

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.
- BJA will be announcing grant recipients by September 2020

Registration

- Number of licensed Pharmacists: 1,170
- Number registered with the PDMP: 926 (4% decrease from May 2020) During renewals, some users have requested their accounts be deactivated (non-dispensing pharmacists)
- Compliance rate: 79% (5% decrease since May 2020)
- This does not include users who are registered as VA, Military, and IHS dispensers. If those users are included the compliance rate is 90% (1,057).

Delinquent Reporters

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

Currently, there are 232 delinquent submitters in AWARe.

Recommendations

- Encourage increased reviewing, including the use of delegates
- Encourage licensees to verify their user roles and specialties in AWARe to improve the accuracy of reporting.

**PDMP Overview
 Registration**

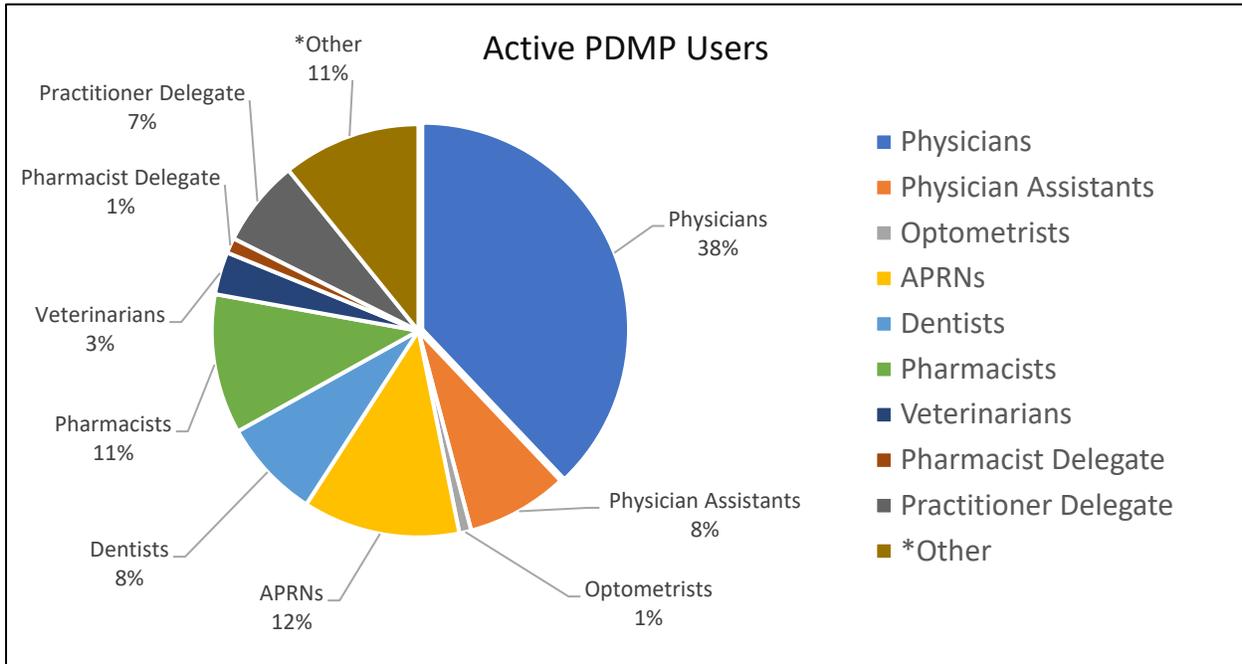


Figure 1A. Physician includes those registered as Physician, Podiatrist, and Medical Residents with Prescriptive Authority. *Other includes IHS, VA, and military prescribers and dispensers, admin, medical residents, coroners, and out-of-state pharmacists.

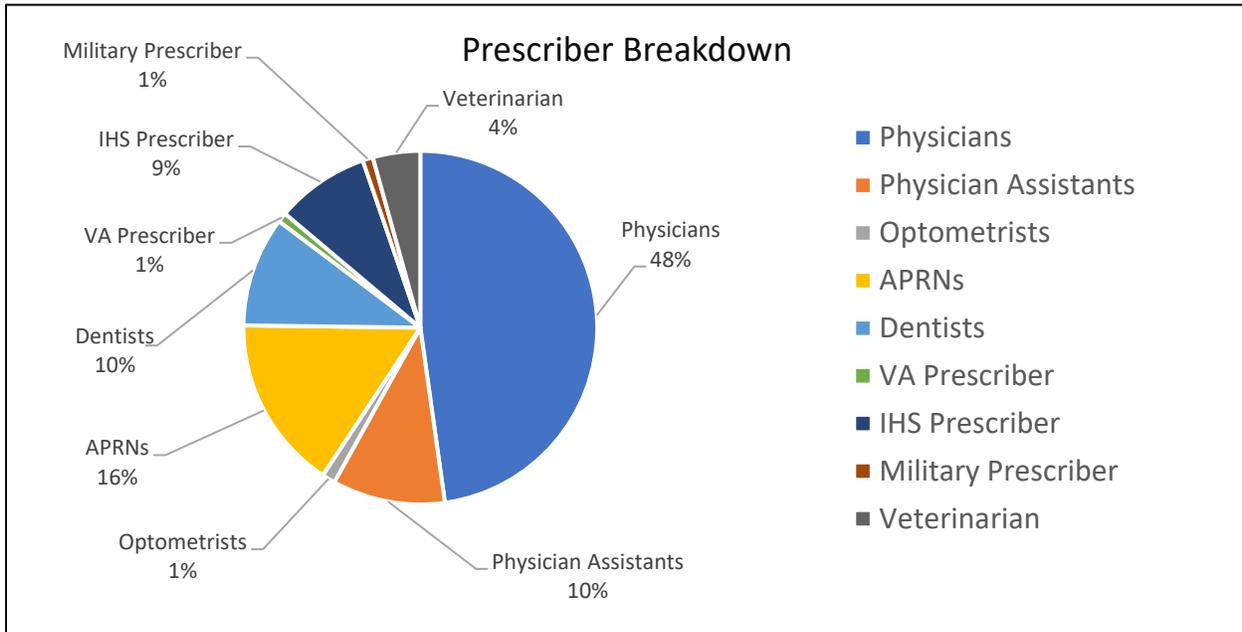


Figure 1B. This figure may be underrepresented as there are licensed prescribers inclusive in federal user role categories (IHS Prescriber, VA Prescriber, and Military Prescribers).

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

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	493	134	73	43	316	35
DEN	408	250	37	17	229	12
MED	1781	632	496	286	1303	135
VET	158	137	6	6	14	0
OPT	5	3	0	0	0	0

Table 1. MED includes Physicians, Podiatrist, Physician Assistants, and Medical Residents with Prescriptive Authority, and excludes surgical and oncology specialties.