Board of Veterinary Examiners,

Thank you for allowing me and the Board of Pharmacy Executive Administrator, Laura Carrillo, an opportunity to work with the Board of Veterinary Examiners during your July 7th board meeting to discuss the Prescription Drug Monitoring Program and how we can best assist you and your licensees.

The following represents a recap of what I took away from today's board meeting to assist the Board of Veterinary Examiners:

- 1) Prescription numbers are not part of the required fields in 17.30.200(b), therefore, when entering a prescription for submission to the PDMP a veterinarian can enter any non-duplicative Rx number they choose to identify this prescription. We have reached out to the vendor on your behalf and although the prescription number is not a state requirement, the vendor requires this number as a component of the process to ensure the prescription has not been previously submitted, i.e. duplicative data. One recommendation the vendor made is to use a YYYYMMDD# format. This allows any submitter to track historical submissions should there be a need to review the submission. Ex: 202007081, 202007082, 202007083 would show three prescriptions submitted on 7/8/2020. Again, the format and number is completely up to the veterinarian so long as they are not duplicated.
- 2) We have also reached out to the vendor to answer your questions about control substance compounds. When entering a compound in the database, click the "compound" box next to the NDC number field. This will open further fields to include the NDC number and quantity for each control substance included in the compounded medication.
- 3) AAG Harriet Milks answered the Board's question/concern about HIPAA and indicated that veterinarians are not covered entities, and thus performing an owner / client search does not represent any conflict with the Health Insurance Portability and Accountability Act (HIPAA).
- 4) The Board of Veterinary Examiners felt that disciplinary action around failing to register for the PDMP seemed straight forward. However, there was concern around actions associated with reviewing PDMP failures. AAG Harriet Milks advised that the Department of Law could work with the Board of Veterinary Examiners on the creation of an accountability matrix, similar to the Board of Pharmacy, but that investigations would continue.
- 5) The Board of Veterinary Examiners can communicate with their licensees about guidance they have received over time to educate them on PDMP matters; it does not have to wait until a regulation is passed. The Board of Pharmacy has successfully used guidance statements, listserv emails, PDMP emails, and physical mailings to communicate important information to keep licensees up to date and may be a consideration to help get information to licensees.
- 6) Having a veterinarian include a maximum daily dose or days' supply on prescriptions going to pharmacies would greatly improve communication and intent of how long a prescription should last.

My professional recommendation to the Board of Veterinary Examiners, to assist your licensees in complying with AS 17.30.200, is to draft a guidance document with pertinent, up to date information that the board has obtained from various stakeholders to address immediate concerns, including, but not limited to:

a. **Reviewing** the PDPM:

- i. A veterinarian should search the client in the PDMP and searching a client in the PDMP is not a HIPAA violation. This is the "who" veterinarians should be reviewing in the PDMP and thus is critical for your licensees to know. I would recommend the board further establish in detail this component in your regulations.
 - Client=owner on record?
 - 2. Client=the person bringing the animal in to be seen?

- 3. Client=if more than 1 person bringing the animal in, all adults bringing the animal in?
- 4. These are the details that your board will need to clearly clarify for your licensees.
- ii. is limited to federally classified Schedule II and III control substance only, therefore, tramadol and phenobarbital do not require a PDMP review.
- veterinarians are not required to review or interpret NarxCare scores; it is a clinical tool only.
- b. Registering with the PDMP is mandatory if the licensee possesses a DEA registration number.
- c. **Submitting** data to the PDMP:
 - i. Prescription numbers can be any non-duplicated number the veterinarian chooses to use to identify that prescription.
 - ii. Use the "compound" checkbox when entering compounded control substances into Appriss for submission to the PDMP.
- d. Writing prescriptions:
 - i. It greatly assists pharmacists to have more information in the sig that relates to days' supply; i.e. include a max daily dose or an intention that it lasts a certain length of time. The national standard in determining a days' supply of any prescription is calculated from the quantity of drug taken and its frequency relative to the quantity dispensed. Example:

Drug A 10mg SIG: 1cc po q4h prn

DISP: 30cc

National Standard Days Supply Calculation: $1cc \times 6$ times a day = 6cc per day30cc / 6cc per day = 5-day supply

- e. Disciplinary Matrix:
 - i. There is never the ability to reach and maintain 100% compliance. Therefore, I would recommend the creation of a disciplinary matrix for a consistent and fair approach to non-compliance situations. This is the approach that the Board of Pharmacy and other impacted professionals have taken.

To help you consider ways of communicating information to your licensees I would recommend the following resources, that I have found successful within the board of pharmacy, including:

- **PDMP notifications:** Laura can isolate just veterinarians to receive any communication related to the PDMP you wish to disseminate. The downside is the notification is only sent to registered PDMP users.
- Listserv emails: If the Board of Veterinary Examiners has a listserv it's a useful means to also rapidly communicate information. The downside is the email is only sent to someone who has registered with the listserv
- Hard copy mailings: very effective as it's physically mailed to every licensee.
- Hybrid of any/all of the above: employ every communication method at your disposal. Using this approach
 means the board has used every tool they possibly can and it's now up to the licensee to ensure they remain
 compliant with statutes and regulations.

I have drafted a mock letter below to possibly assist you in formulating a communication for the Board of Veterinary Examiners to your licensees. You are under no obligation to use this and I only provide it to assist your board in thinking of ways to communicate with your licensees that I have found effective in my experience.

In addition, a board member inquired it that it would be helpful to understand where the licensee non-compliance exists. Therefore, I am including your license registration and reviewing non-compliance rates below with a caveat to remember it relates to registration.

PDMP Registration (as of 7/8/20)

Number of Licensed Veterinarians: 422

Number of Veterinarians Registered w/ PDMP: 277

% Compliance: 65.6% % Non-Compliance: 34.4%

Note: Not all veterinarians hold a federal DEA registration number. Therefore, it is likely the compliance rate is higher, but it's unknown exactly how much higher at this point because the state licensing system does not account

for federal DEA numbers.

PDMP Registration Trend:
2017: 217 registrations
2018: 18 registrations

2019: 15 registrations

Jan 2020 - Present: 17 registrations

Reviewing PDMP (as of 7/8/20)

Between January 2020 and June 2020, PDMP reviewing compliance is 7.5%

Miscellaneous PDMP Data since January 2020:

To give your board an idea on trends, if you use January 2020 as a baseline, veterinarian

- Logins to the PDMP database has decreased 85% and
- Reviewing the PDMP has decreased by 200%

Similarly, a board member inquired as to the mechanism to the reviewing compliance of the PDMP. To answer that question, the PDMP database does contain an analytics module that provides reviewing compliance whereby a report can be queried and filtered by user role or specific DEA number.

If a veterinarian writes a prescription for a schedule II or III controlled substance which is then filled at a pharmacy, the system will query that filled prescription, via the pharmacy submitted practitioner DEA number, to validate whether there was a PDMP review.

- Thus, it is possible to see "x" number of schedule II and III controlled substance prescriptions submitted by a pharmacy (which includes the DEA number of the prescriber) and "y" number of these submitted prescriptions reviewed by the practitioner in advance.
- The report is capable of being filtered to remove exceptions which did not require a review, i.e. prescriptions < 3 days' supply and prescriptions with "0" refills.

I hope this information has been helpful to your board. I would like to thank you for your time as a board to include us in your discussions so we can work through any questions or situations as they arise in order for you to get timely information to your licensees. We appreciate your partnership as a valuable stakeholder. I hope the data and communication example assists your board and licensees.

Professionally,

Richard Holt, BS Pharm, PharmD, MBA Chair, Board of Pharmacy

Reviewing PDMP Data

[Required for Practitioners Only]

You are prescribing, administering or directly dispensing a **federally** <u>scheduled II or III</u> controlled substance.

NOTE: Federally Scheduled IV or V Controlled Substances are **excluded** from a PDMP review requirement.

Are you dispensing, prescribing, or administering:

- (A) a controlled substance to a person who is receiving treatment
 - (i) in an inpatient setting;
 - (ii) at the scene of an emergency or in an ambulance; ambulance has the meaning given in AS 18.08.200;
 - (iii) in an emergency room;
 - (iv) immediately before, during or within the first 48-hours after surgery or a medical procedure; or
 - (v) in a hospitce or nursing home that has an in-houre pharmacist; or
- (B) a nonrefillable prescription of a controlled substance in a quantity intended to last for not more than 3 days?

You are NOT required to review the PDMP.

You ARE required to review the PDMP.

Notes for Veterinary Examiners:

- From a reviewing data perspective, legal review by the Department of Law has indicated your "patient" is not defined in statute. It is reasonable to assume it is the person responsible for the animal who is in front of you today; the Board may want to consider establishing a definition in the Board of Veterinary Examiner regulations.
- It is **not** a violation of the Health Insurance Portability and Accountability Act (HIPAA) to review the responsible person.
- There is no impact on the file of the person you reviewed based on what you are submitting into the database of the
 animal. You would never submit data to the PDMP with the responsible persons name and date-of-birth, only the
 animal. Because animal data and human data are separate profiles, these prescriptions will not be comingled if
 reported accordingly.
- The clinical tools that are built into the PDMP to assist practitioners in **interpreting** data (clinical alerts, NarxCare, etc) are **not** required to be analyzed or interpreted by a Veterinary Examiner, or any other practitioner. There are no requirements in 17.30.200 to use any additional clinical tools built into the PDMP.
 - The requirement is only to "review the information in the database to check a patient's prescription record1".
 - Reviewing prescription history of the owner satisfies the query mandate in AS 17.30.200(k).

¹ Board of Pharmacy Statutes and Regulations, 17.30.200(k)(4). Accessed June 24, 2020 [Internet], page 59. Available from: https://www.commerce.alaska.gov/web/portals/5/pub/PharmacyStatutes.pdf



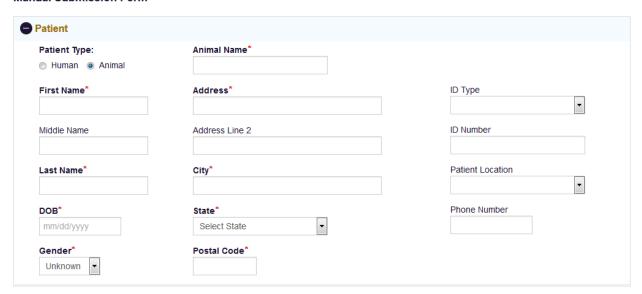
PDMP TEMPLATE FOR VET AND PHA RX SUBMISSIONS

(CAN BE USED AS A REFERENCE FOR CHECKING OWNER RX HISTORY)

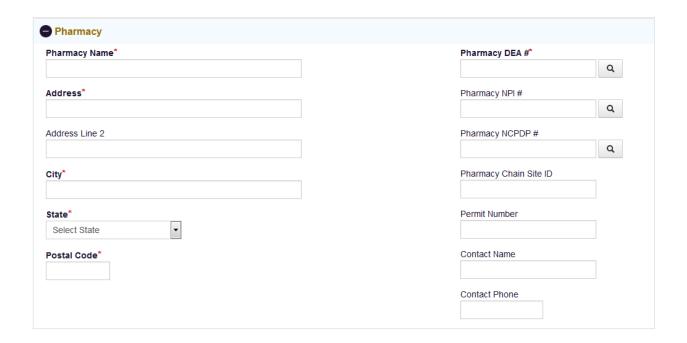
PART I. PATIENT	
PART II. PHARMACY	
PART III. PRESCRIBER	
PART IV. PRESCRIPTION	
PART IV. DRUG	
PART IV. PHARMACIST	
PART IV. OTHER (DISPENSATION	SURROGATES)
	BOARD MEMBER NAME:
August 2, 2018	DATE:

PART I. PATIENT

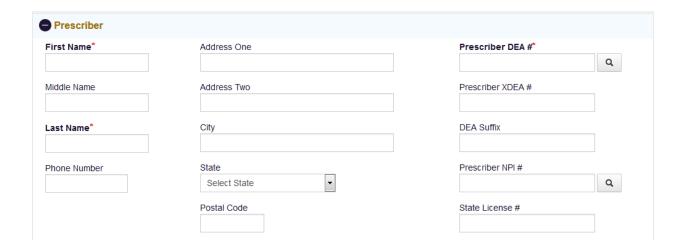
Manual Submission Form



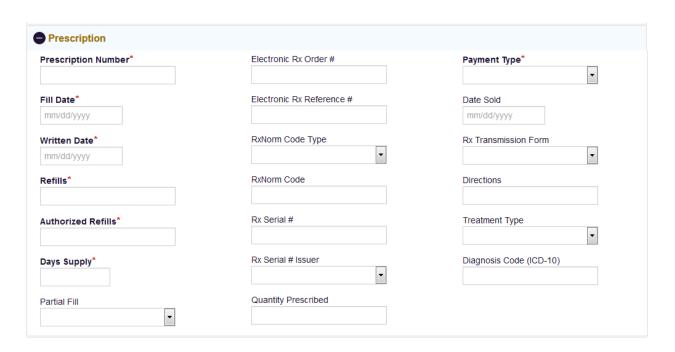
PART II. PHARMACY



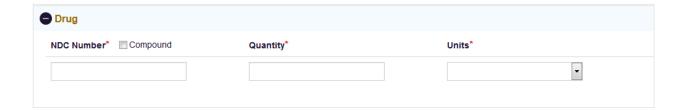
PART III. PRESCRIBER



PART IV. PRESCRIPTION



PART V. DRUG



PART VI. PHARMACIST



PART VII. OTHER

First Name Patient Relationship Middle Name Drop-off/Pick-up Type Last Name Drop-off/Pick-up ID #	Other (Dispensation Surrogates)	
	First Name	Patient Relationship
Last Name Drop-off/Pick-up ID #	Middle Name	Drop-off/Pick-up Type
	Last Name	Drop-off/Pick-up ID #



PDMP TEMPLATE FOR VET AND PHA **RX SUBMISSIONS**

	to assist the Board of Veterinary Examiners in establishing oria and to inform reviewing standards.
PART I. PATIENT	
PART II. PHARMACY	
PART III. PRESCRIBER	
PART IV. PRESCRIPTION	
PART IV. DRUG	
PART IV. PHARMACIST	
PART IV. PICK-UP/DROP-OFF PERS	SON
	BOARD MEMBER NAME: DATE:
	DAIE:
	1

PART I. PATIENT

atient		
Patient Type:	Animal Name PAT23	
○ Human ⊙ Animal		
First Name PAT08*	Address PAT12*	ID Jurisdiction PAT01
		Y
Middle Name PAT09	Address Line 2 PAT13	ID Type PAT02
Wildule Name Party	Address Line 2 PATIS	ID Type rate2
Last Name PAT07*	City PAT14*	ID Number PAT03
DOB PAT18*	State PAT15*	Patient Location PAT21
mm/dd/yyyy	Select State	✓
Gender PAT19*	Postal Code PAT16*	Phone Number PAT17
	Postal Code PATIO	Thomas Hamber FATT
Unknown 🔽		
ΓES:		

PART II. PHARMACY

Pharmacy	
Pharmacy Name PHA04*	Pharmacy DEA # PHA03
	Q
Address PHA05*	Pharmacy NPI # PHA01
	Q
Address Line 2 PHA06	Pharmacy NCPDP # PHA02
	Q
City PHA07*	Pharmacy Chain Site ID PHA12
State PHA08*	Permit Number PHA13
Select State	
Postal Code PHA09*	Contact Name PHA11
	Contact Phone PHA10
NOTES:	

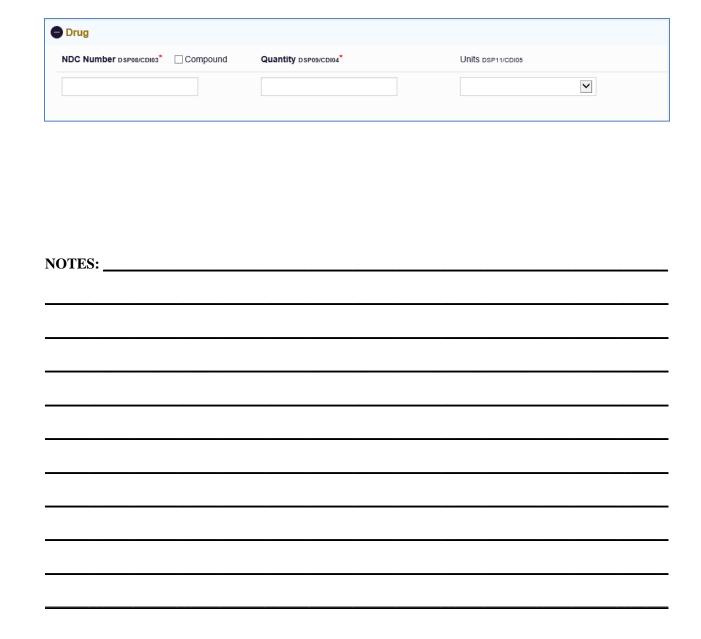
PART III. PRESCRIBER

Prescriber		
irst Name PRE06*	Address One	Prescriber DEA # PRE02
		Q
liddle Name PRE07	Address Two	Prescriber XDEA # PRE09
	07	
ast Name PRE05*	City	DEA Suffix PRE03
hone Number PRE08	State	Prescriber NPI # PRE01
	Select State	Q
	Postal Code	Otata Lianna # annu
	Total oods	State License # PRE04
OTES:		
TES:		
OTES:		
DTES:		
OTES:		

PART IV. PRESCRIPTION

mm/dd/yyyy RxNorm Code Type DsP18 Rx Transmission Form DsP12		Electronic Rx Order # DSP21	Payment Type DSP16*
mm/dd/yyyy RxNorm Code Type DsP18 Rx Transmission Form DsP12			~
RXNorm Code Type DSP18 RX Transmission Form DSP12 Pafill # DSP06* RXNorm Code DSP19 Directions DSP23 RX Serial # AIR02 Treatment Type DSP24 RX Serial # Issuer AIR01 Diagnosis Code (ICD-10) DSP25 Partial Fill DSP13 Quantity Prescribed DSP22	II Date DSP05*	Electronic Rx Reference # DSP20	Date Sold DSP17
RXNorm Code DSP19 Directions DSP23 Athorized Refills DSP04* RX Serial # AIR02 Treatment Type DSP24 PX Serial # Issuer AIR01 Diagnosis Code (ICD-10) DSP25 Artial Fill DSP13 Quantity Prescribed DSP22	nm/dd/yyyy		mm/dd/yyyy
RXNorm Code DSP19 Directions DSP23 Athorized Refills DSP04* RX Serial # AIR02 Treatment Type DSP24 PX Serial # Issuer AIR01 Diagnosis Code (ICD-10) DSP25 Artial Fill DSP13 Quantity Prescribed DSP22	ritten Date DSP03*	RxNorm Code Type DSP18	Rx Transmission Form DSP12
RX Serial # AIR02 Treatment Type DSP24 Pays Supply DSP10* RX Serial # Issuer AIR01 Diagnosis Code (ICD-10) DSP25 Partial Fill DSP13 Quantity Prescribed DSP22			
Rx Serial # AIR02 Treatment Type DSP24 Ays Supply DSP10* Rx Serial # Issuer AIR01 Diagnosis Code (ICD-10) DSP25 Artial Fill DSP13 Quantity Prescribed DSP22	efill # pspo6*	RxNorm Code DSP19	Directions DSP23
Rx Serial # Issuer AIR01 Diagnosis Code (ICD-10) DSP25 artial Fill DSP13 Quantity Prescribed DSP22			
RX Serial # Issuer AIR01 Diagnosis Code (ICD-10) DSP25 artial Fill DSP13 Quantity Prescribed DSP22	uthorized Refills pspn4*	Rx Serial # AIR02	Treatment Type psp24
Partial Fill DSP13 Quantity Prescribed DSP22	adionaca remis bol 04		
Partial Fill DSP13 Quantity Prescribed DSP22	Anna Cummhu nanu*	By Serial # Issuer AIRM	Diagnosis Code (ICD-10) pepos
	ays supply DSP10		Diagnosis Code (ICD-10) BSF25
		Quantity Proceedand perce	
		Quantity Frescribed BSP22	
OTES:			
	OTES:		

PART V. DRUG



PART VI. PHARMACIST

Pharmacist		
First Name AIR10	Pharmacist NPI # DSP14	
Middle Name	State License # DSP15	
Last Name AIR09		
NOTES:		

PART VII. Pick-up/Drop-Off Person

First Name AIR08 Middle Name	Patient Relationship AIR06 Drop-off/Pick-up Type AIR04	
	Drop-off/Pick-up Type AIR04	
ant Name vines		
ant Name vines		
ast Name AIR07	Drop-off/Pick-up ID # AIR05	
	ID Jurisdiction AIR03	
	V	
OTES:		
· · · · · · · · · · · · · · · · · · ·		



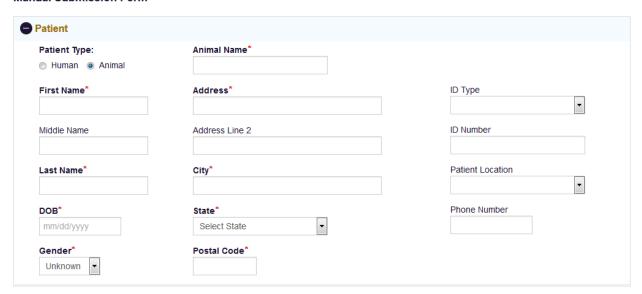
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(CAN BE USED AS A REFERENCE FOR CHECKING OWNER RX HISTORY)

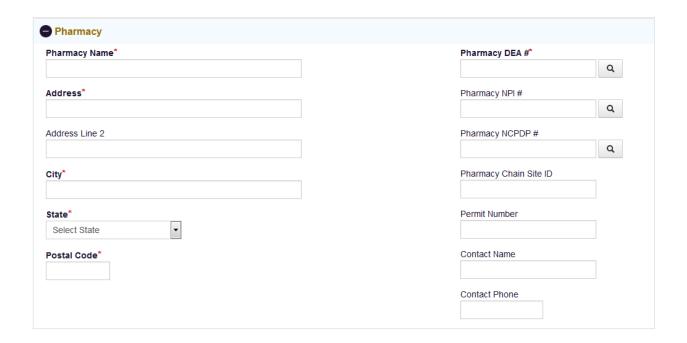
PART I. PATIENT	
PART II. PHARMACY	
PART III. PRESCRIBER	
PART IV. PRESCRIPTION	
PART IV. DRUG	
PART IV. PHARMACIST	
PART IV. OTHER (DISPENSATION	SURROGATES)
	BOARD MEMBER NAME:
April 4, 2019	DATE:

PART I. PATIENT

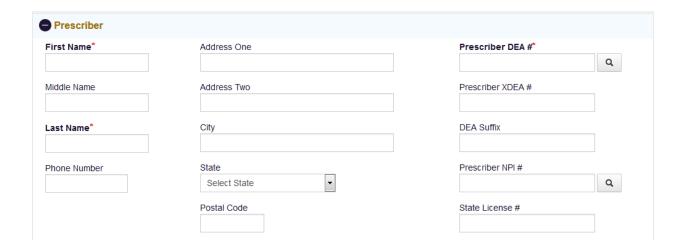
Manual Submission Form



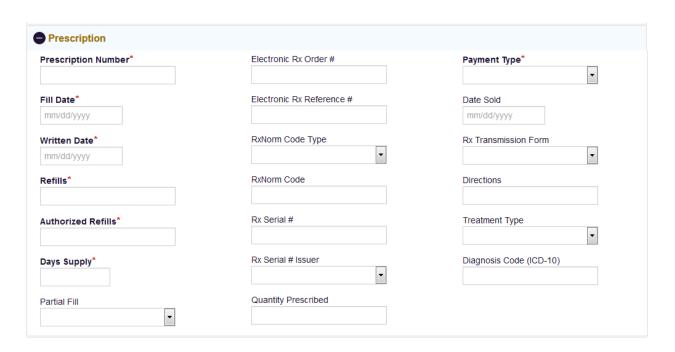
PART II. PHARMACY



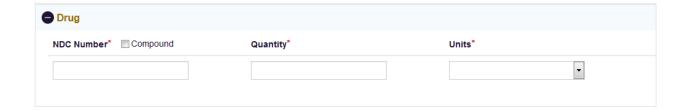
PART III. PRESCRIBER



PART IV. PRESCRIPTION



PART V. DRUG



PART VI. PHARMACIST



PART VII. OTHER

Other (Dispensation Surrogates)	
First Name	Patient Relationship
Middle Name	Drop-off/Pick-up Type
Last Name	Drop-off/Pick-up ID #

Veterinary Prescription Reporting Requirements

(Addendum to Data Submission Dispenser Guide)

To ensure veterinary prescriptions are being reported consistently across providers, pharmacies and direct dispensing veterinarians must follow these reporting standards **beginning July 1**st, **2021**:

Element ID	Description	Must Report As
PAT07	Patient's last name	Animal client's last name (owner)
PAT08	Patient's first name	Client's first name
PAT12	Patient's address	Client's address
PAT20	Species	02 = animal prescription
PAT23	Name of Animal	Animal's first name and client's last name

If the pharmacy is dispensing the controlled substance according to a veterinary prescription order, there may be additional details including the type of animal, e.g.: canine. This is acceptable; however, there is no requirement to report the animal type. There is also no requirement to retroactively correct your data submission. If your existing reporting differs from these standards, please contact laura.carrillo@alaska.gov.

PDMP FAQs for Veterinarians

Q. What are the registration, reviewing, and reporting requirements for veterinarians?

- All veterinarians with active Alaska professional licenses and Drug Enforcement Administration (DEA) authority to prescribe controlled substances must register with the PDMP as required by AS 17.30.200(o) and AS 08.98.050(a)(10).
- All veterinarians prescribing a federally scheduled II or III controlled substance must review the
 owner's prescription history prior to prescribing, directly dispensing, or administering the
 medication. Reviewing is not required if the prescription is intended to not last more than 3 days
 per AS 17.30.200(k)(4).
- All veterinarians directly dispensing a federally scheduled II IV controlled substances for a supply intended to last more than 3 days must report the prescription data daily per AS 17.30.200(u).

Q. Can I prescribe controlled substances beyond a 3-day supply without being registered?

A. No, it is against the law to prescribe without registering and using the database.

Q. I am not trained to assess or treat human conditions. If I review an owner's prescription history, am I practicing outside of my scope. Am I violating HIPAA?

A. in a legal opinion provided to the Board of Veterinary Examiners in 2018, veterinarians query the owner and not the animal because only the human has the potential to abuse, misuse, or divert the controlled substance prescription. Reviewing the owner does not mean treatment of the owner. The PDMP is not a covered entity, so is not required to comply with HIPAA.

Q. Are veterinarians required to interpret overdose risk scores "NarxScore" provided within the NarxCare report?

A. No. Mandatory review (entry of an individual's first, last name, and date of birth into the PDMP) went into effect in July 2017 and is the only requirement with regards to reviewing prescription information. There is no statutory requirement to interpret overdose risk scores, but these can be referenced at a veterinarian's discretion, and if there are additional indicators noticed that call into question the safety and risk of providing the medication, such as during a veterinarian's assessment for signs of animal abuse.

NarxCare was integrated into the PDMP in September 2019 as an enhancement feature to display a visual snapshot of an individual's overdose risk score. This 2019 update did not replace the original 2017 legislation, and there has been no statutory change requiring use of visual analytics enhancements.

Q. Are NarxScores influenced by animal prescription data?

A. No. Human profiles are separate from animal profiles. If NarxScores (for humans) are changing as a result of animal prescription data, reporting is not being done correctly. Please review the data dispensation submission guide for additional information, and reach out to your licensing board for specific reporting standards.