Prescription Drug PDMP Monitoring Program

This report contains summary data from the Prescription Drug Monitoring Program (PDMP) and is prepared for the State Medical Board. 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 akpdmp.alaska.gov. For a more in-depth report on the PDMP and compliance across other professions, we encourage you to read the report.

Currently, the State Medical Board allows 30 days from the date of licensure to initially register for the PDMP. However, providers should be notified they are not able to prescribe until their registration in AWARxE have been approved.

PDMP renewals coincide with the board's professional license deadline, December 31, 2020.

Enhancement Feature Updates:

1. On September 9, 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.
2. 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.
3. **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.
4. 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, which may alter the compliance rates presented below.

There are 307 pending registrations in AWARxE; and in Portal, there are 77 registrations pending and 102 on hold.

The State Medical Board regulates several license types, including physicians (MDs, DOs, and DPMs), physician assistants, and medical residents with prescriptive authority. For the purposes of this report, Physician will include the user roles "Physician", "Podiatrist", and "Medical Resident with Prescriptive Authority".

As of April 30, 2020, there are a total of 7,865 registered users in AWARxE. There are 2,918 users registered as "Physician, and 631 registered with the "Physician Assistant" user role (Figure 1A). Those registered under the Physician user role make up 37% of registered users, and Physician Assistants make

up 8%. When filtered to just prescribers, Physicians make up almost half of all prescribers, and Physician Assistants make up 11% of all prescribers (Figure 1B).

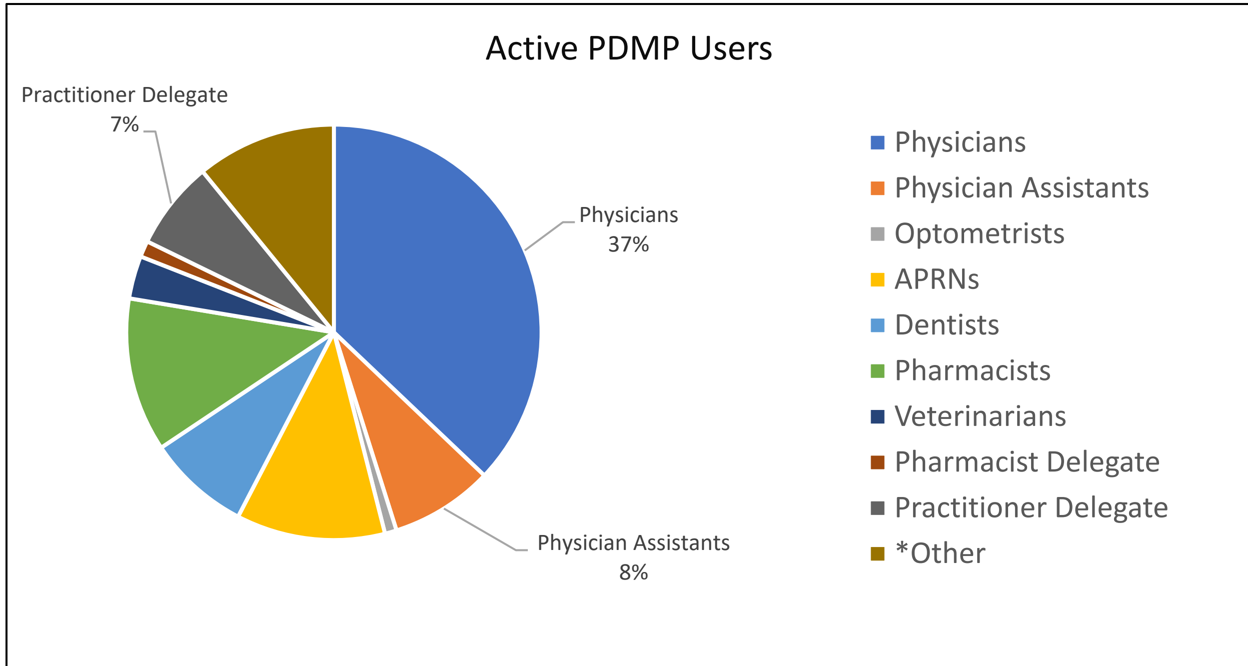

Figure 1A. Physician includes those registered as Physician, Podiatrist, and Medical Residents with Prescriptive Authority. *Other includes IHS, VA, and military prescribers and dispensers, admin, medical residents, coroners, and out-of-state pharmacists.

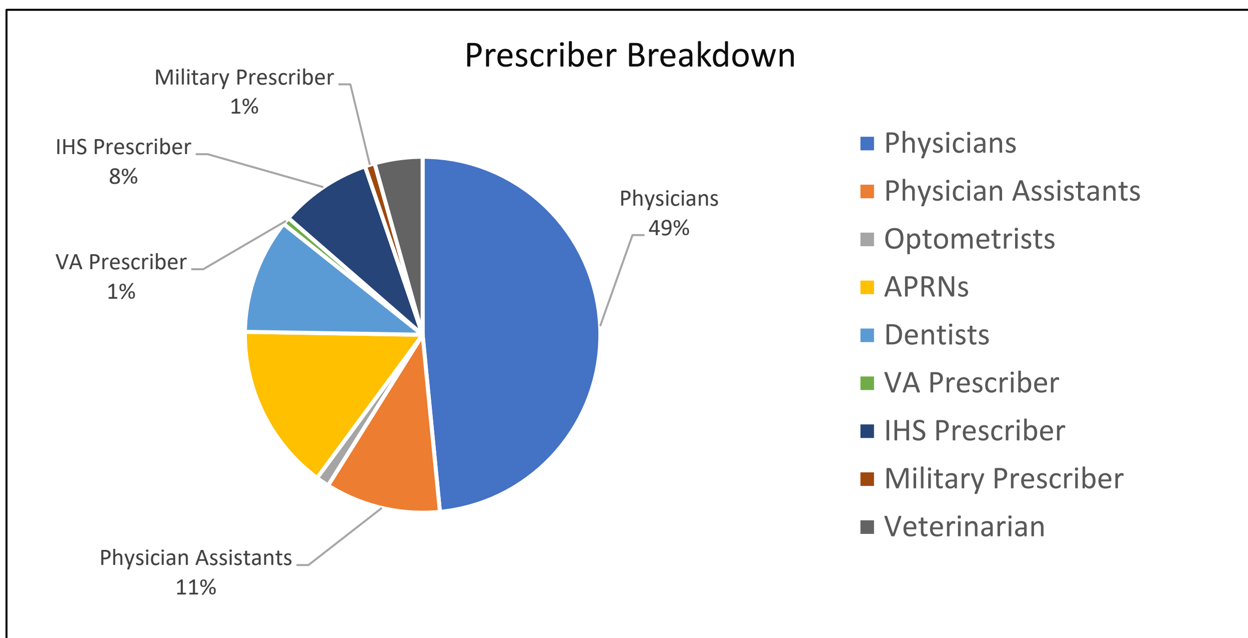

Figure 1B. Physicians make up 49% of total registered PDMP prescribers; Physician Assistants 11%. This figure may be underrepresented as there are licensed Physicians inclusive in federal user role categories (IHS Prescriber, VA Prescriber, and Military Prescriber).

Currently, the PDMP registration compliance rate for Physicians is 62%, Physician Assistants 91%. The compliance rate could be higher as it does not include other prescriber roles including HIS, Military, or VA Prescribers.

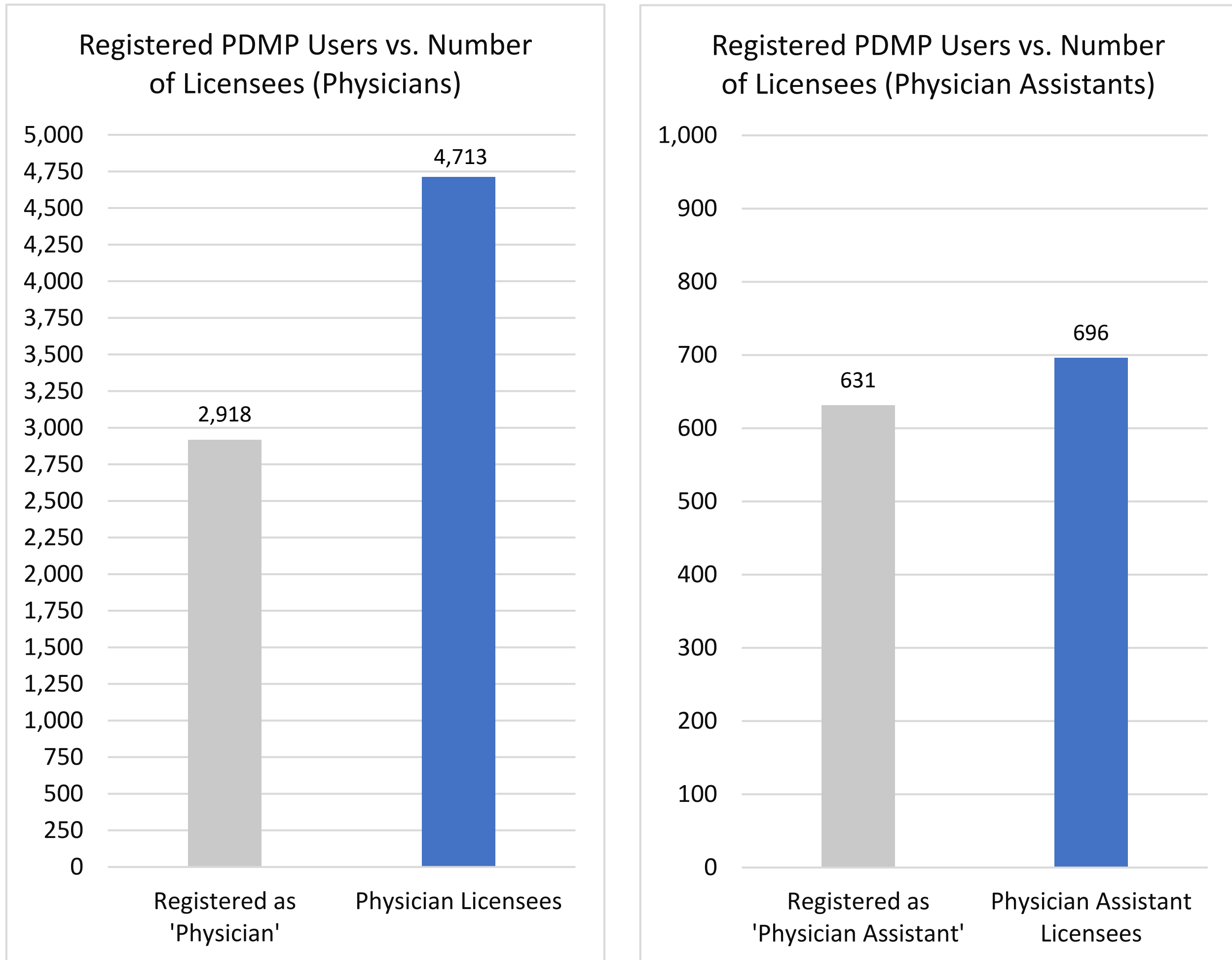

Figure 2. These figures for PDMP users exclude physicians and physician assistants working with the Indian Health Service, Veterans Administration, and Military who have corresponding user roles, e.g.: IHS Prescriber.

Prescribing Practices

Physicians and physician assistants are required to perform a patient history review, or query, prior to prescribing, dispensing, and administering a schedule II or III controlled substance, and again with the following frequency (per 12 AAC 40.975):

> At least once every 30 days for up to 90 days; and
> At least once every three months if a course of treatment continues for more than 90 days.

The rate of reviewing patient histories, including reviews performed by a Delegate, was 64% in the fourth quarter of 2019, and 65% in the first quarter of 2020. (See Table 1 below.) If we further remove emergency and surgery specialties to account for exemptions to reviewing in AS 17.30.200(k), the compliance rate decreases to 46%.

Report Card Data
The data in the table, below, is from the Report Card data prescribers receive. If a provider has prescribed at least one opioid, they receive a Report Card that gives them information on their prescribing pattern and compares them to others in their specialty. This information is for educational purposes only and individual report cards are not shared with the board or with employers, but may be shared with law enforcement if requested as part of a subpoena or court order.

The CDC recommends that primary care clinicians should reassess evidence of the benefits and risks to the individual when increasing dosage to greater or equal to 50 MME/day, and avoid increasing to greater or equal to 90 MME/day when possible due to an increased risk of complications. According to the data below, 28% of providers are prescribing over the 90MME/d threshold, and 16% are prescribing over 120MME/day.

The CDC also recommends avoiding concurrent benzodiazepine and opioid prescriptions, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death. The data below in Table 1 represents an infrequent rate of treatment involving dangerous combinations, however there was a surprising increase in combination treatment involving benzodiazepines and opioids in the last data set, indicating 37% of prescribers have treated at least one patient with this therapy in Q4 and 81% in Q1 of 2020.

Report Card Data						Dangerous Combo	
Date Range	Providers Prescribing	Number Reviewed	Compliance Rate	Prescribing >90MME	Prescribing >120MME	Benzo Opioid	Benzo Opioid Carisoprodol
2019 Q4	1790	1150	64%	500	306	632	38
2020 Q1	1781	1149	65%	496	286	1303	135

Table 1. Report card data provides information on MME ranges and dangerous combination therapies 2019 Q4 represents data from 07/01/19 – 12/31/19; 2020 Q1 represents data from 10/01/19 – 03/31/20

Clinical Alerts

The Clinical Alert feature went live on April 15, 2020. Prior to enabling this enhancement, notices were sent out to staff, Boards, and through Announcements in AWARxE. The FAQ's posted to the website (akpdmp.alaska.gov) are attached to this report. Five providers have contacted about alerts for their patients, however, there appears to be a misunderstanding and misinterpretation of the information provided. The alerts are for informational purposes only, and the names of providers and patients are not shared with the board, unless they are part of a subpoena or court order. The numbers reported below are for the board's information, to understand the number of providers seeing the reports, and should be used to advise licensees about proper prescribing patterns.

Clinical Alerts generated since the go live date (April 15, 2020)

Week	Role	5-5-3	Daily MME	Dangerous Combo	Total
04/26/2020					
	Physician	2	181	270	453
	PA	-	75	76	151
	Medical Resident	-	20	10	30
05/03/2020					
	Physician	15	168	179	362
	PA	3	50	29	82
	Medical Resident	10	30	30	70
05/10/2020					
	Physician	6	210	90	306
	PA	1	77	24	102
	Medical Resident	-	20	10	30

Table 2. Clinical alerts are within-system alerts and are to be used for informational purposes only.

Distinct Prescriber Count:
04/26/2020: 212
05/03/2020: 200
05/10/2020: 178

Recommendations

Due to the high instances of patients being prescribed opioids and benzodiazepines, we believe some guidance related to prescribing of dangerous combinations and MME thresholds would be useful to licensees.

The low rate of registration compliance for Physicians should be addressed. The registration compliance numbers in this report could be higher due to the number of IHS, Military, and VA prescribers, however, it is likely a number of providers are not registered, also evidenced by the number not performing patient reviews.