



## 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](http://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](http://pdmp.alaska.gov)
- State contact: Brian Howes, 907-269-8404, [akpdmp@alaska.gov](mailto:akpdmp@alaska.gov)
- Technical support: Appriss, 1-855-525-4767.

**Patient and provider opioid information, resources:** [opioids.alaska.gov](http://opioids.alaska.gov), [www.cdc.gov/drugoverdose](http://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.