

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.

There are differences in the number of pharmacists licensed by the Board of Pharmacy and the number of pharmacists registered in the PDMP. The registration counts in the federal user role categories also include non-Alaska licensed pharmacists and some Alaska-licensed pharmacists have opted to register even though not required to by statute and regulations.

Registration

Portal (Professional license system)

Number of licensed Pharmacists: 1,078 (includes 8 Emergency Permits)

Number of PDMP Pharmacist registrations: 745

Number of Pharmacists dispensing: 752

AWARxE (PDMP)

Number registered with the PDMP: 1,044

Pharmacists – 812

PIC – 99

IHS Dispenser – 116

VA Dispenser - 17

Delinquent Reporters

The process for addressing delinquent reporters is under revision, pending further discussion from the Board of Pharmacy and ongoing work with Appriss.

Recommendations

- Encourage the use of authorized delegates.

Recommendations to Prescribing Boards

- Encourage increased reviewing, 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
- Set daily MME in regulation
- 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

Alaska Prescription Drug Monitoring Program
 Summary Prepared for the Board of Pharmacy
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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