

# **Prescription Drug Monitoring Program**

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# **LEARNING OBJECTIVES**

- Understand how the Prescription Drug Monitoring Program (PDMP) operates
- Review current and pending legislation
- Understand the benefits of the PDMP
- Review the PDMP registration process and learn how to conduct a patient query
- Understand a Patient NarxCare report
- Understand your Prescriber Report



# **DISCLAIMERS**

- The DC PDMP should be used as a tool to assist providers with their treatment decisions
- There are no punitive consequences intended for providers who use the DC PDMP
- There are no penalties associated with failure to query the DC PDMP
- There are no mandates for providers to query the DC PDMP

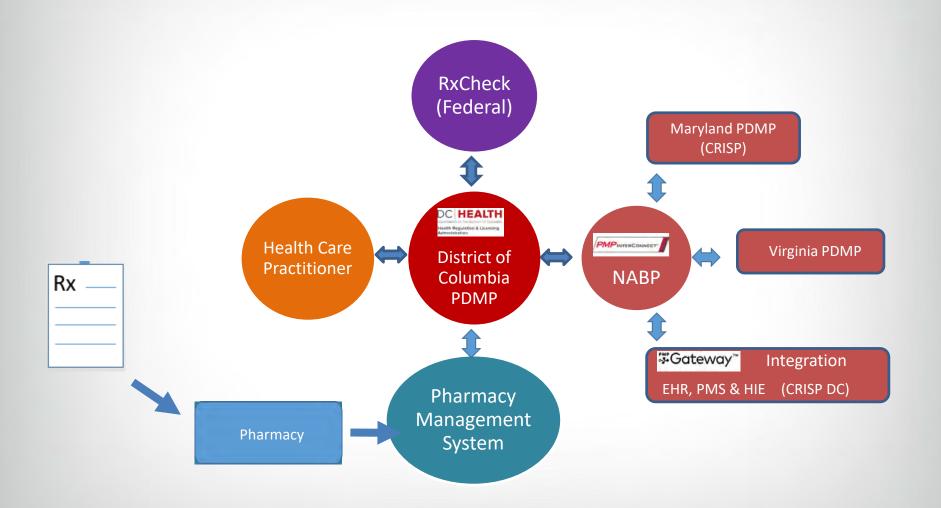


# WHAT IS A PRESCRIPTION DRUG MONITORING PROGRAM?

PDMPs are electronic databases used to monitor prescription trends within a jurisdiction by reporting the dispensation of targeted controlled drugs. Information is collected from dispensers to monitor controlled substance dispensations Prescriber's and dispensers are encouraged to use PDMP data to make informed patient care decisions This information may be used to monitor matters of substance abuse, fraud or diversion PMP AWARxE (developed by Appriss) is the software vendor for the DC PDMP



### **PDMP FLOW CHART**





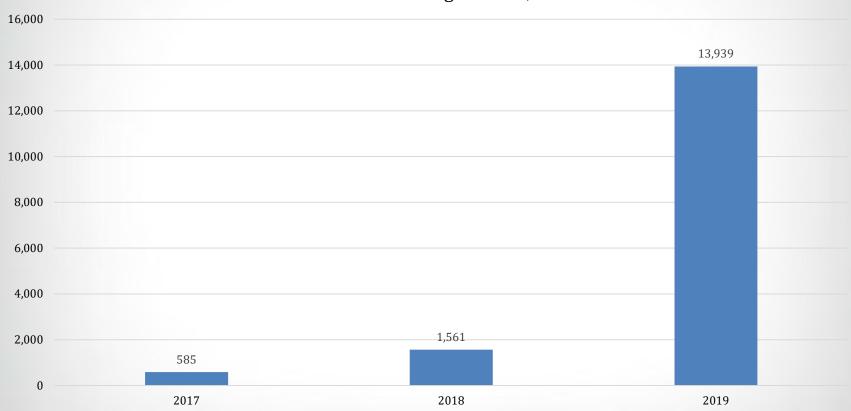
# DC PDMP REGISTRATION SNAPSHOT

Licensed Professional	Number of Registered PDMP Users
Physician (MD, DO)	10,689
Physician Assistant	627
Advanced Practice Nurses	1,551
Pharmacist	2,061
Dentist	1,126
Veterinarian	302
Podiatrist	133
Optometrists	175
Naturopathic Physician	30
VA Prescriber	30
Pharmacy Technician (Delegate)*	16
Other (Licensing Board Investigators, Law Enforcement, Medical Examiner, Midwife)	28
TOTAL	16,768

DC HEALTH

### **REGISTRATION OVER TIME**

### DC Health PDMP User Registration, 2017-2019





### **DEFINITIONS**

### Covered Substance<sup>1</sup>

- · All drug products containing Cyclobenzaprine, Butalbital or Gabapentin
- · All controlled substances included in schedules II, III, IV and V

### Administer

The direct application of a controlled substance, whether by injection, inhalation, application
ingestion, or any other means, to the body of a patient or research subject by a practitioner (or in the
practitioner's presence, by the practitioner's authorized agent) or the patient or research subject at
the direction of and in the presence of the practitioner

### Dispense

 To distribute a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery

### Reporting Period

The 24 hour time period immediately following the dispensing of a covered substance



### **DEFINITIONS**

### Prescriber

• A practitioner or other authorized person who prescribes a controlled substance or other covered substance in the course of his or her professional practice

### Dispenser

• A practitioner who dispenses a covered substance to the ultimate user

### PDMP Advisory Committee

 The multi-discipline committee established pursuant to section 3 of the Act, which functions under the Department to advise the Director on the implementation and evaluation of the District's prescription drug monitoring program

### Interoperability

 The ability of that program to share electronically reported prescription information with another state, district, or territory of the United States' prescription drug monitoring program or a third party, approved by the Director, which operates interstates prescription drug monitoring exchanges



# REPORTING EXCEPTIONS/EXCLUSIONS

- A DC licensed methadone treatment program or substance abuse treatment pharmacy or facility
- A DC licensed pharmacy that dispenses controlled substances (schedules II-V, cyclobenzaprine, gabapentin and butalbital) for inpatient hospital are or nursing home patients only
- A pharmacy or facility that dispensing covered substances to inpatients in hospices
- A pharmacy or a facility that never possesses or dispenses controlled substance (schedules II-V), cyclobenzaprine, gabapentin or butalbital
- A dispensing facility that is experiencing a hardship created by a natural disaster or other emergency beyond the control of the licensee
- An ongoing controlled research project or clinical trial approved by a regionally accredited institution of higher education or under the supervision of a governmental agency



# **PDMP USERS**



Prescribers



Dispensers



Delegates



Authorized Agents



**Patients** 



Policymakers



Researchers

### PRESCRIBER ROLE

- Supports avoidance of prescribing duplicate or inappropriate therapies that enable diversion
- Detection of patients at risk of drug abuse
- Prescribers have access to self-reports illustrating their prescribing activity
- Must provide notice at their practice stating the use of the PDMP
- Any covered substance being dispensed including those dispensed at their practice must be reported



### **DISPENSER ROLE**

- Dispensers are required to report all covered substances dispensed unless exempt
- May access database to analyze patient history of covered substance
- Corrections must be made by the dispenser within 72 hours
- Must give notice at their facility stating that patient information will be sent to the PDMP
- Based on data review, the dispenser can discuss concerns with prescriber and patient



### NABP PMP INTERCONNECT

DC PDMP currently shares data with the following 24 states:

- Alabama
- Connecticut
- Delaware
- Georgia
- Indiana
- lowa
- Kansas
- Louisiana

- Maryland
- Massachusetts
- Michigan
- Military Health System\*
- Minnesota
- Mississippi
- New Jersey
- New York
- North Carolina

- North Dakota
- Pennsylvania
- Puerto Rico \*
- Rhode Island
- South Carolina
- Texas
- Virginia
- Washington
- West Virginia



# NATIONAL PDMP SNAPSHOT

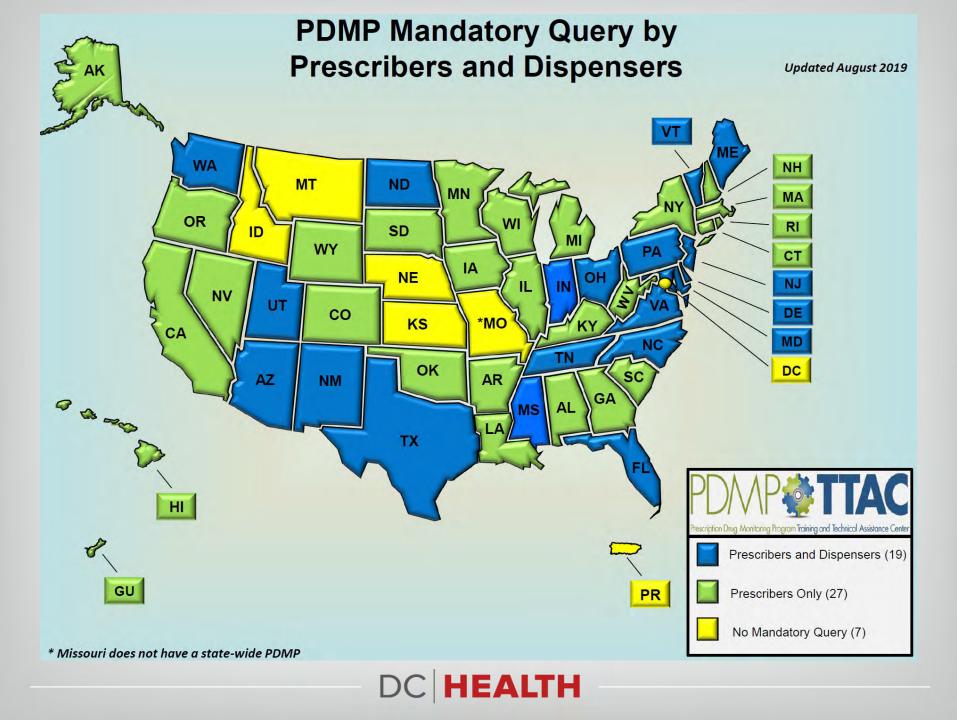
### **MANDATORY REGISTRATION**

- 33 states require both prescribers and dispensers
- 11 states require prescribers only
- 7 states plus Puerto Rico have no mandates
- Guam requires dispensers only

### **MANDATORY QUERY**

- 19 states require both prescribers and dispensers
- 26 states plus Guam require prescribers only
- 6 states plus Puerto Rico have no mandates





### REGISTRATION



#### Office Hours

Monday to Friday, 8:15 am to 4:45 pm, except District holidays

#### Connect With Us

899 North Capitol Street, NE, Washington, DC 20002 Phone: (202) 442-5955

Fax: (202) 442-4795

TTY: 711

Email: doh@dc.gov™



Ask the Director Agency Performance

Amharic (서찍ርኛ) Chinese (中文) French (Français) Korean (한국어) Spanish (Español) Vietnamese (Tiếng Việt)



LaQuandra S. Nesbitt MD, MPH Director

#### Prescription Drug Monitoring Program

The Prescription Drug Monitoring Program (PDMP) aims to improve the District's ability to identify and reduce diversion of prescription drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of controlled substances; and to enhance patient care by providing prescription monitoring information that will assure legitimate use of controlled substances in health care, including palliative care, research and other medical and pharmacological uses.

#### PDMP Database Access

#### DC PDMP Presentation:

**NEW!** Gateway Integration - grant funding is available for integration of PDMP data into electronic health records (EHRs), health information exchanges (HIEs), and pharmacy management systems.

- · Prescription Drug Monitoring Program Law
- · Prescription Drug Monitoring Program Final Rulemaking
- Notices
- Frequently Asked Questions
- Guides
- Forms
- PDMP Advisory Committee

The District of Columbia Prescription Drug Monitoring Program Advisory Committee will hold a public meeting on:

Tuesday, April 30, 2019, from 10:00 am until 12:00 pm At 899 North Capitol Street, NE, 2nd Floor, Room 216 Washington, DC 20002

DC PDMP Website- https://dchealth.dc.gov/PDMP



# **REGISTRATION**

https://districtofcolumbia.pmpaware.net/login

	Log In
	DC HEALTH  Health Regulation & Licensing Administration  Click "Create An Account
Log In	
Email	
Password	
Reset Passw d	
Log In	
Company Control	
Create an Account	
Need Help?	
Browsers Supported 🌔 🐼 🌒 🥭 (11+)	
	DC PDMP District of Columbia PDMP
	For assistance with this application, please contact
	855-9DC-4PMP

# **REGISTRATION**

Registration Process Tutorial

Can't View This File? Get Adobe Acrobat Reader

### Register for an Account

Please create your own account and do not create an account on behalf of someone else.

Email	
Password	
Password Confirmation	

#### Password Must:

- · Minimum of 8 characters
- · Contain one upper case letter
- · Contain one lower case letter
- · Contain one special character (! @ # \$ etc.)
- · Maximum of 72 characters

Continue

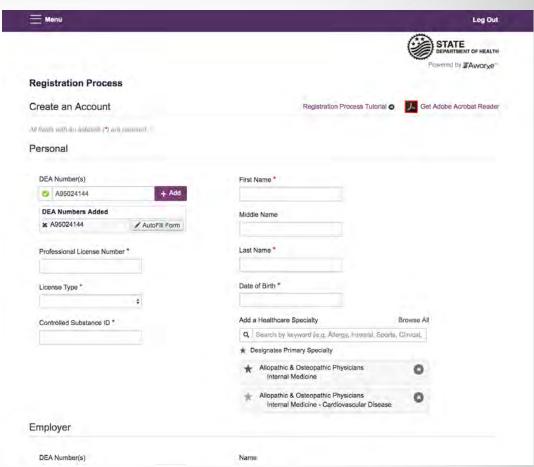
Already have an account? Log In

Need Help?



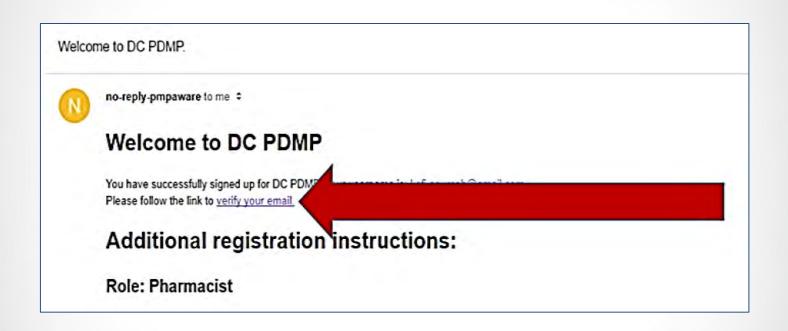
### REQUIRED INFORMATION FOR REGISTRATION

- Name
- License Number
- NPI (If applicable)
- DEA Number (If applicable)
- Work Address





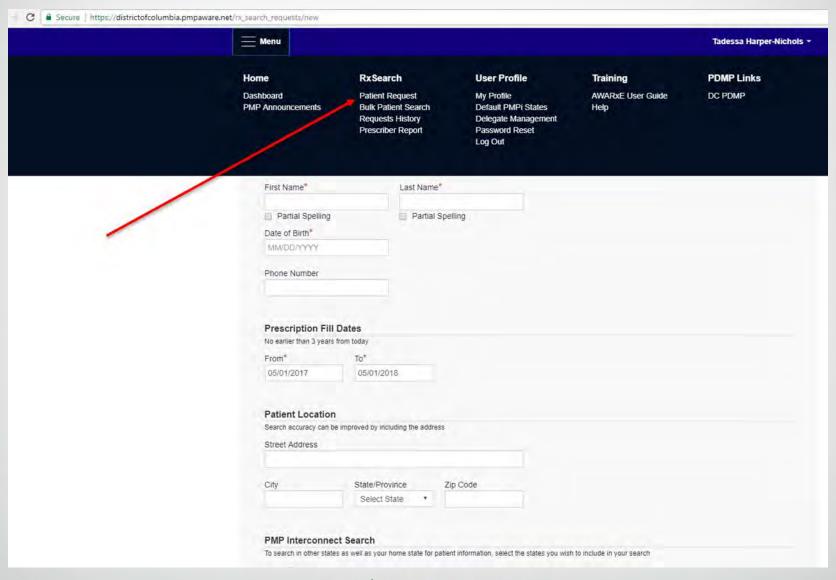
# **EMAIL VERIFICATION**



\* To complete the registration process, you must verify your email address



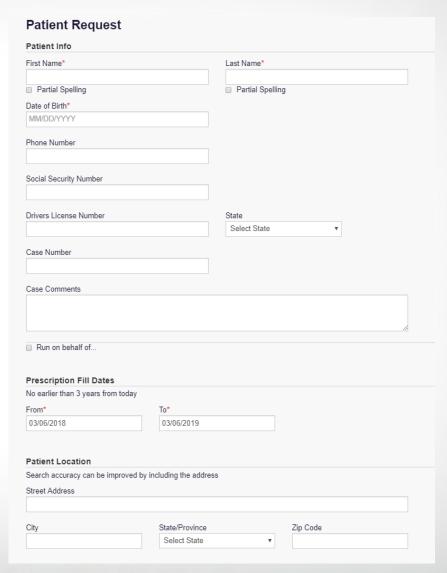
### **HOW TO RUN A PATIENT SEARCH**





### **HOW TO RUN A PATIENT SEARCH**

- 1. Select the RxSearch tab, then choose Patient Request.
- 2. Enter search criteria
- 3. At a minimum, you must provide:
  - First name (full or partial\*)
  - Last name (full or partial\*)
  - Date of birth
  - Prescription fill dates
- 4. Click Search at the bottom of the screen to submit your request.
- 5. If multiple patients are identified- refine your search by providing additional search information
- 6. Click on "Run Report", the patient prescription results will be displayed.







# **SEARCH TIPS**

**Partial Spelling**: Using Partial Spelling can be helpful for hyphenated or commonly abbreviated names (Will vs. William). At a minimum, enter the first three characters of the patient's first and/or last name.

- Prescription Fill Dates The maximum time period for your search is 36 months.
- **PMP Interconnect Search** allows you to search other participating state databases for the patient's records.

To improve the likelihood of finding a specific patient:

- For out-of-state searches Limit your search criteria to only the required fields.
- For in-state searches In addition to the required fields, include additional details such as ZIP code



### **DELEGATE REGISTRATION**

### Registration Requirements

- Must be licensed, registered or certified by a health occupations board
- Must be employed at the same location and under the direct supervision of the prescriber or dispenser
- Separate applications for delegate registration

# Registration Process

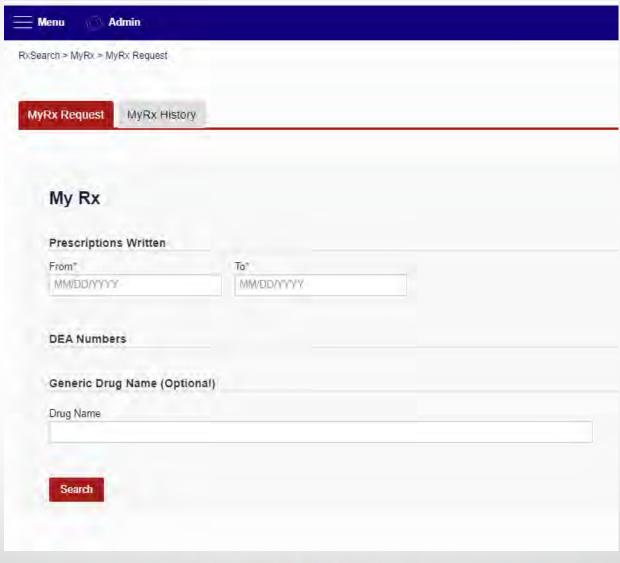
- Application must include individual license, registration or certification number and a copy of another government issued identification
- Application must be co-signed by supervising prescriber or dispenser

# Expiration of Registration

- Registration for delegates expire June 30<sup>th</sup> of every even numbered year
- If the delegate becomes ineligible the program must be notified in writing within 24 hours

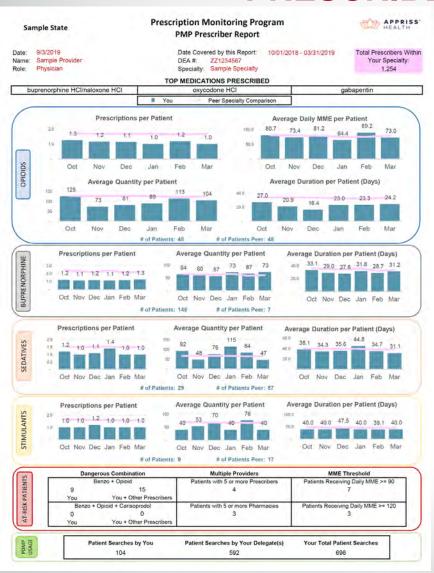


# PRESCRIBER SELF-REPORT





### PRESCRIBER REPORTS



- This report provides a summary of a healthcare provider's own prescribing history, compared to a prescriber of the same specialty
- Launched April 2018, updated February 2020
- Available on a quarterly basis to all registered prescribers who have prescribed at least 1 controlled substance in past 6 months
- Prescribers can access their Prescriber Report on their AWARxE Dashboard
- Report is not punitive and only shared with the prescriber

#### Sample State

### Prescription Monitoring Program PMP Prescriber Report

APPRISS"

Date: 9/3/2019

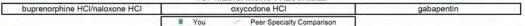
Name: Sample Provider Role: Physician

Date Covered by this Report:
DEA #: ZZ1234567

10/01/2018 - 03/31/2019

Total Prescribers Within Your Specialty: 1,254

### Specialty: Sample Specialty TOP MEDICATIONS PRESCRIBED







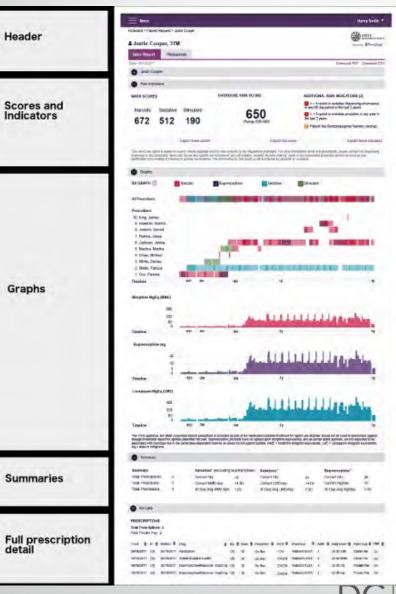


		Prescriptions per Patient					Average Quantity per Patient					Average Duration per Patient (Days)					
1.0 1.0	1.2 1.0	1.0	1.0	50	40	53	70	40	76	40	50.0	40.0	40.0	47.5	40.0	39.1	40.0
Oct Nov	Dec Jar	Feb	Mar	-	Oct	Nov	Dec	Jan	Feb	Mar	-	Oct	Nov	Dec	Jan	Feb	Mai
	Oct Nov			1.0 1.0 1.0 1.0 1.0 1.0 Oct Nov Dec Jan Feb Mar					Oct Nov Dec Jan Feb Mar Oct Nov Dec Jan			40 40 50	50 40 40 500 40.0	500 40.0 40.0 40.0 40.0 40.0 40.0 40.0 4	50 AU	50 40 40 40 40 40 40 40 40 40 40 40 40 40	50 H H S 50 H S

Dan	gerous Combination	Multiple Providers	MME Threshold
	Benzo + Opioid	Patients with 5 or more Prescribers	Patients Receiving Daily MME >= 90
9	15	4	7
You	You + Other Prescribers		
Benzo	+ Opioid + Carisoprodol	Patients with 5 or more Pharmacies	Patients Receiving Daily MME >= 120
0	0	3	3
You	You + Other Prescribers		1

PDMP	Patient Searches by You	Patient Searches by Your Delegate(s)	Your Total Patient Searches
OS US	104	592	696

### NARXCARE OVERVIEW



- The NarxCare report is divided into 4 regions
  - 1. Header
  - 2. Scores and Indicators
  - 3. Graphs
  - 4. Full Prescription Detail

#### Harry Switt. \* Policies - Pariet Report - Julie Cook Header @ pur & Justin Cooper, 27M - French San Report Resources Description (Company) O annious O Tel Persons EVERTORIE HAS SCORE MAIO SCORES ADDITIONAL RISK MUCATORS OF Scores and 1 has the sold or contains the contrigue framework in any VE day period in the fact 2 years. Narottic Section Street, 650 Indicators 1 + Supposit or malestan procession on top year in the last 2 years 672 512 Pytheti No Serbobacque Narror; restup. Spartness Contract REGENTY (2) E Strater Af-Paulosbard Association 10 King James N. HOMBING BOOKS St. Janistic, Garreld 1. Politico, Ferreiro 6 Jackson, James 5 Maries Maries A. Criver, Millerell & Minte, Switze & Belo, Parice 1 One Passes Diseles Graphs Margister Highly (MNIX) Assessment Strategy Interny function privately supercoine. Selectors' **Summaries** ти госерны. Simil Sy Detert Ob. Correct City THE PROPERTY. Soverhillrain 1430 cornel Military MADE: Contribution: Total Promiseros ROSE/REPRODUCTION CO. Attoring debug: 7 to TECHNORY 200 O HIGH PRESCRIPTIONS. Strick Proventiations is ne from her \$ Full prescription detail tran \$ it \$ man \$ reg \$ to \$ ton \$ record out \$ next record \$ next record record for \$ CE 10 Seller the Manager I provide comme (in STREET IN STREET SERVICES OF IN SOME DOOR REMOVED IN CHARGE DESIGN OF STREET IS STREET EMPLOYMENT THERE IS IN IN THE THE THEORY IS NOT THE PARTY OF

CHARLES STATE SURRESPONDED TO BE IN COST 1969 MINISTER IN COSTS OF

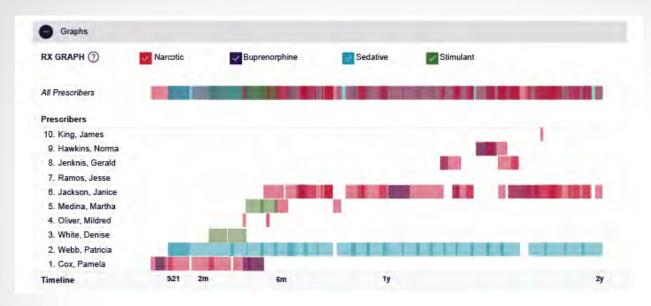
### **HEADER**

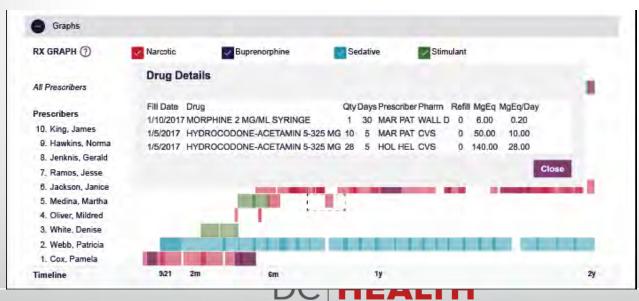


### **SCORES AND INDICATOR**



### **GRAPHS**





### **FULL PRESCRIPTION DETAIL**



Rx Data

#### PRESCRIPTIONS

Total Prescriptions: 4
Total Private Pay: 2

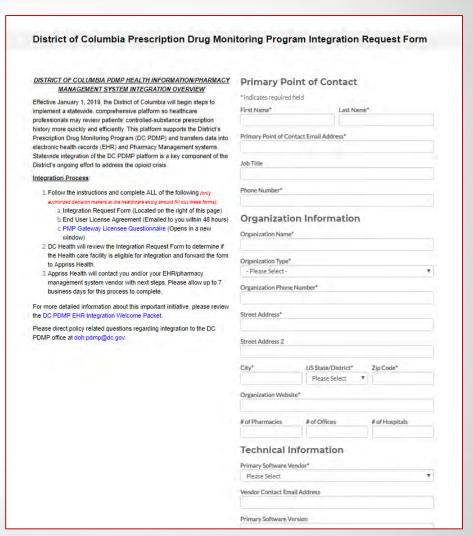
Filled \$	ID \$	Written 🗢	Drug \$	Qty \$	Days \$	Prescriber 🕏	RX# 🗢	Pharmacy \$	Refill ‡	Daily Dose*	Pymt Type 🕏	PMP \$
06/18/2017	120	06/18/2017	Alprazalom	120	30	Ge Ben	1234	Walmart (4567)	0	20.00 LME	Comm Ins	ОН
06/18/2017	120	06/18/2017	Acetaminophine-Cod#3	120	30	Ge Ben	234234	Walmart (3123)	0	20.00 MME	Comm Ins	ОН
06/18/2017	120	06/18/2017	Buprenorphine/Naloxone 8mg/2mg	120	30	Ge Ben	234234	Walmart (1234)	0	20.00 mg	Private Pay	ОН
06/18/2017	120	06/18/2017	Buprenorphine/Naloxone 8mg/2mg	120	30	Ge Ben	234234	Walmart (4567)	0	20.00 mg	Private Pay	ОН

\*Per CDC guidance, the MME conversion factors prescribed or provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. LME = Lorazepam milligram equivalents, mg = dose in milligrams.



### **GATEWAY INTEGRATION**

- Grant funding is currently available for the integration of PDMP data into:
  - Electronic Health Records (EHRs)
  - Health Information Exchanges (HIEs)
  - Pharmacy Management Systems



https://info.apprisshealth.com/dcpdmpehrintegration



#### **EHR VENDORS**

- Over 100 EHR, HIEs and Pharmacy Management Systems connections have been established to date
- Some examples include:
  - Cerner
  - Epic
  - eClinicalWorks (eCW)
  - Athena Health
  - iPatientCare
  - Advanced EMR Solutions
  - Allscripts
  - NextGen
  - PioneerRx
  - Greenway Health
  - E-MDs
  - PDX
  - Practice Fusion



### **CLINICAL ALERTS**

Set Shopper Alert Thre	sholds	
Trigger a PMP Patient Report	Alert when: *	Within a Time Period of: *
Count of Prescribers	Count of Pharmacies	3 Months • 6 Months • 12 Months
≥ 4 AND	≥ 4	

#### **BEST PRACTICE FOR CLINICIANS**

#### CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

- Clinicians should review the patient's history of controlled substance prescriptions using PDMP data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose.
- Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.





https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines\_Factsheet-a.pdf



### **MANDATES**

#### B22-0459 - Opioid Abuse Treatment Act of 2017

- Requires Prescribers and Pharmacists licensed in the District of Columbia to register with the DC PDMP
- Prohibits Health Occupations Boards from licensing, renewing, reactivating, or reinstating a licensee that is required to be registered, without proof that the licensee has registered with the PDMP.
- Allows the FBI to obtain reports related to drug investigations.
- Enables the Program to take action against an individual that submits a false statement to the program to gain access to the database or who falsely alters information in the database.
- Allows the Program to review and analyze data collected in the system to identify misuse or abuse of covered drugs, possible violations of law or breaches of professional practice (pursuant to developed criteria), and to report this information to the relevant prescriber or dispenser.



## TITLE 22-B DCMR, PUBLIC HEALTH AND MEDICINE CHAPTER 10

- 1003.2 Beginning August 1, 2019, prior to applying for renewal of a controlled substance registration, a practitioner shall be registered with the District of Columbia Prescription Drug Monitoring Program (PDMP).
- 1003.3 The department shall not renew a controlled substance registration for a practitioner that is not registered with the PDMP.



### FEDERAL SUPPORT ACT HIGHLIGHTS

On October 24, 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act was signed into law

#### **Medicaid Partnerships**

 Beginning October 1, 2021, Medicaid providers will be required to query the PDMP before prescribing a covered substance

#### Inclusion of more timely or real-time data contained within a PDMP:

- Sending proactive (or unsolicited) reports to providers
- Designing, validating, or refining algorithms for identifying high-risk prescribing activity to use as a trigger for proactive reports.
- Improving PDMP infrastructure or information systems to support proactive reporting and data analysis, including enhancing reporting system to increase frequency and quality of reporting.
- Developing and disseminating information or guidance to aid in proactive reporting (example guidance for opioid naïve patients, patients with overlapping opioids and benzodiazepines).



### FEDERAL SUPPORT ACT HIGHLIGHTS

- Integrating tools such as cumulative morphine milligram equivalent (MME) calculations into patient PDMP reports
- Incorporating prescriber notification of patient overdose deaths.
- Requiring pharmacists to check the prescription drug history of covered individuals through a qualified prescription drug monitoring program before dispensing controlled substances to such individuals.
- Ensuring that PDMPs are easy to use and access by providers:
- Facilitate improved delegate access and training.
- Expand access to PDMPs via integration into electronic health records, pharmacy management systems and health information exchanges.



### DC PDMP ADVISORY COMMITTEE

NEXT MEETING DATE: APRIL 21, 2020,10:00 AM-12:00 PM

- DC PDMP Advisory Committee was established in January 2018
- Quarterly meetings in 2019
- Recommendations to DC Health Director regarding:
  - PDMP Best Practice
  - Regulatory and Legislative Updates
  - PDMP Education and Outreach to Prescribers and Dispensers
  - Program enhancements



#### **ADDITIONAL HIGHLIGHTS**

#### LIVE.LONG.DC

- Led by the Department of Behavioral Health, DC's lead agency in combating the opioid epidemic, Mayor Muriel Bowser's LIVE LONG DC Plan aims to reduce opioid use and misuse and to reduce opioidrelated deaths by 50% by 2020.
- LIVE LONG DC will employ evidence-based strategies and promising practices to meet the specific needs of Washington, DC.
- LIVE LONG DC is the District of Columbia's interagency effort to work with public and community partners to:
  - Increase public awareness and prevention
  - Enhance treatment offering
  - Strengthen recovery support



#### **OPIOID LEARNING INSTITUTE**



https://opioidhealth.org/

- The Opioid Learning Institute, led by HealthHIV
- The site currently has 12 free modules with training on opioids
- The free online and self-paced continuing education curriculum covers topics related to opioid prescribing practices, the prevention and treatment of opioid use disorder, harm reduction approaches, and other relevant topics around opioids.



### **NARCAN PILOT PROGRAM**

Participating Pharmacy	Address	Ward
Morgan Pharmacy	3001 P ST NW Washington, DC 20007	2
Grubbs Care Pharmacy NE	326 EAST CAPITOL ST NE Washington, DC 20003	6
Grubbs Care Pharmacy NW	1517 17TH ST NW Washington, DC 20036	2
Grubbs Care Pharmacy SE	2910 MARTIN LUTHER KING JR AVE SE Washington, DC 20032	8
Kalorama Pharmacy	1631 KALORAMA RD NW Washington, DC 20009	1
Good Care Pharmacy	2910 MARTIN LUTHER KING JR AVE SE Washington, DC 20032	8
Excel Pharmacy	3923 South Capitol St SW Washington, DC 20032	8
CVS #22	320 40TH STREET NE Washington, DC 20019	7
CVS #1340	845 BLADENSBURG ROAD NE Washington, DC 20019	5
CVS #1360	2834 ALABAMA AVE SE Washington, DC 20020	7
CVS #1364	6514 GEORGIA AVE NW Washington, DC 20012	4
CVS #1354	2601 CONNECTICUT AVE NW Washington, DC 20008	3
CVS #2834	3031 14TH STREET NW Washington, DC 20009	1
Safeway #1445	2845 ALABAMA AVE SE Washington, DC 20020	7
Walgreens #15360	801 7TH STREET NW Washington, DC 20001	2
Walgreens #16049 (Howard University		
Hospital)	2041 GEORGIA AVE NW Washington, DC 20060	1
Giant #384	1535 ALABAMA AVE SE Washington, DC 20032	8



# WHAT ACTION SHOULD A PRACTITIONER TAKE IF DRUG MISUSE OR ABUSE IS SUSPECTED BY A PATIENT?

- A. Contact Law Enforcement
- B. Refer patient to Department of Behavioral Health (DBH) treatment and recovery support services
- c. Check the PDMP



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# DISPENSATIONS OF WHICH PRODUCTS ARE REPORTED TO THE PDMP?

- A. Naloxone
- B. Controlled substances (schedules II-V, cyclobenzaprine, gabapentin and butalbital)
- c. Medical marijuana



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# WHICH OF THE FOLLOWING IS <u>NOT</u> REQUIRED WHEN RUNNING A PATIENT QUERY?

- A. Home Address
- B. First name (full or partial)
- c. Last name (full or partial)
- D. Date of birth



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- D. Date of birth



#### TRUE/FALSE?

- 1. Prescribers/Dispensers may have up to four (4) delegates each.
- Prescribers and Dispensers are NOT mandated to query the PDMP.
- DC licensed practitioners can access Maryland, Delaware and Virginia PDMP data.
- 4. A Nurse Practitioner is required to report tramadol dispensations to the PDMP.
- Covered substance dispensation data is reported to the DC PDMP every 72 hours.



#### TRUE/FALSE?

- F 1. Prescribers/Dispensers may have up to four (4) delegates each.
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- 4. A Nurse Practitioner is required to report tramadol dispensations to the PDMP.
  - 5. Covered substance dispensation data is reported to the DC PDMP every 72 hours.

#### **DISCUSSION QUESTION**

A Dentist administers Percocet to a patient after a dental procedure. Is the Dentist required to query the patient in the DC PDMP and report the Percocet administration?



#### **DISCUSSION QUESTION**

A Dentist administers Percocet to a patient after a dental procedure. Is the Dentist required to query the patient in the DC PDMP and report the Percocet administration?

#### **Answer:**

- No, the ADMINISTRATION of a covered substance should not be reported to the DC PDMP.
- The Dentist is not mandated to query the DC PDMP but is required to register.



## Resources

- For more information on the DC PDMP, please visit the District of Columbia, DC Health website at (https://dchealth.dc.gov/pdmp)
- For questions about the program, email <u>doh.pdmp@dc.gov</u>
- For free educational programs about opioids, please visit (<a href="https://dchealth.dc.gov/dcrx">https://dchealth.dc.gov/dcrx</a>)
- Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMP TTAC) at Brandeis University <a href="http://www.pdmpassist.org/">http://www.pdmpassist.org/</a>
- CDC Guideline for Prescribing Opioids for Chronic Pain https://www.cdc.gov/drugoverdose/pdf/guidelines at-a-glance-a.pdf
- For technical assistance, please contact Appriss at (855) 932-4767



# **QUESTIONS?**

