

PDMP REPORT FOR THE BOARD OF PHARMACY



November 12, 2019

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 October 2019.

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.

General Information and Updates:

- 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.: 'Pharmacist' to 'IHS Dispenser'.
- 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>
- 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, 79 (19.70%) pharmacists participated. An analysis of the results by NPC Research was provided in September 2019 and can be found at:
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PrescriptionDrugMonitoringProgram/PDMPSurveyResults.aspx>

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- There are currently 20 pending accounts in AWARe, one for a military dispenser, and one for an out-of-state pharmacist. Authority to provide access to military prescribers and dispensers is given by AS 17.30.200(f) and authority to provide access to out-of-state providers is given by AS 17.30.200(d)(4).

Enhancements:

- On September 9th, 2019, **NarxCare** was integrated into the existing AWARe 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.
- An **Awareness and Feedback Questionnaire** for 2019 will be launched either before the new year or shortly after the new year.
- The **Compliance Module feature** went live on August 21st and now allows providers to view their own compliance with the patient prescription reviewing mandate.
- A **License Integration** enhancement project is imminent and will provide automatic verification of licensure status, e.g.: active or inactive between CBPL's licensing database, Portal, and the AWARe platform. For existing users, this means providers who do not renew their professional license will be automatically deactivated in the PDMP.
- **Clinical Alerts** will go live in the coming months, which will give real-time alerts to providers when a patient has met or exceeded a prescription threshold threshold.
- The PDMP will be required to engage in interstate datasharing through **RxCheck**, which was developed by the Bureau of Justice Assistance (BJA). The Integrated Justice Information Systems Institute (IJIS) assists the BJA and states in facilitating interstate connections.

Datasharing:

- Idaho
- Louisiana
- Massachusetts
- Military PDMP (pending)
- Minnesota
- Montana
- North Dakota
- Oregon (pending)
- Puerto Rico (pending)
- Rhode Island
- South Carolina
- Texas (pending)
- Washington
- Wyoming (pending)

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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 October 31, 2019, there are a total of 7,871 registered users, 1,255 of which are registered using the 'Pharmacist' role and 30 are registered using the 'Pharmacist-in-Charge' role (Figure 1A). A breakdown of registered users by all professions is shown in Figure 1B. Note that the registration trend by year graph is no longer provided because Appriss Tableau includes pharmacist delegates, IHS dispensers, VA dispensers, and out-of-state pharmacists in the registration by month ad hoc report, which cannot be filtered out.

Pharmacists' registration compliance has reached over 100%, which may be due to some accounts still in active status although their professional pharmacist license has lapsed or expired. The 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

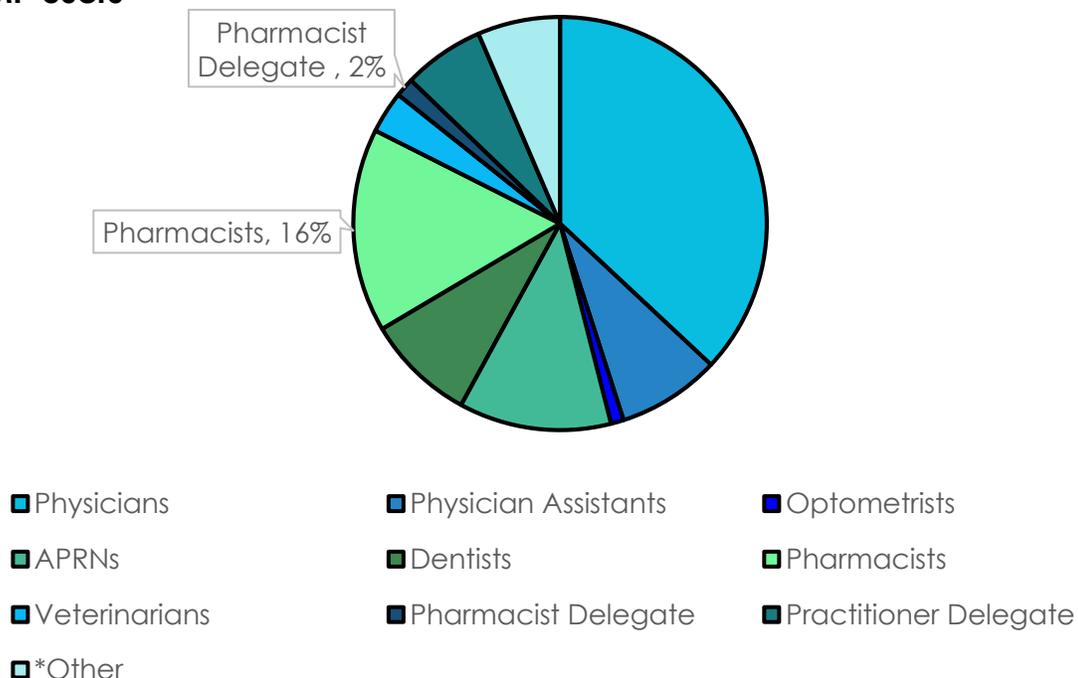


Figure 1A. The Pharmacists user role category comprises 13% of actively registered users. A breakdown of additional pharmacy-related registrations are included in Figure 1B. *Other includes admin and restricted admin; IHS, military, and VA prescribers; medical examiner/coroner; state Medicaid program;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

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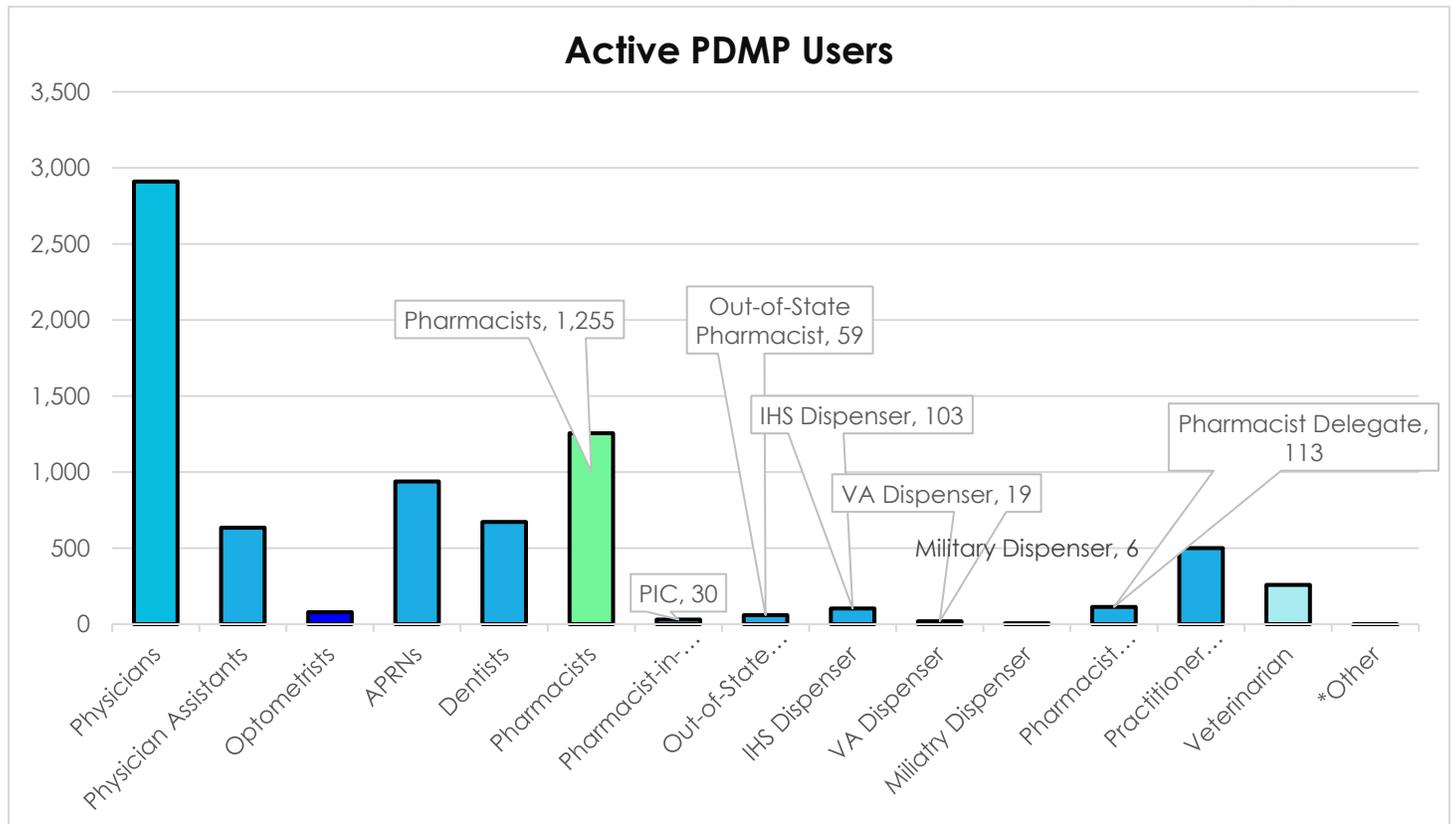


Figure 1B. A breakdown of pharmacy-related user roles.

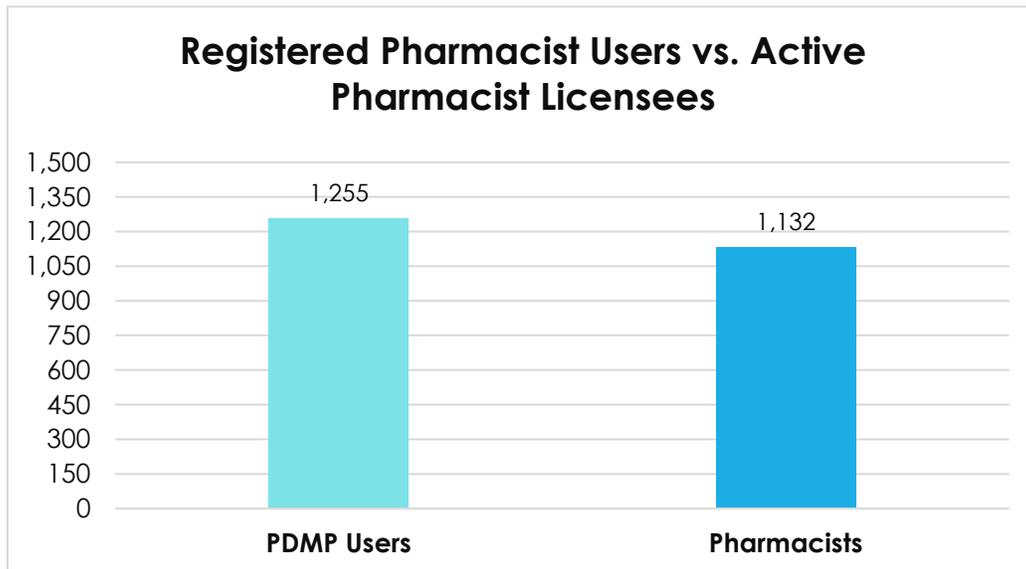


Figure 21. The compliance rate is over 100%; the discrepancy in total registered pharmacists versus the number of pharmacist licensees may be explained by users who selected the 'Pharmacist' or 'Pharmacist-in-Charge' user role but are actually IHS, military, or VA dispensers, or by registered users who have not submitted the account deactivation form but have a lapsed or expired professional pharmacist license under AS 08. Once license integration is live, accounts held by lapsed or expired pharmacists will automatically be deactivated.

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The following figures (3 and 4) reflect pharmacist interactions with the PDMP. Figure 5 shows the overlap of logins versus patient queries while figure 6 shows the proportion of pharmacy license types performing patient queries. Figures 7 and 8 show adjusted logins by profession.

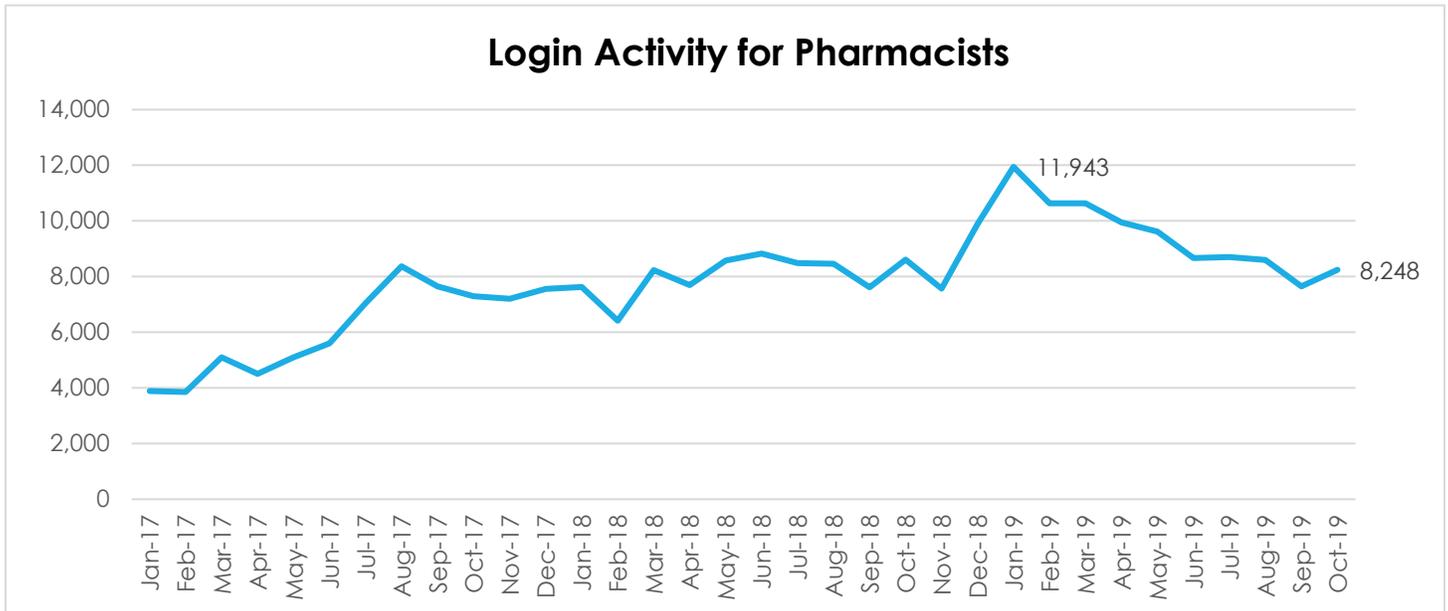


Figure 3. The login activity for pharmacists (user role = 'Pharmacist' and 'Pharmacist in Charge') shows an upward trend. Logins peaked in January 2019 with 11,713 logins.

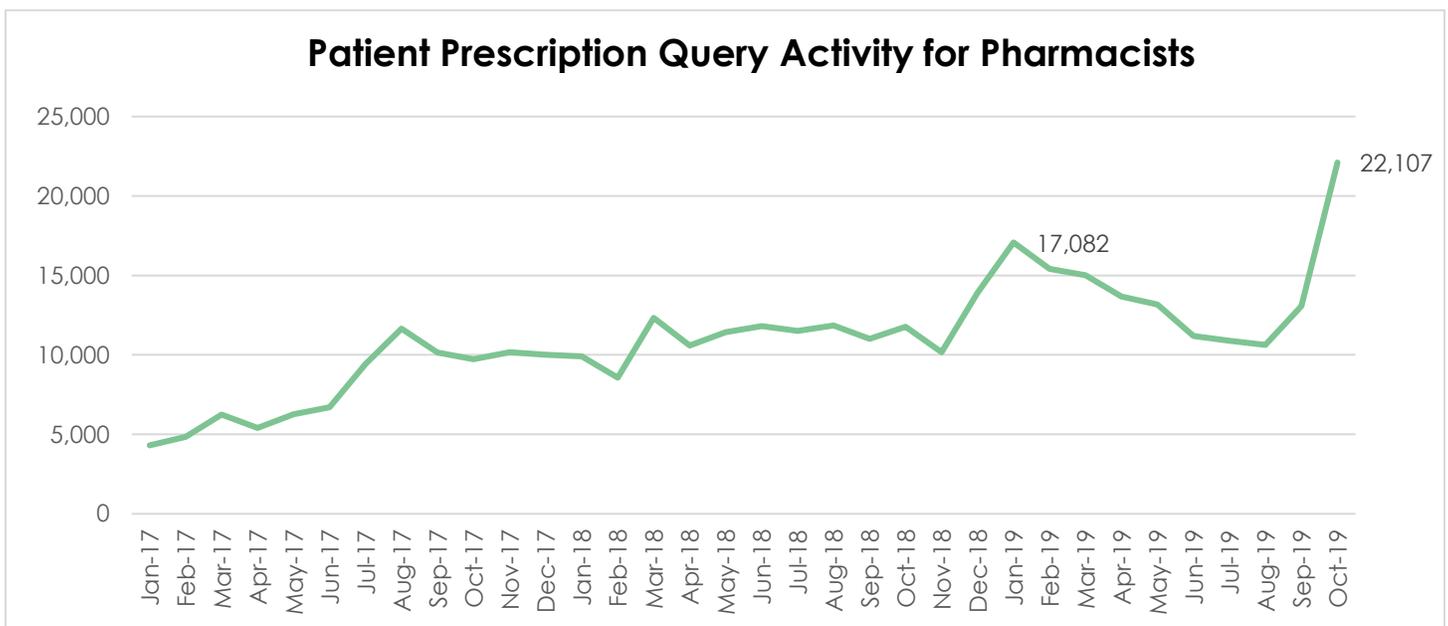


Figure 4. Pharmacists are not required to login to check patient prescription history, however, consistent with login activity trends, pharmacists are consulting the PDMP when dispensing medications.

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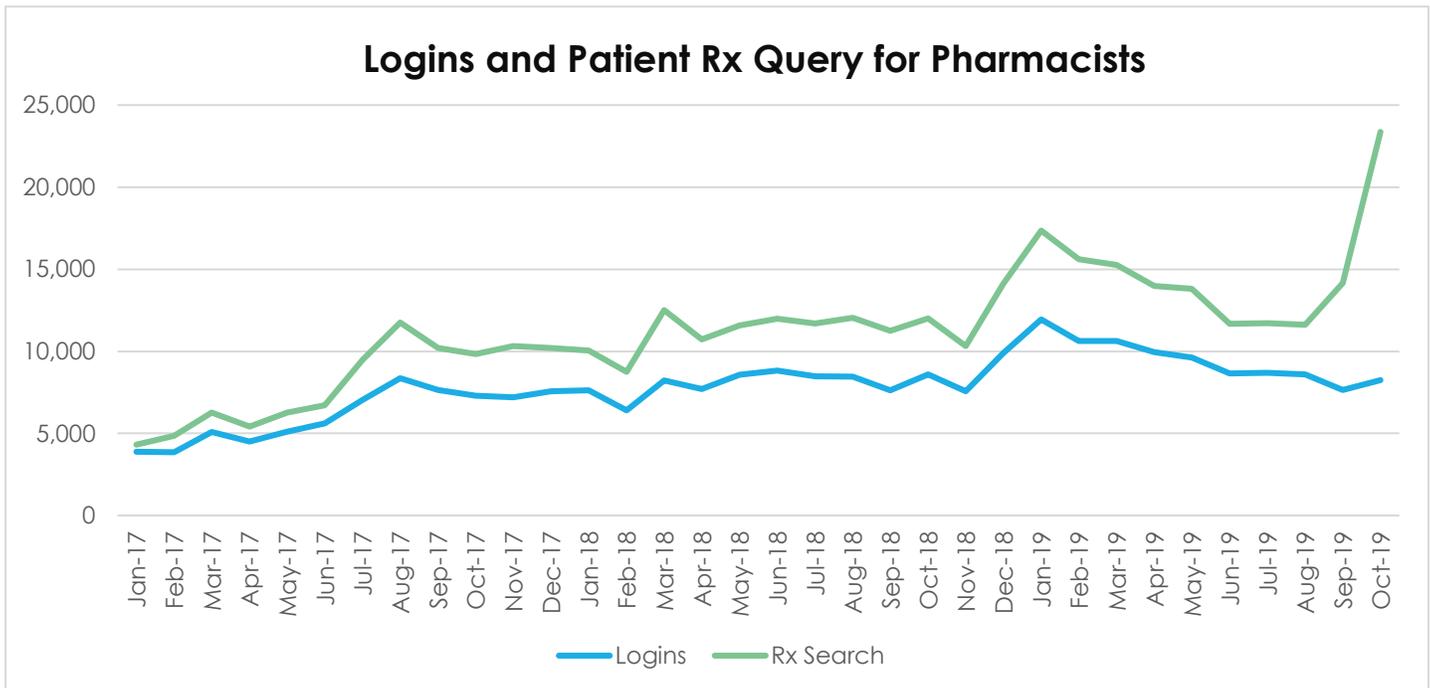


Figure 5. Logins vs. patient prescription history searches shows a synchronous trend.

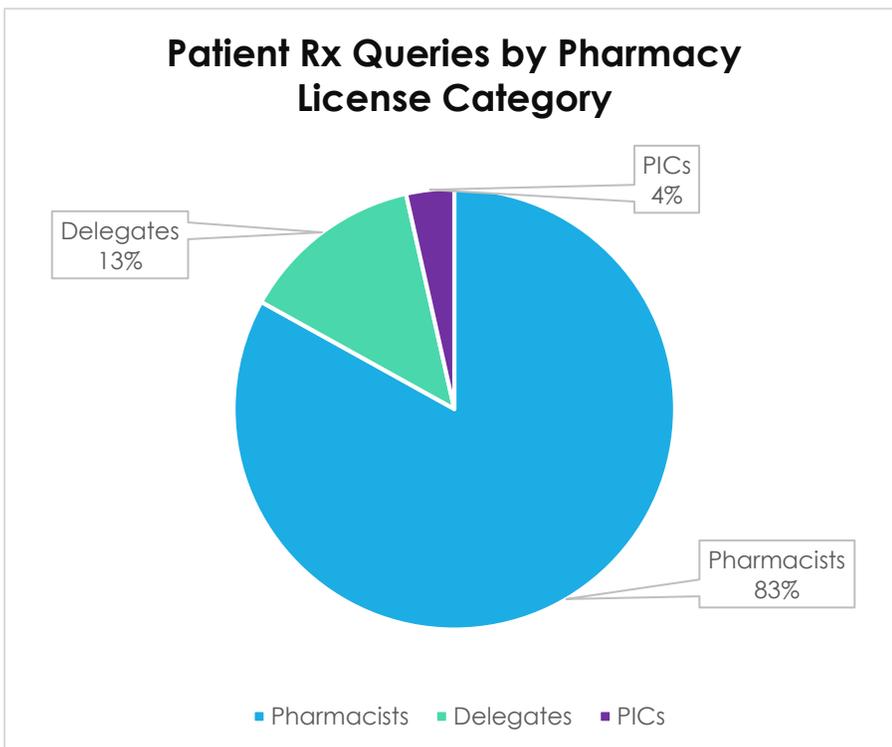


Figure 6. 13% of pharmacist delegates (technicians or interns) are querying patients' prescription history on behalf of pharmacists.

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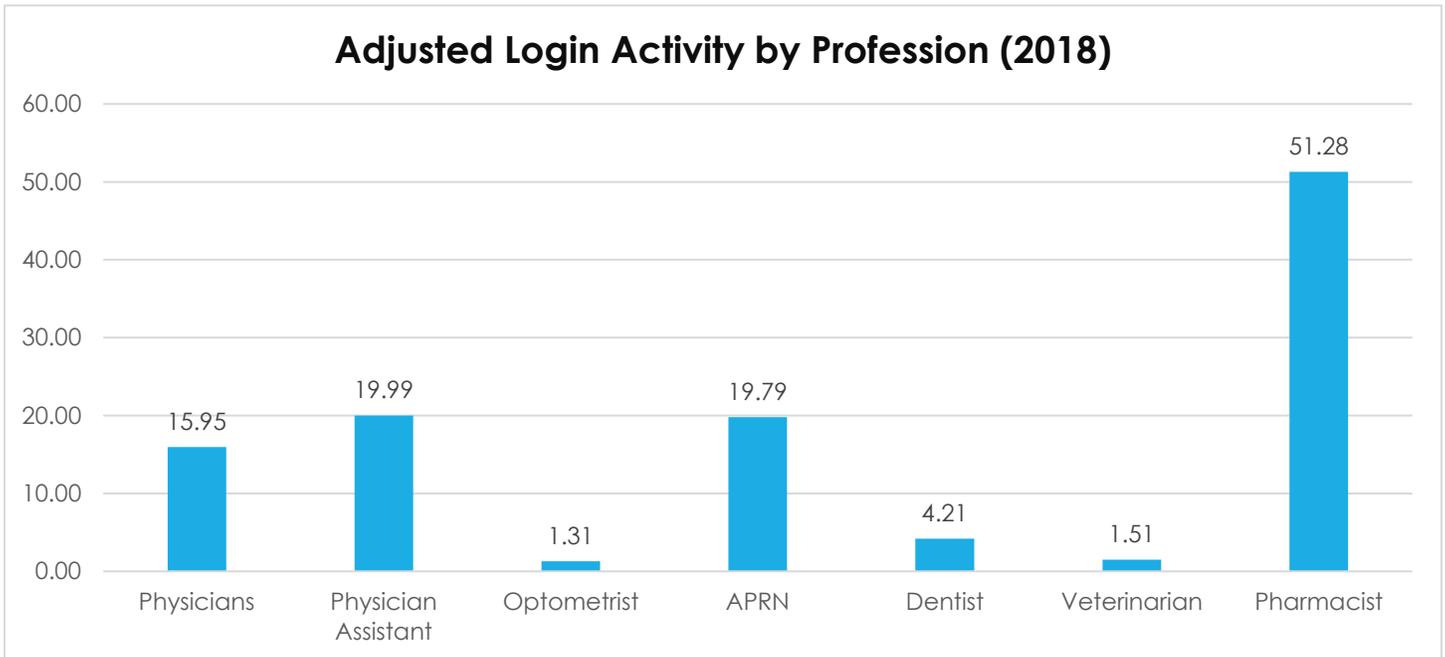


Figure 7. Adjusted by registered user count. Of mandatory professions required to register with the PDMP, pharmacists are the only providers not required to login to view patient prescription history; however, they have the highest login rate adjusted by the number of registered users in their profession. The average login per pharmacist is 51 times in 2019. Optometrists have the lowest login rate per at 1 login per optometrist in 2018. *This data has not been updated since June 2019.

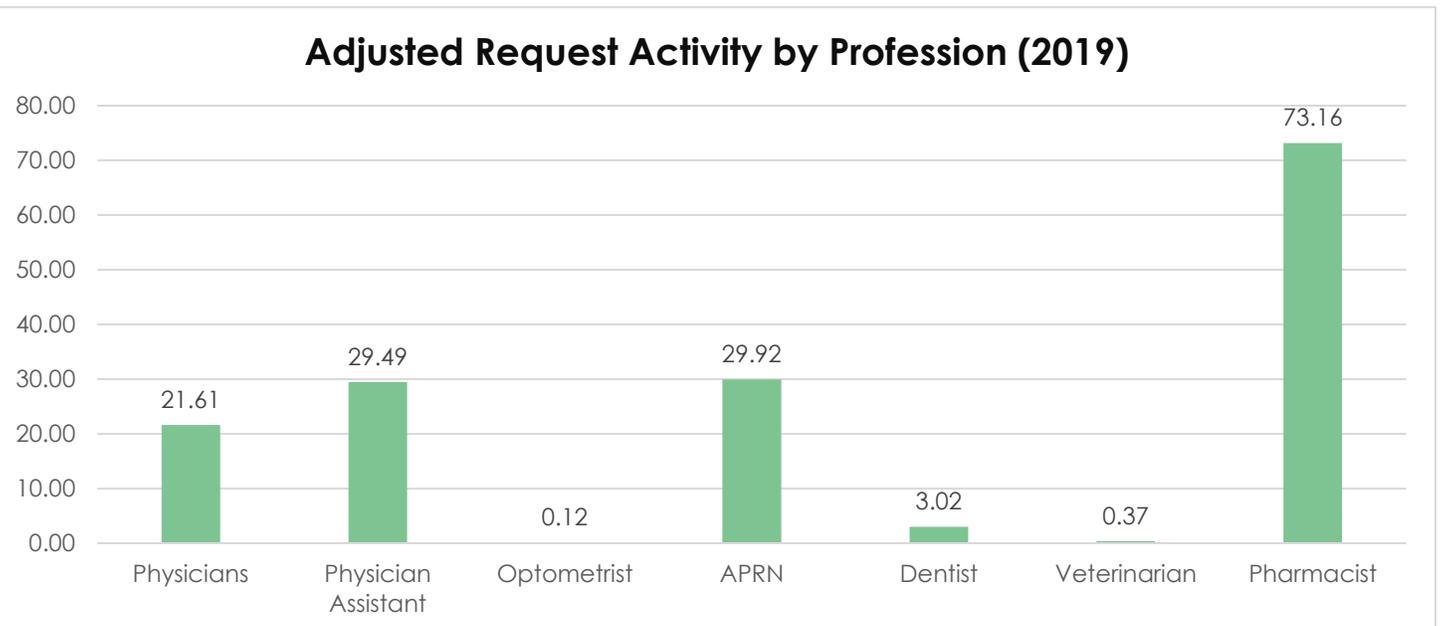


Figure 8. Adjusted by registered user count. Of mandatory professions required to register with the PDMP, pharmacists are the only providers not required to login to view patient prescription history; however, they have the highest patient request activity adjusted by the number of registered users in 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. *This data has not been updated since June 2019.

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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 9).

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 9. 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.

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.

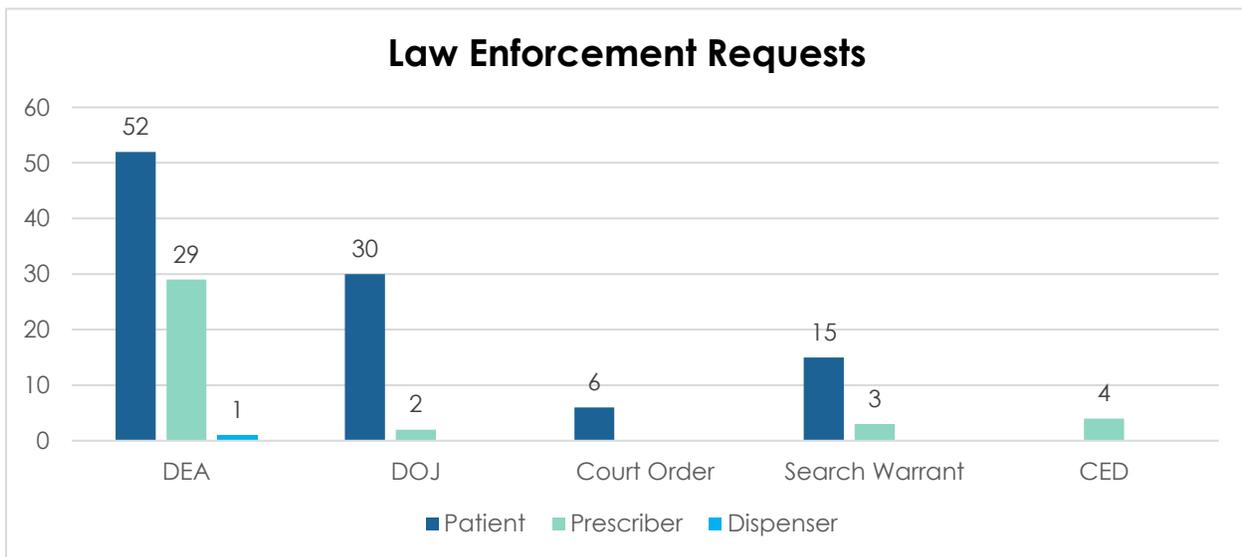


Figure 10. The PDMP manager responded to 100% of the subpoenas (n = 138) received by law enforcement agencies in 2019.

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Figure 11 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).

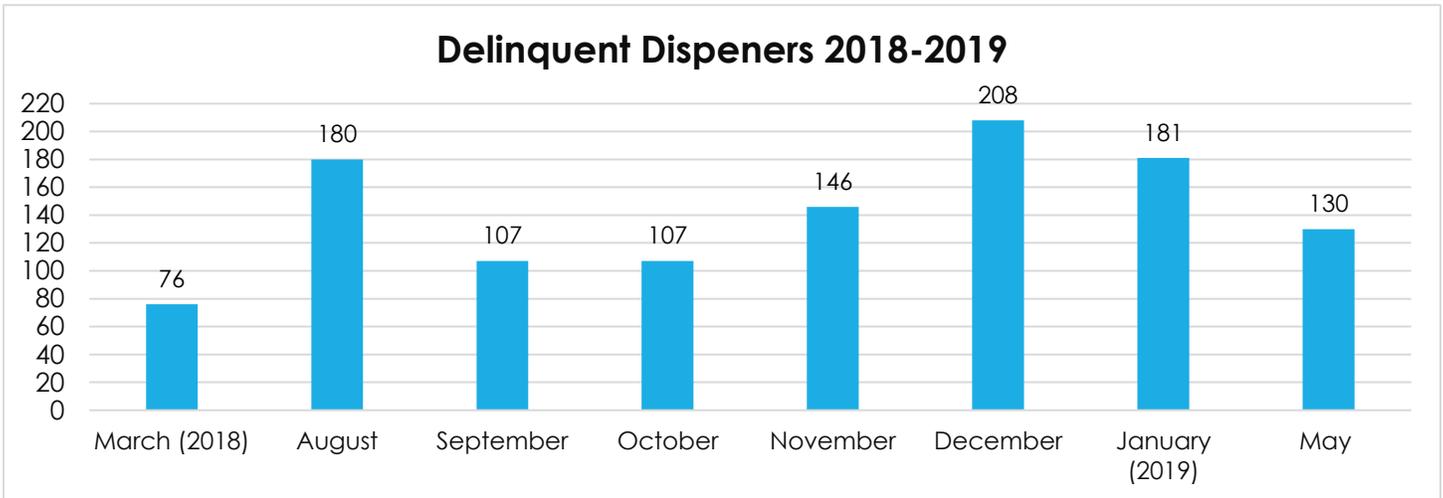


Figure 11. The number of delinquent dispensers has declined 28% since the last compliance report. Dispensers will continue to be contacted via mail to correct reporting gaps. This also includes delinquent prescribers required to report daily.

The following data (Figures 10 through 11) represents information not specific to any given profession and provides a general summary of PDMP trends.

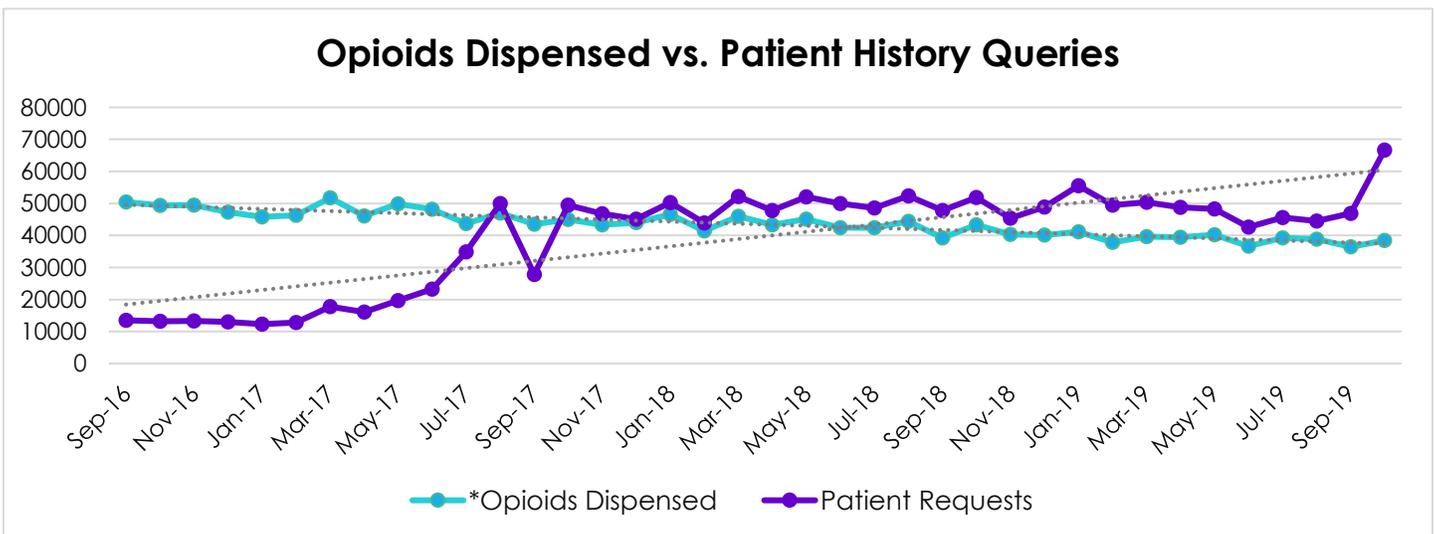


Figure 12. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid prescribing and dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies, opioid continuing education, and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards. *Due to the number of delinquent pharmacies who are in non-compliance with the daily reporting requirement, the number of opioids dispensed may be under represented.

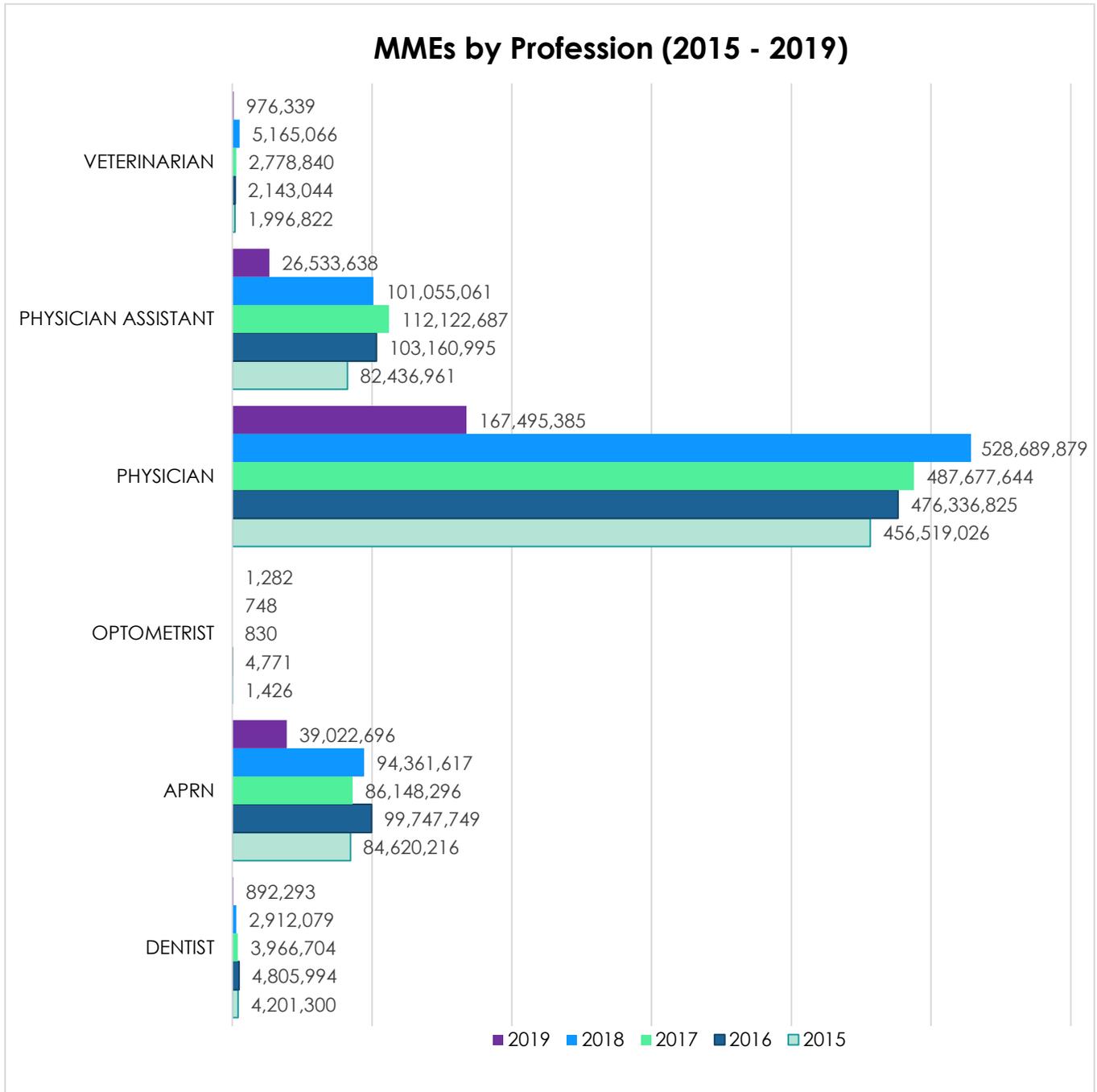


Figure 13. Though opioid prescriptions decreased from 2017 to 2018, total MMEs increased, suggesting prescriptions issued in longer days' supply.