

Alaska Prescription Drug Monitoring Program Report to the 30th Alaska State Legislature (2017)

Alaska Board of Pharmacy

February 2, 2017

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Prepared for the 30th Alaska State Legislature

- Senator Pete Kelly, Senate President
- Representative Bryce Edgmon, Speaker of the House

SENATE BILL 196 (2008)

The passage of Senate Bill 196 by the 26th Alaska State Legislature in 2008, established the controlled substance prescription database within the Alaska Board of Pharmacy (Board).

Alaska Statute 17.30.200. Controlled substance prescription database. (a) The controlled substance prescription database is established in the Board of Pharmacy. The purpose of the database is to contain data as described in this section regarding every prescription for a schedule IA, IIA, IIIA, IVA, or VA controlled substance under state law or a schedule I, II, III, IV, or V controlled substance under federal law dispensed in the state to a person other than those administered to a patient at a health care facility. The Department of Commerce, Community, and Economic Development shall assist the board and provide necessary staff and equipment to implement this section.

The database operates under the name, ‘Alaska Prescription Drug Monitoring Program’ (AKPDMP), and is a statewide electronic database that gathers information from in state and out of state pharmacies (or dispensers) for prescriptions dispensing controlled substances. The AKPDMP’s purpose is to improve patient care by providing prescribers and pharmacists with a controlled substance dispensing history for their patients. An additional goal is to reduce drug diversion and the inappropriate use of controlled substances by assisting in the investigation of specific cases.

SENATE BILL 74 (2016)

In 2016, several ideas were identified to maximize the AKPDMP for future availability and the effective use of data among the widest range of appropriate end users:

- Enact legislation to maintain sufficient funding over time
- Delegate¹ access

¹ Allowing healthcare professionals to delegate access to PDMP records by office staff (sometimes called “sub-accounts”), may help increase utilization of PDMP data to detect patients at risk and improve prescribing.

- Transmit unsolicited reports and alerts to *appropriate* users
- Improve data timeliness and access; increase reporting to weekly
- Provide enhanced education, enrollment, and use of PDMP to all users or data requestors
- Streamline certification and enrollment processing
- Optimize reporting to fit user needs
- Publicize use and impact of PDMP via websites, presentations, and reports
- Incorporate PDMP data within health information exchanges, electronic health records and pharmacy dispensing systems

Effective July 17, 2017, SB 74 modifies the Alaska Prescription Drug Monitoring Program (“PDMP”) establishing the following changes:

- **Mandatory registration** by all pharmacists, and DEA registered prescribers, licensed by the Alaska Division of Corporations, Business and Professional Licensing. The procedure and period for registration is to be established by regulation.
- **Practitioner must** review PDMP information before dispensing, prescribing, or administering a schedule II or III controlled substance. The exception(s) are:
 - receiving treatment in an inpatient setting;
 - at the scene of an emergency or in an ambulance;
 - in an emergency room;
 - immediately before, during, or within the first 48 hours after surgery or a medical procedure;
 - in a hospice or nursing home that has an in house pharmacy;
 - a nonrefillable prescription of a controlled substance in a quantity intended to last for not more than three days.
- **Collection of** schedule II, III, or IV controlled substances dispensed in the state; schedule V controlled sub-stances are no longer collected.
- **Reporting frequency** requirement for dispensed prescriptions has changed to weekly.
- **Delegate access** are allowed *with limitations* - a registered pharmacist or prescriber may allow access to the PDMP by an agent or employee who is licensed or registered under AS 08 by creating a sub-account within the PDMP under their corresponding prescriber or pharmacist account.
- **Unsolicited reports** may be provided to both prescribers and pharmacists when a patient appears to be receiving multiple Schedule II-IV prescriptions from multiple pharmacies and multiple prescribers. The current threshold is set at a patient seeing five prescribers / five dispensers in a three-month period.
- **Department of Health and Social Services** was given access to the PDMP for use:
 - by a pharmacist of the medical assistance program.

- by a pharmacist, practitioner or authorized employee utilization review program.
- of de-identified data for the purpose of identifying and monitoring public health issues in the state.
- by the State Medical Examiner while investigating the cause and manner of a person's death.
- **Establish fees** for registration with the database by a pharmacist or practitioner required to register.
 - fees are to equal the total operational costs of the database minus all federal funds acquired for the operational costs of the database.
 - fees are to be set the same for all practitioners and pharmacists required to register.

DEVELOPMENT OF THE AKPDMP

2008

- September 07, 2008 - SB 196 (Controlled Substance Prescription Database) also known as the Alaska Prescription Drug Monitoring Program (AK PDMP) became effective.

2009

- July 23, 2009 - Notification that the State had received a \$399,887.00 in grant money from Department of Justice / Office of Justice Programs / Bureau of Justice Assistance (BJA) to fund the startup of the AK PDMP; became effective 09/01/2009.

2011

- May 21, 2011 - Regulations related to the AK PDMP are adopted.
- June 24, 2011 - Initial announcement letter for data collection mailed.
- August 01, 2011 - Mandatory transmission of prescription data began.
- December 29, 2011 - Regulations related to the AK PDMP become effective.

2012

- January 1, 2012 - AK PDMP went live!

2015

- The Division of Corporations, Business and Professional Licensing (Division), Board of Pharmacy (Board), and the Department of Health and Social Services (DHSS) collaborated to compete for a SAMHSHA Prevention In Action grant. DHSS was notified that the grant request was successful. This three year grant helps to fund the new position created by SB74 to spearhead and manage the expansion of the AKPDMP.

- This grant, along with a previously awarded grant, will greatly assist with funding the program; however, after FY2020, registration fees may need to be increased to sustain the program without further grant awards.

2016

- January 25, 2016 - New vendor, PMP AWA^Rx^E, maintained by APPRISS, to provide prescription monitoring services for Alaska.

PDMP EFFECTIVENESS

- Use of PDMP data can assist clinically appropriate prescribing, improve medical care, and reduce doctor shopping.
- States with PDMPs have lower rates of treatment admissions as well as reduced doctor shopping and diversion.
- PDMP data assists the investigation of drug diversion, which can reduce investigation times.
- PDMP data assists in substance abuse treatment and medical examiner practice.
- PDMP data is a useful tool for healthcare professionals in their practices.

PDMP DATA USE

- Provides data for healthcare professionals to compare with their original records.
- Provides potentially useful information to help healthcare professionals to evaluate a patient's use of monitored prescription drugs.
- Is *not* “evidence” and not to be used in isolation in making any determinations about a patient.

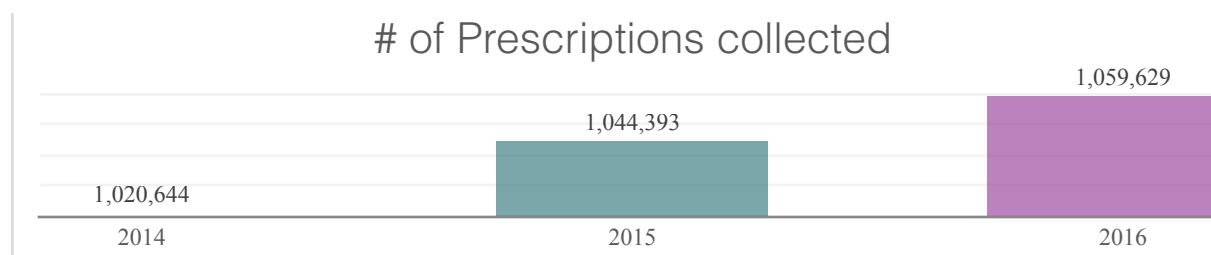
DATA COLLECTION

In 2016, PMP AWA^Rx^E, maintained by Appriss, was chosen as the vendor to provide prescription monitoring services for Alaska. More information about Appriss and PMP AWA^Rx^E can be found visiting <http://www.appriss.com/pmpaware.html>.

Appriss began collecting data from dispensers on January 21, 2016 and allowing practitioners and pharmacists to obtain AKPDMP reports on patients under their care starting on January 25, 2016.

All activities for data submission to the prescription monitoring program will take place in PMP Clearinghouse, located at <https://pmpclearinghouse.net>. PMP Clearinghouse is a data repository for prescription records. Dispensers or entities on behalf dispensers (i.e. 3rd party vendors) submit controlled substance reports to this repository. These records are imported into PMP AWARxE.

Prescriptions are kept for two years from the date they are dispensed.

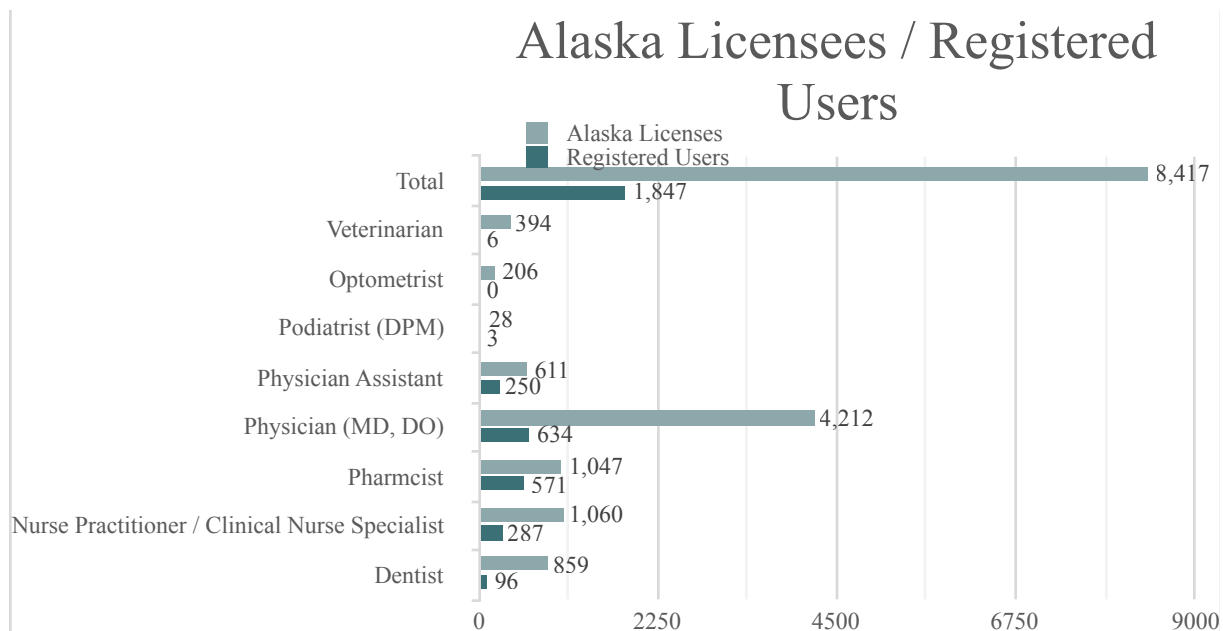


TOP 5 PRESCRIPTIONS

2016			
Rank	Drug	Number of Rx	% of All Rx
1	Hydrocodone	196,756	19%
2	Oxycodone	149,129	14%
3	Zolpidem	70,005	7%
4	Tramadol	59,455	6%
5	Alprazolam	45,540	4%
2015			
Rank	Drug	Number of Rx	% of All Rx
1	Hydrocodone	195,129	19%
2	Oxycodone	131,822	13%
3	Zolpidem	70,394	7%
4	Tramadol	56,068	5%
5	Alprazolam	49,590	5%

REGISTRATION

Based on currently licensed prescribers/dispensers compiled on 01/12/2017, the Division's database shows the *potential number*² of registered users at **8,417** (7,370 prescribers / 1,047 dispensers).



After registration, a healthcare professional can review their patients' prescribing history by logging into PMP AWARe and submitting their request for solicited report³.

² Licensees are *not* required to possess a DEA registration.

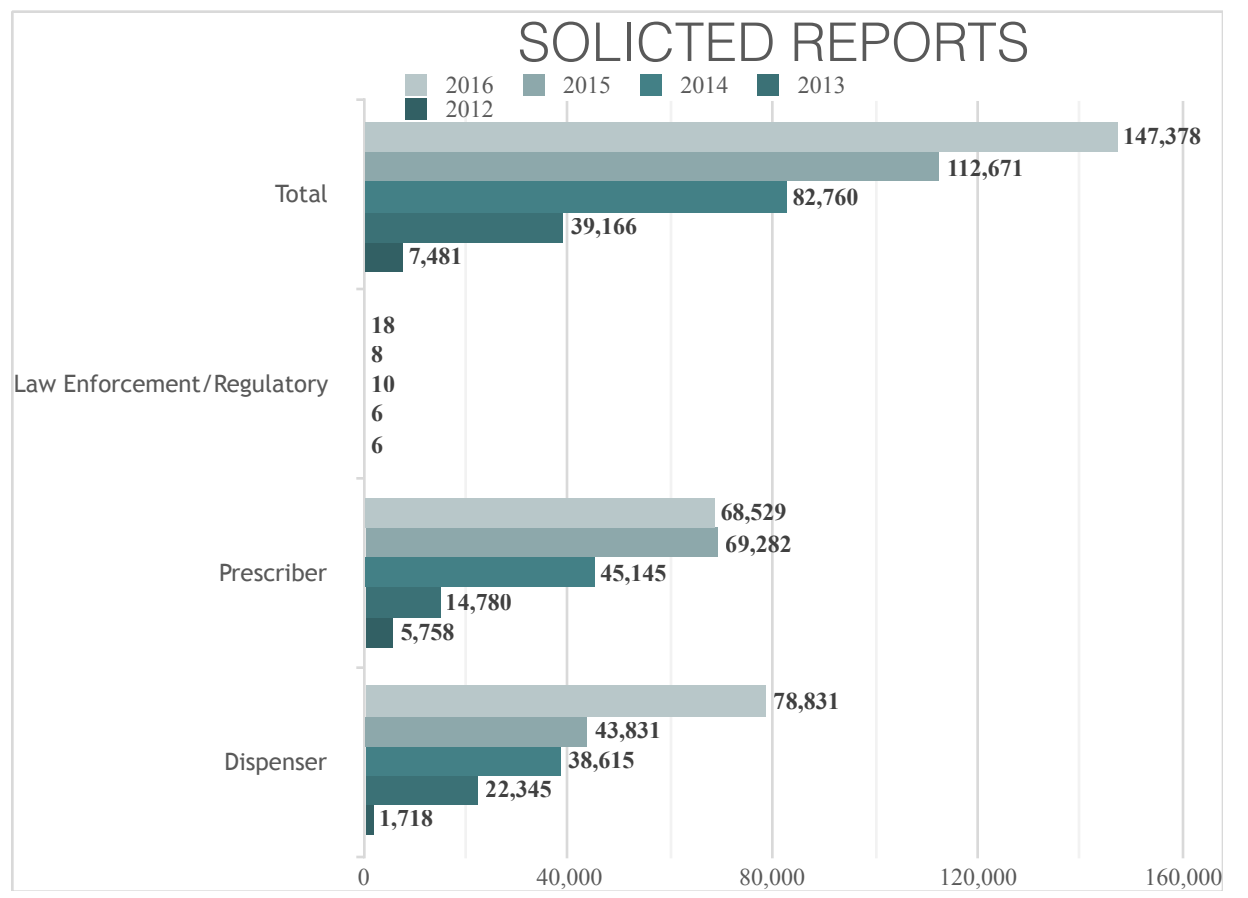
³ QUICK REFERENCE GUIDE – MAKING A REQUEST IN PMP AWARe

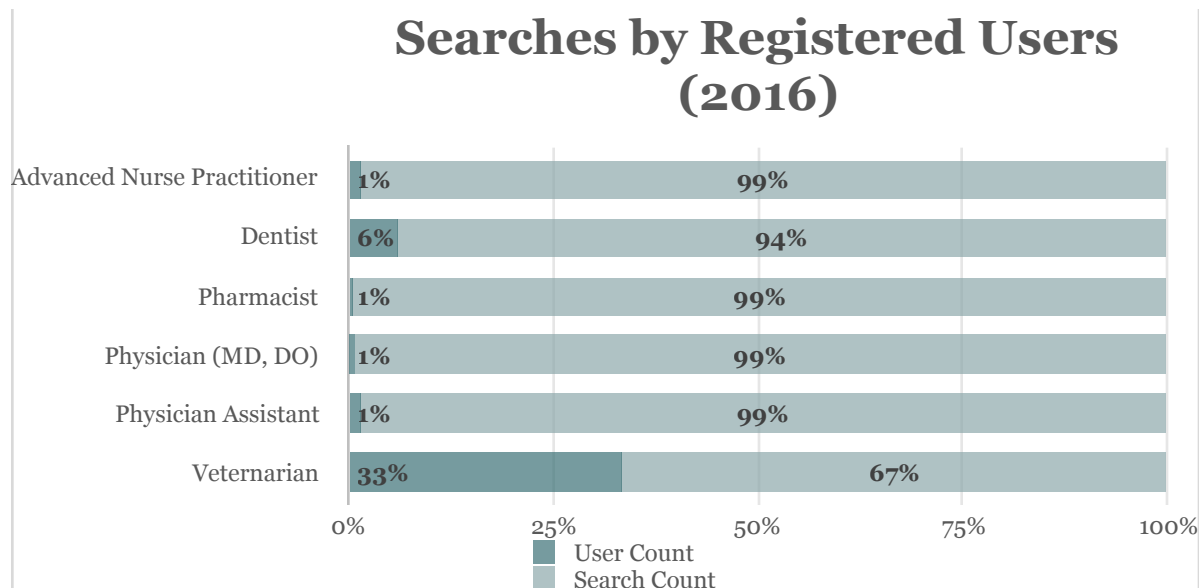
SOLICITED REPORTS

A solicited report is where AK PDMP data, over a given date range is provided to an authorized user based upon their request for the information. The report is produced through an automated online system. *Registered* healthcare professionals having an established relationship or anticipated relationship with a patient can receive these reports directly.

Upon the certification of an open investigation by submitting a *search warrant, subpoena, or court order*; to the AK PDMP, federal, state and local law enforcement and/or regulatory boards can receive PDMP data.

Finally, a patient may request a report of his or her own prescription information, upon payment of a \$10.00 fee.





UNSOLICITED REPORTS

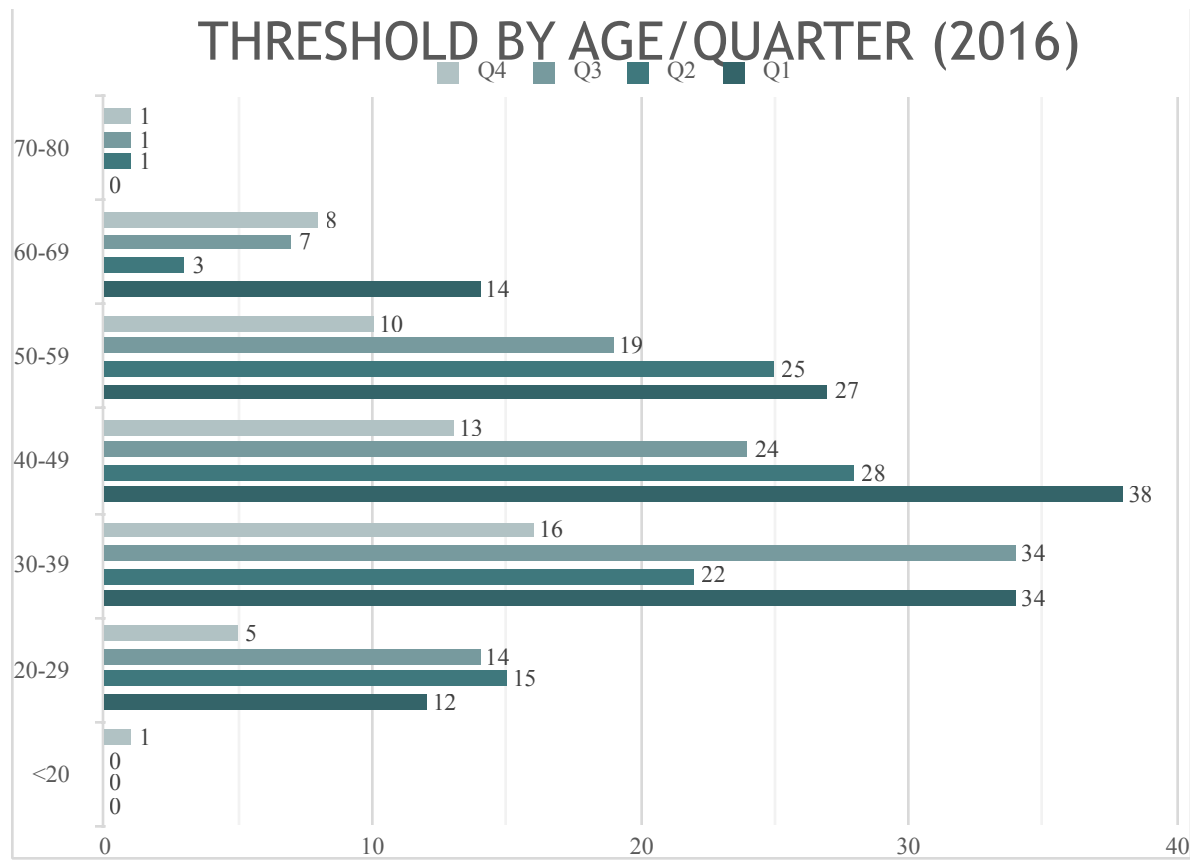
Beginning July 17, 2017, AK PDMP staff can analyze prescription information for questionable activities e.g. *a patient who obtained a controlled substance from five (5) prescribers and five (5) pharmacies in a three (3) month period.*

This information provided as an unsolicited report to the healthcare professional(s) is to prompt a review their patient's PDMP data; this unsolicited report will only provide the patient's name and date of birth for already established patients. (See sample letter ⁴)

Unsolicited reporting of AK PDMP data has the potential to improve clinical practice by alerting healthcare professionals about their patients' multiple prescribers and potentially medically unnecessary prescriptions.

Shown below is an indication of the 372 *potential* reports the AK PDMP might have provided in 2016.

⁴ SAMPLE UNSOLICITED REPORT



Number of people exceeding '*threshold*' by age