



Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

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Prescription Drug Monitoring Program Clarifying Statement for Pharmacist License Renewal

Select the box that applies:	
s e n F	am not required to register with the PDMP as I do not dispense federally scheduled II – IV controlled ubstances in Alaska due to living in another state, territory, or country. The facility with which I am mployed also does not distribute federally scheduled II – IV controlled substances into Alaska and I am ot a pharmacist-in-charge required to report such information. Since I am not required to register with the DMP or am not a pharmacist-in-charge of a facility that dispenses federally scheduled II – IV controlled ubstances, I do not submit prescription data.
V p	am not required to register with the PDMP as I work as an Indian Health Service (IHS) dispenser or reteran's Administration (VA) dispenser. Since I am not required to register with the PDMP or am not a harmacist-in-charge of a facility that dispenses federally scheduled II – IV controlled substances otherwise equired to report, I do not submit prescription data.
	you dispense in the following settings, you are still required to register with the PDMP but not required to onsult the database to review patient prescription history information:
	 Dispensing to a patient for an outpatient supply of 24-hours or less at a hospital with an inpatient pharmacy for use after discharge (exempt by AS 17.30.200(u)(2)(A)).
	 Dispensing to a patient for an outpatient supply of 24-hours or less at a hospital emergency department for use after discharge (exempt by AS 17.30.200(u)(2)(B)).
	 Dispensing in an emergency department (exempt by AS 17.30.200(k)(4)(A)(iii).
	• Dispensing at a hospice or nursing home that has an inpatient pharmacy (AS 17.30.200(k)(4)(A)(iv)).
	 Dispensing a non-refillable prescription for a controlled substance in a quantity intended to last for not more than three days (exempt by AS 17.30.200(k)(4)(B).
Signatur	e: Date:

PDMP

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