

Alaska Prescription Drug Monitoring Program
Summary Prepared for Board of Veterinary Examiners
August 2021



This report contains summary data from the Prescription Drug Monitoring Program (PDMP). Data is provided as a courtesy for the board and is intended to be used for informational purposes only.

Notices

- We received approval for the Provider Outlier Module which will be available by October.
- Appriss is rolling out some changes to the patient report. Changes will be implemented on August 25th. Appriss is sending communication about the changes.
- License integration will be implemented in September.
- The communications module will be rolling out by the end of the year.
- We are continuing to discuss the Delinquent Reporting Notice with the states who have implemented the system and are anticipating enabling this feature. This enhancement will send notices to providers when at least one day of reporting is missed.

Registration

Portal (Professional license system)

Number of licensed Veterinarians: 402 (includes 1 Temporary Permit)
Number of PDMP Veterinarian registrations: 319
Number of Veterinarians with DEA registrations: 335
Number of Veterinarians directly dispensing: 55
Compliance rate (DEA and PDMP registrations): 95%

AWARxE (PDMP)

Number registered with the PDMP: 348

Use – Review Compliance

Federally Scheduled II – III controlled substances, over a three-day supply (some specialties omitted)

Q1 2021: 2% - 300 dispensations; 6 searched

Q2 2021: 3.57% - 196 dispensations; 7 searched

Delinquent Reporters

Providers who directly dispense are required to report daily. A letter clarifying the status of the providers who indicated they are directly dispensing was sent on July 26, 2021 to 67 licensees.

Recommendations

- Encourage increased reviewing of clients, including the use of authorized delegates
- Issue periodic reminders to licensees on mandatory reviewing and reporting
- Provide guidance to licensees on prescribing practices related to the use of dangerous combinations
- Develop a plan for communication with licensees about mandatory reporting
- Develop a disciplinary matrix to guide appropriate actions taken against licensees who do not comply with mandatory registration and use

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MME Use
 Q1/Q2 2021

The CDC recommends that primary care clinicians should reassess evidence of the benefits and risks to the individual when increasing dosage to greater or equal to 50 MME/day and avoid increasing to greater or equal to 90 MME/day when possible due to an increased risk of complications. The CDC also recommends avoiding concurrent benzodiazepine and opioid prescriptions, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death.

CDC checklist for prescribing opioids -

https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_OpiodPrescribeCDC_06.2018.pdf

CDC guidelines for prescribing opioids for chronic pain -

https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_OpiodPrescribeCDCPain_2018.10.pdf

Provider Type	# Providers Prescribing at Least Once	# Providers Who Reviewed 0 Patients	# Providers Prescribing >90MME	# Providers Prescribing >120MME	Dangerous Combo	
					Benzo Opioid	Benzo Opioid Carisoprodol
DEN	333	54% (181)	6% (19)	2% (6)	26% (85)	0
MED	1282	29% (370)	21% (273)	13% (165)	33% (425)	2% (24)
NUR	543	18% (98)	11% (62)	8% (43)	25% (138)	1% (7)
OPT	5	80% (4)	0	0	0	0
PA	347	14% (49)	19% (67)	12% (41)	29% (99)	1% (4)
VET	193	73% (141)	4% (8)	3% (6)	5% (9)	0

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Notices

- The new Apriss contract started April 1st. Updated user manuals and dispensation guides will be uploaded soon to pdmp.alaska.gov.
- License integration is tentatively scheduled to go live on June 15th. Need to upgrade the specifications to include the newly created license types.
- The Awareness and Feedback Questionnaire is in development and will available in June

Registration (changes since January noted)

Portal (Professional license system)

Number of licensed Veterinarians: 401 (includes 5 Temporary Permits)
Number of PDMP Veterinarian registrations: 320
Number of Veterinarians with DEA registrations: 332
Number of Veterinarians directly dispensing: 66
Compliance rate (DEA and PDMP registrations): 96%

AWARxE (PDMP)

Number registered with the PDMP: 350

Use – Review Compliance

Federally Scheduled II – III controlled substances, over a three-day supply (some specialties omitted)

Q4 2020: 1.42% - 211 dispensations; 3 searched
Q1 2021: 2% - 300 dispensations; 6 searched

MME Use (Q4 2020/Q1 2021)

Number of patients treated with over 90 MME: 4 (same)
Number of patients treated with over 120 MME: 2 (decrease of one patient)
Number of patients treated with dangerous combinations (benzodiazepines and opioids): 7 (30% decrease)

Delinquent Reporters

Providers who directly dispense are required to report daily. A letter clarifying the status of the providers who indicated they are directly dispensing has been provided to staff. When the next compliance report is generated in July 2021, a list of delinquent reporters will be sent to the board staff with sample letters from the Board of Pharmacy.

Recommendations

- Encourage increased reviewing of clients, including the use of authorized delegates
- Issue periodic reminders to licensees on mandatory reviewing and reporting
- Provide guidance to licensees on prescribing practices related to the use of dangerous combinations
- Encourage licensees to verify their user roles and specialties in AWARxE to improve the accuracy of prescriber report cards
- Develop a plan for communication with licensees about delinquent reporting

Contract Updates

- A Communications Module allowing provider-to-provider communication within the PDMP will be launched soon. The quick start guide is complete, and instructions will be in the updated AWARxE user manual. Launch date TBD.
- We were recently notified of additional grant funding available to purchase the Provider Outlier Module. This module will identify prescribers whose prescribing habits could potentially have negative repercussions on their patients.
- We are discussing the Delinquent Reporting Notice with the states who have implemented the system and are anticipating enabling this feature once license renewals have completed. This enhancement will send notices to providers when at least one day of reporting is missed.

MME Use

Q4 2020/Q1 2021

The CDC recommends that primary care clinicians should reassess evidence of the benefits and risks to the individual when increasing dosage to greater or equal to 50 MME/day and avoid increasing to greater or equal to 90 MME/day when possible due to an increased risk of complications. The CDC also recommends avoiding concurrent benzodiazepine and opioid prescriptions, given the high risk of adverse drug-drug interactions, specifically respiratory depression and death.

CDC checklist for prescribing opioids -

https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_OpioidPrescribeCDC_06.2018.pdf

CDC guidelines for prescribing opioids for chronic pain -

https://www.commerce.alaska.gov/web/portals/5/pub/PDMP_OpioidPrescribeCDCPain_2018.10.pdf

Provider Type	# Providers Prescribing at Least Once	# Providers Who Reviewed 0 Patients	# Providers Prescribing >90MME	# Providers Prescribing >120MME	Dangerous Combo	
					Benzo Opioid	Benzo Opioid Carisoprodol
DEN	329	55% (181)	7% (23)	3% (9)	26% (84)	0
MED	1093	22% (235)	14% (151)	14% (150)	35% (384)	2% (21)
NUR	537	19% (100)	11% (59)	7% (35)	24% (130)	2% (10)
OPT	5	80% (4)	0	0	0	0
PA	336	18% (61)	17% (58)	11% (38)	27% (92)	2% (6)
VET	191	71% (135)	2% (4)	1% (2)	4% (7)	0

This report contains summary data from the Prescription Drug Monitoring Program (PDMP). Data is provided as a courtesy for the board and is intended to be used for informational purposes only.

News as of February 16, 2022

- The PDMP fee was reduced to \$0 and the PDMP Registration has been discontinued effective December 23, 2021. Registration status will be reflected on the professional license.
- We have hired an Occupational Licensing Examiner (OLE) to assist with the processing and migration of data as we implement changes in the licensing system.
- We are currently advertising for a Project Assistant to work on Reporting.
- License integration was successfully launched on January 11, 2022.
- The Communications module was enabled on February 8, 2022. Configurations are still be enabled and we expect to go live before March 2022.
- We are now data sharing with 17 states and the Military Health System. We recently started sharing with Arizona and Florida.
- We will begin conducting a delegate audit during the month of March. An announcement will be sent out through AWARxE and a guide will be made available next week on the PDMP website.
- The Institute for Intergovernmental Research (IIR) put out guidance on Recommended Best Practice for Veterinary Prescriptions on January 28, 2022. The document is attached to this report.

Registration

Portal (Professional license system)

Number of licensed Veterinarians: 427
Number of PDMP Veterinarian registrations: 327
Number of Veterinarians with DEA registrations: 330
Number of Veterinarians directly dispensing: 50

AWARxE (PDMP)

Number registered with the PDMP: 332

Use – Review Compliance

Federally Scheduled II – III controlled substances, over a three-day supply (some specialties omitted)

Q3 2021: 5.1%

Q4 2021: 4.4%

Recommendations

- Encourage increased reviewing of clients, including the use of authorized delegates
- Clarify reviewing and reporting criteria for licensees
- Provide guidance to licensees on prescribing practices related to the use of dangerous combinations
- Develop a disciplinary matrix to guide appropriate actions taken against licensees who do not comply with mandatory registration and use

Prescription Drug Monitoring Program

Recommended Best Practices for Veterinary Prescriptions

January 2022

This project was supported by Grant No. 2019-PM-BX-K003 awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the U.S. Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Prescription drug monitoring programs (PDMPs), or prescription monitoring programs (PMPs), play a key role in the fight against prescription drug abuse, misuse, and diversion. PDMPs support healthcare professionals, state officials, and law enforcement officers—by managing patients’ care; identifying potential high-risk behaviors among patients, prescribers, and dispensers; and aiding drug investigations. Besides being a patient safety tool, PDMPs are increasingly being recognized for their contributions to the development of public health policies and collaborations. As a robust public safety and healthcare management tool, PDMPs give health professionals a patient’s comprehensive prescription history of controlled substances and other monitored drugs. As a regulatory oversight tool, PDMPs collect information on the prescribing and dispensing history of practitioners to patients, providing a complete picture in an accurate, timely, and secure manner. PDMPs monitor the prescribing and dispensing of controlled substances by requiring pharmacies to report the dispensing of controlled substance prescriptions or other drugs of concern issued by prescribers. Some states also require any practitioner dispensing from their office to report to the PDMP.

Compared to other practitioners, the extent of diversion and abuse of opioids—and other controlled substance medications intended for animals—lacked significant research or documentation. Yet, surveys targeting veterinarians showed high potential for abuse. A 2014 Colorado online survey of veterinarians conducted around the issues of opioid misuse in veterinary settings identified the following respondent demographic:

- 64 percent of respondents were female
- 51 percent were working in a suburban environment
- 22 years average of professional veterinary experience
- 73 percent practiced in small animal care

The survey found that “13% of surveyed veterinarians knew that an animal owner had intentionally made an animal ill, injured an animal, or made an animal seem ill or injured to get opioid medications; 44% were aware of opioid abuse or misuse by either a client or a veterinary practice staff member; and 12% were aware of veterinary staff’s opioid abuse and diversion.” Furthermore, 73 percent of surveyed veterinarians reported either fair, poor, or absent training on opioid misuse or abuse from their veterinary medical school, and 64 percent admitted to not completing any continuing education on opioid prescribing best practices since beginning their practices.¹ As part of a study published in January 2021 regarding veterinarians, the researchers reviewed two surveys of veterinarians conducted by two states. The first was the Colorado survey mentioned above. The second, conducted by the Idaho Board of Veterinary Medicine, examined misuse of veterinary medications and found that “The respondents suspected 23% of animal owners misusing vet medicines on themselves, their children, or friends; they alleged that the most misused class of drugs was analgesics. Seventy-two percent answered YES to ‘Have you ever been asked questions by human caregivers of animals you have treated about the use of veterinary medications in humans?’ They identified healthcare workers (including veterinarians

¹ Mason et al. Prescription Opioid Epidemic: Do Veterinarians Have a Dog in the Fight? AJPH September 2018, Vol 108, No. 9.

and veterinarian staff), rural residents, those that lack health insurance, and those involved in animal racing and rodeo, as the most likely to misuse veterinary prescriptions. They also reflected that a self-sufficient attitude, low-cost, convenient availability, and the theory that veterinary medications are more potent than human medications are reasons pet owners misuse this way.”²

There are differences in PDMP requirements for veterinarians compared to other prescribers and dispensers. The differences in laws and requirements highlight an ongoing discussion on whether veterinarians should comply with the same PDMP requirements as other practitioners or have separate requirements. Veterinarians are not always included as major stakeholders with PDMPs, even though most are Drug Enforcement Administration (DEA) registered practitioners who prescribe and dispense controlled substances in the practice of veterinary medicine. Requirements for veterinarians and veterinary prescriptions differ by state. What further concerns both healthcare and regulatory stakeholders is the fact that many of the controlled substances commonly prescribed or dispensed by veterinarians are the same as those prescribed or dispensed for human patients. This includes controlled substances such as morphine, hydrocodone, buprenorphine, benzodiazepines, fentanyl, and barbiturates. While veterinarians’ roles and responsibilities vary across states, federal controlled substances laws view the profession like that of any other prescriber.

Federal law requires certain legal entities to register with the DEA for specific controlled substances activities. The DEA requires manufacturers or distributors of controlled substances to register. Hospitals, clinics, and opioid treatment centers must also have a DEA registration. Included in the various DEA registered activities are practitioners and mid-level practitioners who dispense or prescribe controlled substances to their patients. These categories include, but are not limited to physicians, dentists, podiatrists, osteopathic physicians, physician assistants, nurse practitioners, and veterinarians.

PDMPs define a practitioner as a healthcare provider authorized by state and federal law to prescribe, dispense, and administer controlled substances under their state license and federal DEA registration. All 54 PDMPs define practitioners as physicians, dentists, osteopaths, and podiatrists. As for veterinarians, there are states that include veterinarians in the definition of practitioner and others that do not. This is also true when it comes to defining a dispenser. Most PDMPs include veterinarians in their definition of dispenser, but some states specifically exclude them even though many veterinarians dispense controlled substance medications directly to the animal owner.

While it is not uncommon for only one veterinarian within a clinical practice to possess a DEA registration number to write or dispense controlled drugs, other licensed medical professionals may use multiple DEA numbers as required by law. When practitioners issue a controlled substance prescription, state and federal laws require certain information to be on the prescription, including (but not limited to)—patient name, address, and the date of issuance. In

² Anand A, Hosanagar A. Drug Misuse in the Veterinary Setting: An Under-recognized Avenue. *Curr Psychiatry Rep.* 2021 Jan 6;23(2):3. doi: 10.1007/s11920-020-01214-8. PMID: 33403403.

some states, prescriptions issued by veterinarians must include not only the information required of other practitioners but also the species of the animal and the name of the animal and/or its owner. This additional information must be reported to the PDMP in states that require veterinarians to report dispensations. These and other nuances surrounding veterinarians can be challenging for PDMP programs in the collection and access to PDMP data.

In the first quarter of 2020, the PDMP Training and Technical Assistance Center (TTAC) convened a work group to examine the reporting and processing of veterinarian medication dispensations. The work group consisted of PDMP representatives from Maryland, Massachusetts, Nebraska, New Hampshire, and South Carolina. As a result of the efforts of this working group, PDMP TTAC published a Technical Assistance Guide (TAG) entitled “[Veterinary Best Practices](#).” The report examined the issues facing PDMPs as they relate to veterinarians and offered suggestions on how PDMPs may best address them.

In 2021, the National Association of State Controlled Substances Authorities (NASCSA) requested PDMP TTAC to reexamine and expand upon the issues surrounding veterinarians and work jointly to further explore and enhance the recommended practices of the 2020 “Veterinary Best Practices” TAG. PDMP TTAC and representatives of NASCSA’s PMP Committee, comprised of PDMP administrators, held a series of work sessions on recommending best practices for veterinarians. This collaboration reiterated many of PDMP TTAC’s initial recommendations and produced several new recommendations.

This report from the PDMP TTAC/NASCSA collaboration provides guidance surrounding veterinary prescription reporting. Due to state laws and policies, the group understands some states will exclude best practices not in alignment with legally acceptable practice. However, PDMPs should plan and implement these practices, as applicable, to standardize the collection and reporting of veterinary prescription data. This report examines the issues facing PDMPs as it relates to veterinarians and offers suggestions on how PDMPs may best address them. The suggestions are a consensus reached as result of the PDMP TTAC/NASCSA work group’s efforts and is intended to:

- Show reporting issues of veterinary dispensing and prescribing.
- Find issues in displaying such data in PDMP reports and queries.
- Offer recommended best practices on techniques and policies for PDMPs.

RECOMMENDED BEST PRACTICES

HIGHLIGHTS

1. Enact or change state legislation requiring the same frequency of reporting for both dispensing practitioners and veterinarians.
2. All veterinarians who dispense monitored drugs from their veterinary practice should register and report those prescriptions to their respective state PDMP.
3. Veterinary prescriptions should include the animal owner's or caretaker's identifying information to be reported to PDMPs using the respective fields in the American Society for Automation in Pharmacy (ASAP) format.
4. Veterinary software vendors should incorporate the ability to automate the reporting of ASAP files to PDMPs.
5. Veterinary prescription records should include the prescriber's DEA registration number if the monitored drug is a controlled substance or should include the prescriber's State License number if the monitored drug is a non-controlled substance.
6. Include all NDCs for veterinary medications in the PDMP NDC files.
7. Allow veterinarians to register for the state PDMP within the state they hold a professional license to practice.
8. Veterinarians should query their veterinary patient utilizing the animal owner's first name, last name, and date of birth. Veterinarians should utilize the identifying information of one owner for each animal patient, if possible.
9. Allow veterinarians the authority to query PDMPs to review veterinary prescriptions that were issued to their animal patients. Allow practitioners and pharmacists, who treat human patients, the authority to query and review veterinary prescriptions that were issued for those animal patients.
10. PDMPs should develop a method to identify prescriptions issued by veterinarians on the PDMP report (e.g., animal icon).
11. Each state PDMP should determine how the incorporation of veterinary prescriptions in the patient PDMP report shall impact their unsolicited reporting.

12. [PDMP vendors should exclude veterinary prescriptions from solicited automated analytics by default and allow individual users to incorporate veterinary data based on the clinical judgement of the PDMP user.](#)
13. [Veterinary offices should be treated like other PDMP data uploaders and included in PDMP reporting compliance audits .](#)
14. [PDMPs should collaborate with their respective State Board of Veterinary Medicine and professional associations in creating educational presentations and/or materials outlining veterinary best practices, requirements for veterinarians, and resources for the reporting of veterinary dispensations. Furthermore, education for dispensing pharmacies should be made accessible to ensure that the reporting of veterinary prescriptions is consistent with the reporting standards provided for veterinarians and veterinary clinics.](#)

Reporting Frequency of Veterinary Prescriptions [\(back to list\)](#)

Recommended Best Practice: Enact or modify state legislation requiring the same frequency of reporting for both dispensing practitioners and veterinarians.

Fifty PDMPs require dispensing practitioners to report to the PDMP; 46 of those require reporting within 24 hours or next business day from the time they dispense the medications. Nineteen PDMPs require dispensing veterinarians to report to the PDMP; 13 of those require reporting within 24 hours or next business day from the time they dispense the medications. PDMPs have been changing their laws and policies to shorten the frequency during which they require dispensers to report prescription data to a PDMP. The primary reason is to ensure that providers have the most current data to improve clinical decision making. This reasoning can also apply to veterinarians.

Veterinarian Registration for Reporting Dispensations to their PDMP [\(back to list\)](#)

Recommended Best Practice: All veterinarians who dispense monitored drugs from their veterinary practice should register and report those prescriptions to the respective state PDMP.

The recommended best practice is to require all veterinarians who dispense monitored drugs from their veterinary practice to register and report those prescriptions to their respective state PDMP. Given that veterinarians are not eligible to obtain National Provider Identifier (NPI) numbers, reporting veterinary prescription dispensations will use either a DEA or State License number. For dispensations to be reported properly, many licensed veterinarians will need a DEA registration to comply with PDMP reporting requirements. A DEA registration is required for reporting of controlled substances. Where a DEA number is not required by law, the state professional license number may replace it.

Data Elements to Report for Veterinary Prescriptions ([back to list](#))

Recommended Best Practice: Veterinary prescriptions should include the animal owner's or caretaker's identifying information to be reported to PDMPs using the respective field in American Society for Automation in Pharmacy (ASAP) format. When the animal ownership is with a business entity, veterinary prescriptions should use the entity's identifying information regarding the specific animal—where appropriate—under reporting guidelines from ASAP.

Both state and federal statutes detail the data elements for veterinary prescriptions. Prescription records collected by PDMPs include dispensations for both human and veterinary patients. While they use a standard format for dispensers who submit dispensation data to PDMPs, variability still exists in how veterinary prescriptions are reported. Most states require veterinarians to include additional information not found on other practitioners' prescriptions. Along with the name and date of birth (DOB) of the owner, states may require veterinarians to include species; age; and in some states—the name of the animal; gender of the animal; and the animal's owner. Without this additional information, a pharmacy may not dispense the prescription.

Some confusion and misunderstanding exists among veterinarians and pharmacists regarding what information to include on a prescription. Besides uncertainty caused by statutory language on whose name and information to list on the prescription, some veterinarians enter the age of the owner even when some states may require the animal's age. Another issue is that some owners do not know the age of the animal as they may have adopted the pet from an animal shelter or perhaps from another person, and veterinarians rarely collect the owner's DOB or gender. Since most PDMPs require the reporting of the owner's name, a common challenge faced by veterinarians is that an animal's owner can change from prescription to prescription. Additional confusion occurs when the animal may not have an owner (i.e., strays, animals at zoos, or animal shelters).

Federal law, Title 21 CFR §1306.05(a) shows that "All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner." The difference is subtle, but it appears that federal law requires the name of the animal patient (not the owner) be listed on the prescription. However, in the Drug Enforcement Administration's Practitioner's Manual – Section V Valid Prescription Requirements, it indicates that "A prescription is an order for medication which is dispensed to or for an ultimate user." The definition of "ultimate user" is found in Title 21 United States Code (USC) Controlled Substances Act §802 (27): "The term "ultimate user" means a person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or by a member of his household." The definition of "person" is found in Title 21 USC Controlled Substance Act §1300.01: "Person includes any individual, corporation, government or governmental subdivision or agency, business trust, partnership, association or other legal entity." NASCSA's Model Prescription Monitoring Act 2021 defines "owner" as ". . . the owner,

client, or person who is responsible for the care of the animal or who arranges for the animal's veterinary care when the prescription is dispensed.”

Therefore, the working group recommends the following when ownership is to a specific person or entity. See [Appendix A](#) for detailed description of ASAP data elements.

Use case one—Ownership by a single person (e.g., human)

- PAT01 through PAT19, PAT21, and PAT22 populated with the animal owner's information
- PAT20 and PAT 23 populated with animal patient's information

Use case two—Ownership by an entity (e.g., zoo, animal shelter, animal rescue organization)

- PAT01 through PAT11, PAT17 through PAT19, and PAT21 through PAT22 populated with information from the person who is responsible for the care of the animal or who arranges for the animal's veterinary care
- PAT12 through PAT16 populated with the address of the entity where the animal resides (e.g., zoo, animal shelter)
- PAT20 and PAT 23 populated with the animal patient's information

ASAP Reporting Standard for Veterinary Prescriptions ([back to list](#))

Recommended Best Practice: Veterinary software vendors should incorporate the ability to automate the reporting of ASAP files to PDMPs.

Anecdotal reports from dispensing veterinarians reveal that the currently available veterinary software makes reporting the required data elements to the PDMP time consuming and difficult. These challenges are like those faced by pharmacies when PDMPs were first introduced. For some pharmacies, when PDMPs were adopted, there was a gradual progression in method of reporting—from reporting manually, to uploading a file, to automating the file via secure file transfer. Dispensing veterinarians may face similar challenges in adopting PDMP reporting into their workflow. Therefore, it is recommended that veterinary software vendors include in their software packages the ability to automate reporting to PDMPs in the ASAP format.

Reporting Veterinary Dispensations to the PDMP [\(back to list\)](#)

Recommended Best Practice: Veterinary prescription records should include the prescriber's DEA registration number if the monitored drug is a controlled substance or the prescriber's State License number if the monitored drug is a non-controlled substance.

When reporting a veterinary prescription dispensation to the PDMP, use the prescriber's DEA number (PRE02) if the monitored drug is a controlled substance. If the monitored drug is a non-controlled substance and a drug that must be reported, use the prescriber's State License number (PRE04). The DEA and State License number are the only prescriber identifiers recommended. Veterinarians do not meet the regulatory definition of a "health care provider" as defined in 45 CFR §160.103 and are not eligible to obtain an NPI.

Inclusion of Veterinary Medications in PDMP National Drug Code (NDC) Files [\(back to list\)](#)

Recommended Best Practice: Include all NDCs for veterinary medications in the PDMP NDC files.

The recommended best practice is to include all NDCs for veterinary medications in the PDMP NDC files. Exclusion of these NDCs may cause incomplete patient reports because of errors generated during file uploads whereby there is no NDC match within the PDMP files. This may cause delays in dispensation data reporting, since submitted prescription records with errors rarely appear in PDMP reports until corrected. Since not all drug databases contain veterinary drugs and their respective NDCs, it is important for the PDMP vendor to use a database that contains this information.

Note: An exception includes the reporting of compounded medications. For compounded medications, the reporting party uses the NDC number for each individual ingredient in the compounded medication.

Mandatory PDMP Registration [\(back to list\)](#)

Recommended Best Practice: Allow veterinarians to register for the state PDMP within the state they hold a professional license to practice.

Results from the 2021 PDMP TTAC veterinarian survey and statutory review showed that there are 14 states that specifically include veterinarians within their mandatory registration provisions and 21 that exempt or exclude. Most states allow the registration of veterinarians to query the PDMP. The enrollment of veterinarians provides for timely review of dispensations by the animal owner and is a valuable tool, which may allow veterinarians to recognize unusual activity. As more states move to requiring veterinarians to report dispensations to PDMPs, veterinarians will recognize the value of the system. Veterinarian enrollment in the PDMP will occur on a voluntary or mandatory basis.

Query Fields [\(back to list\)](#)

Recommended Best Practice: Veterinarians should query their veterinary patient utilizing the animal owner’s first name, last name, and date of birth. Veterinarians should utilize the identifying information of one owner for each animal patient, if possible.

The recommended best practice regarding veterinarians querying a veterinary patient originates from the fact that the recommended reported fields are for the owner of the animal. Since the established best practice for veterinary prescriptions is to report the first name (PAT08), last name (PAT07), and date of birth (PAT18) of the animal owner—the veterinarian should perform the veterinary query with the animal owner’s first name, last name, and date of birth. These query fields would also apply to registered pharmacists and healthcare practitioners of human patients who are querying the animal owner to determine both human and veterinary prescriptions dispensed to that recipient. Challenges may arise in situations where an animal patient has multiple owners, making it difficult to identify who is receiving the prescription and to query the appropriate owner. There is an inherent value of requiring PDMP data submitters to report all prescriptions for a specific animal under one owner’s first name, last name, and date of birth.

Note that due to state laws and interpretation of HIPAA, the following states do not allow human prescriptions to appear on the patient activity report when a veterinarian queries an animal patient:

Arkansas	California	Idaho
Minnesota	Nebraska	North Carolina
North Dakota	South Carolina	Texas
Virginia	Wyoming	

PDMP Access to Veterinary Prescriptions [\(back to list\)](#)

Recommended Best Practice: Allow veterinarians the authority to query PDMPs to review veterinary prescriptions that were issued for their animal patients. Allow practitioners and pharmacists, who treat human patients, the authority to query and review veterinary prescriptions that were issued to their human patients.

There was a fundamental agreement within the working group that the veterinary patient is not at risk for prescription misuse, but rather the human owner of the animal may be. To ensure healthcare providers are well-informed, there should be a mechanism in place that associates veterinary prescriptions with the human owner’s PDMP profile. Linking veterinary and human PDMP profiles provides healthcare practitioners with a comprehensive view of all medications contained within the shared household. Results from the 2021 PDMP TTAC veterinarian survey and statutory review showed that 20 PDMPs—because of law, regulation, or policy—do not

permit veterinarians to query their PDMPs. Eight PDMPs require veterinarians to query the PDMP, and 22 allow veterinarians to query the PDMP. These states do not explicitly show the PDMP information a veterinarian can view. There are three states (Colorado, Indiana, and New Hampshire) that have statutes permitting practitioners, including veterinarians, to access the PDMP records for a human patient as both a patient and an animal owner. Most states allow practitioners (excluding veterinarians) to access PDMP records for a human patient as both a patient and an animal owner. This diverse set of practices produces challenges to interstate data sharing, since it results in some states allowing access while others do not. As states adopt this recommended best practice, these challenges with interstate data exchange should lessen.

Identification of Veterinary Prescriptions on PDMP Reports [\(back to list\)](#)

Recommended Best Practice: PDMPs should develop a method to identify prescriptions issued by veterinarians on the PDMP report (e.g., animal icon).

As mentioned above, most states allow practitioners (excluding veterinarians) to access PDMP records for a human patient as both a patient and an animal owner. The patient report, from over half of the PDMPs, includes a delineator or paw print icon to identify prescriptions issued by veterinarians. It is important to note that some states have enacted laws offering HIPAA-like protection to animal medical records prohibiting disclosure without the owner's consent. The [American Veterinary Medical Association](#) (AVMA) has a compilation of statutory and regulatory provisions regarding the confidentiality of veterinary patient records.

Veterinary Prescriptions and Unsolicited Reporting [\(back to list\)](#)

Recommended Best Practice: Each state PDMP should determine how the incorporation of veterinary prescriptions in the patient PDMP report shall impact their unsolicited reporting.

The working group did not reach a consensus regarding unsolicited reporting of veterinary prescriptions. Many state PDMPs provide clinical alerts and other risk indicators as unsolicited reports to notify data requesters that their patient may be at an increased risk for overdose or a significant adverse event once the patient meets or exceeds an established threshold. Given that the animal patient's owner is identified rather than the animal, unsolicited reporting regarding common clinical alert thresholds may falsely alert healthcare practitioners to risks that do not exist and could negatively affect the care and treatment of the animal owner.

Note: There is inherent value of requiring veterinarian establishments that report their dispensation data to a PDMP to report all prescriptions for a specific animal under one owner's first name, last name, and date of birth.

Veterinary Prescriptions and Solicited Automated Analytics, including Morphine Milligram Equivalent (MME) Calculations, Risk Score Calculations, and Solicited Clinical Alert Thresholds [\(back to list\)](#)

Recommended Best Practice: PDMP vendors should exclude veterinary prescriptions from solicited automated analytics by default and allow individual users to incorporate veterinary data based on the clinical judgement of the PDMP user.

Given that reporting standards require the first name, last name, and date of birth of the veterinary patient's owner, the recommended best practice is that PDMPs exclude veterinary prescriptions (dispensations with species code 02) from MME calculations, risk score calculations, and clinical alerts for the animal's owner. Clinical alerts commonly include multiple prescriber and dispenser thresholds, daily active MME thresholds, excessive opioid duration of treatment thresholds, and opioid and benzodiazepine combination thresholds. Inclusion of veterinary prescriptions in the owner's opioid-related PDMP analytics may create a negative bias to identify individuals (human patients) who have many pets or a pet with significant health issues. However, data requesters should be mindful of all veterinary prescriptions that are included in the animal owner's report and should consider all elements in the PDMP report to make a well-informed prescribing and/or dispensing decision regarding the care and treatment of their patient.

Reporting Compliance Audits of Veterinary Records [\(back to list\)](#)

Recommended Best Practice: Veterinary offices should be treated like other PDMP data uploaders and included in PDMP reporting compliance audits.

In states that require veterinarians who dispense controlled substances to report that information to the PDMPs, it is problematic to ensure that these providers are complying with the reporting requirements. For other health-care providers, who dispense controlled substances (e.g., MDs, DOs, DDSs), PDMPs can obtain copies of the controlled-substance sales reports from manufacturers and distributors listing a provider's information and controlled substances sold to that provider; PDMPs should ensure that they include veterinary medications in those reports. With most veterinarians dispensing directly to their patients, it becomes important to ensure compliance for veterinarians to follow the same processes as for other dispensers. PDMPs should work with controlled-substance manufacturers and distributors to ensure that their reports include veterinarians and veterinary medications for PDMPs to review as part of their reporting compliance process.

Education of Veterinary Utilization of PDMPs and Inclusion of Veterinary Prescriptions in State PDMPs ([back to list](#))

Recommended Best Practices: PDMPs should collaborate with their respective State Board of Veterinary Medicine and professional associations in creating educational presentations and/or materials outlining veterinary best practices, requirements for veterinarians, and resources for the reporting of veterinary dispensations. Furthermore, education for dispensing pharmacies should be made accessible to ensure that the reporting of veterinary prescriptions is consistent with the reporting standards provided for veterinarians and veterinary clinics.

To minimize difficulties associated with the inclusion of veterinary prescriptions within the state PDMPs, the recommended best practice is to collaborate with their respective State Board of Veterinary Medicine and professional associations in creating educational presentations and/or materials outlining veterinary best practices, requirements for veterinarians, and resources for the reporting of veterinary dispensations.

The working group recommends the ongoing education of dispensing pharmacies. The purpose of this is to ensure that reporting of veterinary prescriptions is consistent with reporting standards provided for veterinarians and veterinary clinics. This is important because the reporting entity is not identified as a pharmacy or a veterinary establishment in the patient history report but simply as a dispenser.

For dispensing pharmacies, it is critical for pharmacy systems to differentiate veterinary prescriptions associated with an owner and the human's personal prescriptions. One potential complication is for the veterinary prescription to be filled erroneously as the human's prescription or the human's prescription being processed as if the animal is the recipient. The working group strongly recommends that dispensers clearly differentiate veterinary prescriptions from the human's prescriptions to minimize data entry errors.

APPENDIX A
PATIENT INFORMATION SEGMENT (ASAP 4.2B) ([back to list](#))

ASAP Field ID	Data Element Name	Usage	Purpose
PAT01	ID Qualifier of Patient Identifier	Situational	Code identifying the jurisdiction that issues the ID in PAT03
PAT02	ID Qualifier	Situational	Code to identify the type of ID in PAT03
PAT03	ID of Patient	Situational	Identification number for the patient or animal owner
PAT04	ID Qualifier of Additional Patient Identifier	Situational	Code identifying the jurisdiction that issues the ID in PAT06
PAT05	Additional Patient ID Qualifier	Situational	Code to identify the type of ID in PAT06
PAT06	Additional ID	Situational	Identification that might be required by the PDMP to further identify the patient or animal owner
PAT07	Last Name	Required	Patient's or animal owner's last name
PAT08	First Name	Required	Patient's or animal owner's first name
PAT09	Middle Name	Situational	Patient's or animal owner's middle name or initial if available
PAT10	Name Prefix	Situational	Patient's or animal owner's name prefix (such as Mr. or Dr.)
PAT11	Name Suffix	Situational	Patient's or animal owner's name suffix (such as Jr. or the III)
PAT12	Address Information 1	Required	Patient's or animal owner's address
PAT13	Address Information 2	Situational	Freeform text for additional address information
PAT14	City Address	Required	Freeform text for city name
PAT15	State Address	Situational	U.S. Postal Service state code
PAT16	Zip Code Address	Required	U.S. Postal Service zip code
PAT17	Phone Number	Situational	Complete phone number including area code
PAT18	Date of Birth	Required	Date patient or animal owner was born
PAT19	Gender Code	Situational	Code indicating the sex of the patient or animal owner
PAT20	Species Code	Situational	Used if required by the PDMP to differentiate a prescription for an individual from one prescribed to an animal
PAT21	Patient Location Code	Situational	Code indicating where patient or animal owner is located when receiving pharmacy services
PAT22	Country of Non-U.S. Resident	Situational	Used when the patient's or animal owner's address is a foreign country
PAT23	Name of Animal	Situational	Used if required by the PDMP for prescription written by a veterinarian

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 September 2018.



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.

Updates and Imminent changes:

- 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.
- The Board of Veterinary Examiners is responsible for making available materials and resources to assist its licensees in identifying owners who may be at risk for abusing or misusing opioids. The board has made available an opioid prescribing resource document originally published by the American Veterinary Medical Foundation (AVMF) and is accessible at: <https://www.avma.org/KB/Resources/Reference/Pages/opioid-resources-for-veterinarians.aspx>
- The Department of Law opined on December 1, 2017 through the request of the Board of Pharmacy that veterinarians have the legal ability to conduct patient prescription history queries on animal owners in order to comply with applicable sections of AS 17.30.200 and AS 08.98.050.
- 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, 21 (5.24%) of veterinarians participated. Preliminary results can be found at www.pdmp.alaska.gov.
- Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: 'Physician' to 'IHS Prescriber' (Indian Health Service) Prescriber.

- Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers and are searchable by name under the program ‘Prescription Drug Monitoring Program’ at: <https://www.commerce.alaska.gov/cbp/main/Search/Professional>

Data:

The Alaska State Board of Veterinary Examiners regulates veterinarians and veterinary technicians. As of September 30, 2018, there are a total of 6,375 registered users, 248 of which are veterinarians (Figure 1). The proportion of total licensed veterinarians registered with the PDMP is 62%; 38% are not registered potentially due to non-compliance or not having an active Drug Enforcement Administration (DEA) registration.

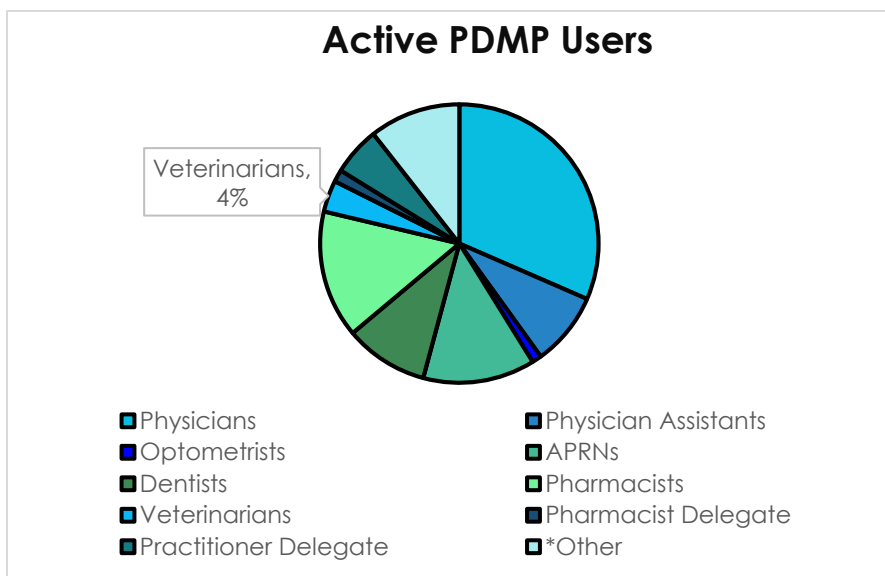


Figure 1. Veterinarians comprise 4% of actively registered users. *Other includes IHS and VA prescribers and dispensers, military prescribers, admin, medical examiners/coroners, and out-of-state pharmacists.

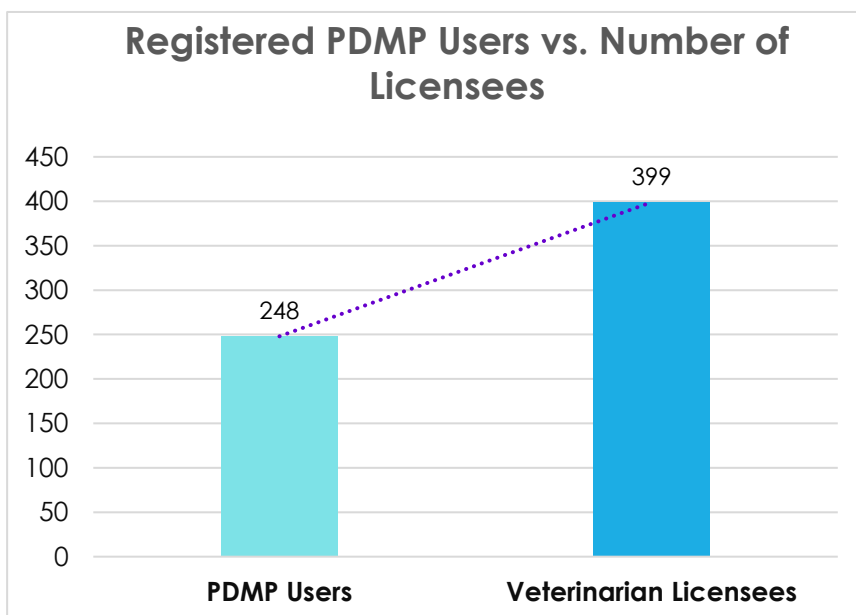


Figure 2. The proportion of licensed veterinarians to registered PDMP users is represented; however, some licensed veterinarians may be excluded from this figure due to not holding an active DEA registration.

Figure 3 below shows the number of opioid prescriptions dispensed against the number of patient prescription history requests. Figures 4 – 6 shows the interaction activities of physicians and physician assistants captured from January 2017 to September 2018.

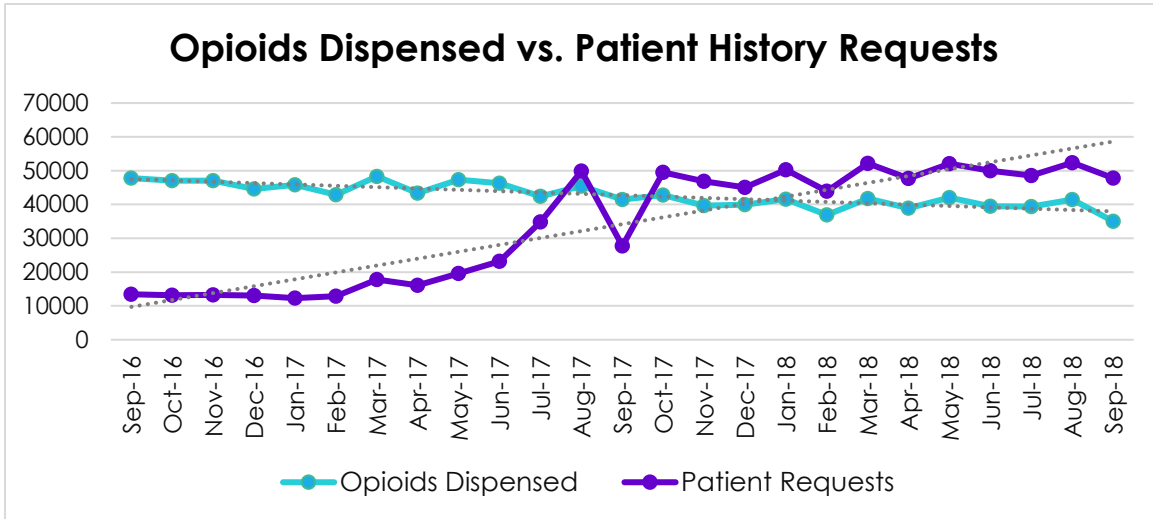


Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

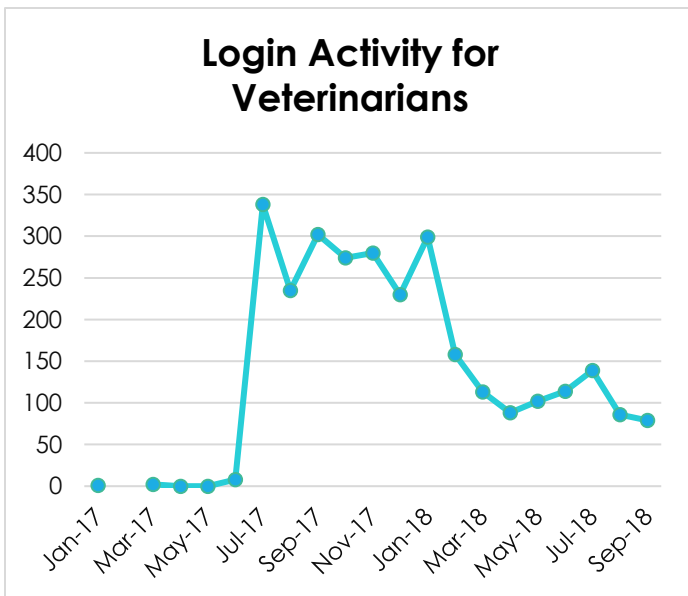


Figure 4. Login activity for veterinarians increased dramatically following mandatory reviewing requirements effective in July 2017 and was steady until January 2018. Logins have decreased substantially since the beginning of the year.

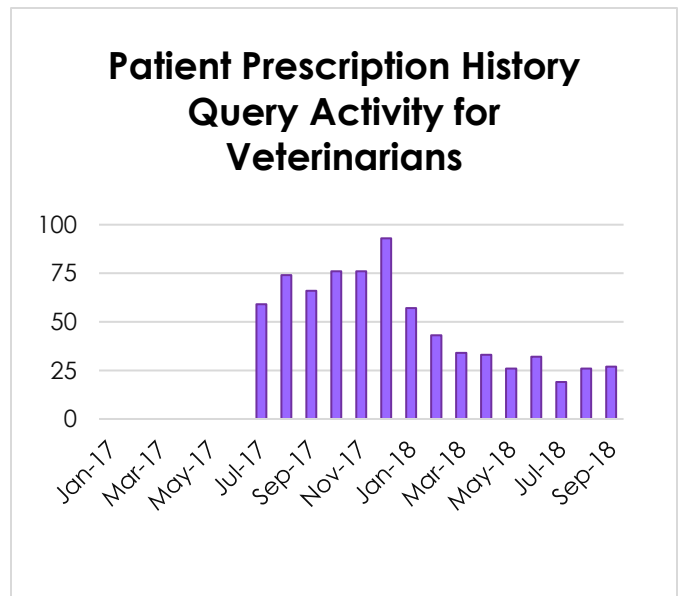


Figure 5. There have been a total of 744 patient requests conducted by veterinarians since January 2017, with requests peaking in January 2018. Requests have steadily declined since the beginning of the year.

Figure 6 below shows the number of morphine milligram equivalents (MME) prescribed (subsequently dispensed) by profession. MMEs is a standardized measurement used to represent the potency of opioids but excludes buprenorphine as a partial opioid agonist.

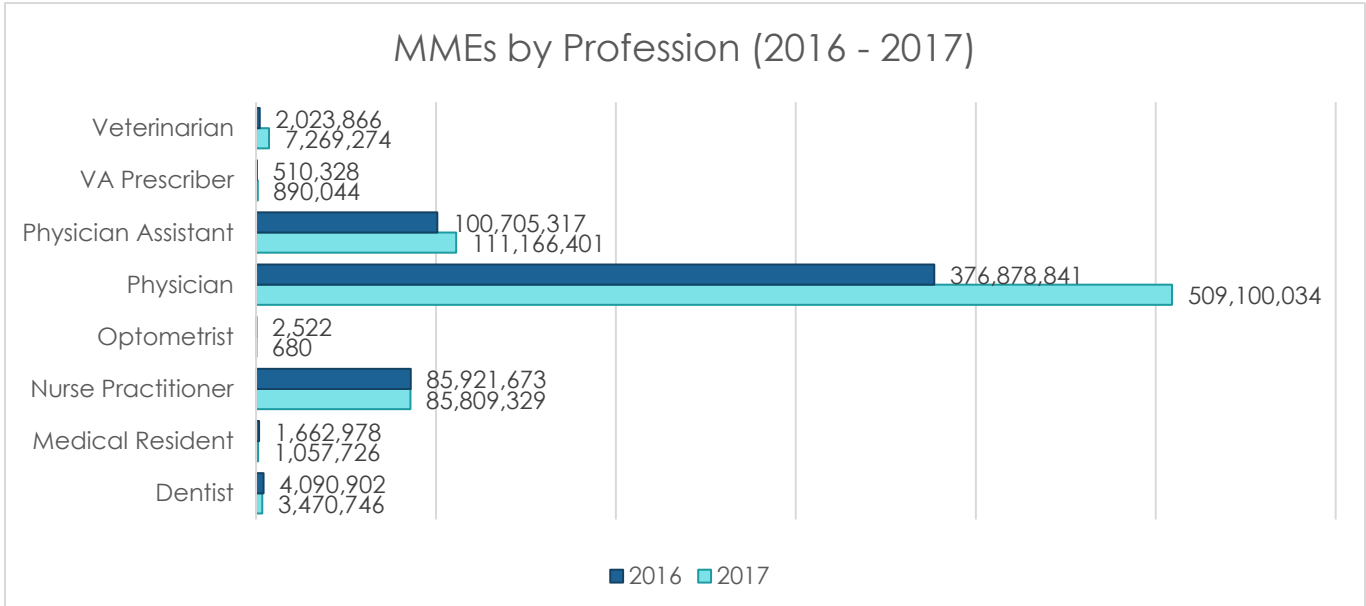


Figure 6. MMEs prescribed by veterinarians in 2016 and 2017 ranged from .3% to 1% of total MMEs by profession.

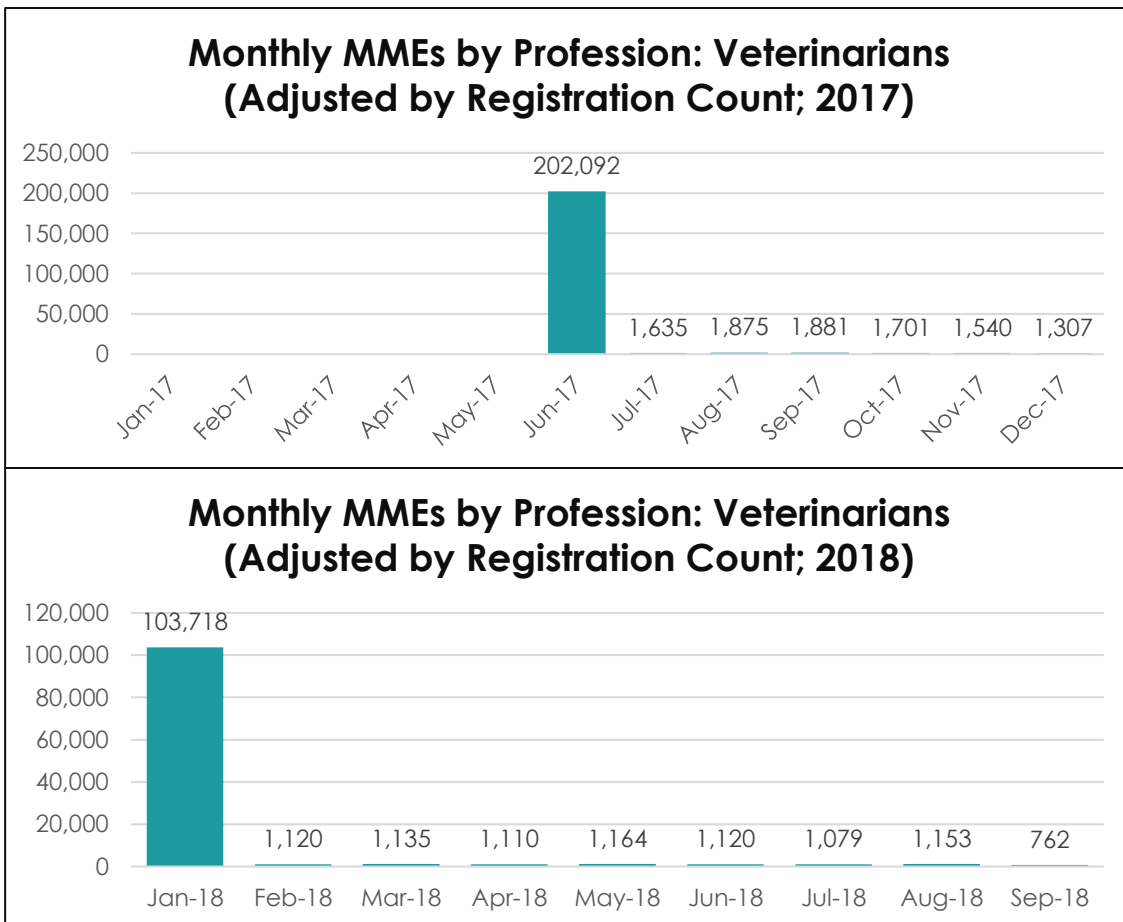


Figure 7. MMEs per month by profession and adjusted by registration count.

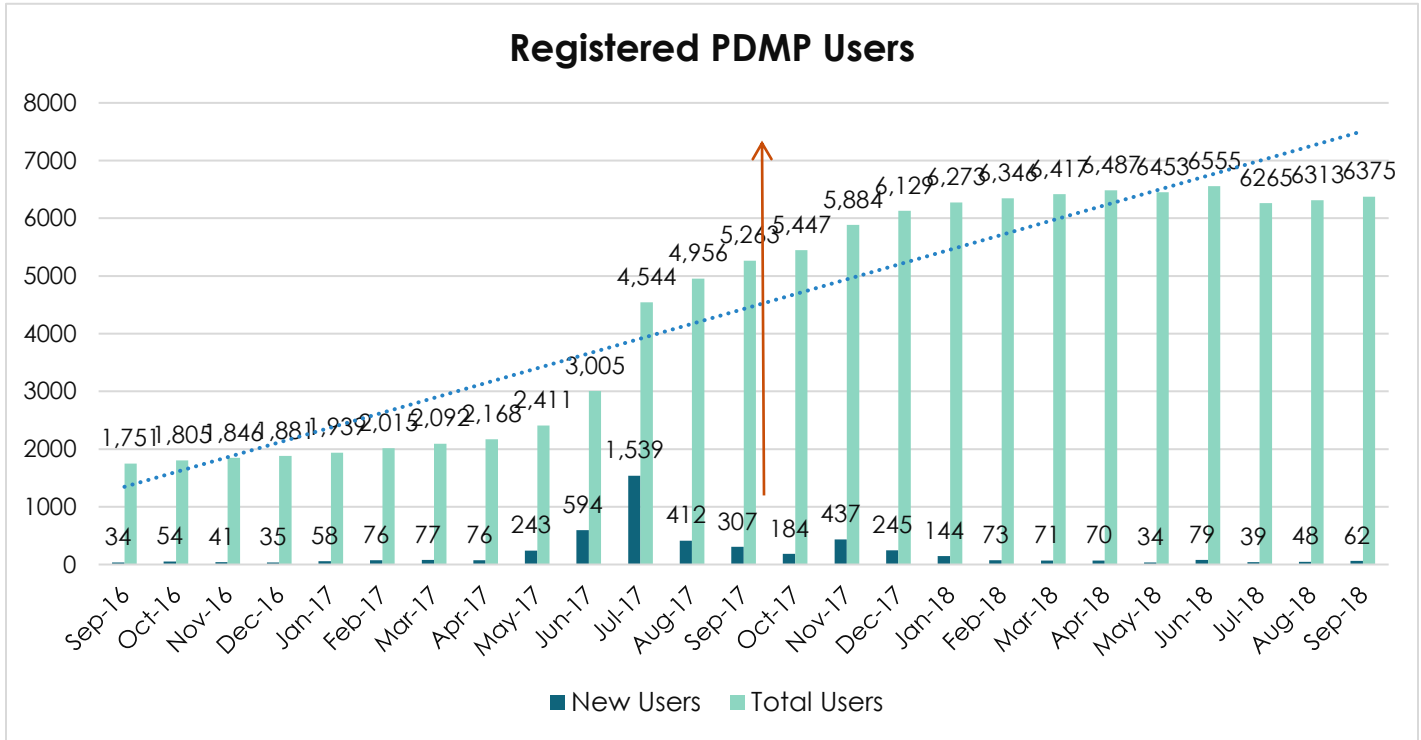


Figure 8. Registered users have steadily increased. New registrations peaked with 1,539 new practitioners and pharmacists, coinciding with the mandatory registration date of July 2017. The increase of new registrations for May and June may not correlate with the total number of registered users as PDMP registrations were deactivated and user roles changed due to filtering and clean-up processes beginning June 2018 for registration renewal.

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 December 2018.



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.

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Updates and Imminent changes:

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- The Board of Veterinary Examiners is responsible for making available materials and resources to assist its licensees in identifying owners who may be at risk for abusing or misusing opioids. The board has made available an opioid prescribing resource document originally published by the American Veterinary Medical Foundation (AVMF) and is accessible at: <https://www.avma.org/KB/Resources/Reference/Pages/opioid-resources-for-veterinarians.aspx>
- The Department of Law opined on December 1, 2017 through the request of the Board of Pharmacy that veterinarians have the legal ability to conduct patient prescription history queries on animal owners in order to comply with applicable sections of AS 17.30.200 and AS 08.98.050.
- 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, 21 (5.24%) of veterinarians participated. Preliminary results can be found at www.pdmp.alaska.gov.
- Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: 'Physician' to 'IHS Prescriber' (Indian Health Service) Prescriber.

- Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers and are searchable by name under the program ‘Prescription Drug Monitoring Program’ at: <https://www.commerce.alaska.gov/cbp/main/Search/Professional>
- There are currently 7 pending accounts for veterinarians.

Data:

The Alaska State Board of Veterinary Examiners regulates veterinarians and veterinary technicians. As of January 24, 2019 there are a total of 6,919 registered users, 249 of which are veterinarians (Figure 1) and 7 pending veterinarian accounts. The proportion of total licensed veterinarians registered with the PDMP is 62%; 38% are not registered potentially due to non-compliance, not having an active Drug Enforcement Administration (DEA) registration, or employed by a federal facility and registered under a different user role, e.g.: IHS Prescriber.

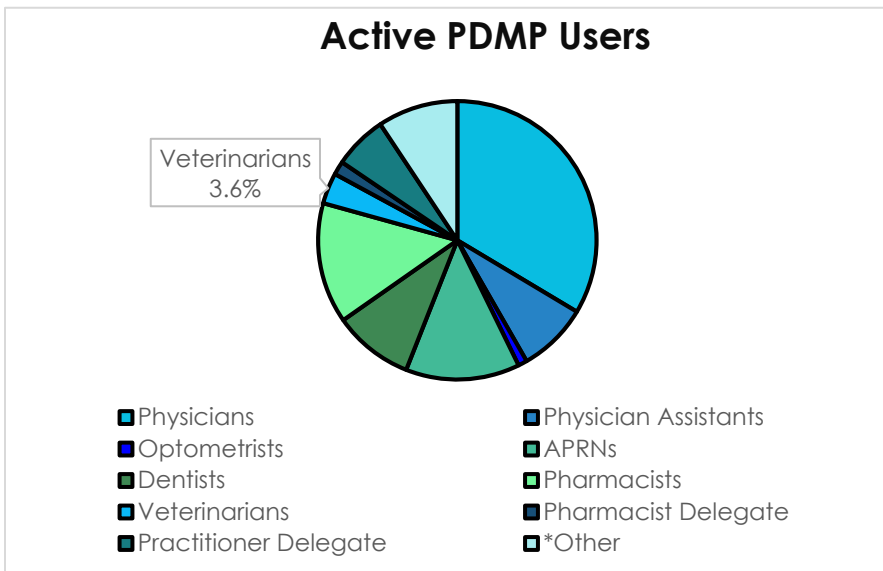


Figure 1. Veterinarians comprise 3.6% of actively registered users. *Other includes IHS and VA prescribers and dispensers, military prescribers, admin, medical examiners/coroners, and out-of-state pharmacists.

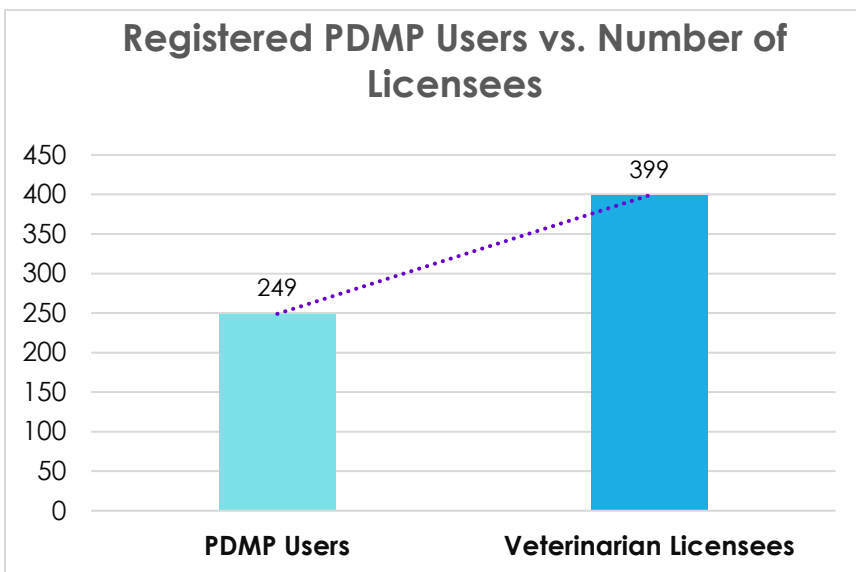


Figure 2. The proportion of licensed veterinarians to registered PDMP users is represented; however, some licensed veterinarians may be excluded from this figure due to not holding an active DEA registration.

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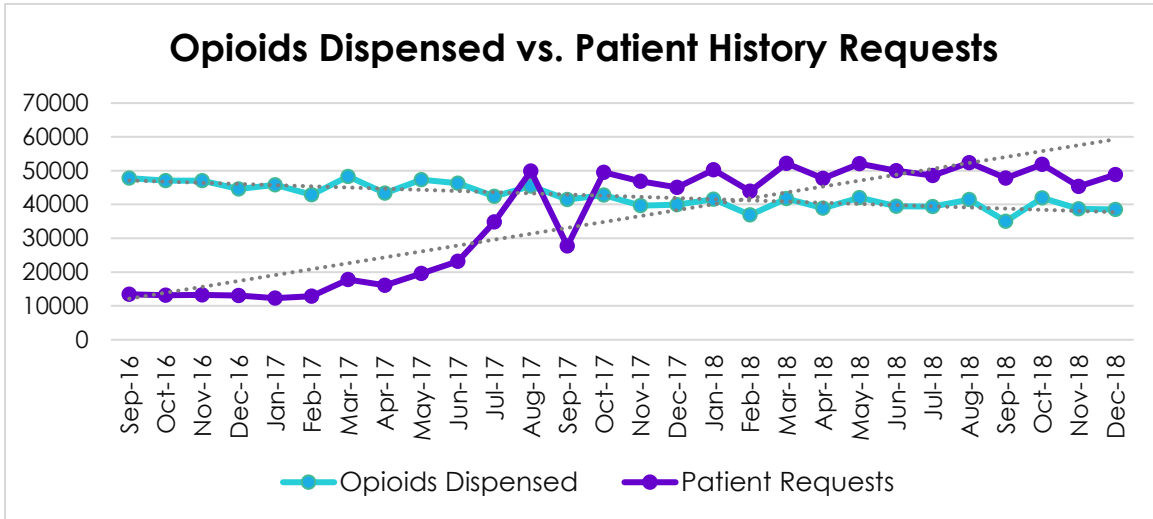


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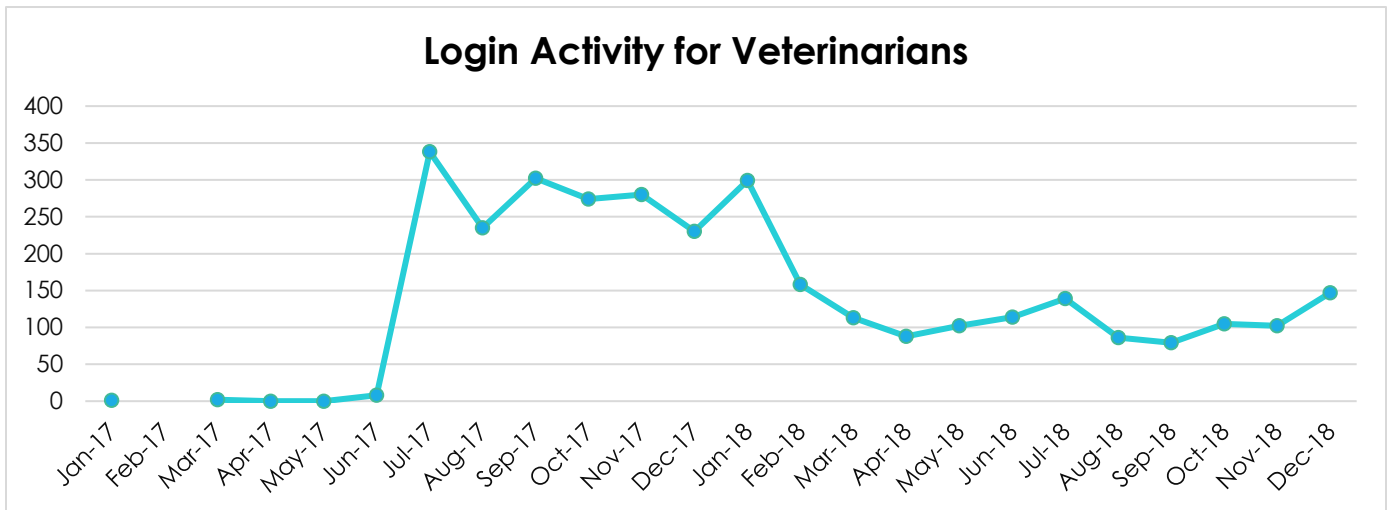


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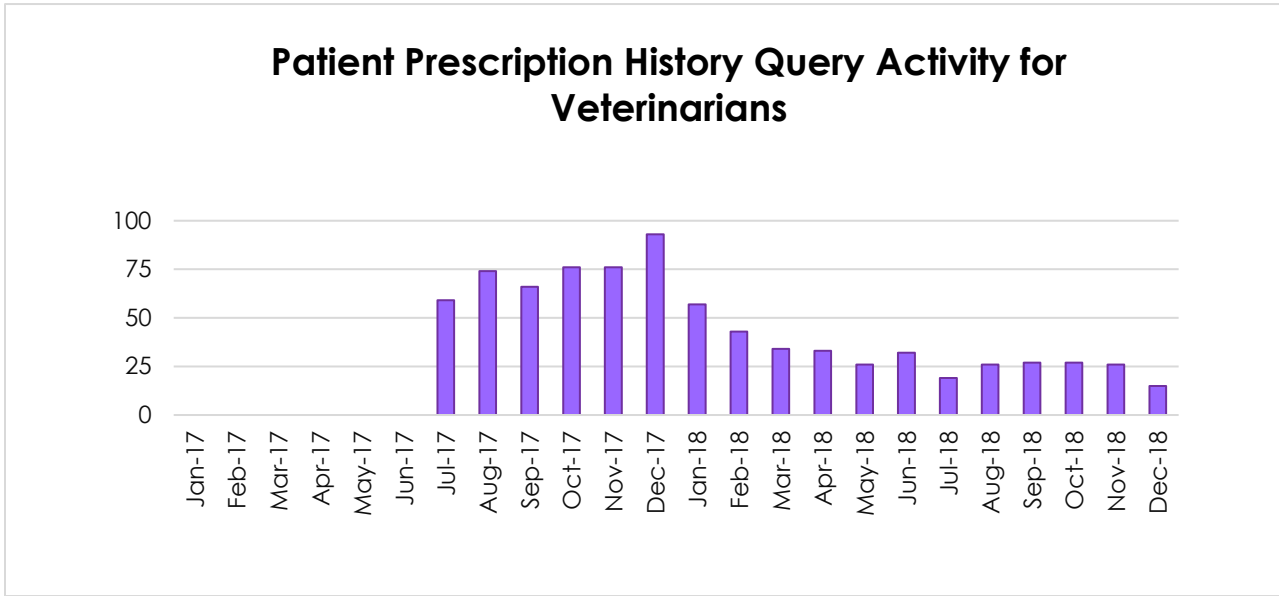


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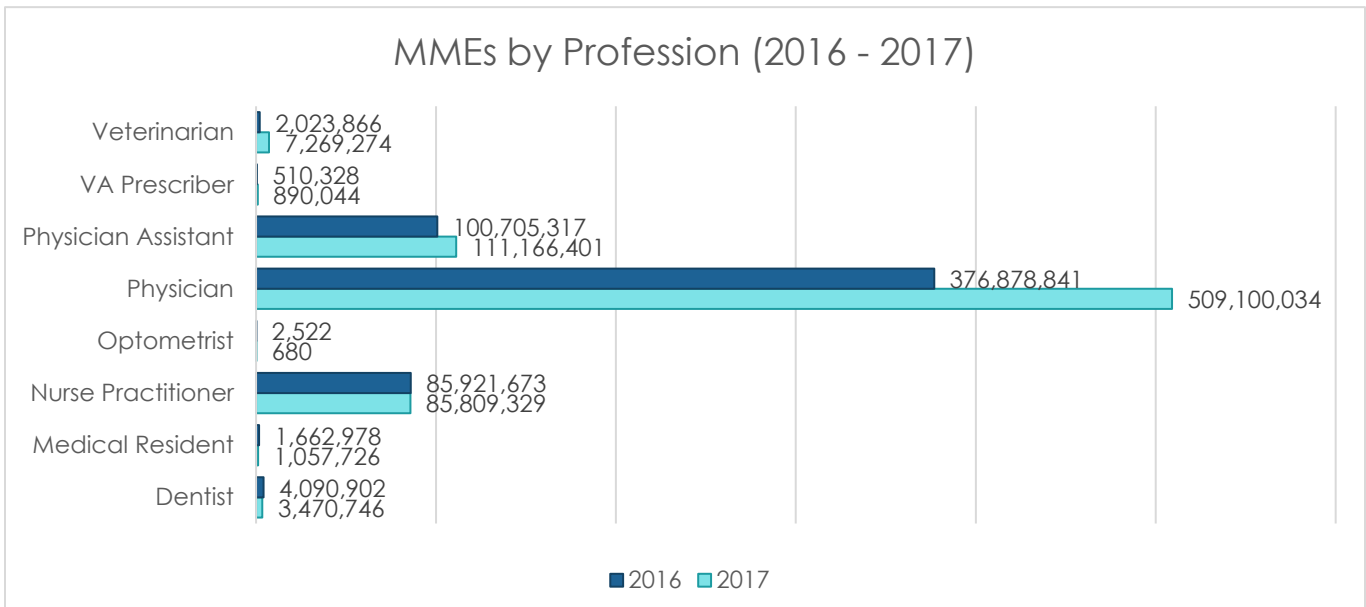


Figure 6. MMEs prescribed by veterinarians in 2016 and 2017 ranged from .3% to 1% of total MMEs by profession.

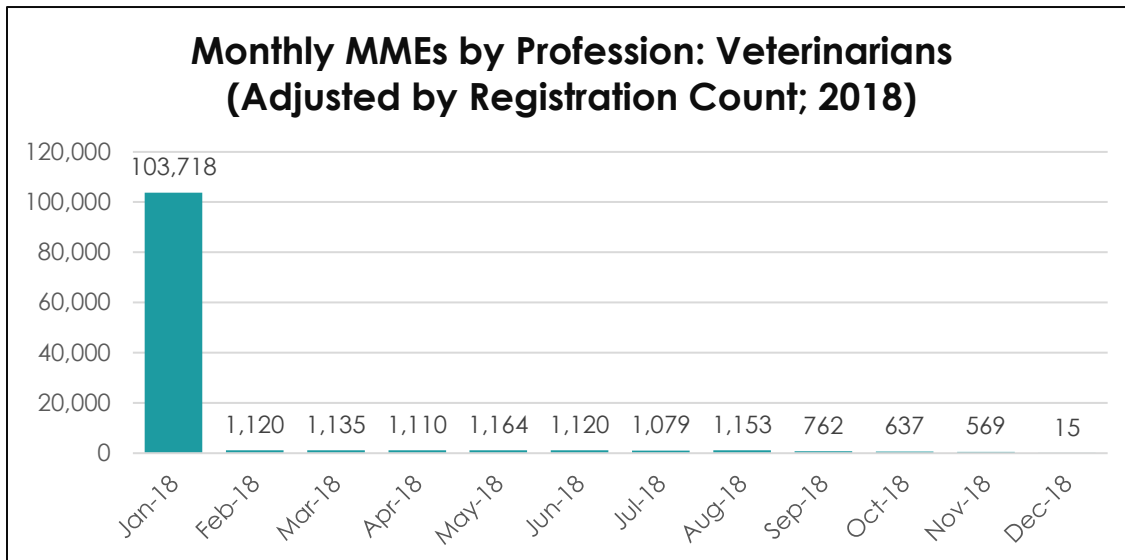
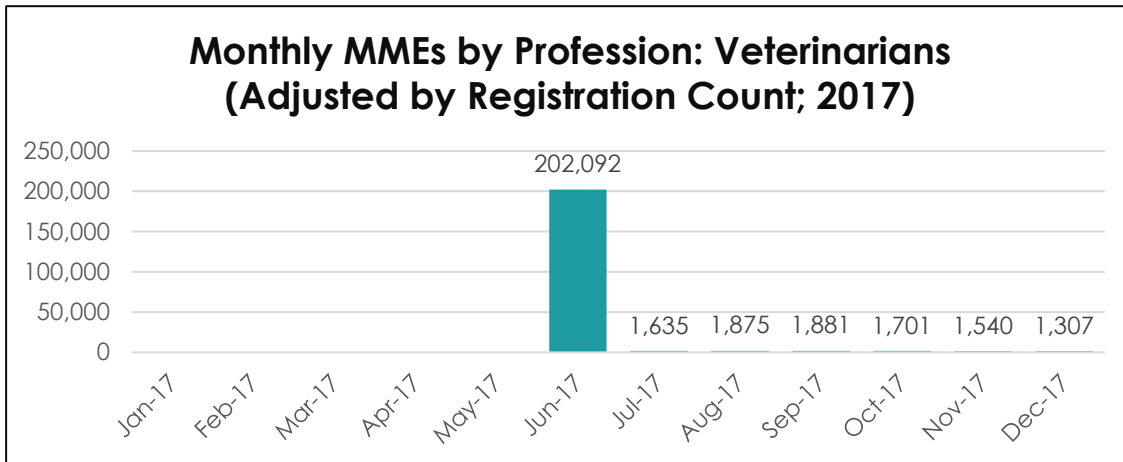


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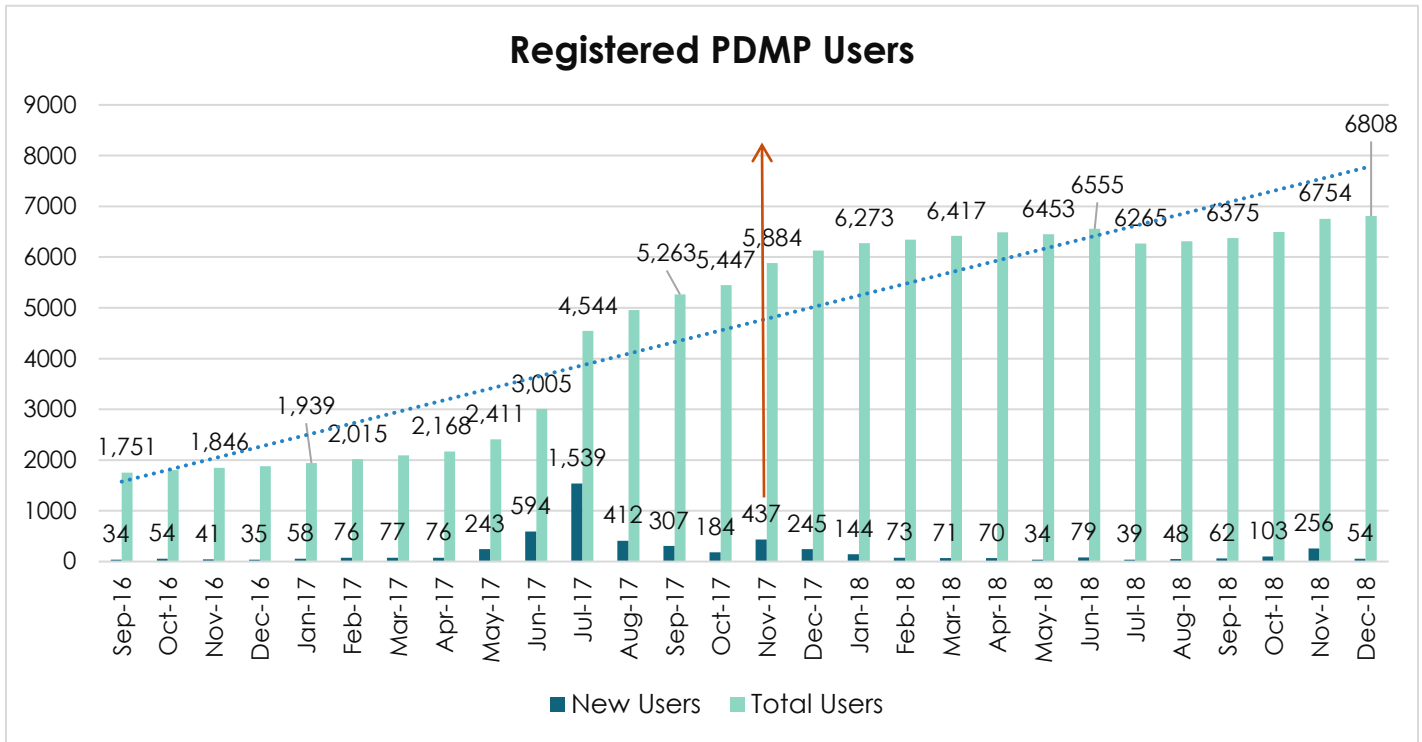


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REPORT FOR THE BOARD OF VETERINARY EXAMINERS



October 3, 2019

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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 April 2019.

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3. The Department of Law opined on December 1, 2017 through the request of the Board of Pharmacy that veterinarians have the legal ability to conduct patient prescription history queries on animal owners in order to comply with applicable sections of AS 17.30.200 and AS 08.98.050.
4. 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, 21 (5.24%) of veterinarians participated. Preliminary results can be found at www.pdmp.alaska.gov.

REPORT FOR THE BOARD OF VETERINARY EXAMINERS



5. Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those *required* to register by updating user roles, e.g.: 'Physician' to 'IHS Prescriber' (Indian Health Service) Prescriber.
6. Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers and are searchable by name under the program 'Prescription Drug Monitoring Program' at: <https://www.commerce.alaska.gov/cbp/main/Search/Professional>
7. Beginning May 15, 2019, Board of Veterinary Examiners' staff assumed responsibility of processing initial and renewal registrations.
8. There are currently 5 pending initial accounts for veterinarians in AWAxE and 1 pending accounts in CBP Portal. Three accounts are pending, meaning the licensees have been contacted about their incomplete registration, but no action to complete the registration has been taken in over 6 months. are 2 renewal applications currently pending.
9. On September 30, 2019, the online initial application was launched through MyAlaska. This replaces the paper form (08-4760) but does not replace the step of creating an account in AWAxE.
10. Currently working with Appriss to turn on a Veterinary Rx Only search within AWAxE.

Enhancements:

11. On September 9th, 2019, NarxCare was integrated into the existing AWAxE 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.
12. An Awareness and Feedback Questionnaire for 2019 will be launched before the end of the year
13. The Compliance Module feature will go live in the coming months. This will provide the PDMP Manager to review providers who did not meet mandatory review requirements for a certain date range, and also will give providers the ability to view their own compliance.
14. 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 AWAxE platform. For existing users, this means providers who do not renew their professional license will be automatically deactivated in the PDMP.
15. 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.

Data:

The Alaska State Board of Veterinary Examiners regulates veterinarians and veterinary technicians. As of May 22, 2019 there are a total of 7,817 registered users, 258 of which are veterinarians (Figure 1), representing a 3.29% contribution to the total user count. The proportion of total licensed veterinarians registered with the PDMP is 65%, which is a 4.4% decrease from the previous report period. The percentage of non-registered users, 35%, may be due to non-compliance, not having an active Drug Enforcement Administration (DEA) registration, or being employed by a federal facility and registered under a different user role, e.g.: VA Prescriber.

REPORT FOR THE BOARD OF VETERINARY EXAMINERS



Active PDMP Users

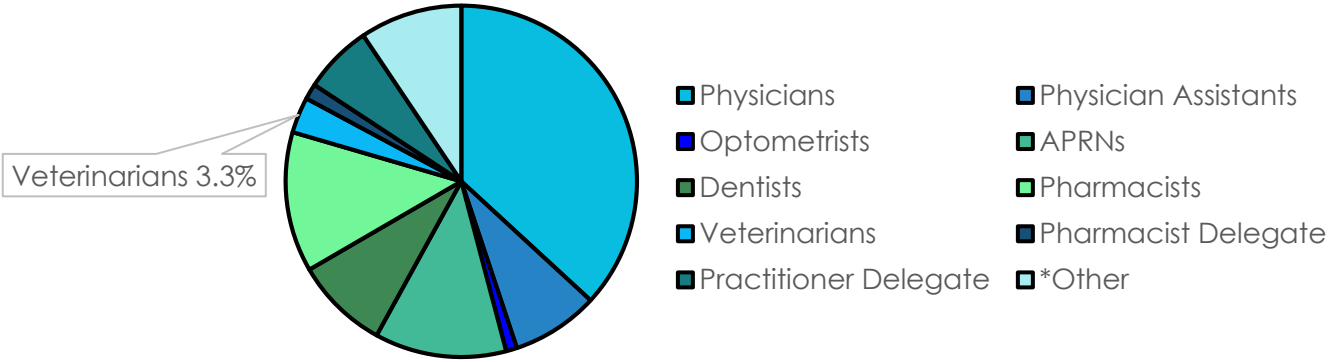


Figure 1. Veterinarians comprise 3.3% of actively registered users. *Other includes IHS and VA prescribers and dispensers, military prescribers, admin, medical examiners/coroners, and out-of-state pharmacists.

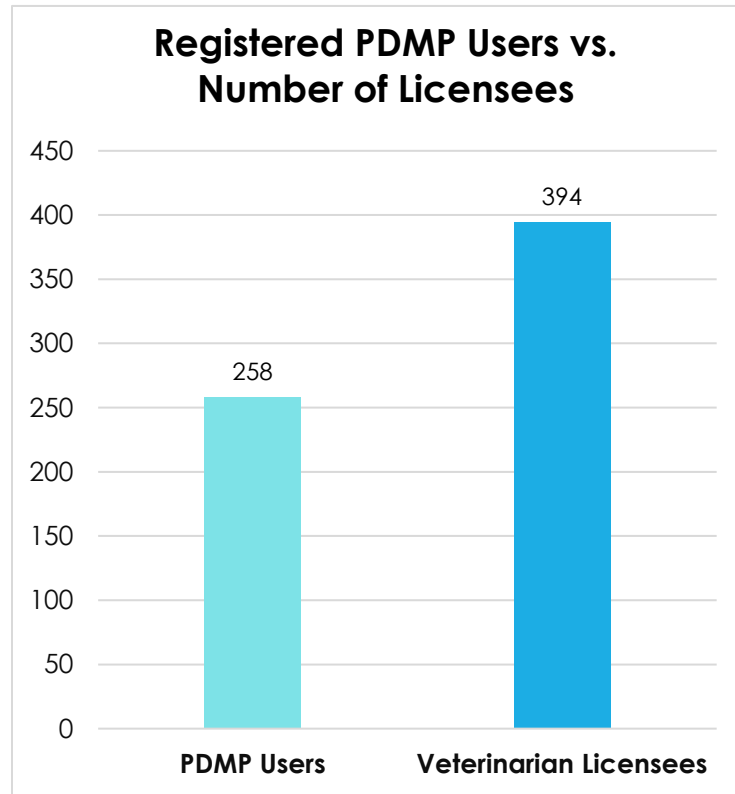


Figure 2. The proportion of licensed veterinarians to registered PDMP users is represented; however, some licensed veterinarians may be excluded from this figure due to not holding an active DEA registration.

REPORT FOR THE BOARD OF VETERINARY EXAMINERS



Figure 3 below shows the number of opioid prescriptions dispensed against the number of patient prescription history requests. Figure 6 below shows the number of morphine milligram equivalents (MME) prescribed (subsequently dispensed) by profession. MMEs is a standardized measurement used to represent the potency of opioids but excludes buprenorphine as a partial opioid agonist. Figures 5 – 7 shows the interaction activities of captured from January 2017 to September 2019.

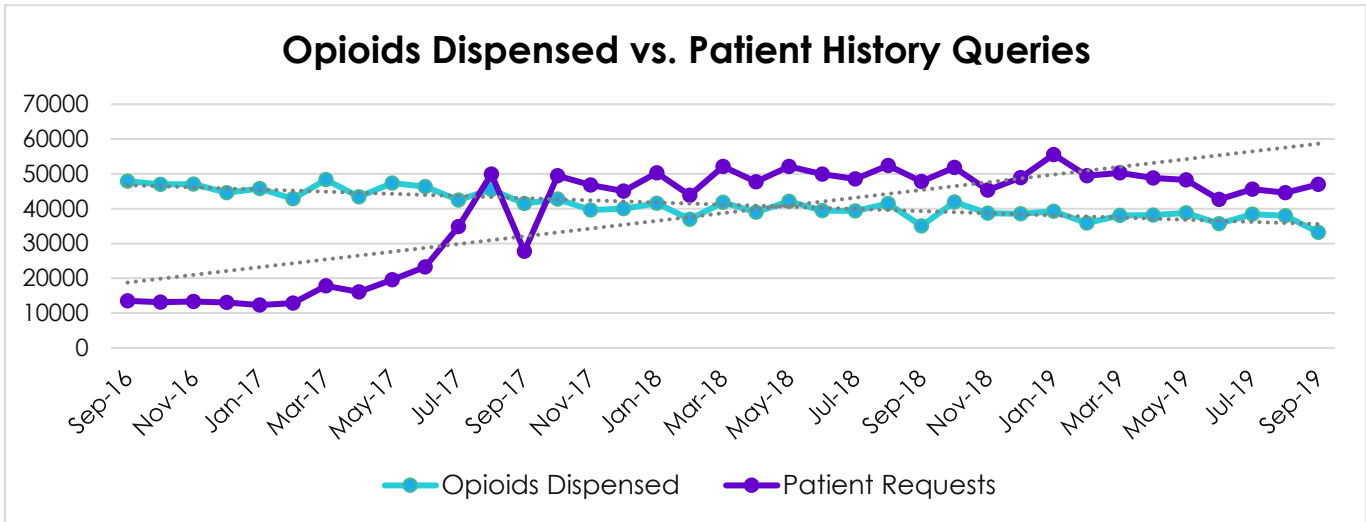


Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid prescribing and dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies, opioid continuing education, and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

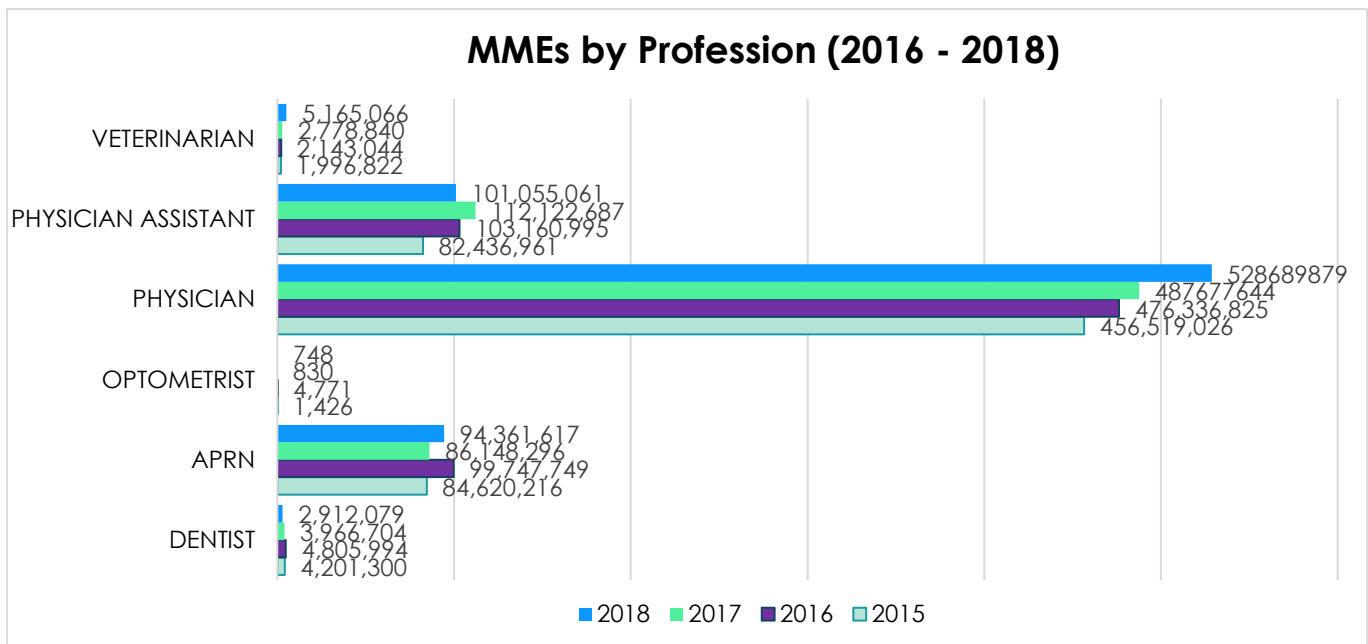


Figure 4. MMEs prescribed by veterinarians in 2016 and 2017 ranged from .3% to 1% of total MMEs by profession. The number of MMEs prescribed was highest in 2018 compared to previous years.

REPORT FOR THE BOARD OF VETERINARY EXAMINERS

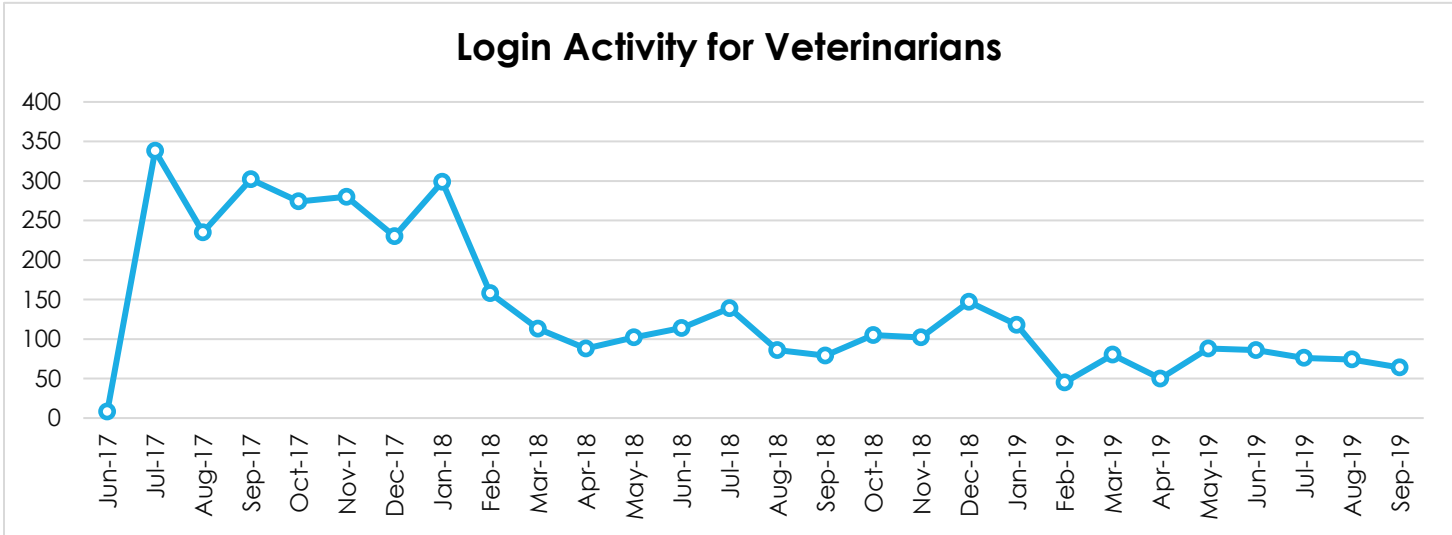


Figure 5. Login activity for veterinarians increased dramatically following mandatory reviewing requirements effective in July 2017 and was steady until January 2018. Logins have decreased substantially since the beginning of the year; the percent change of login activity since September 2018 to September 2019 is -19%.

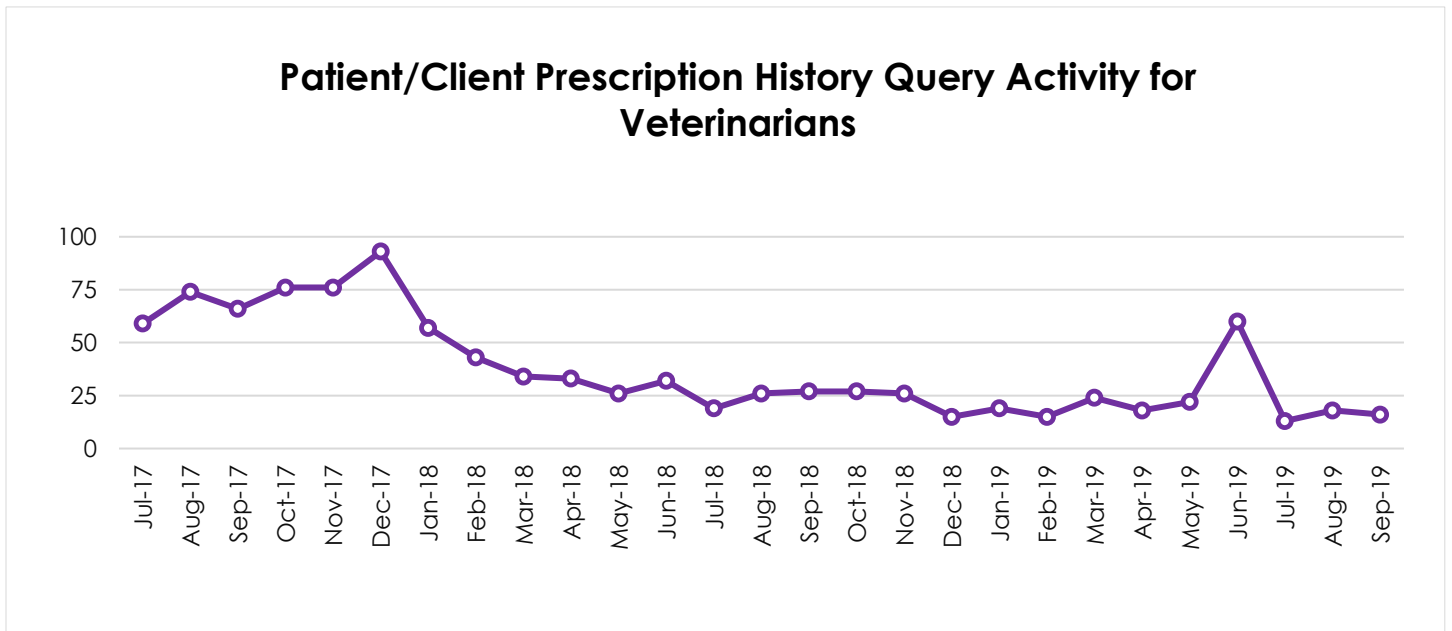


Figure 6. There have been a total of 1,010 patient requests conducted by veterinarians since July 2017, with requests peaking in December 2017. Requests have steadily declined since the beginning of 2018. It is important to note that there are 140 actively prescribing practitioners, but only an average of 38 queries have been performed since July 2017. For a closer look, view Figure 7.

REPORT FOR THE BOARD OF VETERINARY EXAMINERS



Between January 1st, 2019 to June 30th, 2019, all veterinarians who prescribed at least one controlled substance received a prescriber report card. Figure 7, below, shows the number of prescribing veterinarians, including the number of providers who prescribed without a valid DEA registration and the number of providers who failed to query the PDMP prior to issuing the prescription to the client, and administering the medication or directly dispensing to the patient.

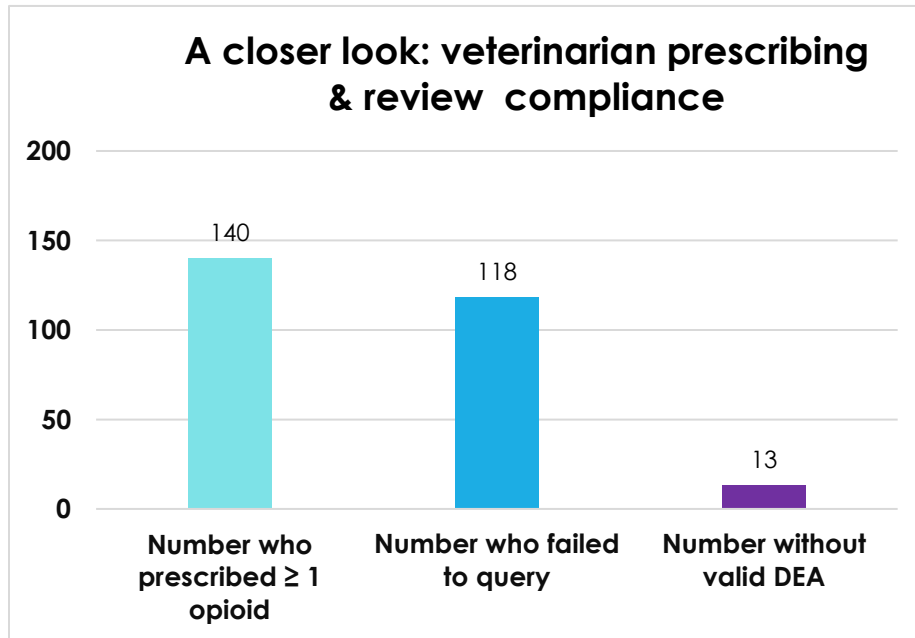


Figure 7. Out of 140 veterinarians who prescribed at least one opioid from 01/01/2019 to 06/30/2019, only 22 veterinarians performed a query. This includes queries made directly by a veterinarian and a veterinarian's delegate.

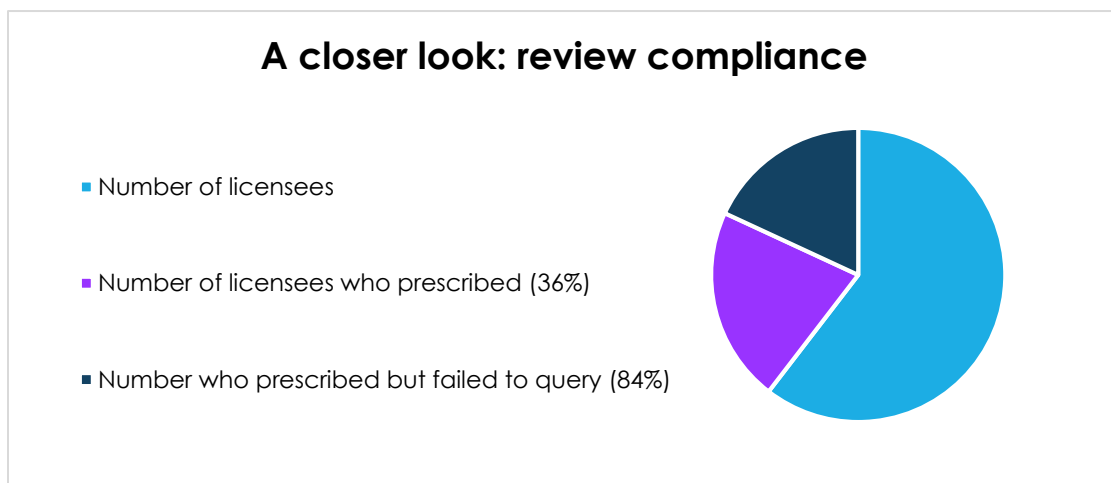


Figure 8. Out of 140 veterinarians who prescribed at least one opioid from 01/01/2019 to 06/30/2019, only 22 veterinarians performed a query; 84% did not. This includes queries made directly by a veterinarian and a veterinarian's delegate.

REPORT FOR THE BOARD OF VETERINARY EXAMINERS



April 24, 2020

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 March 2020.

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:

1. 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.
2. The Board of Veterinary Examiners is responsible for making available materials and resources to assist its licensees in identifying owners who may be at risk for abusing or misusing opioids. The board has made available an opioid prescribing resource document originally published by the American Veterinary Medical Foundation (AVMF) and is

REPORT FOR THE BOARD OF VETERINARY EXAMINERS



accessible at: <https://www.avma.org/KB/Resources/Reference/Pages/opioid-resources-for-veterinarians.aspx>

3. The Department of Law opined on December 1, 2017 through the request of the Board of Pharmacy that Veterinarians have the legal ability to conduct patient prescription history queries on animal owners in order to comply with applicable sections of AS 17.30.200 and AS 08.98.050.
4. Beginning June 2018, the PDMP began separating federal practitioners and pharmacists from those required to register by updating user roles, e.g.: 'Physician' to 'IHS Prescriber' (Indian Health Service) Prescriber.
5. Beginning June 2018, all newly registered and renewed PDMP users are issued separate PDMP registration numbers and are searchable by name under the program 'Prescription Drug Monitoring Program' at: <https://www.commerce.alaska.gov/cbp/main/Search/Professional>
6. Beginning May 15, 2019, Board of Veterinary Examiners' staff assumed responsibility of processing initial and renewal registrations.
7. An Awareness and Feedback Questionnaire, developed per the directive of the CDC, was made available from February 19 – March 11, 2020. Out of 981 total respondents, 60 (6.13%) Veterinarians participated. Results are being analyzed, and will be available in the next few weeks.
8. There are currently five pending registrations for Veterinarians in AWARxE. In addition, there are three pending initial applications, and one renewal application in CBP Portal.
9. On September 30, 2019, the online initial application was launched through MyAlaska. This replaces the paper form (08-4760) but does not replace the step of creating an account in AWARxE.

Enhancements:

1. On September 9, 2019, NarxCare was integrated into the existing AWARxE 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.
2. The Compliance Module feature went live on November 13, 2019 and provides the PDMP Manager to review providers who did not meet mandatory review requirements for a certain date range, and gives providers the ability to view their own compliance.
3. Clinical Alerts went live on April 15, 2020, which will give real-time alerts to providers when a patient has met or exceeded a prescription threshold, daily MME threshold, or combination of opioid and benzodiazepine prescriptions.
4. The License Integration enhancement project will be launching at the end of the month, and will provide automatic verification of licensure status, e.g.: active or inactive between

REPORT FOR THE BOARD OF VETERINARY EXAMINERS



CBPL’s licensing database, Portal, and the AWAxR platform. For existing users, this means providers who do not renew their professional license will be automatically deactivated in the PDMP.

Data:

The Alaska State Board of Veterinary Examiners regulates veterinarians and veterinary technicians. As of April 23, 2020, there are a total of 8,276 registered users, 266 of which are veterinarians (Figure 1), representing a 3.29% contribution to the total user count. The proportion of total licensed veterinarians registered with the PDMP is 66%, which is a 4.4% decrease from the previous report period. The percentage of non-registered users, 34%, may be due to non-compliance, not having an active Drug Enforcement Administration (DEA) registration, or being employed by a federal facility and registered under a different user role, e.g.: VA Prescriber.

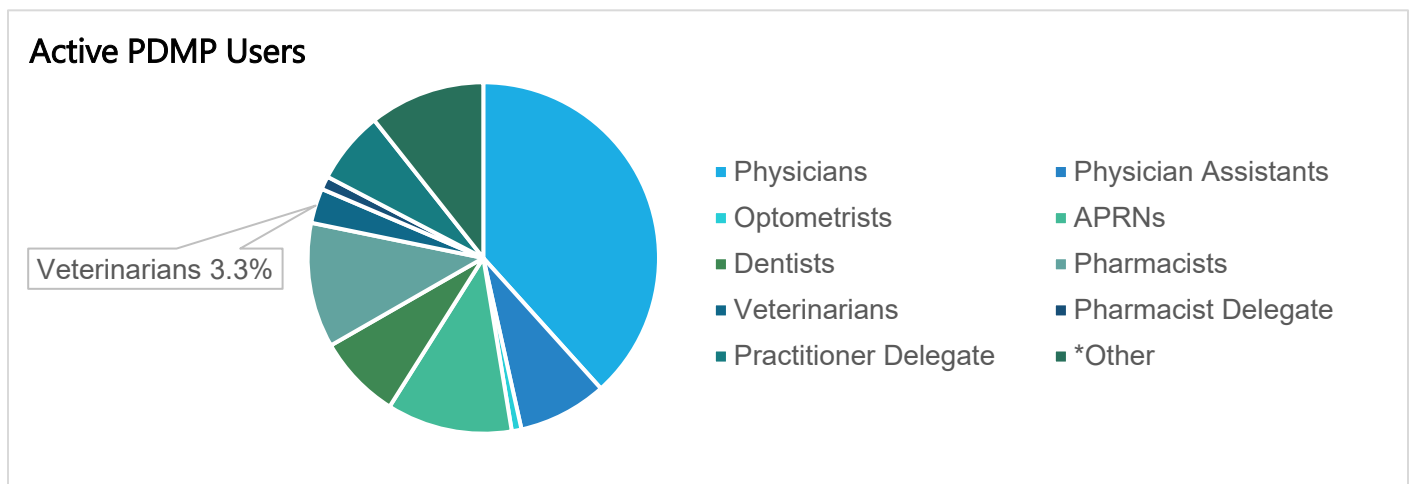


Figure 1. Veterinarians comprise 3.3% of actively registered users. *Other includes IHS and VA prescribers and dispensers, military prescribers, admin, medical examiners/coroners, and out-of-state pharmacists.

REPORT FOR THE BOARD OF VETERINARY EXAMINERS

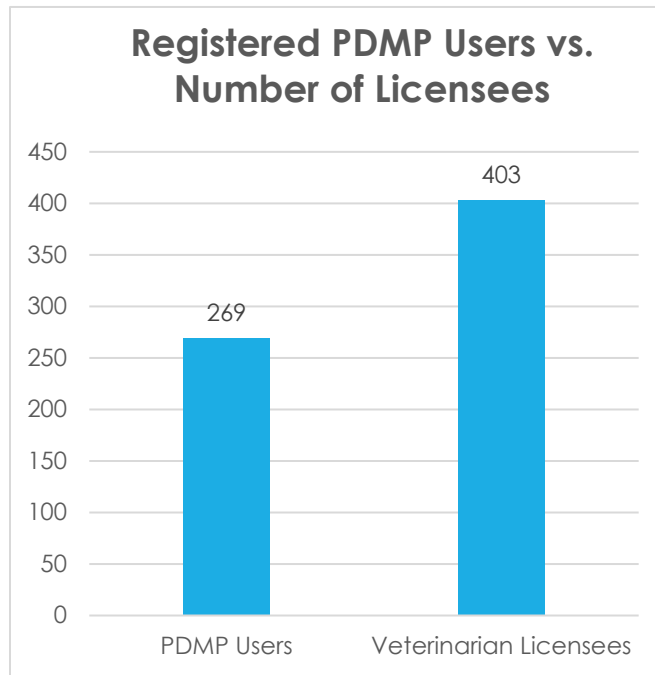


Figure 2. The proportion of licensed veterinarians to registered PDMP users is represented; however, some licensed veterinarians may be excluded from this figure due to not holding an active DEA registration.

Figure 3 below shows the number of opioid prescriptions dispensed against the number of patient prescription history requests. Figure 6 below shows the number of morphine milligram equivalents (MME) prescribed (subsequently dispensed) by profession. MMEs is a standardized measurement used to represent the potency of opioids but excludes buprenorphine as a partial opioid agonist. Figures 5 – 7 shows the interaction activities of captured from January 2017 to September 2019.

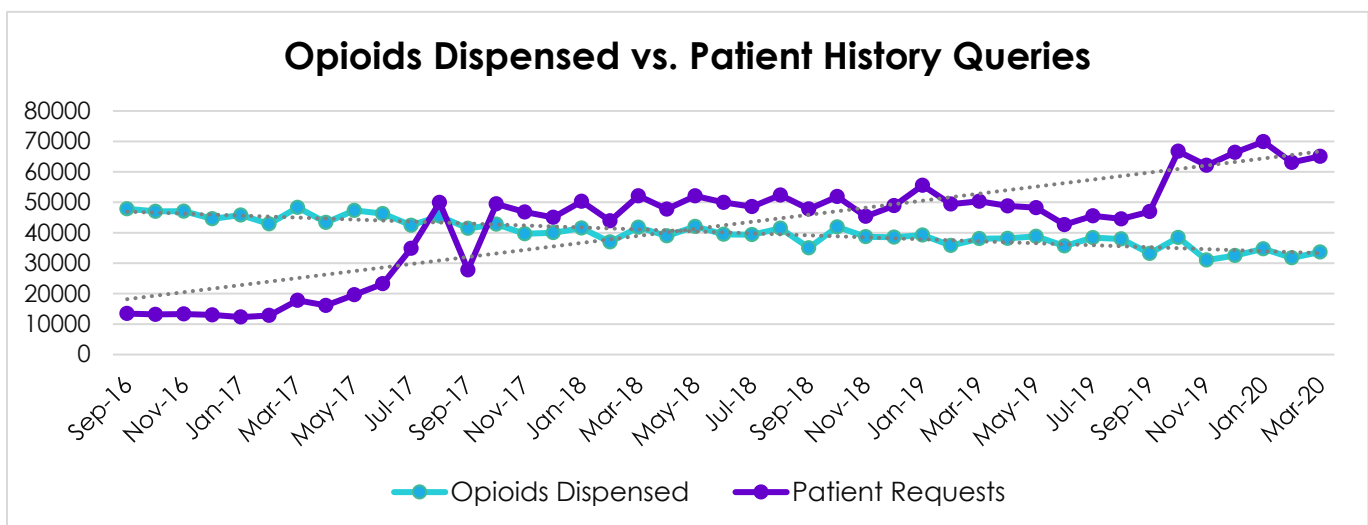


Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid prescribing and dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies, opioid continuing education, and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

REPORT FOR THE BOARD OF VETERINARY EXAMINERS

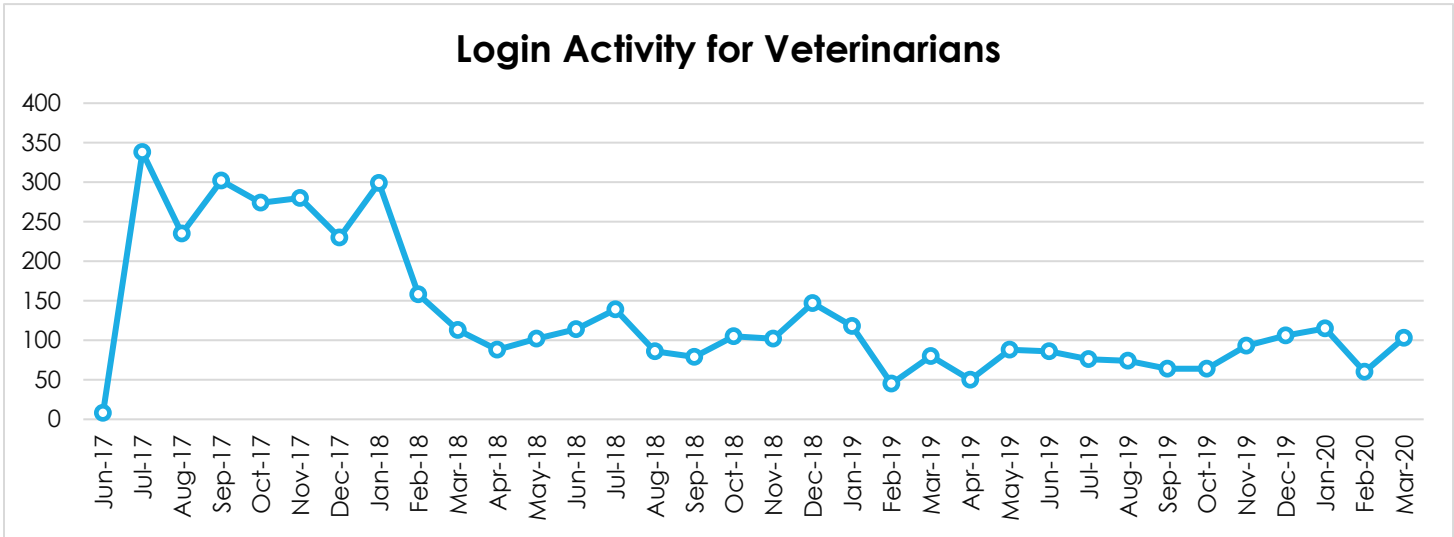


Figure 4. Login activity for veterinarians increased dramatically following mandatory reviewing requirements effective in July 2017 and was steady until January 2018. Logins have decreased substantially since the beginning of the year.

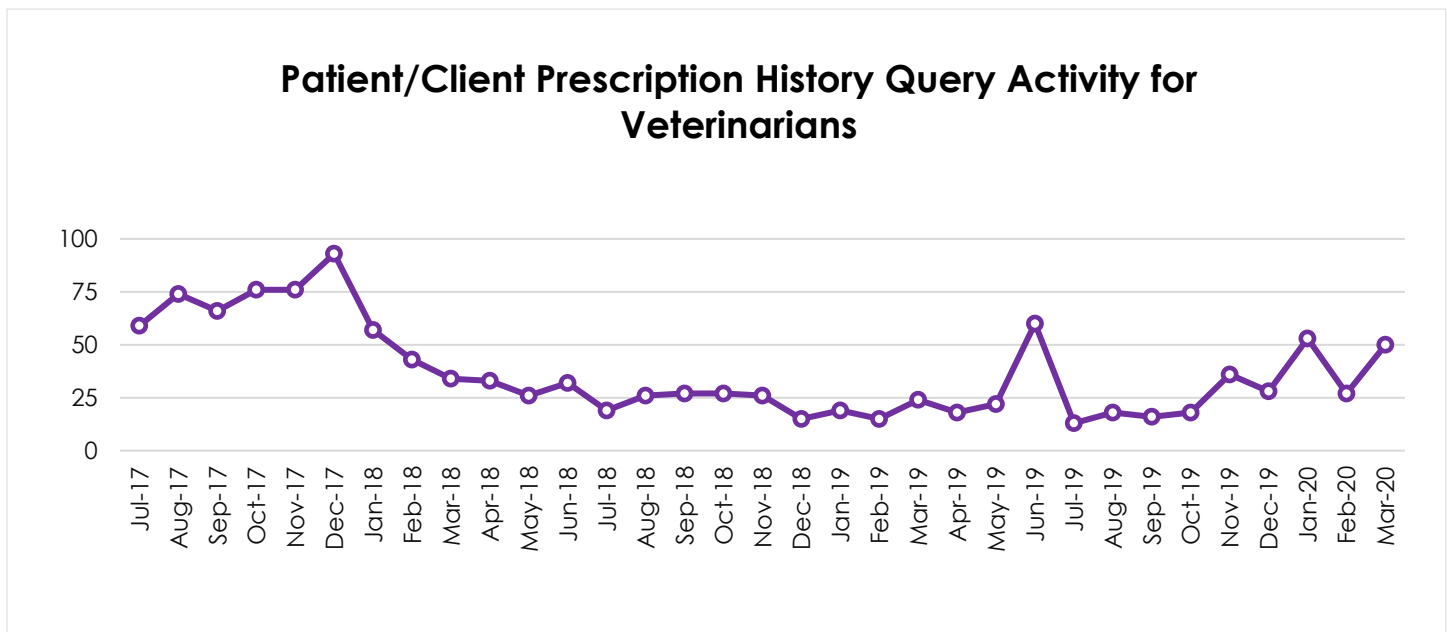


Figure 5. There has been a total of 1,226 patient requests conducted by veterinarians since July 2017, with requests peaking in December 2017. Requests have steadily declined since the beginning of 2018. It is important to note that there are 161 actively prescribing practitioners, but only an average of 36 queries per month have been performed since July 2017. For a closer look, view Figure 6.

REPORT FOR THE BOARD OF VETERINARY EXAMINERS



Between July 1st, 2019 And December 31st, 2019, all veterinarians who prescribed at least one controlled substance received a prescriber report card. Figure 7, below, shows the number of prescribing veterinarians, including the number of providers who prescribed without a valid DEA registration and the number of providers who failed to query the PDMP prior to issuing the prescription to the client, and administering the medication or directly dispensing to the patient.

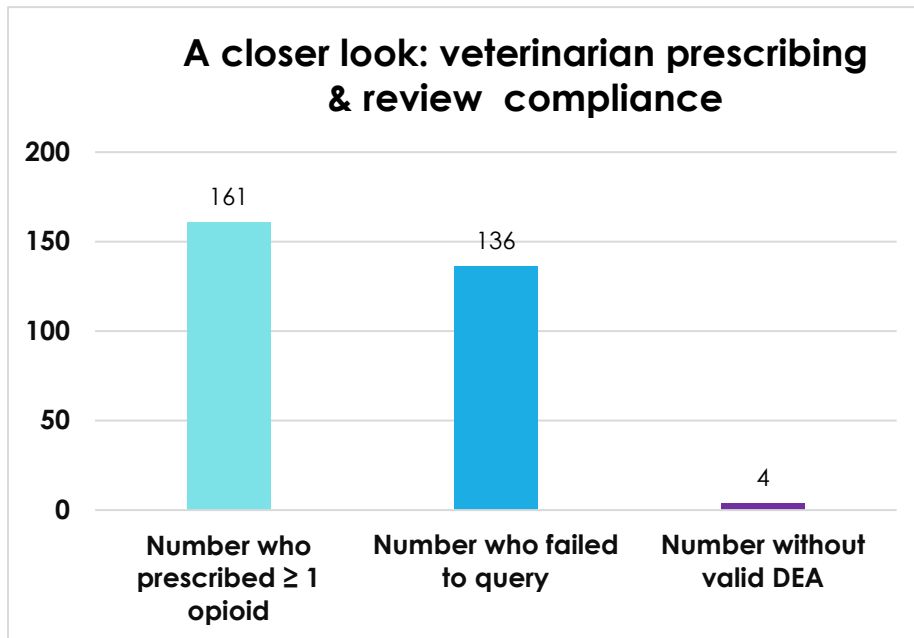


Figure. 6 Out of 161 veterinarians who prescribed at least one opioid from 07/01/2019 to 012/31/2019, only 25 veterinarians performed a query. This includes queries made directly by a veterinarian and a veterinarian's delegate.

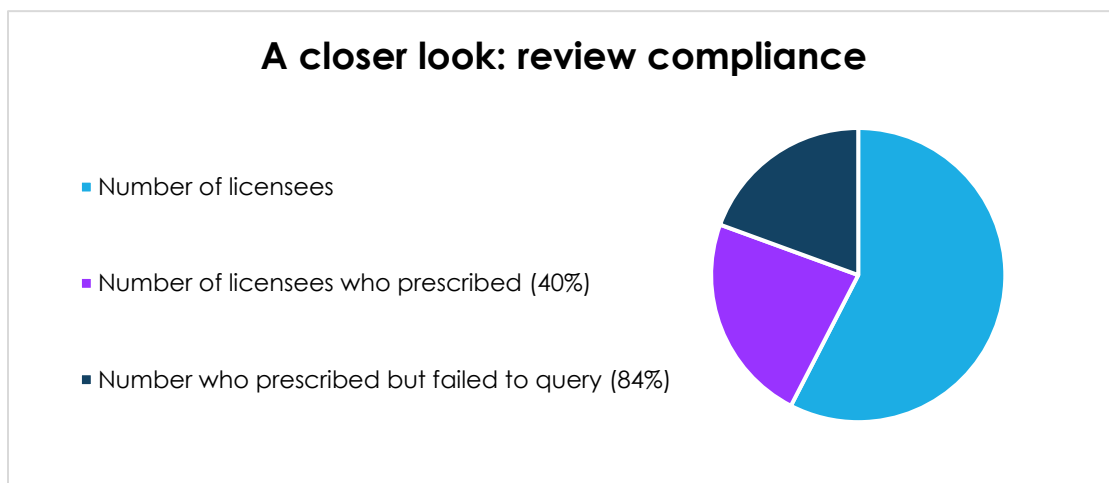


Figure 7. Out of 161 veterinarians who prescribed at least one opioid from 07/01/2019 to 12/31/2019, only 25 veterinarians performed a query; 84% did not. This includes queries made directly by a veterinarian and a veterinarian's delegate.

Alaska Prescription Drug Monitoring Program
Summary Prepared for the Board of Veterinary Examiners
October 2020



This report contains high-level information on the Prescription Drug Monitoring Program (PDMP). Data is provided as a courtesy for the board and is intended to be used for informational purposes only.

Notices

- The Board of Pharmacy sent a letter to all licensees about mandatory PDMP registration and use in July.
- We are working with Appriss on being able to issue automatic compliance notifications to providers who directly dispense, letting them know if they miss a day of reporting.
- The PDMP received two grants: the State Opioid Response grant, and a partial award of the Bureau of Justice Assistance grant.
- We will have our analysis of the spring survey at the end of the month and will be able to share at the next meeting.

Registration

Number of licensed Veterinarians: 425

PDMP Veterinary registrations in Portal: 171

Number of Veterinarians registered in AWARxE: 293

Compliance rate (licensure and AWARxE): 67%

Compliance rate (licensure and PDMP registrations): 40%

Use

Veterinarians prescribing opioids from Q1 and Q2 2020: 171

From May – October 2020, review compliance for Sched II – III, over a 7-day supply: 0

Reporting

Unless excused from reporting under 17.30.200(u), daily reporting applies to you if:

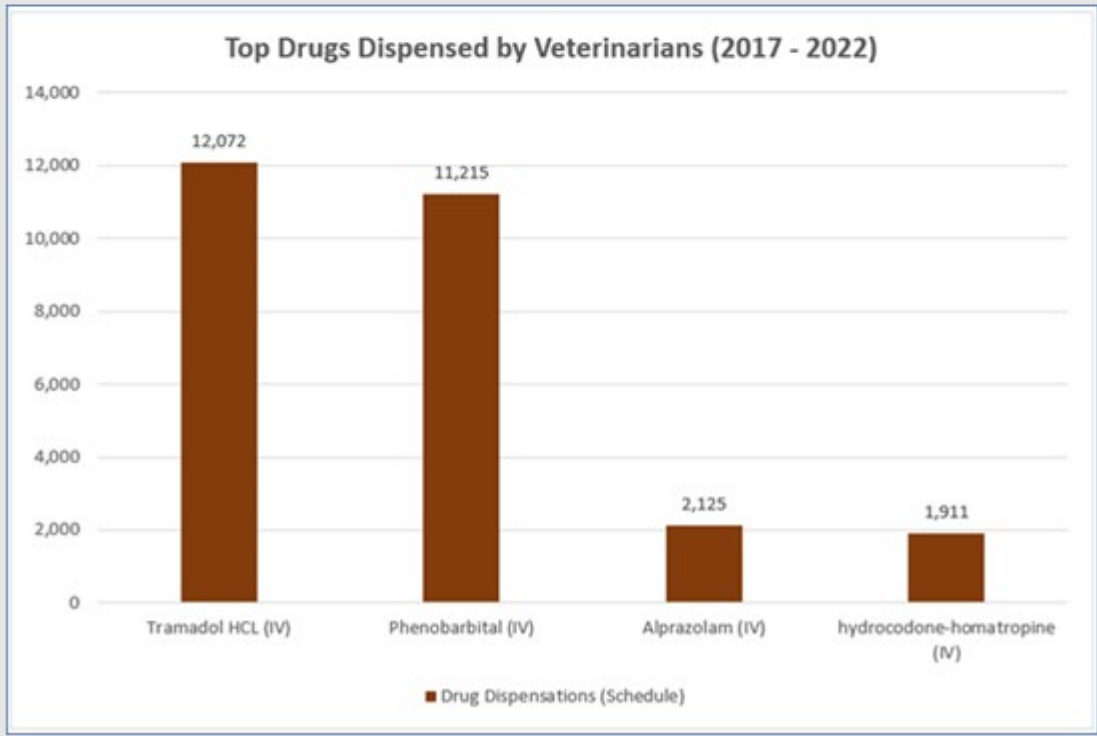
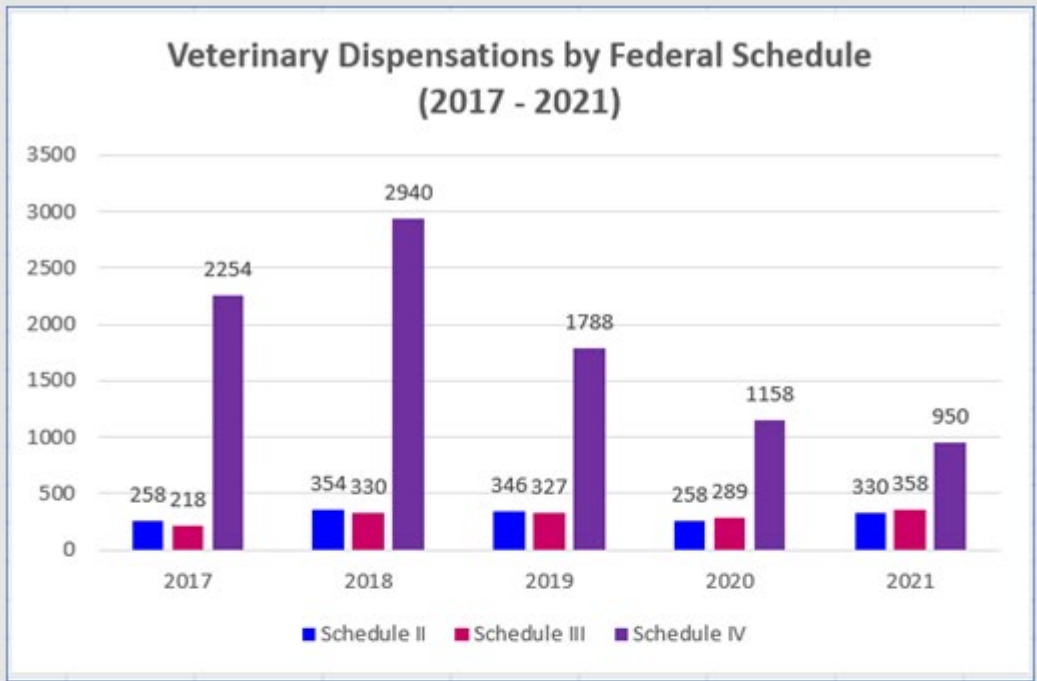
- a. You are the PIC of a pharmacy dispensing federally scheduled II – IV controlled substances;
- OR**
- b. You are a practitioner who directly dispenses federally scheduled II – IV controlled substances

Top Medications Prescribed in Q2 2020:

1. Phenobarbital (schedule IV)
2. Tramadol HCL (schedule IV)
3. Alprazolam (schedule IV)
4. Hydrocodone bitartrate/homatropine methylbromide (schedule II)

Recommendations

- Education about registration requirements. Currently the board allows 180 days from date of licensure, however, providers should be notified they cannot prescribe federally scheduled II or III controlled substances until their account in AWARxE has been approved
- Encourage increased compliance with registration and reviewing
- Educate providers on the use of delegates
- Provide guidance to licensees on prescribing practices
- Establish a disciplinary matrix to assist the board in determining appropriate disciplinary action for failure to comply with existing laws and regulations



*hydrocodone-homatropine is a schedule II

Veterinarian Fentanyl Dispensations (2017 - 2021)

