



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

## Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND  
PROFESSIONAL LICENSING

### ALASKA PRESCRIPTION DRUG MONITORING PROGRAM

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Alaska State Legislature  
State Capitol Building  
Juneau, AK 99801

Dear Legislators,

The passage of Senate Bill 196 by the Twenty-Six Alaska State Legislature in 2008, established a controlled substance prescription database within the 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 of '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) on dispensed prescriptions for controlled substances. The AKPDMP is able to help facilitate appropriate prescribing of controlled prescription drugs by providing prescriptive data to health care providers.

A statutory mandate, "AS 17.30.20(6)(g)The board shall promptly notify the president of the senate and the speaker of the house of representatives if, at any time after the effective date of this Act, the federal government fails to pay all or part of the costs of the controlled substance prescription database;" requires the Board to notify the Legislature, as it did last year, that federal funding for the AKPDMP ended on August 31, 2013.

The Board requests that this be addressed by the Legislature while keeping the letter of intent, provided by the bill sponsor Senator Lyda Green, in mind. She wrote (in part):

*“It is the intent of the Legislature that the Alaska Prescription Drug Monitoring Program be funded with federal grants and state appropriations. It is not the intent of the Legislature that the professional users of the database absorb the costs of managing this public program through their license fees or other fee structure.”<sup>1</sup>*

Currently a Reimbursable Services Agreement (RSA) from the Alaska Department of Health & Social Services (HSS) has allowed for continued operation, but it is a limited-time agreement and does not cover the full cost of a robust program.

A few aspirations to maximize the AKPDMP for future availability and utility of data to the widest range of appropriate end users are potentially:

- Enact legislation to maintain sufficient funding over time
- Provide enhanced education, enrollment, and use of PDMP to all authorized users or data requestors.
- Delegate access<sup>2</sup>
- Transmit unsolicited reports and alerts to effected users
- Improve data timeliness and access; increase reporting from monthly to weekly
- Streamline certification and enrollment processing
- Optimize reporting to fit user needs – incorporate user suggestions
- Publicize use and impact of PDMP via websites, presentations, and reports alerting the medical community to the benefits of the program, which should translate to greater participation
- Integrate PDMP reports:
  - o Health information exchanges
  - o Electronic health records
  - o Pharmacy dispensing systems
- Verification process that confirms that all dispensers are: 1) reporting data, 2) submitting a monthly ‘zero’ report, and 3) submitting a yearly ‘Certification of No Controlled Substances Dispensed’ form<sup>3</sup>.

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<sup>1</sup> [http://www.legis.state.ak.us/basis/get\\_jrn\\_page.asp?session=25&bill=SB196&jrn=1785&hse=S](http://www.legis.state.ak.us/basis/get_jrn_page.asp?session=25&bill=SB196&jrn=1785&hse=S)

<sup>2</sup> Allowing prescribers 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.

<sup>3</sup> Pharmacies that have submitted a yearly ‘Certification of No Controlled Substances Dispensed’, certifying that they have not dispensed a controlled substance in the past 12 months and that their present business practice does not involve the dispensing of controlled substances, plus an agreement to start submitting data if this business practice should change.

## SUMMARY DATA

### Registered Users/Potential Registered Users

<b>Registered Users</b>	<b>2013</b>	<b>2014</b>	<b>Change</b>
Prescribers	704	923	31% ↑
Dispensers	288	343	19% ↑
Total	992	1266	28% ↑

### Licensed Pharmacies

<b>Pharmacies</b>	<b>2013</b>	<b>2014</b>
Drug Room	32	33
Out of State Pharmacies	444	500
Pharmacy	131	132
Remote Pharmacy	1	1

Pharmacy Certification(s)	114	120
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### Solicited Reports

A solicited report is when PDMP data, over a given date range, is provided to an authorized user based upon their request for the information. The reports can be produced through an automated online system; users that directly receive these reports are registered prescribers and dispensers.

Upon certification of an open investigation and the submittal of a search warrant, subpoena, or court order, this information may also be released to law enforcement and/or regulatory boards.

Finally, a patient may also request a report of their own prescription information, for a fee of \$10.

# of Solicited Reports	2013	2014	Change
Pharmacists	22,345	38,615	73% ↑
Prescribers	14,780	45,145	205% ↑
Advanced Practice Nurse	2,696	5,654	110% ↑
Dentist	83	465	460% ↑
Physician	9,497	25,143	165% ↑
Physician Assistant	2,504	13,883	454% ↑
Veterinarian	0	0	0% ↔
Total	14,780	45,145	205% ↑
Law Enforcement/Regulatory	6	10	67% ↑
Total	39,166	82,760	111% ↑

Reason for Request ( <i>Law Enforcement/Regulatory</i> )	2013	2014
Forged Prescription	4	4
Stolen Prescription	0	2
Doctor Shopper	2	1
Drug Diversion	0	2
Addiction	0	0
Other	0	1
Total	6	10

**Unsolicited Reports**

The purpose of an unsolicited report is to provide prescribers and pharmacists with additional information that they may choose to use in their clinical decision-making.

This unsolicited report is typically triggered when a patient reaches a certain threshold. The Board has established its threshold (or reference) as being: *a patient who obtained a controlled substance from five (5) prescribers and five (5) pharmacies in a three (3) month period.*<sup>4</sup>

The Board is aware that the Department of Law has expressed some concerns regarding its ability to send out this ‘unsolicited report’ and believes it requires a change in the statutory authority to allow it.

Proactive reporting of PDMP data to prescribers and pharmacists can serve to inform them of possible questionable activity and patients at risk, increase their awareness and utilization of the PDMP. This can contribute to lower rates of questionable activity as measured by the number of individuals meeting the defined threshold(s) and prescriptions obtained by suspected doctor shoppers.

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<sup>4</sup> 5/5

**“Doctor Shoppers”**

# of patients receiving prescription(s)	2013	2014	Change
CII	156,898	134,524	-14% ↓
CII, III	180,943	154,831	-14% ↓
CII, III and IV	286,779	243,546	-15% ↓
<i>Total</i>	626,633	534,915	-15% ↓

# of patients exceeding 5/5 threshold			
CII	162	313	93% ↑
CII, III	179	365	104% ↑
CII, III and IV	263	525	100% ↑
<i>Total</i>	604	1,203	99% ↑

# of patients exceeding 10/10 threshold			
CII	2	4	100% ↑
CII, III	2	4	100% ↑
CII, III and IV	2	5	150% ↑
<i>Total</i>	6	13	117% ↑

**Morphine Equivalent**

In 2013, several states, including Alaska (see HB53), began seeking information and/or creating legislation regarding establishing a consultation requirement with respect to the prescription of opiates under certain circumstances. There was a desire to monitor the distribution of the most heavily abused drugs (i.e. over 100mg of painkillers with the same therapeutic effect as morphine).

Distribution of painkillers greater than 100-mg (Morphine Equivalent Dosage), per day	2013	2014	Change
Adult	167	117	(30%) ↓
Youth <sup>5</sup>	2	2	0% ↔

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<sup>5</sup> The nationally defined standard of “Youth” is patients that are under 18 years of age as of the date the prescription was filled.