



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. Data in this report includes information through May 31, 2019.

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.

Information, Updates, and Imminent changes:

1. 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.
2. Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: 'Pharmacist' to 'IHS Dispenser'.
3. 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>
4. Enhancement features of interest include Clinical Alerts, NarxCare, and the Compliance Module.
5. An enhancement feature that is currently in-progress is License Integration, for which the PDMP received grant funding from the Bureau of Justice Administration (BJA) to implement.
6. Beginning May 15, 2019, Board of Pharmacy Examiners' staff assumed responsibility of processing initial and renewal registrations.
7. By summer 2019, NarxCare and the Compliance Module features will be in place, both of which are provided by our PDMP vendor, Appriss Health. NarxCare is a visual analytics feature based on patient risk-scores, and the Compliance Module will assist the PDMP manager and boards in monitoring mandatory use compliance.
8. An Awareness and Feedback Questionnaire for 2019, developed per the directive of the CDC, will be launched in September.

Data:

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

As of May 31, 2019, there are a total of 7,332 registered users, 980 of which are registered using the 'Pharmacist' role and 45 are registered using the 'Pharmacist-in-Charge' role (Figure 1 A). 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 13%, where pharmacists have reached 95% registration compliance (Figure 2; excluding out-of-state pharmacists). Additional licensed pharmacists not represented under the 'Pharmacist' user role may be inclusive of other dispenser roles, including IHS Dispenser or VA Dispenser; the compliance rate may be higher than depicted in Figure 2 due to registration under other relevant user role categories.

Active PDMP Users

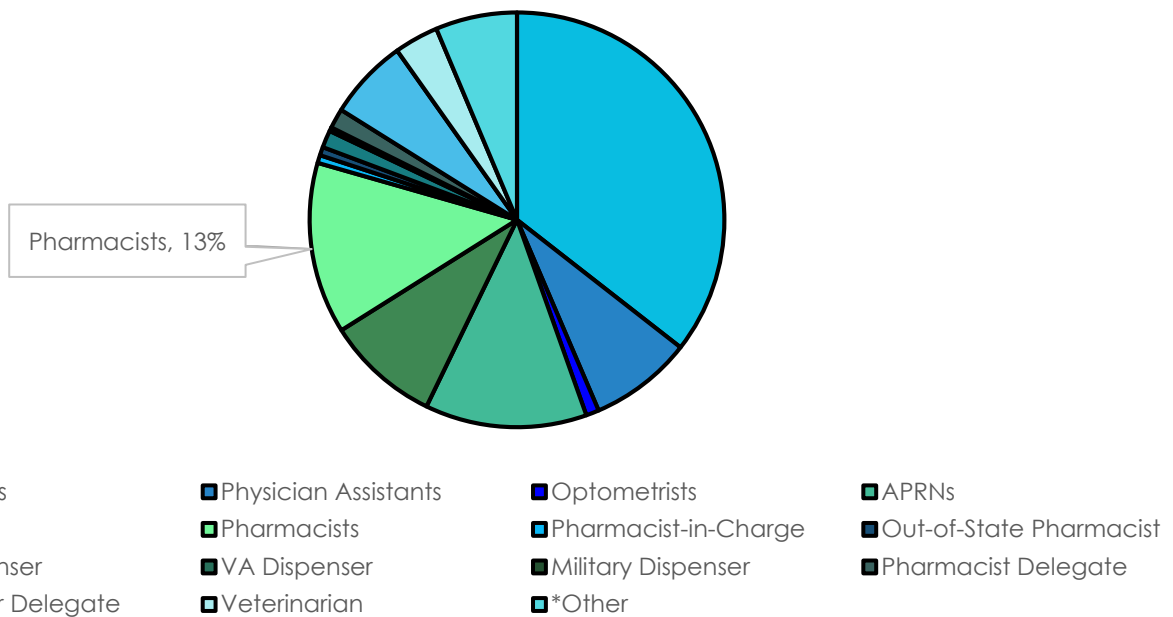


Figure 1 A. The Pharmacists user role category comprises 13% of actively registered users. A breakdown of additional pharmacy-related registrations are included in Figure 1 C. *Other includes admin and restricted admin; IHS, military, and VA prescribers; medical examiner/coroner; state Medicaid program; and medical examiner's delegate.

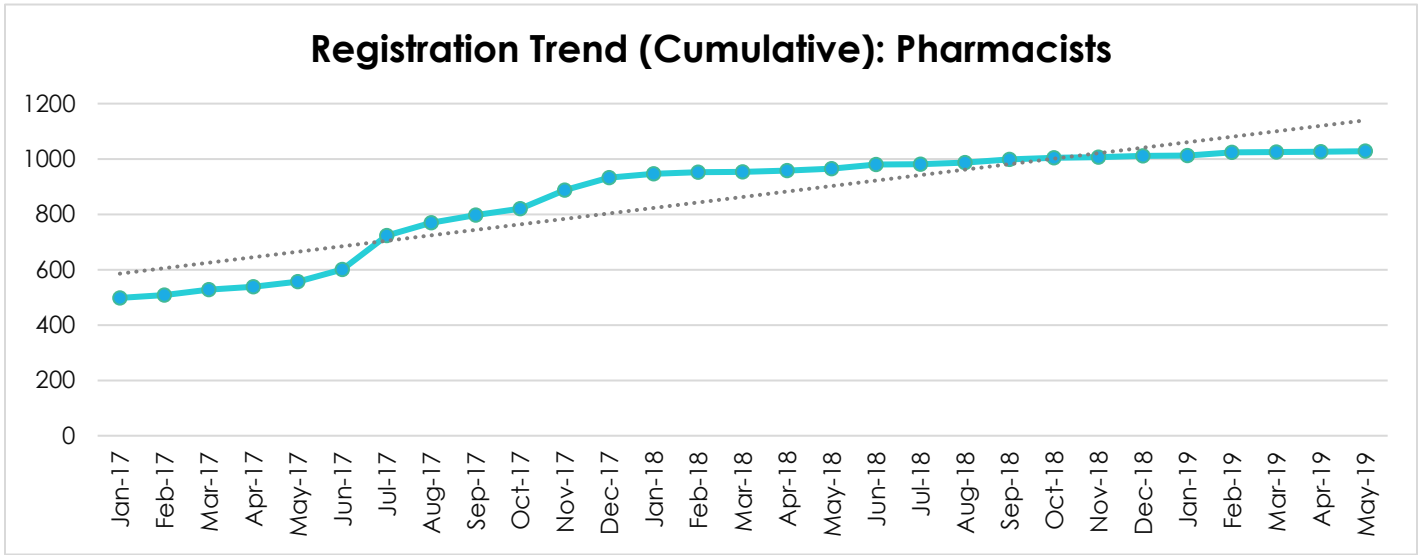


Figure 1 B. The PDMP registration trend for pharmacists from 2017 to 2018 reflects a steady increase over time. The trend from 2018 to 2019 reflects only a slight increase and appears to be leveling off. The base registration count at the end of 2016 was 493 pharmacists.

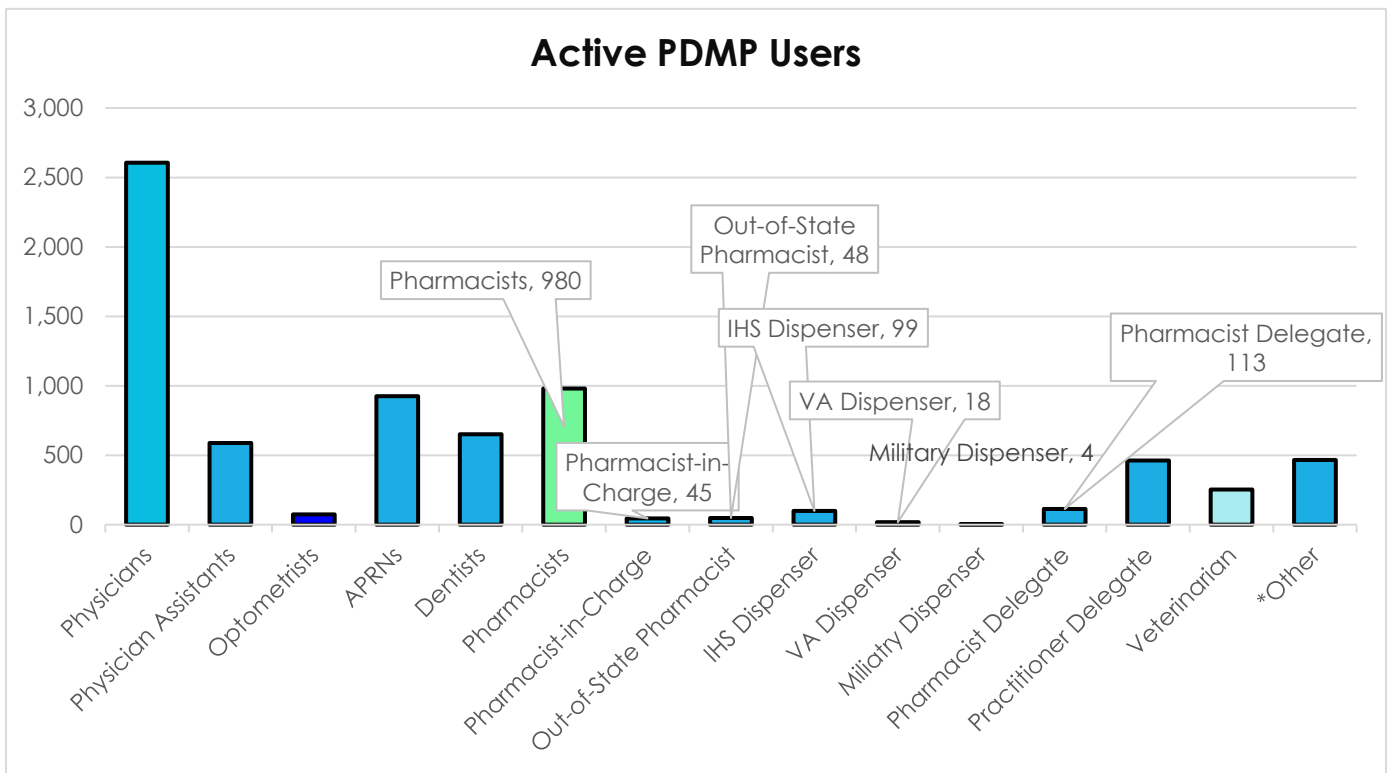


Figure 1 C. A breakdown of pharmacy-related user roles.

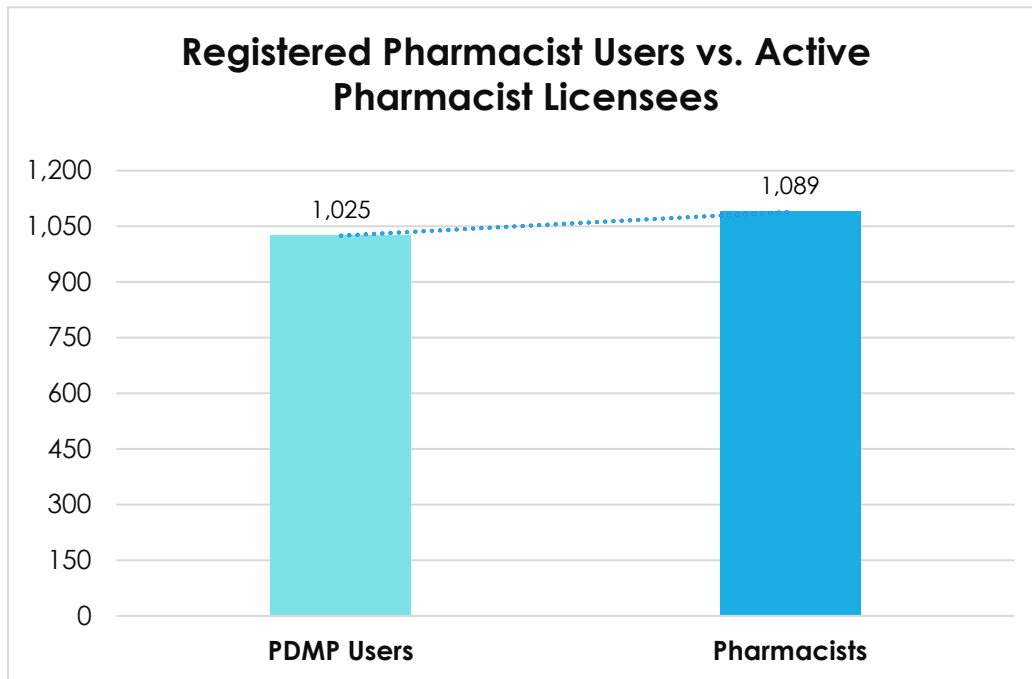


Figure 2. The proportion of licensed pharmacists to registered PDMP users (pharmacists and pharmacist-in-charge user roles; excludes out-of-state pharmacists). This represents a compliance rate of 94%, meaning only 6% of licensees potentially required to register are not yet registered or are registered under a federal user role category. When considering VA, IHS, and Military dispenser users (n=121), this compliance rate increases to 105% and may be inclusive of IHS, military, or VA pharmacists who also have an active Alaska pharmacist license.

The PDMP AWARe 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	21
09-01-2018 to 12-01-2018	5 prescribers + 5 pharmacies over a three-month period	21
12-01-2018 to 03-01-2019	5 prescribers + 5 pharmacies over a three-month period	15

Figure 3. Threshold reports are generated every three months. The last report generated for 12-01-2018 to 03-01-2019 resulted in 15 instances in which a patient met or exceeded the threshold criteria. Boards are notified only when a licensee has contributed to a patient meeting or exceeding this threshold—licensee names are not disclosed.

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

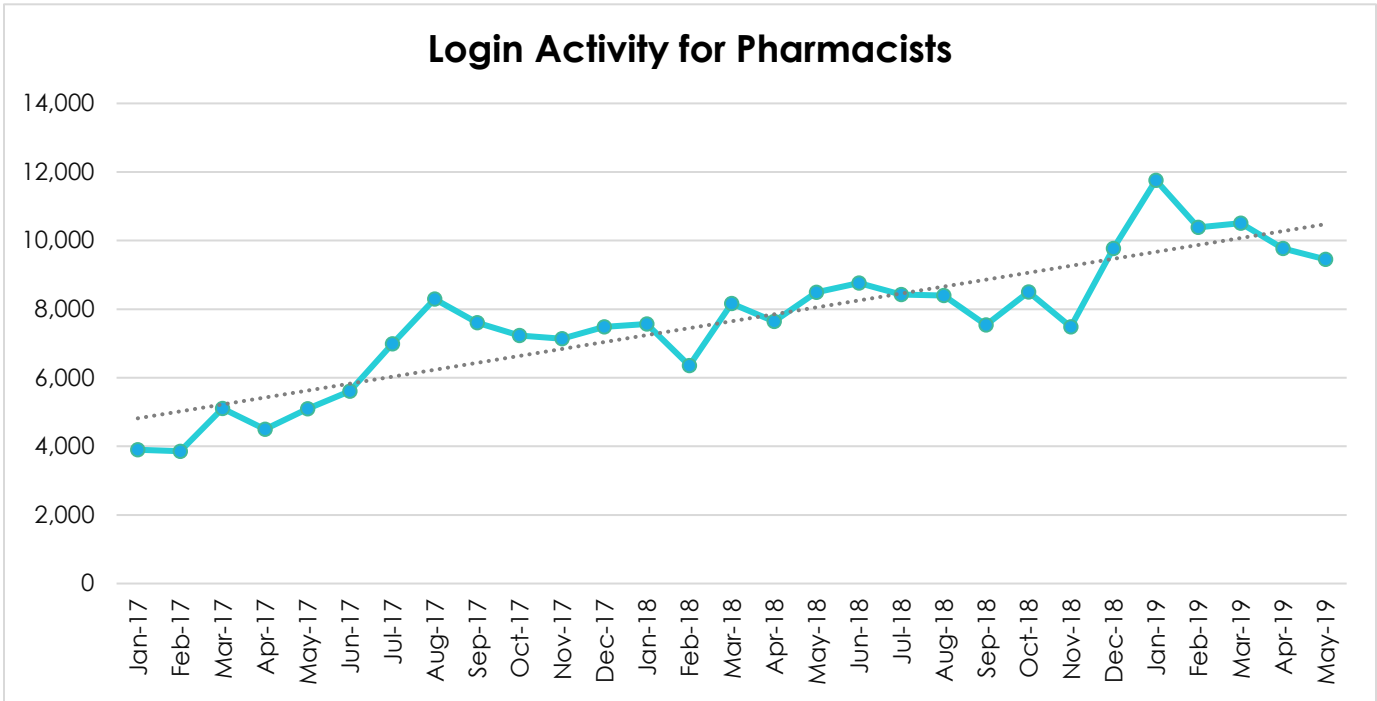


Figure 4. Pharmacists are not required to login to check patient prescription history, however, this graph shows that pharmacists are maximizing efforts to prevent doctor shopping of controlled substance prescriptions.

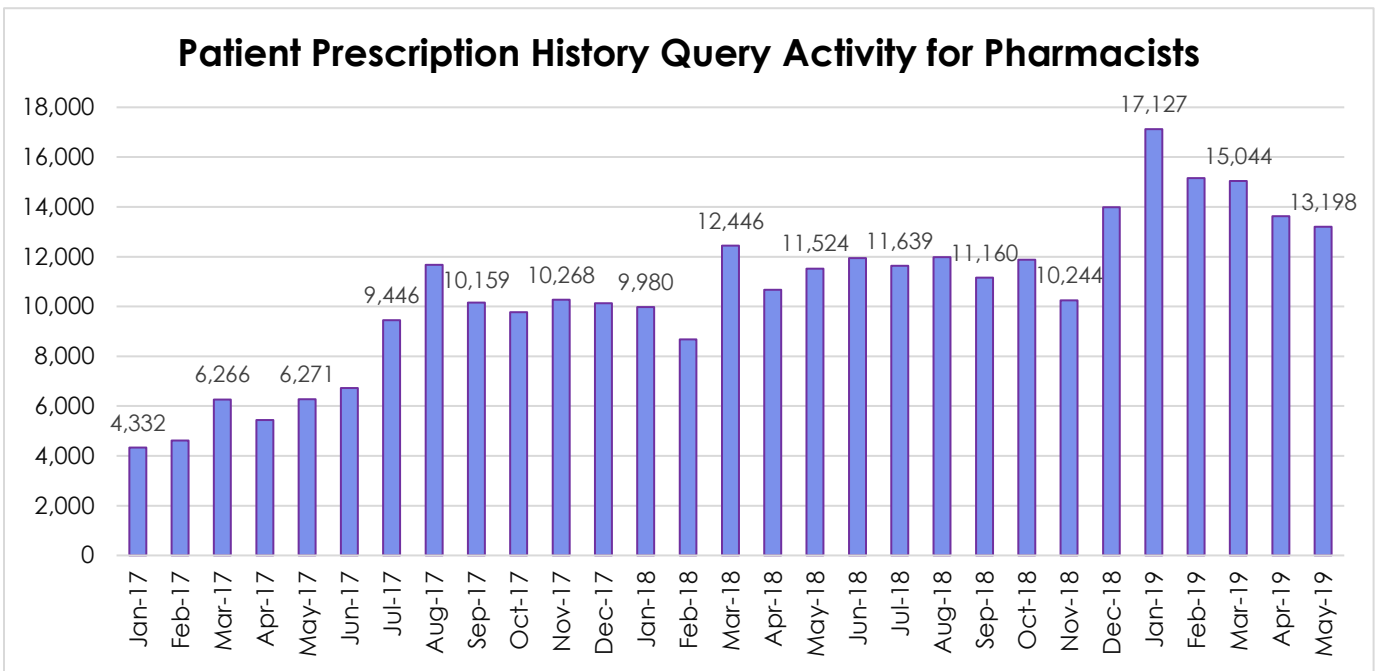


Figure 5. Pharmacists are not required to login to check patient prescription history, however, consistent with login activity trends, pharmacists are consulting the PDMP when dispensing medications.

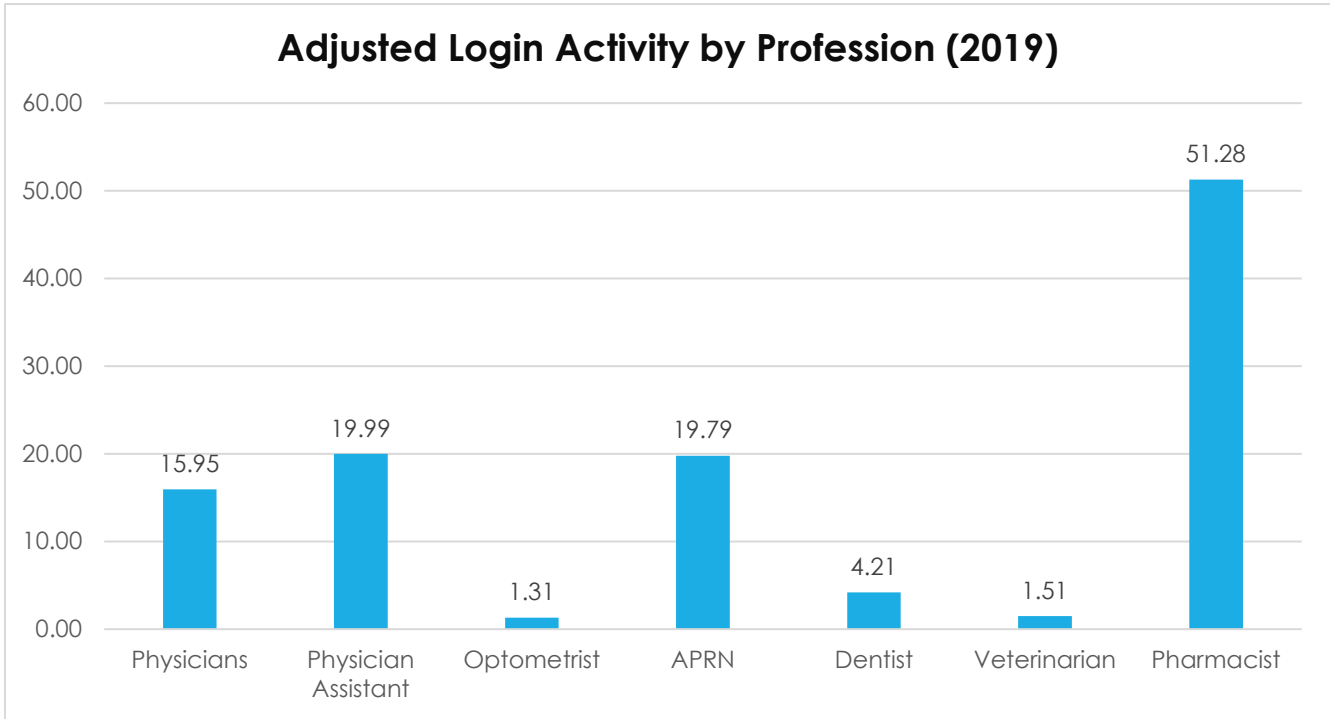


Figure 6. Adjusted by registered user count. Of mandatory professions required to register with the PDMP, pharmacists are the only providers not required to login to view patient prescription history; however, they have the highest login rate adjusted by the number of registered users in their profession. The average login per pharmacist is 51 times in 2019. Optometrists have the lowest login rate per at 1 login per optometrist in 2019.

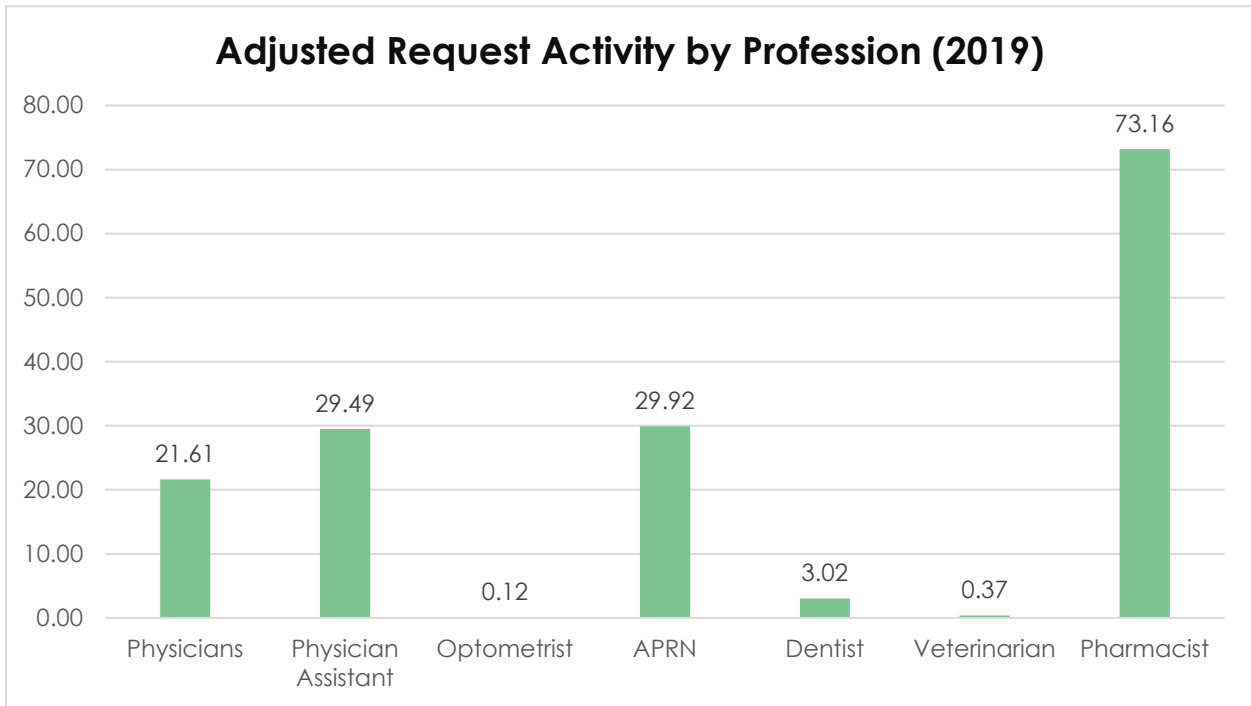


Figure 7. Adjusted by registered user count. Of mandatory professions required to register with the PDMP, pharmacists are the only providers not required to login to view patient prescription history; however, they have the highest patient request activity adjusted by the number of registered users in their profession. The average login per pharmacist is 73 times in 2019. Optometrists have the lowest login rate per at less than one login per optometrist in 2019.

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 8, below.

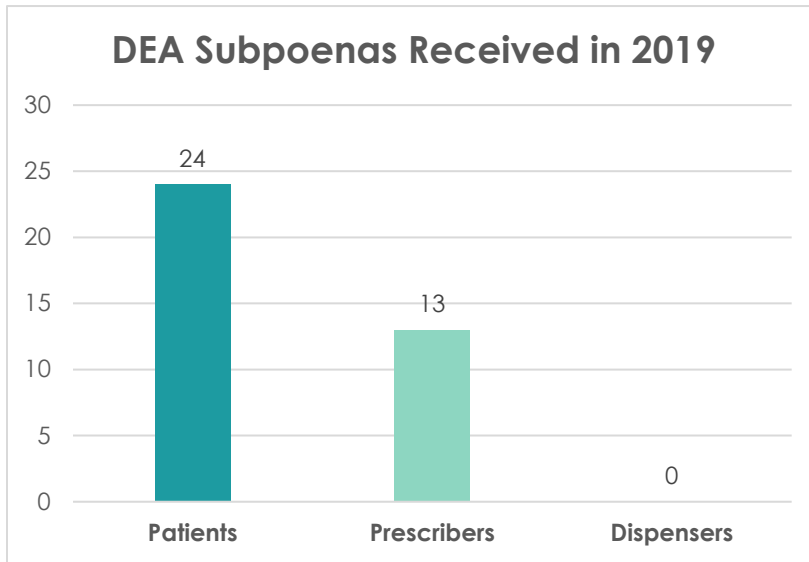


Figure 8. The PDMP manager responded to 100% of the DEA subpoenas received through April 2019. The PDMP manager has responded to 25 subpoenas and will respond to 12 pending subpoenas before the deadlines in June 2019.

Figure 9 captures the number of delinquent pharmacies through May 2019. Reporting is required daily per AS 17.30.200(b) and 12 AAC 52.865(b).

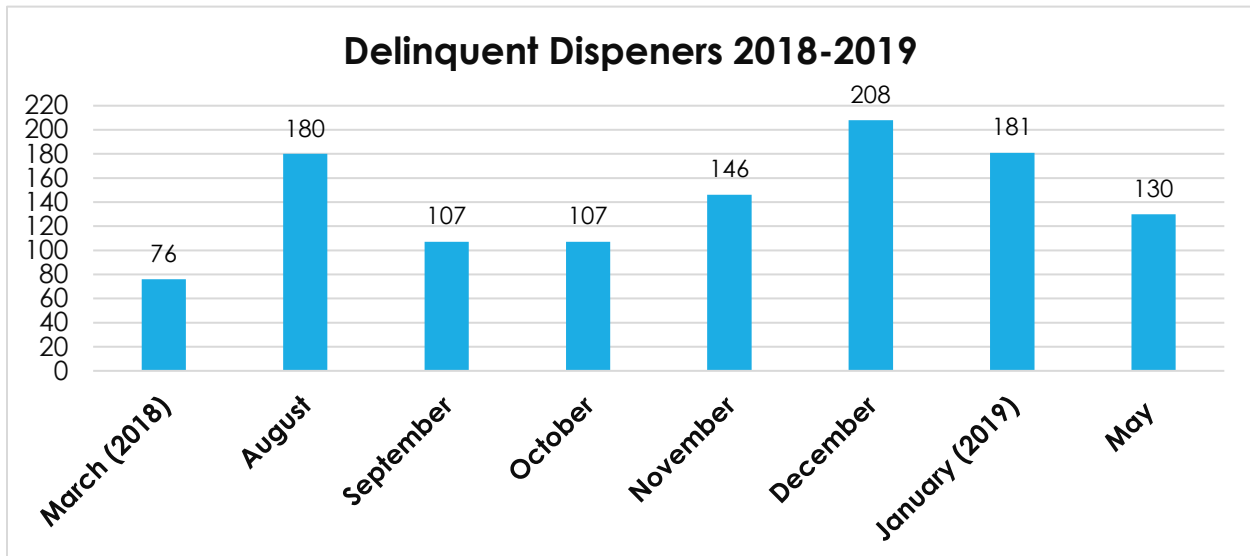


Figure 9. The number of delinquent dispensers has declined 28% since the last compliance report. Dispensers will continue to be contacted via mail to correct reporting gaps. This also includes delinquent prescribers required to report daily.

The following data (Figures 10 through 12) represents information not specific to any given profession and provides a general summary of PDMP trends as recorded in the controlled substance prescription database.

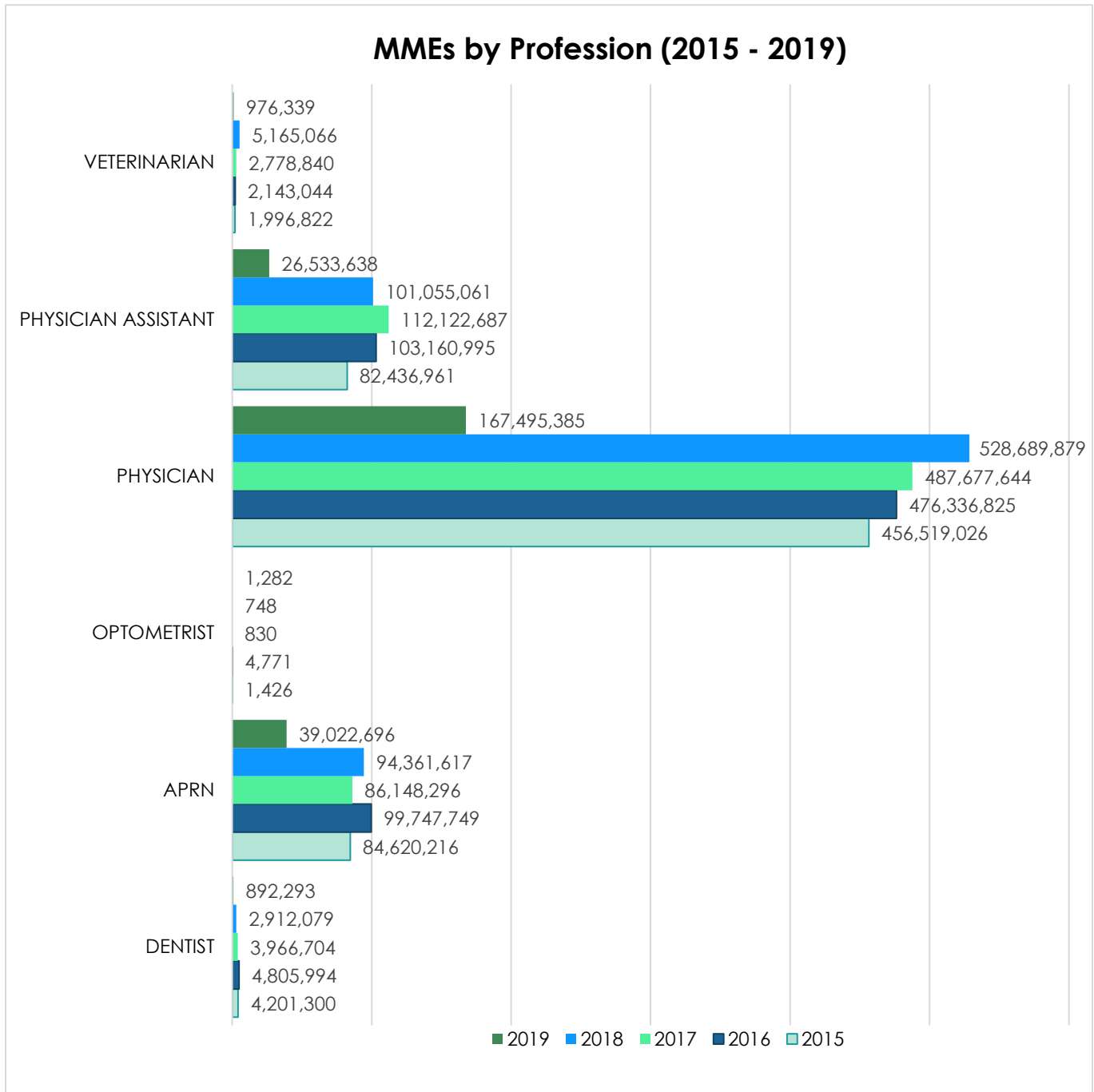


Figure 10. Total MMEs dispensed by profession from 2015 – 2019.

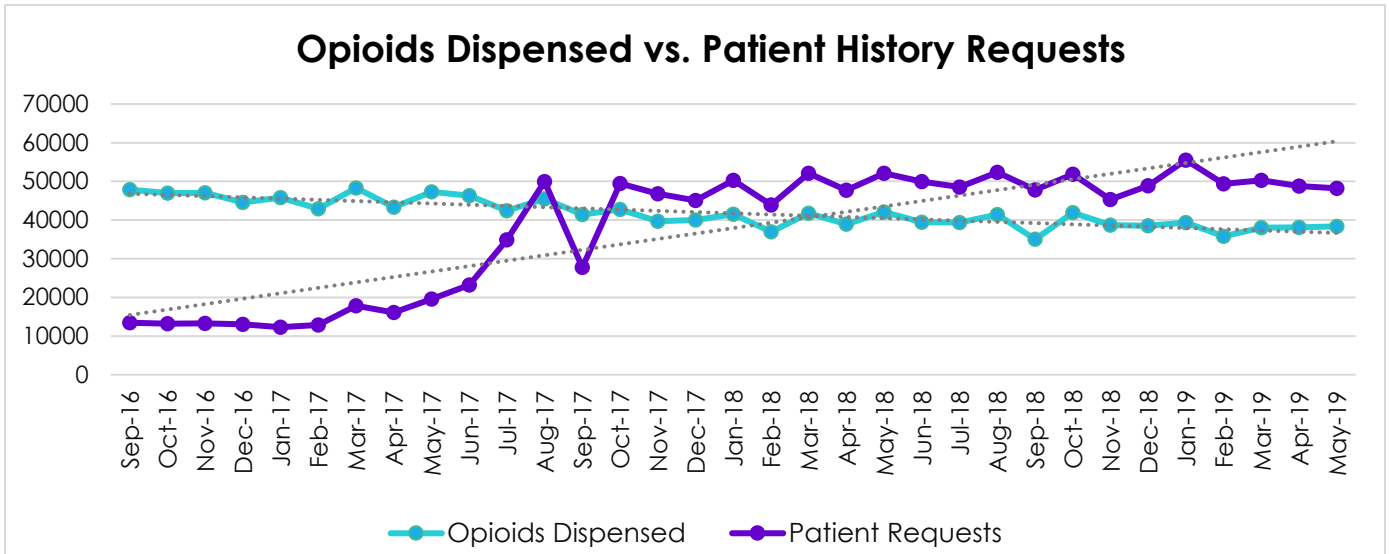


Figure 11. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

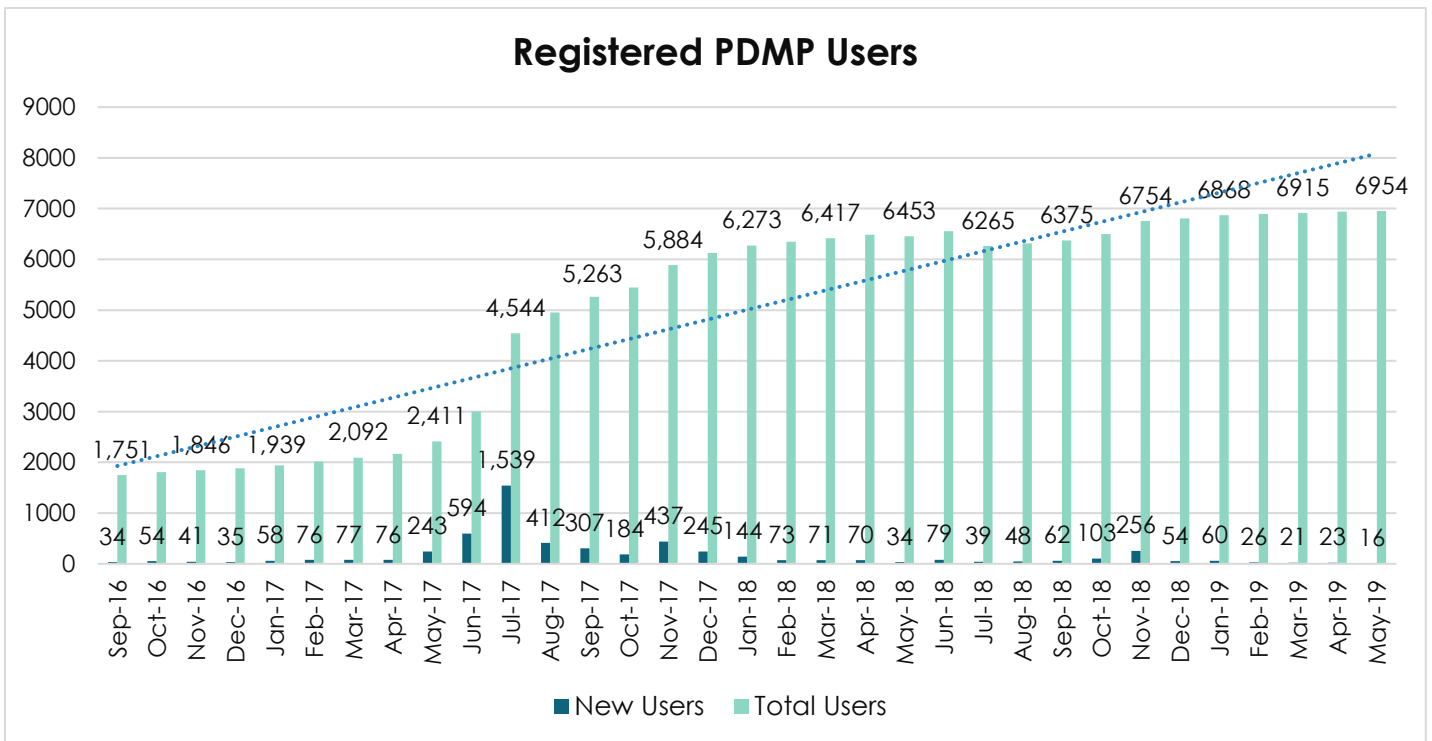


Figure 12. Registered users steadily increased following mandatory registration, but this appears to be leveling off in 2019.