

## 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.

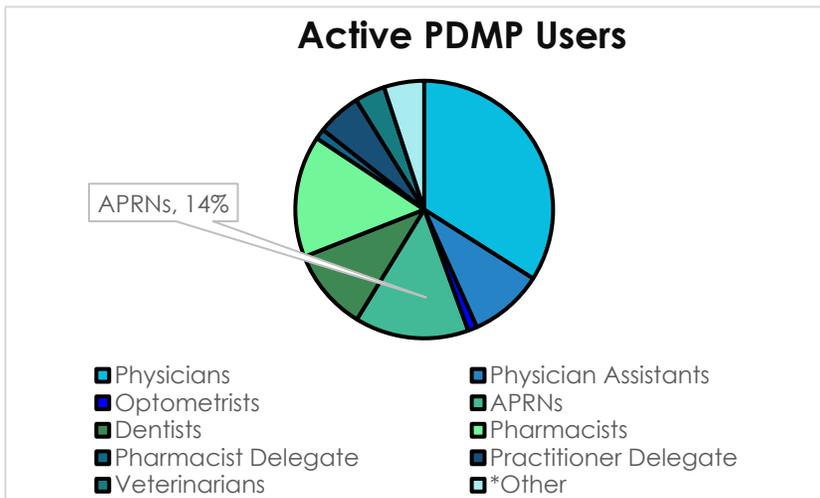
With regards to prescriptive guidelines, CBPL's Joint Committee on Prescriptive Guidelines met in 2016 and came up with several recommendations, which can be found on the PDMP website at [www.pdmp.alaska.gov](http://www.pdmp.alaska.gov).

## Updates and Imminent changes:

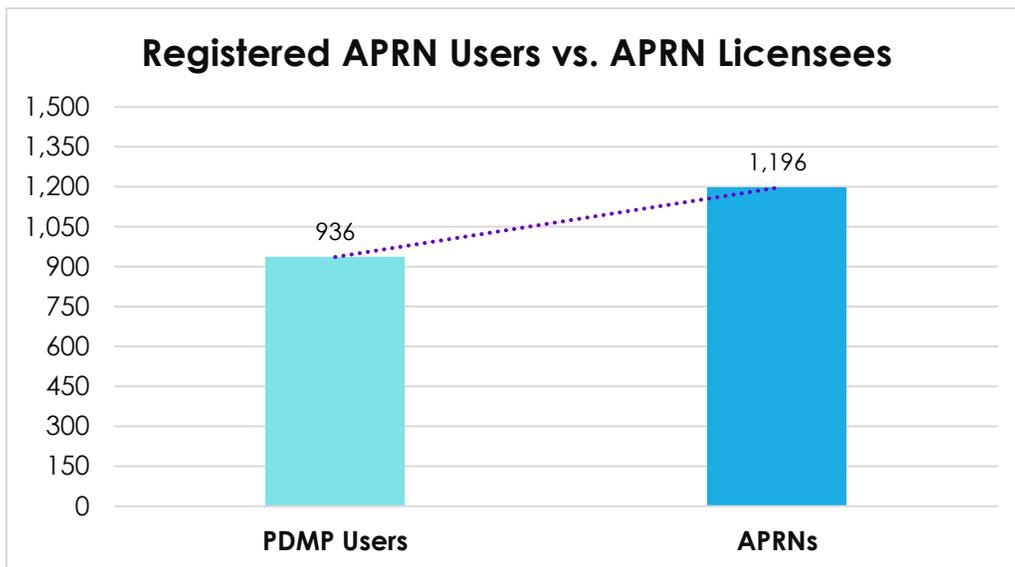
- PDMP fees for initial and continued access went into effect on April 22, 2018 by authority of AS 17.30.200, which was subsequently implemented under 12 AAC 02.107. This requires a \$25.00 fee to be submitted before access to the controlled substance prescription database is granted.
- Effective July 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 (new section to 12 AAC 44 effective August 8, 2018).
- PDMP renewal for Advanced Practice Registered Nurses (PDMP) will be due by 11/30/18, however, licensees should begin renewing three months in advance (by August 1) to ensure timely processing.
- 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 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 Nursing regulates several license types, including registered nurses, licensed practical nurses, and advanced practice registered nurses (certified nurse practitioner, certified nurse anesthetist, clinical nurse specialist, and certified nurse midwife). All licensees required to register with the PDMP register using the user role ‘Nurse Practitioner/Clinical Nurse Specialist’. As of June 30, 2018, there are a total of 6,555 registered users, 936 of which are Nurse Practitioners/Clinical Nurse Specialists “APRNs” (Figure 1). While APRNs represent the top three professions of registered users, the proportion of total licensed APRNs with the PDMP is 14% and have reached 69% registration compliance (Figure 2).



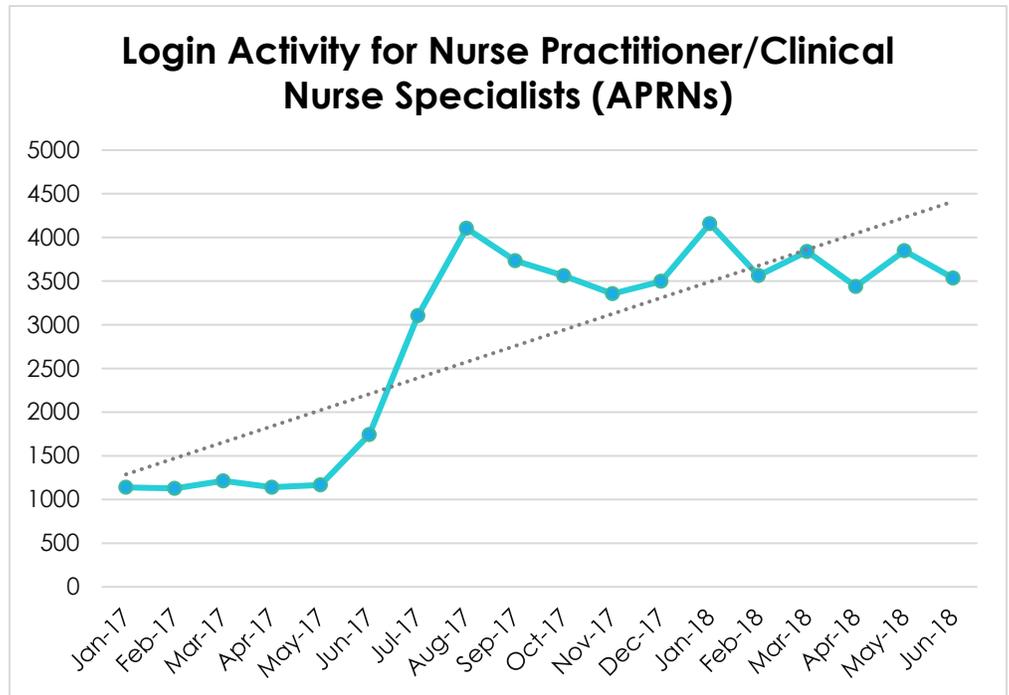
**Figure 1.** APRNs make up 14.2% of total registered PDMP users. \*Other includes IHS, VA, and military prescribers and dispensers, admin, medical residents, coroners, and out-of-state pharmacists. The number of APRNs inclusive in the ‘Other’ category is not known.



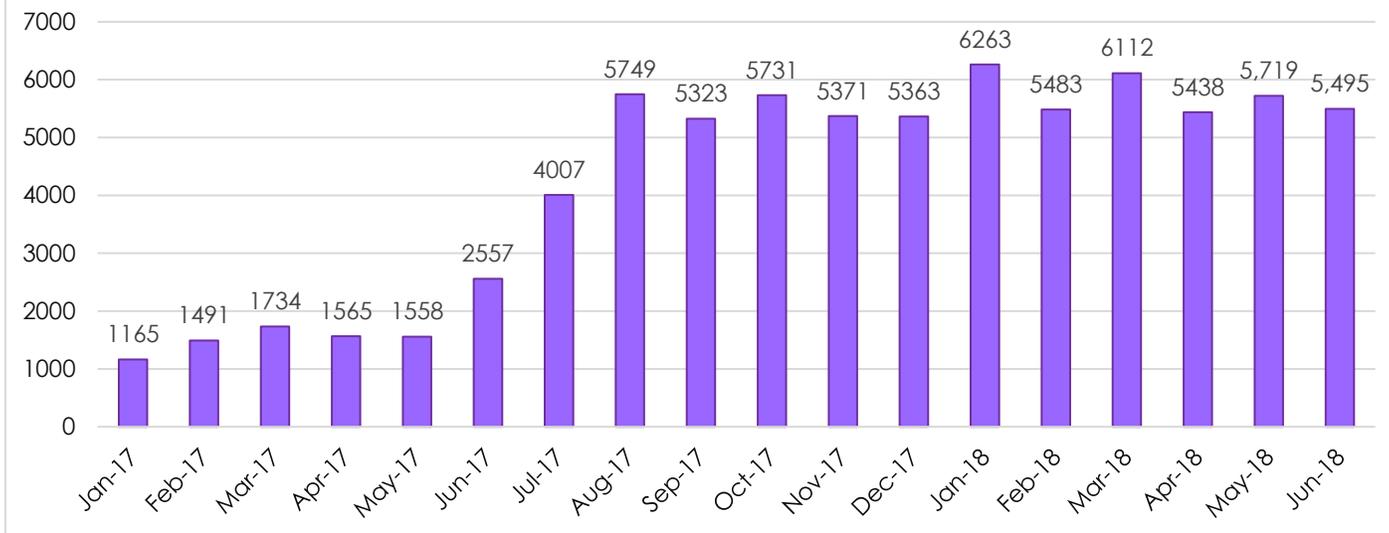
**Figure 2.** The proportion of licensed APRNs with controlled substance prescriptive authority to registered PDMP users. The compliance rate of 78%, meaning 22% of licensees potentially required to register are not yet registered. This figure is an estimation as the exact number of APRNs with federal Drug Enforcement Agency registrations is not known; the Board of Nursing issues separate controlled-substances prescriptive authority designations, which provides an indicator of the closest approximation to compliance rates.

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

**Figure 3.** Login activity for APRNs has been on a steady incline since 2017, demonstrating increased compliance with PDMP utilization. From June 2017 to June 2018, the percent change of login activity is 103% and the average rate of increase per month is 4.58%.

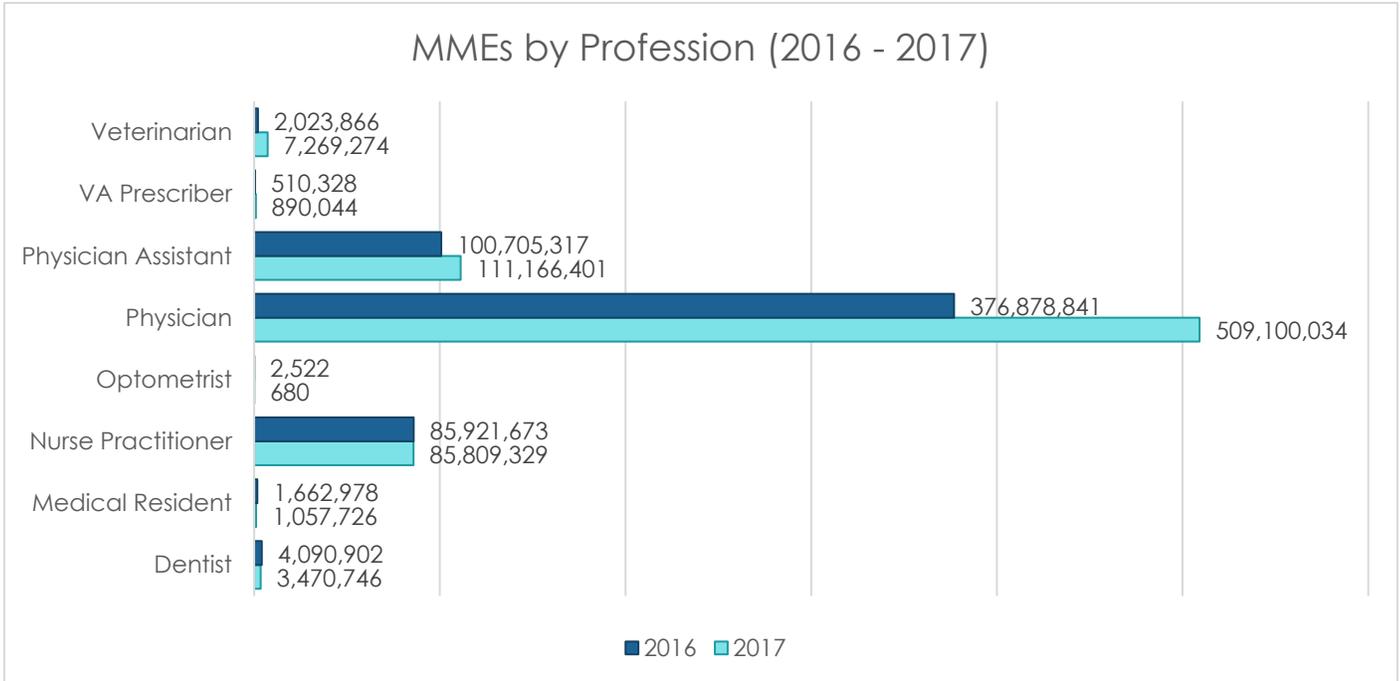


### Patient Prescription History Query Activity for Nurse Practitioner/Clinical Nurse Specialists (APRNs)

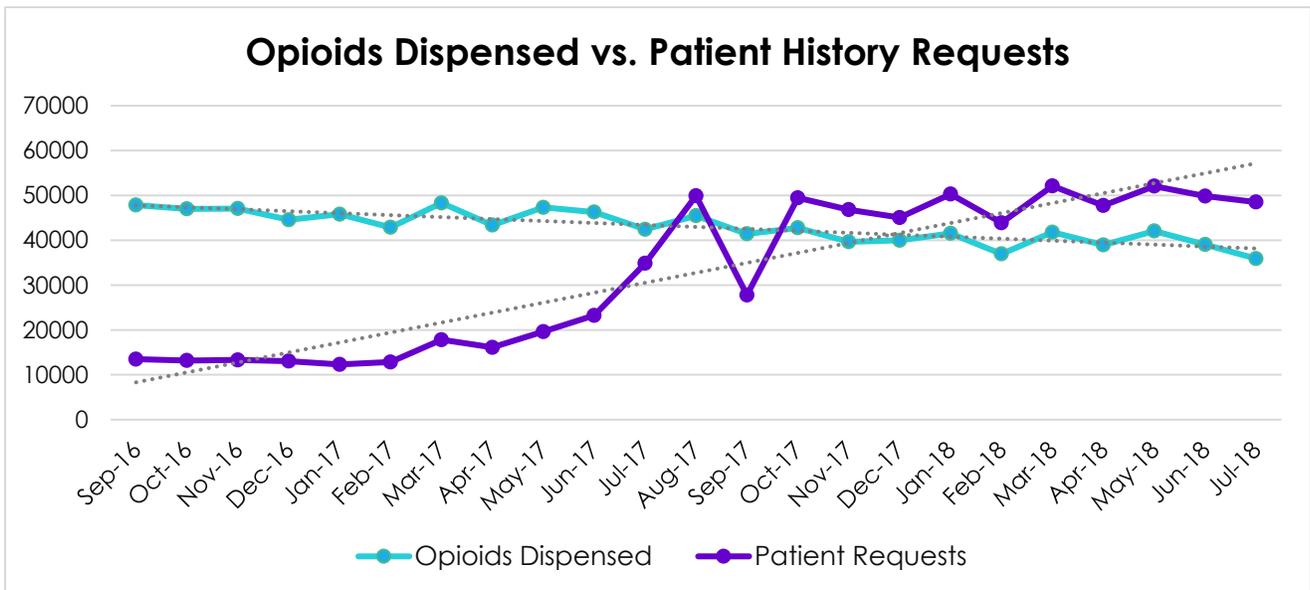


**Figure 4.** Patient prescription history queries have increased substantially over the last year with a 437.6% increase from the beginning of the year in 2017 to the beginning of the year in 2018, owing to mandatory reviewing requirements effective July 2017. Rx queries peaked in January 2018 with 6,263 requests.

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.

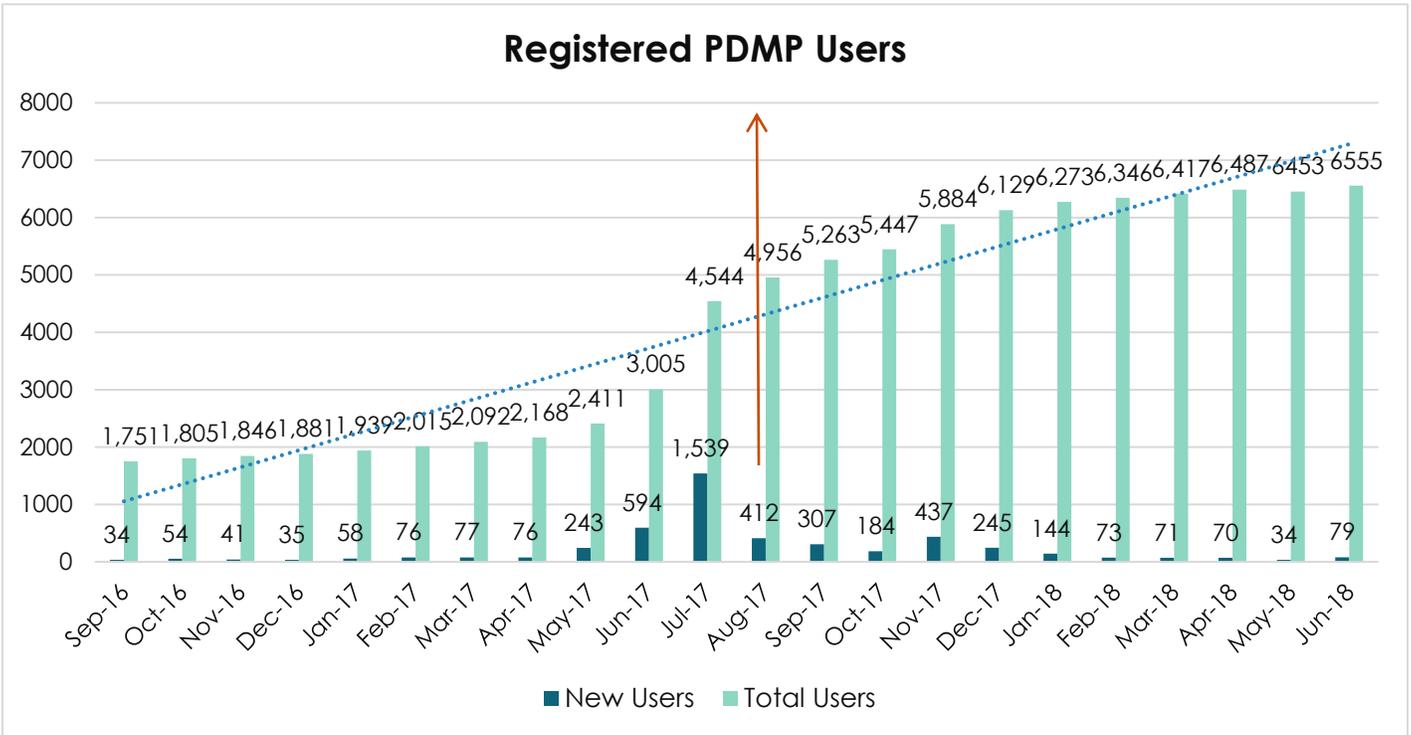


**Figure 5.** Of the total MMEs dispensed in 2016, 15% originated from prescriptions written by APRNs with controlled substance prescriptive authority. This represents a relative decrease of .13% since 2017, where these practitioners prescribed 11.9% of total MMEs dispensed.



**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.

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**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.