



## CLINICAL ALERTS FAQs

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Clinical alerts display as “Additional Indicators” within a patient’s report in NarxCare. These indicators are **only** provided to support informed care. On its own, they are not to be perceived as instruction to limit or deny treatment. Information from these alerts are to be assessed along with the patient’s prescription history and within the context of the patient’s health condition and type of treatment being received.

### 1.) I’m seeing a prescriber or dispenser indicator alert. What does this mean?

- A prescriber or dispenser report is an indicator of multiple provider episodes and is generated when a patient has received five (5) or more prescriptions from five (5) different pharmacies over a three (3) month period.
- The Board of Pharmacy adopted the 5-5-3 threshold during their [January 2014](#) meeting.
- This alert is not designed to capture all individuals at risk of prescription drug abuse, misuse, or diversion. There may be individuals receiving prescriptions from problematic prescribers and dispensers, or there may be individuals presenting under a different name who may never meet this threshold criteria.
- Medication assisted treatment (MAT) prescriptions are excluded.
- This alert **does not** mean you are being investigated or disciplined.

### 2.) There’s an indicator that the patient received at least a daily morphine milligram equivalent (MME) of 50. I am not aware of this threshold being defined in my profession’s statutes and regulations. Is this the standard MME/day?

- While various standards and advisory opinions exist (e.g.: from the division’s Joint Committee on Prescriptive Guideline’s, which adopted a 90 MME/day standard in 2016; professional healthcare organizations; and those from the CDC), the threshold is set to the lowest MME established in regulation, which is 50 MME/day as set by the State Medical Board and the Alaska Board of Nursing.
- Please proceed using your clinical judgment and within the scope of your profession. Review your board statutes, regulations, and guidelines, and contact your licensing board if you have questions on concurrent prescriptions.

### 3.) I’m seeing that a patient has received concurrent opioid and benzodiazepine prescriptions. Can I still treat this patient?

- This CDC advises that concurrent prescribing of opioid and benzodiazepines should be avoided: [https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines\\_Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf)
- Please proceed using your clinical judgment and within the scope of your profession. Review your board statutes and regulations and contact your licensing board if you have questions on concurrent prescriptions.