



# ALASKA'S PRESCRIPTION DRUG MONITORING PROGRAM



## Controlled Substance Legislative Update – August 2017 [pdmp.alaska.gov](http://pdmp.alaska.gov)

### LEGISLATIVE INTENT

It is the intent of the legislature that the seven-day supply limit for an initial opioid prescription under secs. 5, 16, 22, and 33 of [HB 159] and the four-day supply limit for an initial opioid prescription under sec. 28 of [HB 159] may not be considered as a minimum length of time appropriate for an initial prescription.

The United States Centers for Disease Control and Prevention (CDC) guidelines state that a three-day initial prescription of an opioid is sufficient for most cases of acute pain. CDC reported in its March 17, 2017, weekly report that the likelihood of a person's chronic opioid use increases with each additional day of medication supplied after the second day.

Practitioners should use their professional judgment in each case and not interpret the seven-day limit as a direction to prescribe the full seven days or the four-day limit as a direction to prescribe the full four days.

### RESPONSIBILITIES WITH THE PDMP DATABASE

WHAT	WHO	WHEN	WHY
It is the responsibility of the pharmacist, the individual filling a prescription for federally scheduled controlled substance II, III, or IV, to submit information into the database on a <i>weekly</i> basis. (AS 17.30.200(r))	Pharmacists	July 17, 2017	<ul style="list-style-type: none"> <li>Nearly half of all U.S. opioid overdose deaths involve a prescription opioid.</li> <li>Nationally, deaths from prescription opioids have more than quadrupled since 1999.</li> <li>Alaska's prescription opioid overdose death rate was more than twice the national rate in 2012.</li> <li>Misuse of prescription opioids is a significant risk factor for starting heroin use.</li> <li>PDMPs have been found to improve patient care and reduce misuse, and diversion of controlled substances</li> </ul>
It is the responsibility of the pharmacist, the individual filling a prescription for federally scheduled controlled substance II, III, or IV, to submit information into the database on a <i>daily</i> basis. AS 17.30.200(r)	Pharmacists	July 1, 2018	
It is the responsibility of the practitioner, the individual writing prescriptions or administering federally scheduled II or III controlled substances, or the practitioner's delegate, to review the database prior to writing the prescription or administering the medication. (AS 17.30.200(b))	Practitioners who hold DEA registration numbers <ul style="list-style-type: none"> <li>Dentists</li> <li>Advanced Practice Registered Nurses</li> <li>Optometrists</li> <li>Physicians</li> <li>Physician Assistants</li> <li>Veterinarians</li> </ul>	July 17, 2017	
A delegate registered with the PDMP may review a patient's prescription history on behalf of the provider. (AS 17.30.200(d))  There is no restriction on who may enter data into the PDMP. After registering the office or pharmacy with PMP Clearinghouse, data may be entered into the PDMP through an electronic file transfer or an online universal claim form.	Delegates must hold a professional license under Title 08 of Alaska Statute ( <a href="http://professionallicense.alaska.gov">professionallicense.alaska.gov</a> )	July 17, 2017	

### EXEMPTIONS FROM PDMP USAGE

WHAT	WHO	WHEN
Dispensing less than a 24-hour supply of controlled substances at an inpatient pharmacy for use after discharge (AS 17.30.200(u))	All practitioners and pharmacists	July 28, 2017
Dispensing less than a 24-hour supply of controlled substances in an emergency department (AS 17.30.200(u))		July 28, 2017
Administered to an inpatient admitted to a health care facility (AS 17.30.200(k))		July 28, 2017
Administered at the scene of an emergency, in an ambulance, or in an emergency department (AS 17.30.200(k))		July 17, 2017
Dispensing, prescribing, or administering at a hospice or nursing home that has an inpatient pharmacy (AS 17.30.200(k))		July 17, 2017

Immediately before, during, or within the first 48 hours after surgery or a medical procedure (AS 17.30.200(k))		July 17, 2017
Writing a nonrefillable prescription for a controlled substance in a quantity intended to last for not more than three days (AS 17.30.200(k))		July 17, 2017
Exempt from the PDMP <u>except</u> when prescribing opioids to an inmate at the time of the inmate's release (AS 17.30.200(u))	Correctional facilities	July 28, 2017

## LIMITATIONS ON OPIOID PRESCRIPTIONS

WHAT	WHO	WHEN
<p><b>Duration of an initial opioid prescription limited to a seven-day supply for an adult or minor.</b></p> <ul style="list-style-type: none"> <li>• The prescriber must discuss with the parent or guardian of a minor why the prescription is necessary and the risks associated with the opioid use.</li> <li>• A prescriber may issue a prescription for greater than a seven-day supply to an adult or minor patient if, in the professional judgement of the prescriber, more than a seven-day supply is necessary for: <ul style="list-style-type: none"> <li>○ management of certain pain (e.g., severe acute pain, chronic pain, cancer pain, or palliative care), or</li> <li>○ a patient who is unable to access a practitioner within the time necessary for a new prescription because of a logistical or travel barrier.</li> </ul> </li> <li>• The prescriber must document in the patient's medical record: <ul style="list-style-type: none"> <li>○ the condition requiring the excess of a seven-day supply, and</li> <li>○ indicate a non-opioid alternative was not appropriate to treat the condition.</li> </ul> </li> <li>• The Board of Dental Examiners or the Board of Nursing may impose a disciplinary sanction if the corresponding board finds that a licensee has prescribed or dispensed an opioid in excess of the maximum dosage.</li> <li>• The Medical Board may not impose disciplinary sanctions on a physician for prescribing, dispensing, or administering a controlled substance if the requirements in the new section AS 08.64.363, under Sec. 16 of this document, are met.</li> </ul>	<p>Physicians (AS 08.64.326, AS 08.64.363, AS 08.64.364)</p> <p>Dentists (AS 08.36.315, AS 08.36.355)</p> <p>Advanced Practice Registered Nurses (AS 08.64.270, AS 08.68.705)</p>	July 26, 2017
<p><b>Duration of an initial opioid prescription limited to a seven-day supply for an animal patient.</b></p> <ul style="list-style-type: none"> <li>• A prescriber may issue a prescription for greater than a seven-day supply to an animal patient if, in the professional judgement of the prescriber, more than a seven-day supply is necessary for: <ul style="list-style-type: none"> <li>○ management of certain pain, or</li> <li>○ an owner who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier.</li> </ul> </li> <li>• The prescriber must document in the animal's medical record: <ul style="list-style-type: none"> <li>○ the condition requiring the excess of a seven-day supply, and</li> <li>○ indicate a non-opioid alternative was not appropriate to treat the condition.</li> </ul> </li> <li>• The board may impose a disciplinary sanction if the board finds that a licensee has prescribed or dispensed an opioid in excess of the maximum dosage.</li> </ul>	<p>Veterinarians (AS 08.98.235, AS 08.98.245)</p>	July 26, 2017
<p><b>Duration of an initial opioid prescription limited to a four-day supply for an adult or minor.</b></p> <ul style="list-style-type: none"> <li>• The prescriber must discuss with the parent or guardian of a minor why the prescription is necessary and the risks associated with the opioid use.</li> <li>• A prescriber may issue a prescription for greater than a four-day supply to an adult or minor patient if, in the professional judgement of the prescriber, more than a four-day supply is necessary for: <ul style="list-style-type: none"> <li>○ management of certain pain, or</li> <li>○ a patient who is unable to access a practitioner within the time necessary for a refill of the four-day supply because of a logistical or travel barrier.</li> </ul> </li> <li>• The prescriber must document in the patient's medical record: <ul style="list-style-type: none"> <li>○ the condition requiring the excess of a four-day supply, and</li> <li>○ indicate a non-opioid alternative was not appropriate to treat the condition.</li> </ul> </li> <li>• The board may impose a disciplinary sanction if the board finds that a licensee has prescribed or dispensed an opioid in excess of the maximum dosage.</li> </ul>	<p>Optometrists (AS 08.72.240, AS 08.72.276)</p>	October 24, 2017

## OTHER CONTROLLED SUBSTANCE CHANGES

WHAT	WHO	WHEN
<p><b>Voluntary Nonopioid Directive Act</b></p> <p>An individual or an individual's guardian may execute a voluntary nonopioid directive stating that an opioid may not be administered or prescribed to the individual or the minor. The directive must be in a format prescribed by DHSS and available in an electronic format.</p>	<p>All Alaskans (AS 13.55.010-110)</p>	July 1, 2019
<p><b>Unsolicited Notifications</b></p> <p>The board is authorized to provide confidential, unsolicited notification to a pharmacist, practitioner's licensing board, or practitioner if a patient has received one or more prescriptions for controlled substances in quantities or with a frequency inconsistent with generally recognized standards of safe practice.</p>	<p>Practitioners and pharmacists (AS 17.30.200(q))</p>	July 26, 2017

<p><b>Report Cards</b></p> <p>The Board of Pharmacy may issue to a practitioner periodic unsolicited reports that detail and compare the practitioner's opioid prescribing practice with other practitioners of the same occupation and similar specialty. A report issued under this subsection is confidential and the board shall issue the report only to a practitioner.</p>	<p>Practitioners (AS 17.30.200(t))</p>	<p>July 26, 2017</p>
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## REQUIREMENTS FOR NEW APPLICANTS

WHAT	WHO	WHEN
<p>Applicants for licensure must receive education in pain management and opioid use and addiction prior to licensure, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal DEA registration number.</p> <p><i>Physicians and optometrists:</i> Applicants for licensure by credentials must demonstrate professional competence in pain management and addiction disorders. The professional competence may include professional experience or professional instruction as proof of professional competence.</p>	<p>Dentists (AS 08.36.110)</p> <p>Physicians (AS 08.64.200, AS 08.64.205, AS 08.64.209, AS 08.64.225, AS 08.64.250)</p> <p>Optometrists (AS 08.72.120, AS 08.72.170)</p>	<p>July 1, 2018</p>
<p>Medical Board will adopt regulations for physician assistants to include education on pain management and opioid use and addiction.</p>	<p>Physician Assistants (AS 08.64.107)</p>	<p>July 1, 2018</p>

## CONTINUING EDUCATION REQUIREMENTS

WHAT	WHO	WHEN
<p>A licensee must receive no less than two hours of education in pain management and opioid misuse and addiction in the two years preceding application for renewal, unless the licensee demonstrates to the satisfaction of the board that the licensee's practice does not include pain management and opioid treatment or prescribing.</p> <p>An applicant for renewal may not be exempted from the requirement to receive at least two hours of instruction on pain management and opioid misuse and addiction, unless the person has demonstrated to the satisfaction of the board that the person does not currently hold a valid federal DEA registration number.</p>	<p>Physicians (AS 08.64.312)</p>	<p>July 1, 2018</p> <p>(Activity to be completed before renewal date, 12/31/2018)</p>
<p>Medical Board will adopt regulations for physician assistants to include education on pain management and opioid use and addiction.</p>	<p>Physician Assistants (AS 08.64.107)</p>	<p>July 1, 2018</p> <p>(Activity to be completed before renewal date, 12/31/2018)</p>
<p>A licensee must receive no less than two hours of education in pain management and opioid misuse and addiction in the two years preceding application for renewal, unless the person has demonstrated to the satisfaction of the board that the person does not currently hold a valid federal DEA registration number.</p>	<p>Optometrists (AS 08.72.181)</p> <p>Dentists (AS 08.36.070)</p> <p>Advanced Practice Registered Nurses (AS 08.68.276)</p>	<p>July 1, 2018;</p> <p>(Optometry: Activity to be completed before 12/31/2018; Dentist: complete by 02/28/2019; Nurses: complete by 11/30/2018)</p>
<p>The board is required to identify resources and develop educational materials to assist licensees in identifying an animal owner who may be at risk for abusing or misusing an opioid.</p>	<p>Veterinarians (AS 08.98.050)</p>	<p>July 1, 2018</p>

## QUESTIONS?

WHAT	WHO	PHONE	EMAIL or WEB ADDRESS
<p>PDMP technical questions, including registration and login assistance</p>	<p>Appriss Health</p>	<p>1-855-525-4767</p>	
<p>PDMP program questions</p> <p>Note: Questions regarding practice-specific interpretation, enforcement, or discipline should be directed to the</p>	<p>Alaska Department of Commerce, Community, and Economic Development (DCCED)</p>	<p>907-269-8404</p>	<p><a href="mailto:akpdmp@alaska.gov">akpdmp@alaska.gov</a></p> <p><a href="http://pdmp.alaska.gov">pdmp.alaska.gov</a></p> <p><a href="http://professionallicense.alaska.gov">professionallicense.alaska.gov</a></p>

appropriate licensing board. Visit the Professional Licensing homepage for program-specific contact information.			
Patient and provider opioid information & resources	Centers for Disease Control and Prevention (CDC)		<a href="http://www.cdc.gov/drugoverdose">www.cdc.gov/drugoverdose</a>
	Alaska Department of Health and Social Services (DHSS)		<a href="http://opioids.alaska.gov">opioids.alaska.gov</a>