

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:**

- The Board of Pharmacy sent out a letter to all licensees about mandatory PDMP registration and use in July.
- License integration enhancement has gone live. This provides automatic verification of licensure status, between CBPL's licensing database, Portal, and the AWARe platform. For existing users, this means providers who do not renew their professional license will be automatically deactivated in the PDMP.
- 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.

**Registration**

Number of licensed Nurses: 1,549

Number registered with the PDMP: 1,042 (12% increase from May 2020)

Compliance rate: 67% (5% increase since May 2020)

**Use**

Review compliance from March – July 2020: 47.5%

**MME Use (October 2019 – March 2020)**

Number of patients treated with over 90 MME: 381

Number of patients treated with over 120 MME: 160

Number of patients treated with dangerous combinations (benzodiazepines and opioids): 2,855

Number of patients treated with dangerous combinations (benzodiazepines, opioids, carisoprodol): 53

**Delinquent Reporters**

Providers who directly dispense are required to report daily. We are currently preparing to gather 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
- Currently, the board allows 120 days from the date of licensure to initially register for the PDMP. However, providers should be notified they are not able to prescribe until their registration in AWARe have been approved.
- Encourage licensees to verify their user roles and specialties in AWARe to improve the accuracy of reporting.

**PDMP Overview  
 Registration**

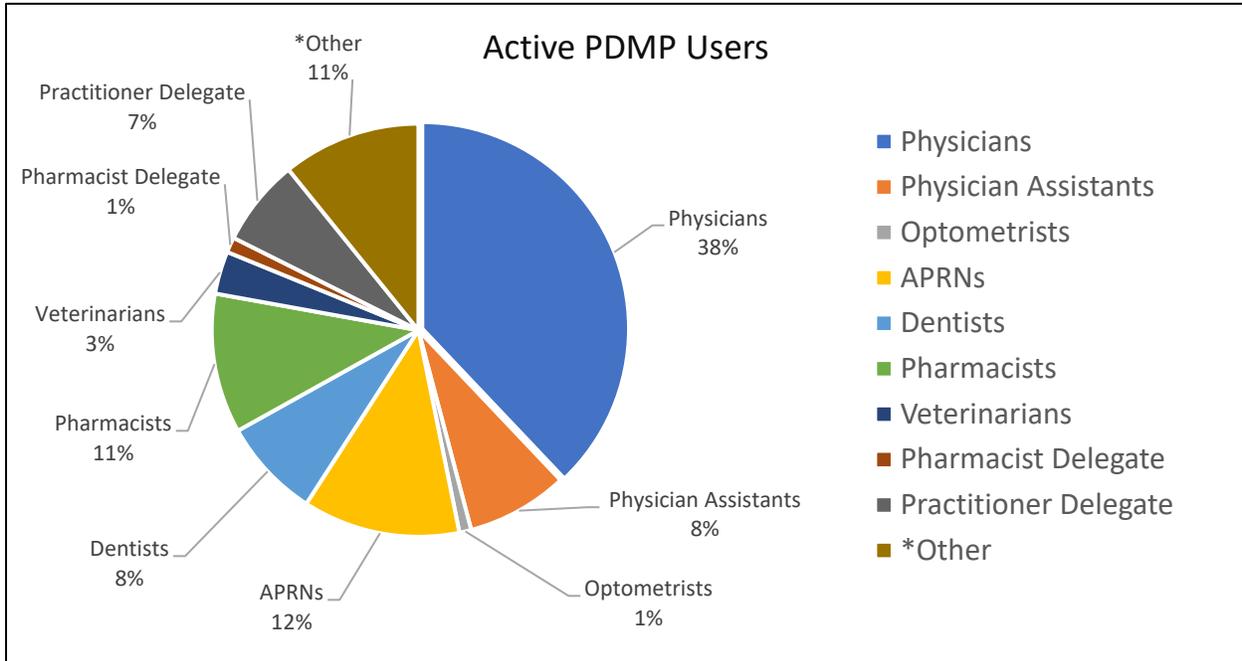


Figure 1A. Physician includes those registered as Physician, Podiatrist, and Medical Residents with Prescriptive Authority. \*Other includes IHS, VA, and military prescribers and dispensers, admin, medical residents, coroners, and out-of-state pharmacists.

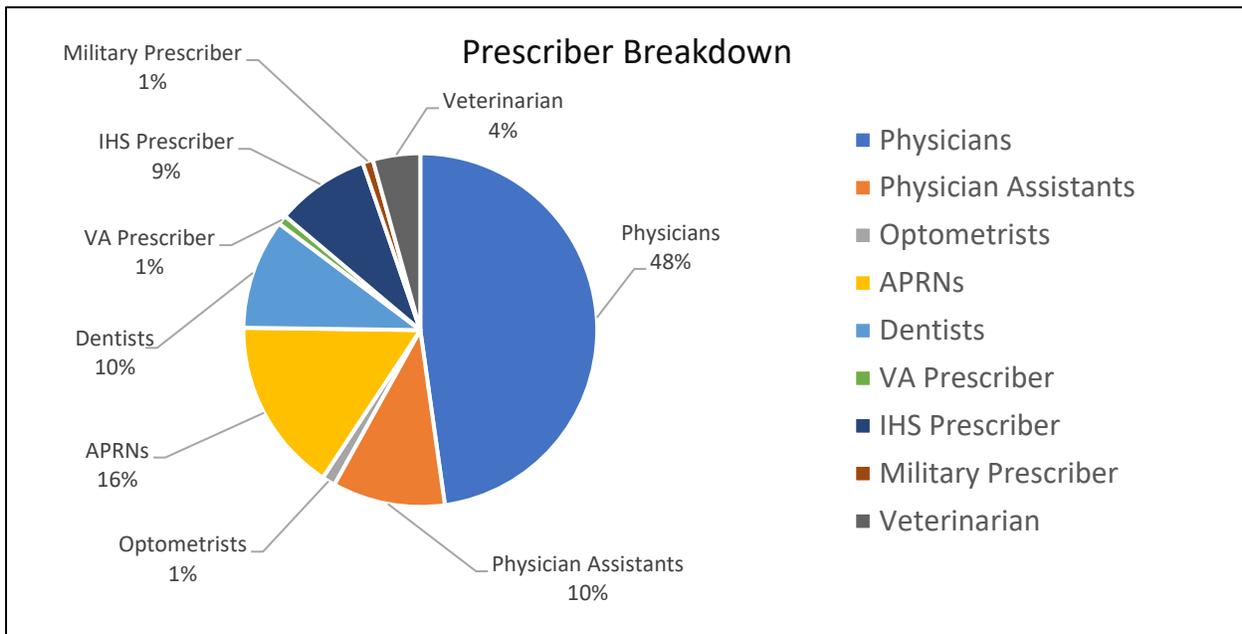


Figure 1B. This figure may be underrepresented as there are licensed prescribers inclusive in federal user role categories (IHS Prescriber, VA Prescriber, and Military Prescribers).

**MME Use**

October 2019 – March 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
NUR	493	134	73	43	316	35
DEN	408	250	37	17	229	12
MED	1031	359	264	161	725	97
VET	158	137	6	6	14	0
OPT	5	3	0	0	0	0