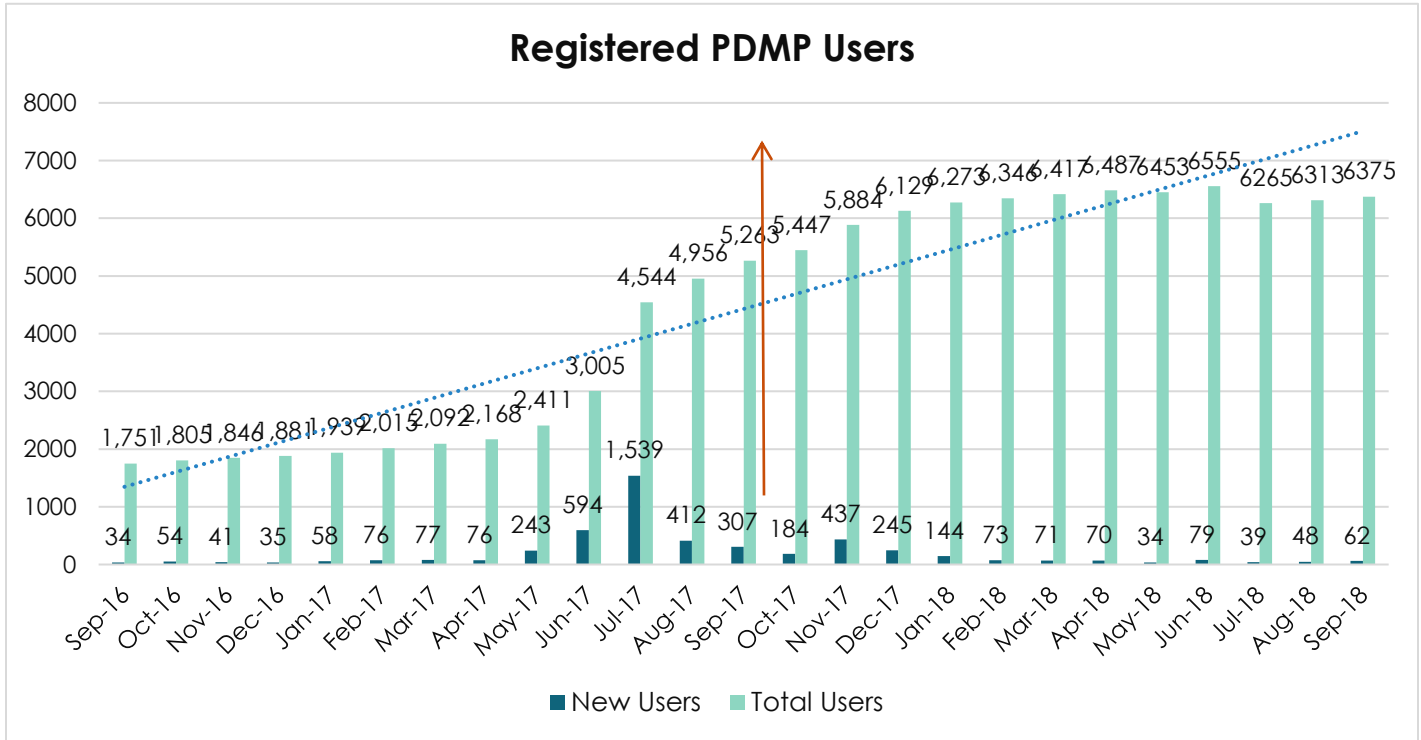


Figure 8. Registered users have steadily increased. New registrations peaked with 1,539 new practitioners and pharmacists, coinciding with the mandatory registration date of July 2017. The increase of new registrations for May and June may not correlate with the total number of registered users as PDMP registrations were deactivated and user roles changed due to filtering and clean-up processes beginning June 2018 for registration renewal.