

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 are retaining Apriss as our PDMP vendor.
- We will be rolling out a feature to allow providers to communicate within the PDMP this spring
- We are working with Apriss on being able to issue automatic compliance notifications to providers who directly dispense, letting them know if they miss a day of reporting.
- Board of Pharmacy has proposed regulations setting requirements for licensees to register with the PDMP within 30-days of licensure. This is currently out for public comment.
- The results from the Awareness and Feedback Questionnaire are posted on our website under Survey Results

Registration

Portal

Number of licensed Nurses: 1,638
Number of PDMP Nursing registrations: 1,003
Number with DEA Registrations: 1,045
Prescriptive Authority: 1,431
Directly Dispensing Controlled Substances: 166
Compliance rate (DEA and PDMP registrations): 96%

AWARxE (PDMP)

Number registered with the PDMP: 1,160 (5% increase from Q2/Q3 2020)
Compliance rate: over 100%

Use

Review compliance from Q4 2020: 47.26% (2.24% decrease from Q3 2020)
20,441 dispensations; 9,661 searched

MME Use (Q3/Q4 2020)

Number of patients treated with over 90 MME: 353 (31% increase from Q2/Q3 2020)
Number of patients treated with over 120 MME: 139 (47% increase from Q2/Q3 2020)

Number of patients treated with dangerous combinations (benzodiazepines and opioids): 573 (11% increase from Q2/Q3 2020)

Number of patients treated with dangerous combinations (benzodiazepines, opioids, carisoprodol): 11 (57% increase from Q2/Q3 2020)

Delinquent Reporters

Providers who directly dispense are required to report daily. We are currently gathering this information on the renewal applications.



Recommendations

- Encourage increased reviewing, including the use of delegates
- Set daily MME in regulation
- Provide guidance to licensees on prescribing practices related to the use of dangerous combinations
- Providers should be notified they are not able to prescribe until their registration in AWAxRxE have been approved.
- Encourage licensees to verify their user roles and specialties in AWAxRxE to improve the accuracy of reporting.
- Develop a plan for following up with delinquent reporters

MME Use

Q3/Q4 2020

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
NUR	528	20% (109)	11% (60)	7% (35)	25% (130)	2% (8)
DEN	321	59% (188)	7% (22)	2% (7)	27% (88)	0
MED	1235	31% (384)	21% (265)	12% (151)	35% (428)	2% (21)
PA	359	19% (67)	18% (66)	14% (51)	29% (103)	1% (5)
VET	187	71% (133)	2% (3)	1% (2)	4% (7)	0
OPT	3	100% (3)	0	0	0	0