

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.

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.
- 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>
- Enhancement features of interest include Clinical Alerts and NarxCare.

Data:

The Alaska State Board of Pharmacy regulates several license types, including pharmacists, pharmacy technicians, and pharmacy interns. All licensees required to register with the PDMP register using the user role ‘Pharmacist’, unless working for a federal employer (IHS, VA, military, etc.). Pharmacy technicians and interns may register as delegates for Pharmacist users.

Presently, there are a total of 6,293 registered users, 961 of which are registered using the ‘Pharmacist’ role (Figure 1). Pharmacists are among the top 3 professions of registered users and the majority of active licensed pharmacists are registered; the proportion of total licensed pharmacists to other professions with the PDMP is 15%, where pharmacists have reached 95% registration compliance (Figure 2).

Active PDMP Users

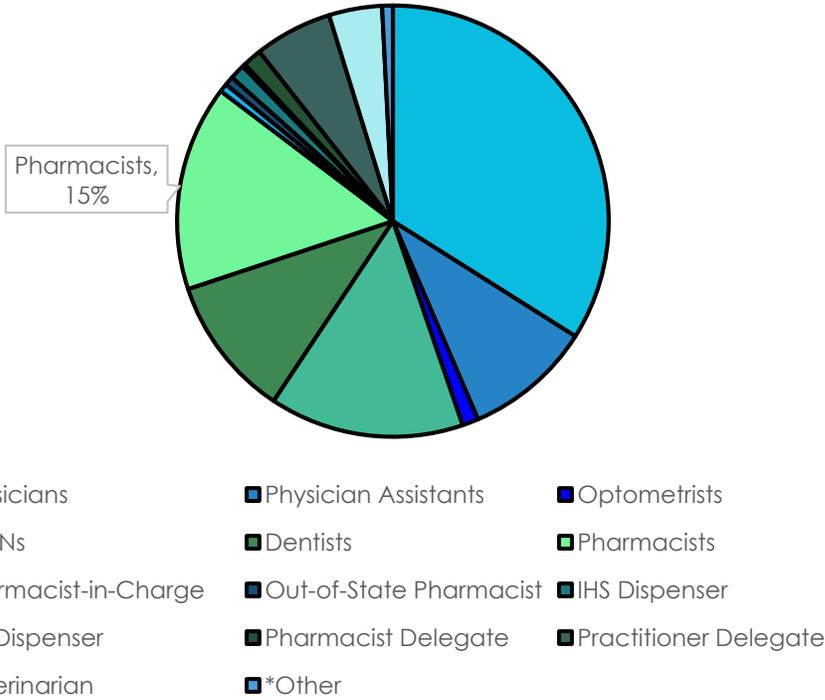


Figure 1 A. The Pharmacists user role category comprises 15% of actively registered users. A breakdown of additional pharmacy-related registrations are included below. *Other includes admin, medical residents with prescriptive authority, medical examiner/coroner, medical interns, and medical resident, and out-of-state pharmacists. Some duplicate accounts may exist as the AWARe system allows users to select more than one user role.

Active PDMP Users

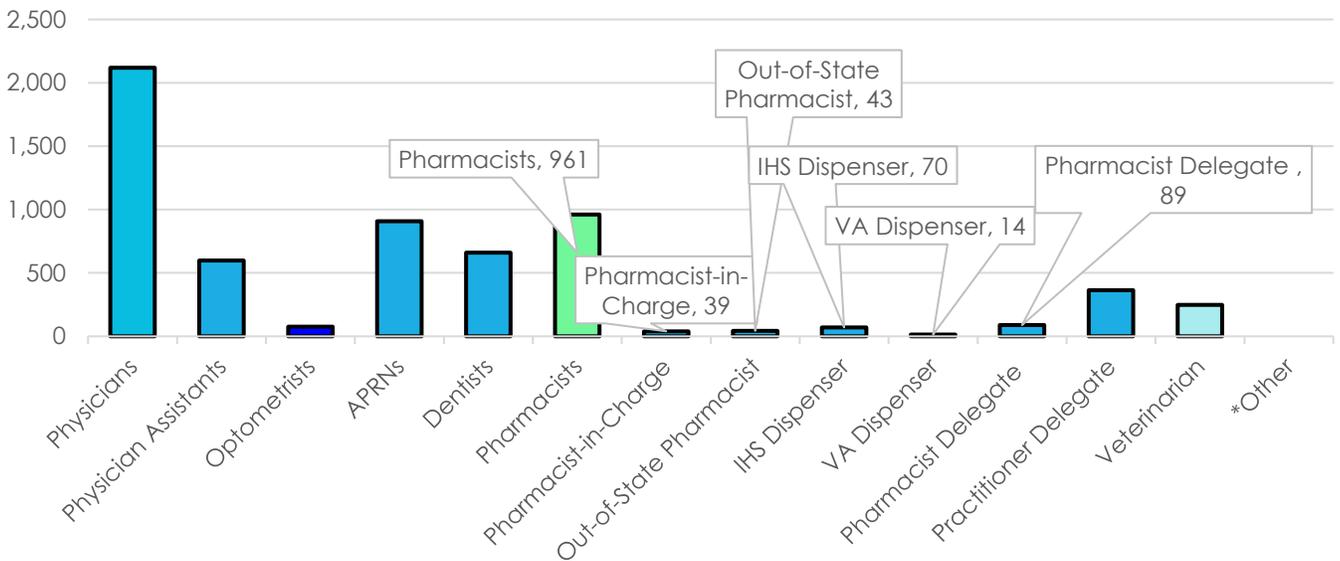


Figure 1 B. A breakdown of pharmacy-related user roles.

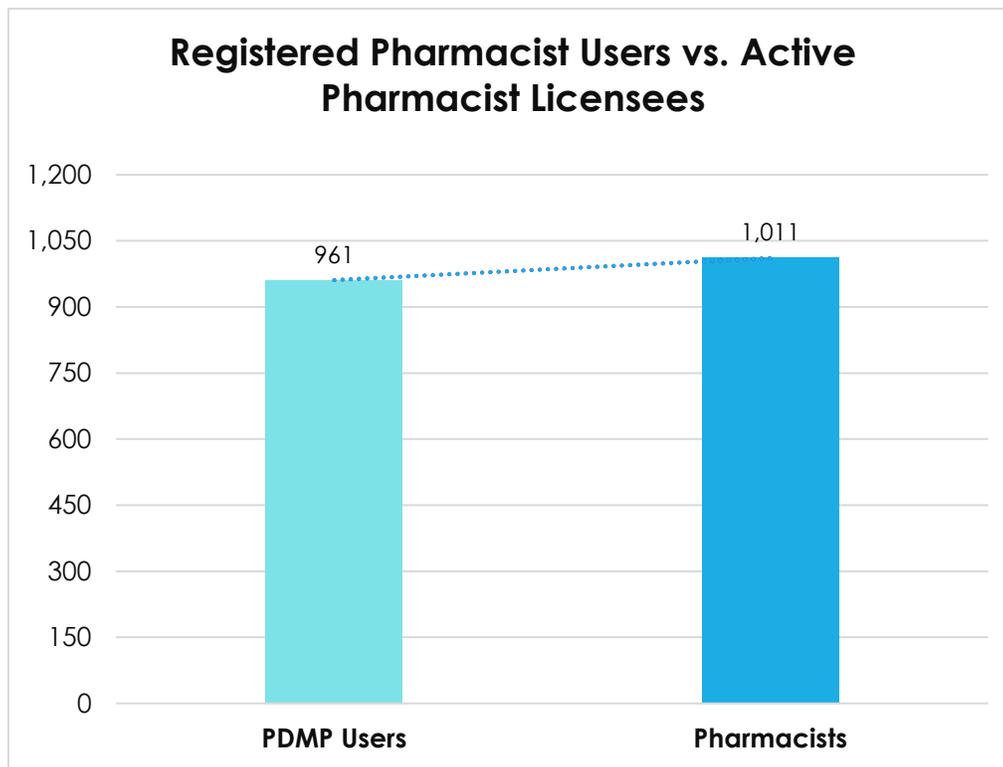


Figure 2. The proportion of licensed pharmacists to registered PDMP users. This represents a compliance rate of 95%, meaning only 5% of licensees potentially required to register are not yet registered. Registration exemptions are found here: <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram/RegistrationandUs eExemptions.aspx>. When considering VA and IHS dispenser users, this compliance rate increases to 103% and may be inclusive of some IHS or VA pharmacists who also have an active Alaska pharmacist license.

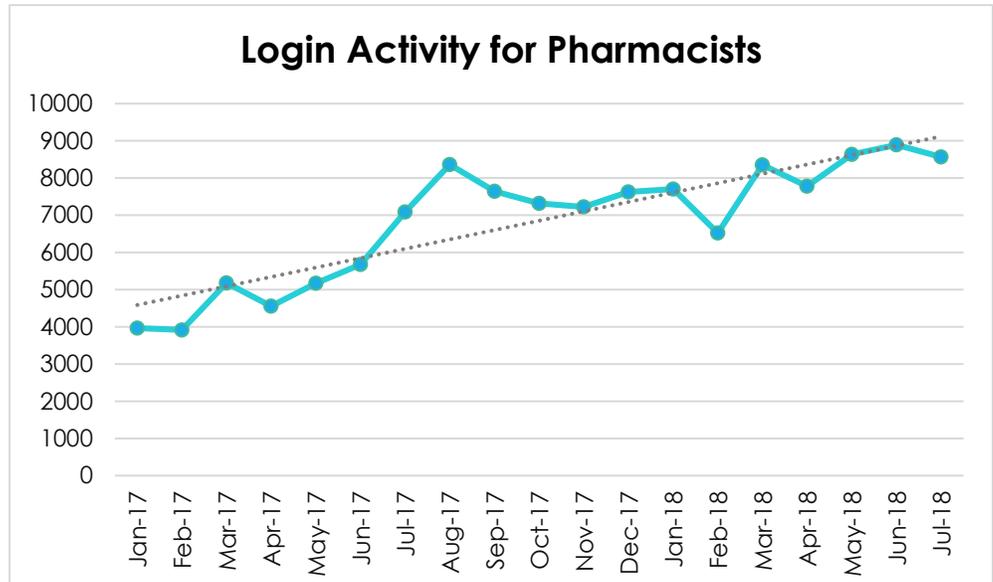
The PDMP AWA Rx E platform includes capabilities to run threshold reports when a patient has met or exceeded an established threshold. The Alaska Board of Pharmacy established a 5-5-3 threshold during their January 29 – 31, 2014 board meeting (Figure 3).

Threshold Period	Criteria	# of Patients
03-01-2018 to 06-01-2018	5 prescribers + 5 pharmacies over a three-month period	40
06-01-2018 to 09-01-2018	5 prescribers + 5 pharmacies over a three-month period	TBD

Figure 3. Threshold reports are generated every three months. The last report generated for 03-01 to 06-01 resulted in 40 instances in which a patient met or exceeded the threshold criteria.

The following figures (4 and 5) reflect pharmacist interactions with the PDMP AWARxE platform.

Figure 4. Pharmacists are not required to login to check patient prescription history, however, this graph shows that pharmacists are maximizing efforts to prevent doctor shopping of prescription medication.



Patient Prescription History Query Activity for Pharmacists

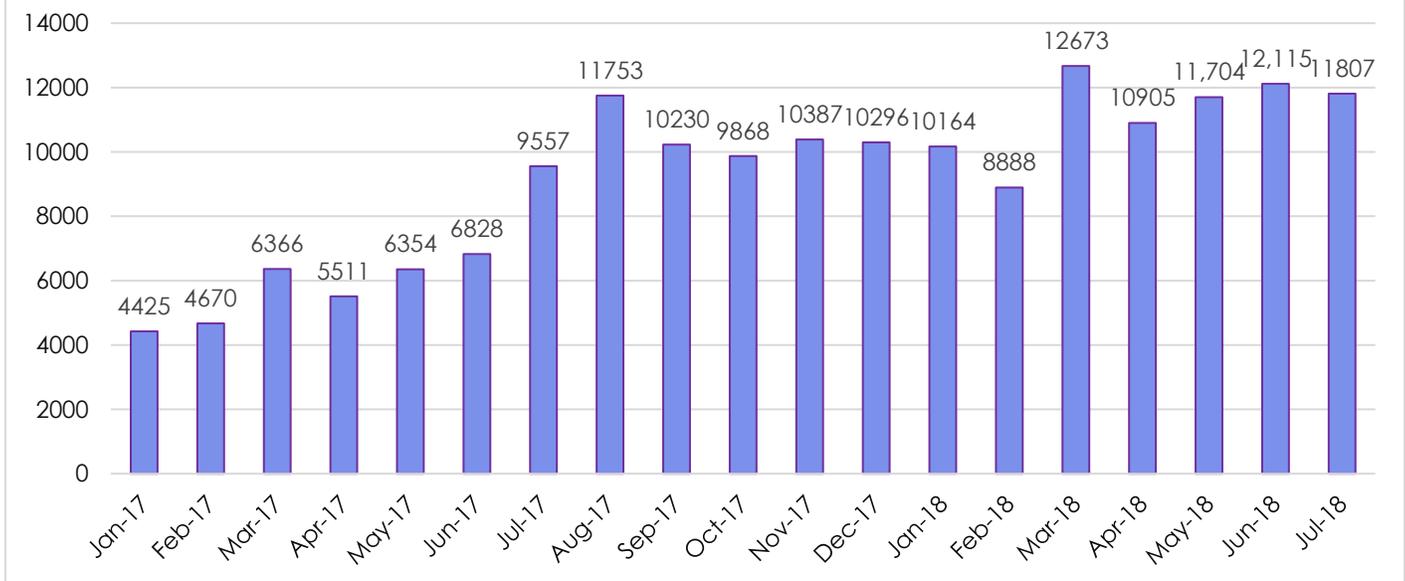


Figure 5. Pharmacists are not required to login to check patient prescription history, however, consistent with login activity trends, pharmacists are consulting the PDMP when dispensing medications.

Under AS 17.30.200(d)(1) and 12 AAC 52.860(b), local, state, and federal law enforcement officials may receive information contained within the PDMP upon a search warrant, subpoena, or order issued by an administrative law judge or court. The number of subpoenas issued by the Drug Enforcement Administration are included in figure 6, below.

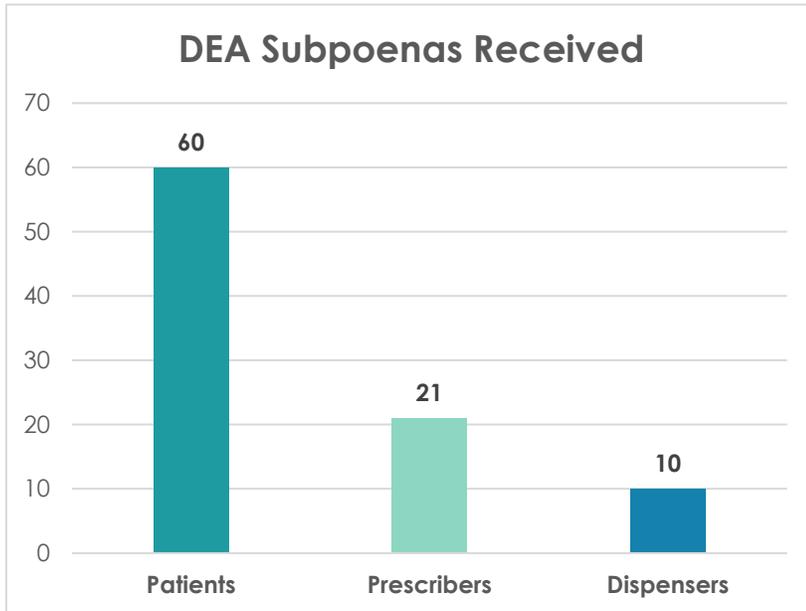


Figure 6. The PDMP manager has responded to 100% of the DEA subpoenas received in 2018.

Figure 7 captures the number of delinquent pharmacies through 08/27/2018. Reporting is required daily per AS 17.30.200(b) and 12 AAC 52.865(b). The last pharmacy compliance report ran was on 03/15/2018, at which time 76 pharmacies were identified as not meeting the reporting requirement. At this time, the reporting frequency was weekly; however, this was increased to daily effective July 1, 2018.

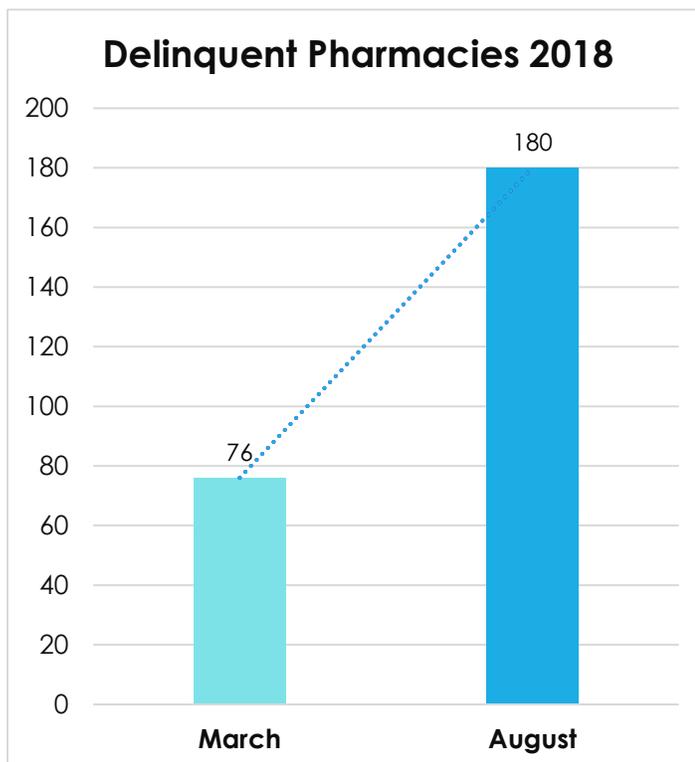


Figure 7. The number of delinquent pharmacies has more than doubled since the last compliance report. Pharmacies will be contacted via mail to correct reporting gaps.

The following data (Figures 8 through 10) represents information not specific to any given profession and provides a general summary of PDMP trends as recorded in the controlled substance prescription database.

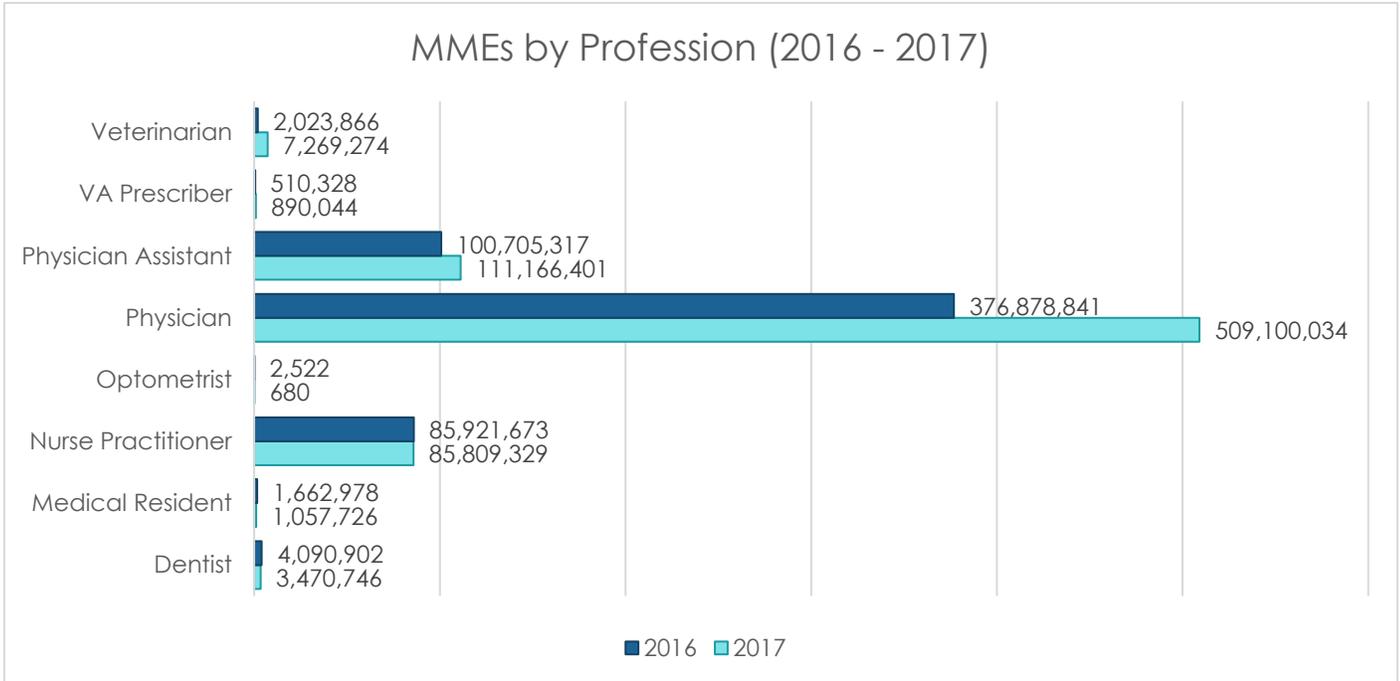


Figure 8. Total MMEs dispensed in 2016 and 2017.

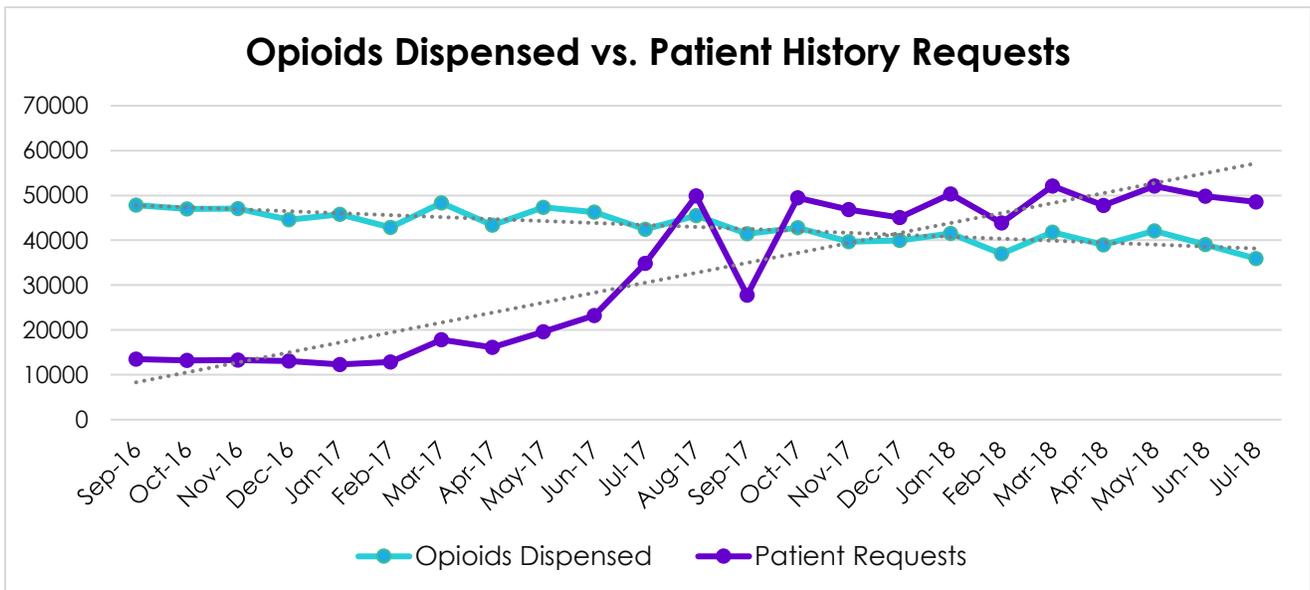


Figure 10. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

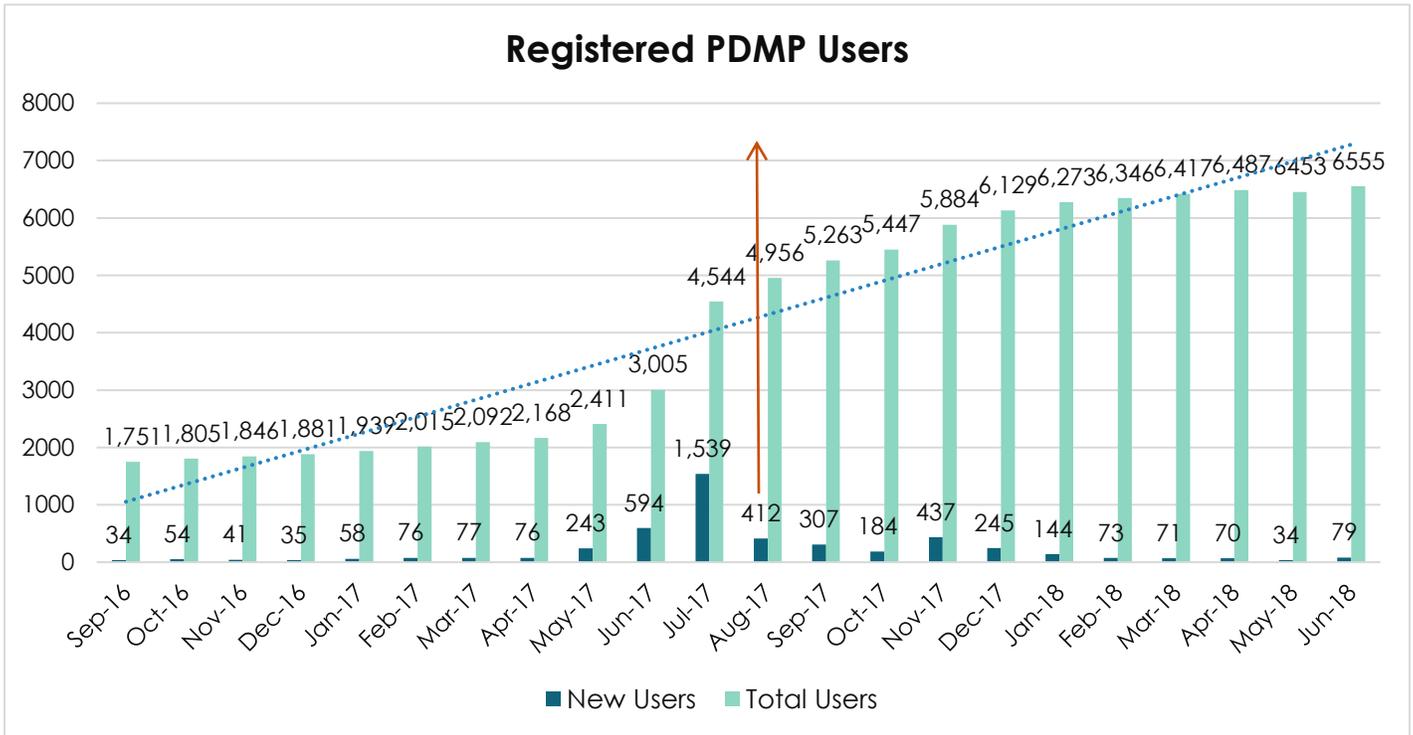


Figure 4. Registered users have steadily increased. New registrations peaked with 1,539 new practitioners and pharmacists, coinciding with the mandatory registration date of July 2017. The increase of new registrations for May and June may not correlate with the total number of registered users as PDMP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