


Alabama Board of Medical Examiners

Controlled Prescribing in Collaborative/Supervisory Relationships:
Things You Need to Know on the Administrative Side



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MISSION OF THE ALABAMA STATE BOARD OF MEDICAL EXAMINERS AND
MEDICAL LICENSURE COMMISSION

“The Alabama Board of Medical Examiners and the
Medical Licensure Commission of Alabama
are charged with protecting the health and safety of the
citizens of the state of Alabama.”


William M. Perkins
Executive Director

Alabama Board of Medical Examiners


What's New?



Modified
Applications



Online Payments



New Rule for PAs– Alternative to the requirement of
completing 12 months of active clinical practice in
Alabama to qualify for a QACSC

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Processed Controlled Substance Applications: PA and CRNP



2021: 351



2022: 473



2023: 567

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Effective 4/15/2023, The Alabama State Board Of Medical Examiners Is Not Able To Act As An IMLC State Of Principal License (SPL). This is an ongoing situation and more information will be provided as it comes available.

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Administrative Rules


Administrative Rules are published by the Legislative Reference Service
 Click here for Board of Medical Examiners Administrative Rules
 Click here for Medical Licensure Commission Administrative Rules

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Qualified Alabama Controlled Substance Certificate

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Controlled Substance Prescribing

- ⓘ Define separate policies in your practice for prescribing legend drugs and controlled drugs
- ⓘ Check Medical Staff Bylaws and facility policies prior to writing inpatient orders for Controlled Substances
- ⓘ You will need a QACSC and your own DEA if writing prescriptions for discharge that will be filled at an outside pharmacy

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Obtaining a QACSC

✕ Eligibility Requirements to obtain a QACSC

¥ Collaborative Agreement(s) or Registration Agreement(s) with Final Approval by the ABN/BME totaling at least 12 months in the State of Alabama

👤 Attended the controlled prescribing seminar presented by the Medical Association State of Alabama to obtain the 12 AMA PRA Category 1 credits offered (Register at www.alamedical.org/prescribing)

📄 Send in application for QACSC within one (1) year of completing the prescribing course. Application must be approved by the Board. The Board meets once a month

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Where do I find the Applications?

www.albme.gov



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Next step: Click on FORMS or Application Forms

A QACSC is specific to each collaborative practice agreement.



How to Apply/What Happens Next

Complete the application forms and submit with fee payment.

- + The application will be placed on the next Board agenda for approval.
- + After the Board meeting, approved applicants will be notified of approval/non-approval.

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Forms


- + Prescribing Protocols for QACSC and LPSP
- + Initial QACSC Application for CRNPs/CNMs Application and Instructions
- + Additional QACSC Application for CRNPs/CNMs Application and Instructions

Fees

- + Initial QACSC: \$110
- + Additional QACSC: \$60
- + QACSC renewal: \$60

Print receipts at the Licensee Portal.

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QACSC

- ❖ The QACSC is linked to a specific Collaborative/Registration Agreement. It is NOT transferrable
- ❖ To add a covering physician to the QACSC the physician **must first** be an approved covering physician on the Collaborative Practice or Registration Agreement
- ❖ Doesn't stand alone. If the Collaborative Practice or Registration Agreement linked to the QACSC terminates, then the QACSC also terminates
- ❖ QACSC covers schedules 3, 3N, 4, and 5

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Which license do I apply for first?

A) QACSC

B) DEA

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Applying for the DEA

- Do not apply for the DEA until you have approved for and have been issued a QACSC
- Apply for DEA Registration at www.deadiversion.usdoj.gov and then send a copy of the certificate to the BME
- Your QACSC status will be "Active Pending DEA" until we receive a copy of the DEA. You cannot renew the QACSC for the next calendar year or print your certificate with this status

You are not authorized to write a prescription for a controlled substance in Alabama without both the QACSC and the DEA

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Do I Need Multiple QACSCs?



- NP/PA works with the physician in his/her primary practice site Monday thru Friday.

On the weekends, they also work together at the ER in their town. Does the NP/PA need a QACSC for each site?

Answer: **NO**



- If all practice sites are listed on the Collaborative Practice Agreement and the physician can walk into any listed site and see patients and records, only one QACSC is required.
- *If NP/PA works at Urgent Care on the weekends under a different collaborating physician, then 2 QACSCs would be required. One for each physician/site.
- **If a PA has multiple registration agreements with the same physician, the PA may be required to have a QACSC for each registration agreement.

Controlled Substances for Weight Reduction... Can I Prescribe?





540-X-17-.02 Schedule II Controlled Substances.

"A physician shall not order, prescribe, dispense, supply, administer or otherwise distribute any Schedule II amphetamine or Schedule II amphetamine-like anorectic drug, or Schedule II sympathomimetic amine drug or compound thereof or any salt, compound, isomer, derivative or preparation of the foregoing which is chemically equivalent thereto or other non-narcotic Schedule II stimulant drug, which drugs or compounds are classified under Schedule II of the Alabama Uniform Controlled Substances Act, to any person for the purpose of weight control, weight loss, weight reduction or treatment of obesity."

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540-X-17-.03 Schedule III, IV And V Controlled Substances for Weight Reduction:

(1) Only a doctor of medicine or doctor of osteopathy licensed by the Medical Licensure Commission of Alabama may order, prescribe, dispense, supply, administer or otherwise distribute a controlled substance in Schedule III, IV or V to a person for the purpose of weight control, weight loss, weight reduction, or treatment of obesity, except that a ***Physician Assistant, Certified Registered Nurse Practitioner or Certified Nurse Midwife may prescribe non-controlled drugs for such purpose.*** If a Physician Assistant, Certified Registered Nurse Practitioner or Certified Nurse Midwife prescribes non-controlled drugs for weight reduction or the treatment of obesity, the prescriber shall comply with the guidelines and standards of this Chapter which apply to MDs and DOs.

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(2) A written prescription or a written order for any controlled substance for a patient for the purpose of weight reduction or treatment of obesity **shall be signed by the prescribing physician on the date the medication is to be dispensed, or the prescription is provided to the patient**

If an electronic prescription is issued for any controlled substance for a patient for the purpose of weight reduction or treatment of obesity, the prescribing physician **must sign and authorize the transmission of the electronic controlled substance prescription** in accordance with federal law and must comply with all applicable requirements for Electronic Prescriptions for Controlled Substances

Such prescriptions or orders shall not be called in to a pharmacy by the physician or an agent of the physician

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(3) The prescribing/ordering physician shall be present at the facility when he or she prescribes, orders or dispenses a controlled substance for a patient for the purpose of weight reduction or treatment of obesity

Author: Alabama Board of Medical Examiners Statutory Authority: Code of Ala. 1975, §34-24-53 History: New Rule Filed December 16, 2011; effective January 02, 2012; Amended: Filed June 16, 2016; effective July 23, 2016; Amended: Published August 31, 2020; effective October 15, 2020



Know the Rules of Prescribing Controlled Medications

Code of Alabama 20-2-260

- A PA, CRNP or CNM authorized to prescribe.... shall not prescribe, administer, or dispense any controlled substance to:
 - ❖ his or her own self
 - ❖ spouse
 - ❖ child
 - ❖ parent



What are the QACSC & LPSP Protocols?

The Protocols govern how you prescribe controlled medications!

QACSC Protocols

If the **physician initiates** the medication, and the patient is well-maintained, the APP may prescribe a 30-day supply with 2 reissues up to 90 days. (3 separate scripts) DEAs will alternate every 90 days

If **APP initiates** the medication, they are limited to a 30-day supply. The physician must prescribe the next 30-days under his/her own DEA. Once well-maintained, prescriptions will alternate every 90 days

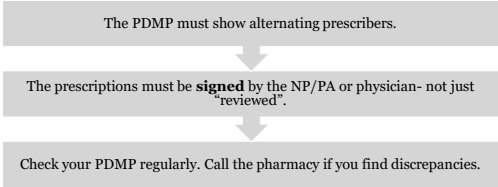
Physician must have an established and on-going relationship with the patient! Must see the patient at least once per year.

The collaborating/ supervising physician must check the APP's prescribing on a quarterly basis by logging into his/her own PDMP using their name and password (*see video in later slide)

NP/PA Initiates a Schedule 4 Drug for a Patient

- He/she may prescribe a 30-day supply.
- Next visit: the physician must write the follow up prescription under his/her DEA.
- If the patient is well-maintained, the NP/PA may write the next 30-day prescription with 2 reissues (up to 90 days).
- The physician should write the next 90-day prescription under their own DEA/ACSC.
- The PDMP should reflect the alternations every 90 days.
- You can see this information under the patient in the PDMP.
- Physician should see the patient at least once per year.
- If physician initiates the medication, the NP/PA may write a 30-day prescription with 2 reissues if well-maintained.

“I prescribe electronically and send my physician the prescriptions to review. Does this count?”





Medication Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders

Can I Become a Data-Waivered Practitioner in Alabama?

- ❖ On **December 29, 2022**, with the signing of the Consolidated Appropriations Act of 2023, otherwise known as the Medication Access and Training Expansion(MATE)Act, Congress eliminated the “Data-Waiver Program”
- ❖ A Data Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder
- ❖ Going forward, all prescriptions for buprenorphine only require a standard DEA registration number. Prescriptions no longer require the X DEA number
- ❖ There are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine
- ❖ The Act does not impact existing state laws or regulations that may be applicable **QACSC protocols still apply!**
- ❖ The Act also introduced new training requirements for all prescribers. These requirements went into effect on **June 27, 2023**, for initial and renewal applicants

Practitioners Can Meet This Requirement in One of Three Ways:

- A total of 8-hours of one-time training* from a range of training entities on opioid or other substance use disorders. (Practitioners who previously took training for the DATA-2000 waiver to prescribe buprenorphine can count this towards their 8-hour training requirement)
 - 2) Board certification in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, American Board of Addiction Medicine, or the American Osteopathic Association
 - 3) Graduation within 5 years and in good standing from a medical, advanced practice nursing, or physician assistant school in the United States that included successful completion of an opioid or other substance use disorder curriculum of at least 8 hours. This curriculum must have included teaching on the treatment and management of patients with opioid and other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder
- *See SAMHSA's website for a complete list of approved accredited CME organizations/providers & additional details. The 8-hour portion of this course meets the requirement!

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Limited Purpose Schedule 2 Permit

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Limited Purpose Schedule 2 Permit (LPSP)

Requirements	Important
Current /Active QACSC	Covering physicians must first be on the QACSC
Current/Active DEA	LPSP will terminate along with the QACSC if the Collaborative Agreement Terminates
Submit Application to include the drug groups need for your practice	Long-Acting Schedule 2 medications are historically only approved for Hospice/ Palliative Care under the umbrella of Hospice/ Oncology/ Rehab clinical practices/ nursing homes
Submit explanation for the need of each drug group requested	Not just the drug name

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What If I Need to Add a Drug Class?

PA/NP requested ADHD Medications, Hydrocodone Cough Preps and Hydrocodone Combinations on LPSP application.

- PA/NP needs to **add Oxycodone IR** medications.

PA/NP may submit a request for an **LPSP Expansion**. This may be done at any time for no additional fee. The request will still go before the Board of Medical Examiners for review and approval.

If the expansion request is for **ADHD Medications**, the DEA will need to be updated to reflect the addition of **2N** medications.

Helpful Hints

Historically, the Board will not approve Hydrocodone Cough Preps for children under the age of 18 or for **chronic** cough.

Historically, the Board will not approve ADHD medications for: narcolepsy, hypersomnia, obstructive sleep apnea, or binge-eating disorder.

ADHD medications are historically approved for ADD/ADHD only.

Historically, the Board will not approve ADHD meds for urgent care. Only primary care.

Historically, the Board will not approve long-acting schedule 2 medications for **chronic pain** or any primary care specialty other than **oncology, hospice, palliative care within hospice, or nursing homes.**



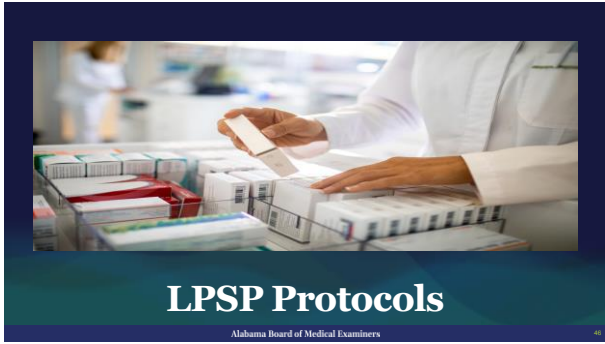
After receiving approval from the BME, you will need to **update** the DEA with the new approved drug schedules to include 2 and/or 2N



You cannot utilize the LPSP until this has been completed and you have received the updated DEA certificate



Scan/email or fax the BME a copy of the updated DEA certificate once received



Schedule 2N- Stimulants

- If the **physician** initiates a **stimulant (2N)** and the patient is well-maintained, the CRNP/CNM/PA may prescribe a 30-day supply with two reissues not to exceed a 90-day supply.
- If the CRNP/CNM/PA initiates a **stimulant (2N)**, the PA/NP/CNM may write a 30-day supply.
- The **physician must SEE the patient** before medication is continued and the physician must prescribe the next 30 days under his/her own DEA and ACSC.
- Once the patient is well-maintained, the PDMP should reflect alternation of prescribing DEAs every 90 days.

PA/NP Initiates a 30-day supply of an ADHD medication

- Next visit: Physician must **physically see** the patient AND write the next 30/60/90-day prescription under his/her DEA and ACSC
- If the patient is well-maintained, the PA/NP may continue the medication with a 30-day prescription and 2 reissues up to 90 days
- If an **escalation** is needed, the PHYSICIAN must prescribe under his/her DEA
- Prescriptions alternate every 90 days in PDMP

Schedule 2

If the **physician initiates** a short acting Schedule **2** medication, the CRNP/CNM/PA may write the next 30-day prescription. Then the prescriptions would alternate between DEA's **every 30 days**

If the **CRNP/CNM/PA initiates** a short acting Schedule **2** medication, the CRNP/CNM/PA may write a 30-day supply. The **physician must SEE the patient** before medication is continued. Physician must prescribe the next 30 days under his/her own DEA and ACSC






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PA/NP Initiates a 30-day supply of Hydrocodone Combination medication for a patient that has back pain

- Next visit: Physician must physically see the patient and write the next 30-day prescription under his/her own DEA and ACSC
- PA/NP may continue the medication with a **30-day** prescription if well-maintained alternating with the physician. **NO reissues!**
- PDMP should show alternation between prescribers every 30-days
- All escalations written by the physician

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LPSP Protocols Continued

-  All schedule **2/2N escalations** must be prescribed by the physician under his/her DEA and ACSC
-  Only a **physician** may **initiate/escalate long-acting** schedule **2** meds.
-  CRNP/CNM/PA may write maintenance doses only in oncology, hospice, palliative care within hospice, and nursing home/rehabilitation facilities
-  Must be approved on LPSP application
-  A QACSC and/or LPSP holder is **NOT ALLOWED** to **dispense** controlled substances in any schedule

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Physician **initiates** a long-acting schedule 2 medication for an oncology patient.

- ✓ Physician **MUST** initiate medication
- ✓ PA/NP may write a 30-day maintenance dose only
- ✓ Physician must write the escalation, if needed
- ✓ PDMP should reflect the prescriptions alternating every 30 days

Scheduled 2 and 2N Medications

Cannot be verbally called into a pharmacy

Must either be written or sent in electronically
"Electronic Prescription for Controlled Substances" (EPCS)

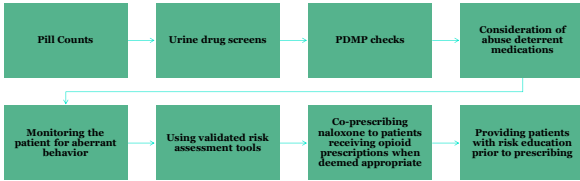
EPCS: Why is This Important?

*EPCS is one and the same as a practitioner physically signing a prescription
 *Do not send a controlled medication via EPCS unless you are physically registered appropriately with your own signature

*If you do not have an LPSP and DEA, you should never send in a controlled medication for another prescriber via EPCS

*If you have an LPSP and DEA, but you are not authenticated by the DEA-required process, you should also never send in a controlled medication via EPCS


Risk Mitigation Includes:



What if the Pharmacy says I am not authorized to write controlled substances?

- Medicaid does require that you submit a copy of your DEA certificate directly to them.
- Prescribers of controlled substances are mandated to re-register their DEA License every three years. To ensure your DEA is on file at Medicaid, upload a copy of the provider's DEA Registration Certificate to the Medicaid Interactive Web Portal or fax to (334) 215-7416 with the barcode cover sheet that is provided in the Interactive Web Portal at the end of the Enrollment Updates request. Please be sure to include the provider's name, NPI number, and license number on the certificate. Medicaid will apply the DEA to all service locations based on the provider's NPI and license number. Melissa.gill@aimwelltechnologies.com
- Call and speak with a pharmacist about a specific patient with a medication that was denied
- Ask specifically for the reasons why. Many times, it has to do with the pharmacy not being able to access your QACSC and DEA information through their third-party vendors (This is usually the case!)
- Make sure you have added the appropriate schedules to your DEA!
- It can be an insurance issue where they are denying the medication because there is something specific that needs to be addressed as far as being a credentialed provider for that specific insurance company
- Go to our website at www.albma.gov; go under "License Search"; enter ONLY your first and last name; Click "I am not a robot". Please click on the icon tab under the far-right column to view the details that we have listed for your QACSC and/or LPSP. Make sure all of this is appropriate

Quality Assurance for Controlled Prescribing



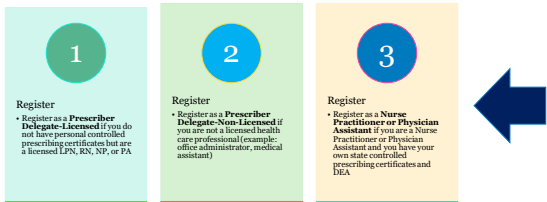
Controlled substance prescribing can be a part of your quarterly QA

Data can be compiled by office staff and reviewed by physician/CRNP/CNM/PA

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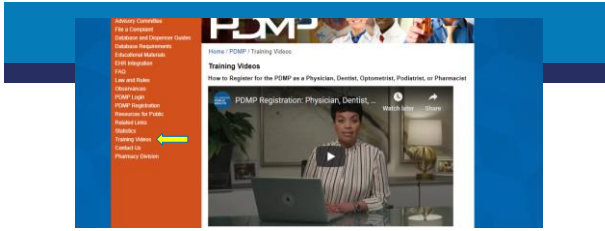


PDMP: Registration



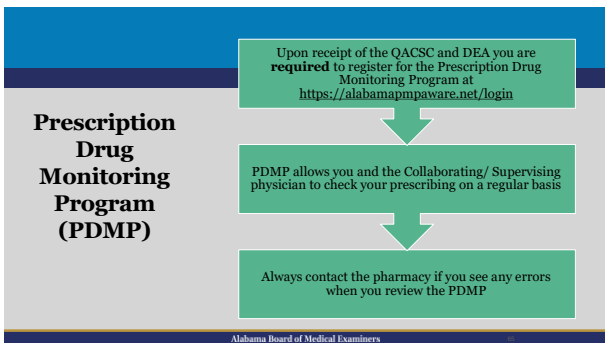
Information Needed When Registering for the PDMP

Email address	DEA Number	NPI Number	State License Number (QACSC)
Last 4 digits of SS#	Health Care Specialty	Primary contact phone number	Cell phone number
Email associated with your collaborating/supervising physician's PDMP account			

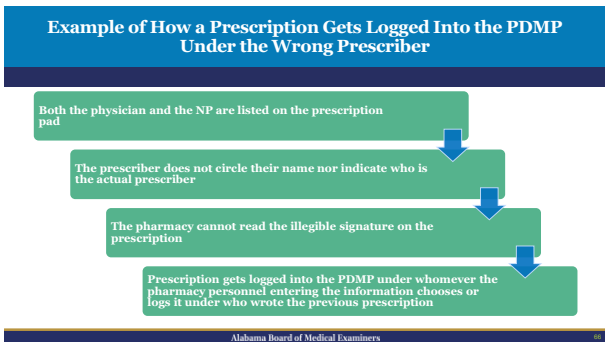


Training Videos Available on the PDMP Website:
www.alabamapublichealth.gov/pdmp/

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*My Rx Report

HOW PRESCRIBERS CAN VIEW PRESCRIPTIONS FILLED UNDER THEIR DEA NUMBER

❖ A training video is located on the PDMP website:
www.alabamapublichealth.gov/pdmp/

❖ Completing this process fulfills the obligation of the physician to check CRNP/CNM/PA's prescribing quarterly as it will show the CRNP/CNM/PA's prescribing

❖ A log should be maintained in the office; in the event an audit is done, and proof is requested. **If you find any discrepancies, you should notify the dispensing pharmacy**



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PDMP CONTRACT AGREEMENT



- Agree to check current patients and/or potential patients of your practice only
- Privacy Statement: Any person who intentionally obtains unauthorized access.....shall be guilty of a Class C Felony
- **Unlawful Disclosure: Any reproduction or copy of the information is privileged and confidential.....not subject to subpoena or discovery in civil proceedings**
- MAT may require more frequent PDMP checks!

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PDMP: Tool and Resource

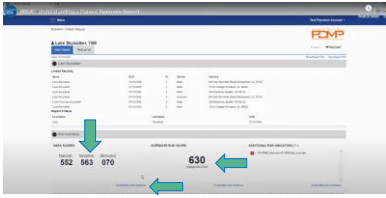
NarxCare is a software platform imbedded in your PDMP report

Information assists providers when making prescribing decisions

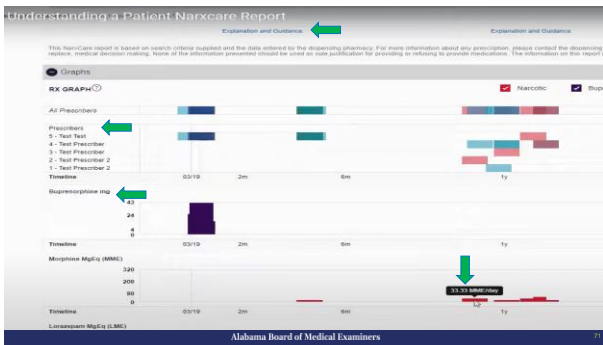
The NarxCare provider application is divided into 4 regions:

1. **Header** – patient information and tutorials
2. **Scores and Indicators** – Narx, Overdose Risk Score (ORS) and Additional Risk Indicators
3. **Graphs** – important details of prescription use
4. **Full Prescription Detail** - add detail for each prescription dispensed

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- This report reveals **Risk Indicators** and will show how many prescriptions are active in a specific drug type
- The **Risk Score** should be used to trigger discussion and draw awareness to the presence of significant PDMP data
- It should be used to guide decision making. **It should NOT be used as a single factor in clinical decisions.**
- **Explanation & Guidance** offers excellent information!



Updated CDC Guidelines

- Based on updated CDC Guidelines released in November 2022, adjustments have been made to the morphine milligram equivalency (MME) calculation in the Prescription Drug Monitoring Program database.
- Specifically, the CDC made changes to commonly prescribed opioids for pain management resulting in changes to MME conversion calculations. An example of this includes Tramadol:

Example of Previous MME Conversion Calculation:

$$\text{Tramadol } 50 \text{ mg} * (180 \text{ qty}/30\text{-day supply}) * 0.1 = 30 \text{ MME}$$

- **Example of Updated MME Conversion Calculation:**

$$\text{Tramadol } 50 \text{ mg} *(180 \text{ qty}/30\text{-day supply}) * 0.2 = 60 \text{ MME}$$

For a full list of opioids with updated conversion factors, please visit the CDC Guidelines document at https://www.cdc.gov/mmwr/summaries/7111/071100a11.htm?_id=ot7100a1_w.

How Often Do I Need to Check the PDMP?

**Nursing homes, hospice prescriptions, treatment of active malignant pain, intra-op are EXEMPT

- For prescriptions totaling less than 30 MME/day or 3 LME/day, practitioners are expected to use the PDMP in a manner consistent with good clinical practice
- MME greater than 30/day or LME greater than 3/day requires a PDMP check at least twice annually
- MME greater than 90/day or LME greater than 5/day requires a PDMP check with every prescription written on the same day that it is written

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PDMP Contact Information

Password Reset/ Creating an Account/ Technical

Support: #1-855-925-4767

Deactivated Account/ Not Tech Support/ Other Questions:

#1-877-703-9869

For questions regarding linking or deleting the collaborating physician:

Nancy Bishop: nancy.bishop@adph.state.al.us

Vicki Walker: vicki.walker@adph.state.al.us

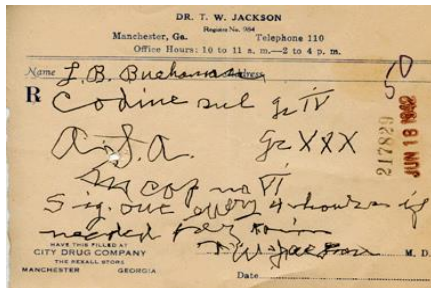
For general PDMP questions:

• #334-206-4226

• 1-800-703-9869 or 1-800-925-4767

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Federal Prescription Requirement

• Title 21-Part 1306 (a) Code of Federal Regulation:

(a) All prescriptions for controlled substances shall:

- Be dated as of, and signed on, the day they are issued
- Bear the full name and address of the patient

Prescription Format

 Name, Practice Address, Phone # for Collaborating Physician

 Name and License #

 QACSC#, LPSP#, and DEA#, if medication is controlled

 Demographic information if different from Collaborating Physician

 Date prescription is written

 Two signature lines: "Dispense as Written" and "Product Selection Permitted"

 May use "Notes" section if unable to fit all necessary information required

 Make sure the pharmacist can see what you, the prescriber, are seeing! Sometimes it is NOT the same

John Doe, MD	Jane Doe CRNP/ Lic # 1-000000
123 Anywhere St.	QACSC #12345/ LPSP #12345
Any town, AL 33333	DEA # MD1234567
Telephone 334-123-4567	Address if different from physician
Patient Name _____	Date _____
Patient Address _____	

Rx

Dispense as written

Product Selection Permitted

RENEWALS: QACSC, LPSP, and DEA

- Any QACSC and/or LPSP obtained during the calendar year must be renewed annually before 12/31 for the next calendar year
- Renewals for the QACSC and/or LPSP are processed **online** between **10/01-12/31** www.albme.gov
- The fees are \$60.00 for each QACSC and \$10.00 for each LPSP
- Obtain **4 AMA PRA Category 1 credits every 2 years** through a **Board approved** course/courses
- DEA renewals are processed on the DEA website: www.deadiversion.usdoj.gov every 2-3 years. The DEA will send one email reminder 30 days in advance. The fee is \$888. Please send the BME a copy



Renewal is Required for Both the QACSC and LPSP

- QACSC is renewed **FIRST**. You will see **RENEW** to the right of the license
- At the end of the QACSC renewal, you will see an Alert! message that says, "Your renewal has been submitted. Click **yes** to continue renewing more registrations", if applicable. Click **no** to go back to your profile.
- If you have a Limited Purpose Schedule 2 Permit (LPSP), you should click **YES** – it will take you directly to the LPSP Renewal
- If you click **NO**, you will need to **renew the LPSP in the profile**.
- If you fail to **renew the QACSC or the LPSP, you will not have the ability to write controlled substances after December 31st!**
- You may print your renewal receipt and certificate in the profile.




December or January Issue

If this is your **FIRST** (Initial) QACSC and your application is approved in December, the QACSC will be issued **JANUARY 1***

***The DEA takes 2-4 weeks to receive.** If the DEA is not received in time to renew the QACSC by December 31, you could incur late fees/penalty fees

Any **Additional QACSC or LPSP** license issued in November or December will have to be renewed by **December 31** to remain active for the following year!!

If the QACSC is Not Renewed by December 31, it Will EXPIRE.....



If the **QACSC** is reissued between **January 1- January 31**, a **LATE FEE of \$75.00** will be added to the **\$60** renewal fee


A paper renewal form must be completed after January 31

If the **QACSC** is reissued **after** January 31, and **NO PRESCRIBING** has occurred, a **PENALTY FEE of \$110.00** will be added to the **\$60** renewal fee

If the **QACSC** is reissued after January 31, and there is evidence of prescribing, a **PENALTY FEE of \$150.00** will be added to the **\$60** renewal fee

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If the LPSP is Not Renewed by December 31, it Will EXPIRE.....



If the **LPSP** is reissued between **January 1 – January 31**, a **LATE FEE of \$50.00** will be added to the **\$10** renewal fee

A paper renewal form must be completed after January 31

If the **LPSP** is reissued **after** January 31, and **NO PRESCRIBING** has occurred, a **PENALTY FEE of \$95.00** will be added to the **\$10** renewal fee

If the **LPSP** is reissued after January 31, and there is evidence of prescribing, a **PENALTY FEE of \$125.00** will be added to the **\$10** renewal fee

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Advanced Practice Department

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