



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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TO: 29th Alaska State Legislature 
FROM: Alaska Board of Pharmacy
CC: Kevin Meyer, Senate President
Mike Chenault, House Speaker
DATE: February 11, 2016
RE: 2016 Alaska Prescription Drug Monitoring Program Report

The controlled substance prescription database was created by Senate Bill 196 and established within the Board of Pharmacy (Board). Statute states:

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. 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 inappropriate use of controlled substances by assisting in the investigation of specific cases.

AS 17.30.200 (6)(g) requires that the Board notify the Legislature if federal funding fails to pay for all or part of the costs of the database. The federal funding for the AKPDMP ended on August 31, 2013, and the board submitted notification in accordance with statute.

During FY2015, 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 federal grant. They were successful, and the grant is currently funding the AKPDMP. This is accomplished via a Reimbursable Services Agreement (RSA) from the Department of Health and Social Services who was the recipient of the grant. The grant funds the program from FY2016 to FY2021; however, after that time, new funding will need to be obtained.

In a separate collaboration, the Board and Division have partnered with DHSS to pursue an additional federal grant to continue funding for the program, augmenting the deliverables to include staffing and a more robust role in the state's opioid control initiatives.

The Board requests that the Legislature be aware of the ongoing need for sustainable funding that is in line with the legislative intent of Senator Lyda Green.

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.¹

The AKPDMP began using a new vendor to provide prescription monitoring services for Alaska. The new vendor was able to provide the same services for \$8,500 less annually than the State previously paid for the service, recognizing a \$42.5K cost savings over the five year life of the contract. The Division chose to use the PMP AWARxE prescription monitoring program software, maintained by Appriss. More information about Appriss and PMP AWARxE can be accessed by visiting <http://www.appriss.com/pmpaware.html>.

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

To maximize the AKPDMP for future availability and the effective use of data among the widest range of appropriate end users, several recommended changes have been identified by the board:

- Enact legislation to maintain sufficient funding over time
- Delegate access²
- Transmit unsolicited reports and alerts to *appropriate* users
- Improve data timeliness and access; increase reporting to weekly
- Provide enhanced education, enrollment, and use of AKPDMP to all users or data requestors.
- Streamline certification and enrollment processing
- Optimize reporting to fit user needs
- Publicize use and impact of AKPDMP via websites, presentations, and reports
- Incorporating AKPDMP data within health information exchanges, electronic health records and pharmacy dispensing systems.

Thank you for your consideration of these ideas as you evaluate how to increase the effectiveness of the program and improve public safety. The following pages provide data on the number of registered users of the AKPDMP, reports, reasons for requested reports, and patients receiving prescriptions.

If you have any questions regarding this data or the suggested areas for improvement, please contact the Program Manager Brian Howes at 907-269-8404 / akpdmp@alaska.gov.

¹ http://www.legis.state.ak.us/basis/get_jrn_page.asp?session=25&bill=SB196&jrn=1785&hsc=8

² Allowing prescribers to delegate access to AKPDMP records by office staff (sometimes called "sub-accounts"), may help increase utilization of AKPDMP data to detect patients at risk and improve prescribing.

Registered Users

Registered Users	2014	2015	Change
Prescribers	923	1,122	22% ↑
Dispensers	343	442	29% ↑
Total	1,266	1,564	24% ↑

Licensed Pharmacies

Pharmacies	2014	2015	Change
Drug Room	33	36	9% ↑
Out of State Pharmacies	500	583	17% ↑
Pharmacy	132	138	5% ↑
Remote Pharmacy	1	1	0% ↔
Pharmacy Certification(s) ³	120	143	19% ↑

Solicited Reports

Providing AKPDMP data, over a given date range, to an authorized user based upon their request for the information is called a solicited report. The reports can be produced through an automated online system; bodies 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 be released to law enforcement and/or regulatory boards. Finally, a patient may also request a report of his or her own prescription information, upon payment of a \$10 fee.

Number of Solicited Reports	2014	2015	Change
Pharmacists	38,615	43,831	14% ↑
Prescribers	45,145	69,282	53% ↑
Law Enforcement/Regulatory	10	8	-20% ↓
Total	82,760	112,671	36% ↑

Reason for Request (<i>Law Enforcement/Regulatory</i>)	2014	2015	Change
Forged Prescription	4	1	-75% ↓
Stolen Prescription	2	0	-100% ↓
Doctor Shopper	1	3	200% ↑
Drug Diversion	2	0	-100% ↓
Addiction	0	0	0% ↔
Other	1	4	300% ↑
Total	10	8	-20% ↓

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. Unsolicited reports typically uses a threshold as a reference for sending such a report, e.g. number of prescribers from whom a patient has obtained a controlled substance prescription, and the number of pharmacies that have dispensed the prescriptions, in a specified period of time, to a patient.

³ Pharmacies certifying (yearly) that they do not dispense controlled substances and so they do not report to the AKPDMP; it contains an agreement that they will begin reporting if their business practice changes.

The Board has established its threshold (or reference) as a patient who obtained a controlled substance from five (5) prescribers and five (5) pharmacies in a three (3) month period.⁴

The Board is aware that the Department of Law has expressed some concerns regarding the Board's ability to send out this unsolicited report and does support a change in the statutory authority to allow it. Proactive reporting of AKPDMP 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 AKPDMP, and contribute to lower rates of questionable activity as measured by the subsequent number of individuals meeting a threshold and prescriptions obtained by suspected "doctor shoppers".⁵

Number of patients receiving prescription(s)	2014	2015	Change
CII	134,524	202,141	50% ↑
CII, III	154,831	238,581	54% ↑
CII, III and IV	243,546	429,185	76% ↑
Total	534,915	869,907	63% ↑
Number of patients exceeding 5/5 threshold			
CII	313	61	-81% ↓
CII, III	365	71	-81% ↓
CII, III and IV	525	103	-80% ↓
Total	1203	235	-80% ↓
Number of patients exceeding 10/10 threshold			
CII	4	1	-75% ↓
CII, III	4	1	-75% ↓
CII, III and IV	5	1	-80% ↓
Total	13	3	-77% ↓

Morphine Equivalent Dosage (MED) or Minimum Morphine Equivalent (MME)

Individuals using opioid analgesics for extended periods of time are at increased risk of dependency, overdose, and death. Patients using opioids in excess of 100mg of a total daily Morphine Equivalent Dosage (MED) are at significant risk of overdose; however, even utilization at lower doses presents risk to the patient. (Page 1, Alaska Medicaid Prior Authorization Criteria)⁶ "An MED is a numerical standard against which most opioids can be compared, yielding an apples-to-apples comparison of each medication's potency. Although it's easy to presume that 10 mg of medication A are equal to 10 mg of medication B, differences in how opioid medications work in the body prohibits this sort of comparison, thus the need for calculating the MED of each. It is not about a medications efficacy or how well it works, but about its relative potency." (Page 1, Shining a Light on MEDs / www.helioscomp.com)⁷

Distribution of painkillers greater than 100-mg (MED), per day	2014	2015	Change
Adult	117	89	-24% ↓
Youth ⁸	2	1	-50% ↓

⁴ 5/5 or 10/10

⁵ Doctor shopping is defined as seeing multiple treatment providers, either during a single illness episode or to procure prescription medications illicitly.

⁶ <http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/Extended-Release-Opioids-PA-201504-APPROVED.pdf>

⁷ http://helioscomp.com/docs/default-source/White-Paper/c1n14-15209_med-white-paper_final.pdf?sfvrsn=8

⁸ Youth - patients that are under 18 years of age as of the date the prescription was filled.