

Alaska Prescription Drug Monitoring Program  
Summary Prepared for Board of Examiners in Optometry  
March 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

- New contract with Apriss will start in April 2021

#### Registration

##### Portal

Number of licensed Optometrists: 208 (2.8% decrease)  
Number of PDMP Optometrists registrations: 91 (98% increase)  
Number of Optometrists with DEA registrations: 81  
Compliance rate (DEA and PDMP registrations): 89%

##### AWARxE (PDMP)

Number registered with the PDMP: 92 (26% increase)  
Compliance rate (DEA and AWARxE): 100%

**Information on Use and MME Use are provided below as a talking point for awareness about what other boards are receiving information about.**

#### Use

Review compliance of Federally Schedule II - III from October - December 2020: N/A

#### MME Use (Q3/Q4 2020)

Number of patients treated with over 90 MME: N/A  
Number of patients treated with over 120 MME: N/A  
Number of patients treated with dangerous combinations (benzodiazepines and opioids): N/A

#### Delinquent Reporters

Providers who directly dispense are required to report daily. This will be analyzed quarterly, starting in April 2021. No optometrists have reported they are directly dispensing.

#### Recommendations

- Encourage increased reviewing, including the use of authorized delegates
- 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 AWARxE has been approved
- Encourage licensees to verify their user roles and specialties in AWARxE to improve the accuracy of reporting
- Issue periodic reminders to licensees on mandatory reviewing and reporting, as applicable
- Develop a plan for communication with licensees about delinquent reporting, as applicable

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