



ALASKA'S PRESCRIPTION DRUG MONITORING PROGRAM

Alaska's PDMP: What you need to know

Alaska's Prescription Drug Monitoring Program registers prescriptions of Schedule II-IV controlled substances. Examples: narcotics (hydrocodone), tranquilizers (alprazolam, diazepam), stimulants (methylphenidate). The database is a tool for both patient safety — prescribers can see whether patients are getting prescriptions from other providers — and for tracking overall prescribing trends.

Who: All Alaska licensed prescribers with a DEA registration and all Alaska licensed pharmacists who dispense.

What: Must use the PDMP to review a patient's prescription history each time before prescribing a federally scheduled II or III controlled substance.

When: July 17, 2017 is the deadline to register and begin using the PDMP.

How: To sign up, visit pdmp.alaska.gov. The site has details on how to sign up and pull patient records.

Delegates: Are allowed. They must be licensed under chapter 8 of Alaska Statute (Professional Licensing) and registered in the PDMP before pulling a patient's prescription history for a provider.

Why: The national opioid overdose epidemic is hitting Alaska hard.

- Nearly half of all U.S. opioid overdose deaths involve a prescription opioid.
- Nationally, deaths from prescription opioids have more than quadrupled since 1999.
- Alaska's prescription opioid overdose death rate was more than twice the national rate in 2012.
- Misuse of prescription opioids is a significant risk factor for starting heroin use.
- PDMPs have been found to improve patient care and reduce misuse, abuse, and diversion of controlled substances

Questions?

- Most questions can be answered at pdmp.alaska.gov
- State contact: Brian Howes, 907-269-8404, akpdmp@alaska.gov
- Technical support: Appriss, 1-855-525-4767.

Patient and provider opioid information, resources: opioids.alaska.gov, www.cdc.gov/drugoverdose

Concerned about possible misuse? To safeguard patient safety, do not dismiss patients from care.

- If patients are receiving total opioid dosages >90 morphine milligram equivalent daily:
 - Discuss with the patient the goal of therapy and options to taper to a safer dosage or to non-opioid therapy.
 - Consider offering naloxone.
- If patients are taking benzodiazepines with opioids:
 - Communicate with others managing the patient re: the increased risk of overdose.
 - Weigh patient goals, needs, and risks, as well as other medications prescribed.
- If opioid use disorder is possible, discuss safety concerns and treatment options with patient.