



MEDICALDIGEST

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THE PRESCRIBING ISSUE

The privilege of prescribing controlled substances in Alabama comes with the immense responsibility to protect the patient's safety as well as that of the public by preventing misuse and diversion.

Physicians, PAs, CRNPs and CNMs who have been granted this privilege must be cognizant of and comply with all state and federal laws, rules and regulations relating to controlled substances.

Board rules contain requirements for prescribing and dispensing controlled substances as well as requirements for the use of risk and abuse mitigation strategies.

PRESCRIPTION GUIDELINES

[Board Rule 540-X-4-.06](#) states the requirements for all prescriptions for controlled substances, including:

- Dated as of, and signed on, the day when issued.
- Full name and address of the patient.
- Drug name, strength, dosage form, and quantity.
- When oral orders are not permitted (Schedule II), written with ink or printed and manually signed (non-electronic, handwritten signature) or transmitted via an approved e-prescribing platform.
- Employee may communicate prescription to pharmacy.
- Two signature lines with “dispense as written” and “product selection permitted” below.
- No person may sign in the place of or on behalf of the physician.
- It is improper under any circumstance to pre-sign blank prescriptions and make them available to employees or support personnel.
- It is improper to utilize blank prescriptions upon which the signature has been mechanically or photostatically reproduced.



The Board may assess administrative fines up to \$10,000 for each violation or failure to comply with these guidelines.

Dispensing Controlled Substances

Who Is a Dispensing Physician?

- Orders for and delivers a controlled substance to a patient.
- Patient consumes the medication off the premises.
- Does not matter whether patient pays for medication or not. Medications labeled as samples and are not for resale are excluded.

Who is Not a Dispensing Physician?

- Distributes pre-packaged samples and starter packs.
- Administers oral or injectable controlled substances in the office.
- Dispenses non-controlled substances.
- Dispenses controlled substances purchased with hospital's or clinic's DEA registration.

Registration as a Dispensing Physician

- Pursuant to Board of Medical Examiners Rule 540-X-4-.05, dispensing physicians are required to register with the Board.
- Registration is accomplished by completing and returning the dispensing physician registration form.
- Complete the form and return via email to the Dispensing Physician Coordinator. (OR mail to: Attn: Dispensing Physician Registration, PO Box 946, Montgomery AL 36101-0946.)
- Every location where medications are dispensed must be registered and the separate DEA numbers listed.
- Physicians are responsible for

updating address changes, additional sites, additional DEA numbers, and removal of sites.

- Do not submit a dispensing registration form if you do not purchase controlled substances (other than pre-packaged samples and starter packs) to be dispensed to your patients. Doing so may result in false information being provided to the Alabama Department of Public Health's Prescription Monitoring Data Bank and may result in an unnecessary investigation into your practice.

Prescription Drug Monitoring Database

- Physicians who dispense controlled substances must report all controlled substances dispensed to the Alabama Department of Public Health Prescription Drug Monitoring Program database.
- The Board of Medical Examiners regularly sends to the Health Department a list of licensees who have registered as dispensing physicians.

Maintenance of Records and Inventories

Board Rule 540-X-4-.04 sets recordkeeping and inventory requirements for physicians who purchase, maintain, and dispense controlled substances in the office, including:

- Inventory requirement
- Dispensing record (sample dispensing log)
- Labeling requirement
- Special requirement for CII amphetamines
- Board may assess fines up to \$10,000 for each violation

Fines for Not Registering or Reporting as Required



Board Rule 540-X-4-.05 requires dispensing physicians to report to the prescription monitoring database and authorizes the Board to assess administrative fines against physicians who act as dispensing physicians but are not registered with the Board and physicians who fail to report to the database as required by the Health Department and Board rules.

Contact with Patients Before Prescribing



Board Rule 540-X-9-.11 states the policy of the Board concerning performing a physical examination before prescribing medications to a patient:

- When possible, prescriber should personally examine the patient.
- Prescriber should make an informed medical judgment based on appropriate history, the circumstances, and the prescriber's training and experience.
- Prescribing without a personal exam may be suitable under certain circumstances: telemedicine, admission orders for new patient, prescribing for another physician while on call, continuing medication on a short-term basis before a new patient's first appointment.

CRANMORE SELECTED FOR SPECIALIST PROGRAM



The Board is proud to announce that Ms. Julee Cranmore was nominated by the Executive Director and chosen by a committee of the Administrators in Medicine to participate in the Certified Medical Board Licensing Specialist Program.

She attended seven monthly sessions with extra assignments between them

PICTURED FROM LEFT TO RIGHT: T. SEAMON, J. CRANMORE, W. PERKINS

and a final in-person meeting in Portland, Maine in July 2024. Ms. Cranmore completed all the requirements and is now a Certified Medical Board Licensing Specialist. Ms. Cranmore is an invaluable member of the credentialing team, and we congratulate her for her impressive efforts in completing this program in addition to her regular work duties.



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ANNUAL SESSION SAVE THE DATE

April 11-13, 2025

Perdido Beach Resort, Orange Beach, AL

GAS STATION PHARMACOLOGY

The Board and Commission are focusing on ways our licensees can educate their patients and the public about the dangers of potentially addictive and unregulated substances like **Delta-8**, commonly sold in gas stations, vape shops, and convenience stores.



Emerging Threat of ‘Gas Station’ Drugs

Known as “gas station weed,” products like Delta-8 are marketed as natural remedies but carry serious health risks. They are found in colorful packaging and are sometimes on the checkout counter near gum or candy.

Delta-8 is a psychoactive compound derived from hemp and often marketed as a legal alternative to marijuana. It may be addictive and is growing in popularity, especially among young users, some of whom report severe side effects such as anxiety, psychosis, and even violent behavior.

The products are often marketed as supplements, mood boosters, or energy boosters. Some have effects similar to that of opioids, leading to concerns that people might experience impaired breathing or become cognitively impaired or sedated to the point that they have an accident.

“Just because a substance is available over the counter doesn’t mean it’s safe,” warns Dr. Luke Engeriser, Deputy Chief Medical Officer at AltaPointe Health Systems in Mobile. He continued, “We need to educate physicians and the public on the dangers and unpredictable effects of these substances. They’re not regulated or approved for consumption, and the potential health consequences can be serious.”

Dr. Max Rogers, Chairman of the Board of Medical Examiners, also cautioned that because Delta-8 is unregulated, buyers don’t truly know what they’re getting.

“Buying Delta-8 is a huge gamble,” according to Dr. Rogers. “Despite what it may say on its packaging, there’s no way to really know what’s in these products. But we know for certain it can pose serious health risks, so it’s crucial for people to understand the dangers.”

Last year, Alabama set the minimum age to buy Delta-8 at 21 and required manufacturers to make its packaging less appealing to kids. At least two cities in east Alabama have banned the sales of these unregulated substances.

UAB Study

A study by researchers at UAB published in the journal *Frontiers in Psychiatry* detailed cases where people who vaped or ate Delta-8 became psychotic and violent. Two of the authors of the study – psychiatrists Dr. Badari Birur and Dr. Chelsea Miller – said in one month they saw a dozen patients at UAB for complaints related to Delta-8.

Where Patients Can Get Help

For substance abuse treatment resources in Alabama, visit druguse.alabama.gov.

PRESCRIBING CONTROLLED SUBSTANCES FOR WEIGHT LOSS



Board Rules, Chapter 540-X-17, provides guidelines and standards for the use of controlled substances for weight reduction.

- Prescribing or dispensing a controlled substance for weight reduction or the treatment of obesity should be based on accepted scientific knowledge and sound clinical grounds.
- It is illegal to prescribe a CII stimulant for the purpose of weight control, weight loss, weight reduction, or the treatment of obesity.
- Certified Registered Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants are not authorized to prescribe or dispense any controlled substance for the purpose of weight control.
- A prescription or order must be signed on the date the medication is dispensed or the prescription given to the patient. These prescriptions may not be called in to a pharmacy. The prescribing/ordering physician must be present at the facility at the time of the prescription or order.

Initial Requirements:

- Initial evaluation with appropriate physical and complete history, appropriate tests and referrals.
- BMI of 30 or above, or BME greater than 25 with at least one comorbidity; OR 25% body fat for males and 30% for females; or an abdominal girth of at least 40 inches for males or 35 inches for females.
- Assess and document patient's freedom from signs of drug or alcohol abuse and the presence or absence of contraindications and adverse side effects.

Continued use of a Controlled Substance for Weight Reduction:

- No more than 35-day supply.
- Within first 35 days after initiating, see the patient for monitoring the effects of therapy.
- Continue the controlled substance only if there is continued progress towards medically established goals and patient has no significant adverse effects from medication.
- Reevaluate patient at least once every 35 days.
- Once goals have been met, reduce dosing and suggest drug holidays for patients in maintenance.

[See our handbook containing Board rules and state laws touching on the prescribing of controlled substances for weight reduction](#)

RISK AND ABUSE MITIGATION STRATEGIES

[Board Rule 540-X-4-.09](#) states the guidelines and standards for mitigating the risks of addiction, misuse and diversion inherent in prescribing controlled substances.

These guidelines apply to the prescribing of all controlled substances for all reasons, with specific requirements with regard to opioids and benzodiazepines.

Requirements:

- Provide patient with risk education.
- As appropriate to the patient, use pill counts, drug screening, PDMP checks, abuse-deterrent medications, risk-assessment tools, and co-prescribing naloxone.
- Morphine Milligram Equivalency (MME) and Lorazepam Milligram Equivalency (LME) standard is adopted.
- FDA-approved daily dosage thresholds are higher for Tapentadol and other atypical opioids. The Board has not placed limits on dosage amounts but does require RMS and PDMP checks for dosages over certain MMEs.



Query the PDMP:

- Less than 30 MME/3 LME per day, review PDMP consistent with good clinical practice.
- More than 30 MME/3 LME per day, review PDMP at least twice a year and document use of risk and abuse mitigation strategies in the medical record.
- More than 90 MME/5 LME per day, review PDMP every time and on the same day the prescription is written.

Exemptions:

- Nursing home patients
- Hospice patients (prescription must indicate hospice)
- Treatment of active, malignant pain
- Intra-operative care

There is a heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines. Physicians should reconsider an existing benzodiazepine prescription or decline to add one when prescribing an opioid and consider alternative forms of treatment.

ALABAMA CONTROLLED SUBSTANCES CERTIFICATE

To distribute, prescribe, or dispense any controlled substance in Alabama, physicians must obtain annually an ***Alabama Controlled Substances Certificate (ACSC)***.

The requirement is waived for physicians employed by and working exclusively for the U.S. Department of Veterans Affairs and for medical residents for a period of 18 months from the start date of the first year of the residency program.

How to Apply/What Happens Next

The Initial ACSC application becomes available through the Licensee Portal after the medical license application is complete and the certificate of qualification is issued.

Applications must be completed personally by the applicant.

Print your certificate using the Licensee Portal: albme.igovsolution.net/online/user_login.aspx

IMPORTANT: *Application fees are non-refundable.*

Eligibility Requirements

- Must possess an Alabama medical license.
- Apply for Alabama-specific DEA registration after receiving the initial ACSC.
- For renewal, must have a current, Alabama-specific DEA registration and be registered to query the Prescription Drug Monitoring Databank.
- ACSC holders must receive two *AMA PRA Category 1 Credits™* in controlled substances prescribing every two years. For more information, please see the controlled substances prescribing CME page:
- www.albme.gov/resources/licenses/prescribing-issues
- Fees (Non-Transferable/Non-Refundable)
- Initial ACSC: \$150
- ACSC renewal: \$150
- Receipts and certificates can be printed at the Licensee Portal.

Renewal and Reissuance After Expiration

- ACSCs are renewed annually on or before Dec. 31 through the Licensee Portal.
- Renewal applicants must certify that they have a current DEA registration and upload a copy to their Licensee Portal, are registered to query the Prescription Drug Monitoring Databank, and have earned the required continuing medical education.
- To apply for re-issuance of an expired ACSC, please contact the ACSC Department at ACSC@albme.gov.

For further information, please visit <https://www.albme.gov/licensing/md-do/registrations/acsc/>.

REPORT OF PUBLIC ACTIONS OF THE MEDICAL LICENSURE COMMISSION AND BOARD OF MEDICAL EXAMINERS



September 2024

- Sep. 30 - Steve E. Norman, MD (MD.32254), Greencastle PA - the license is temporarily suspended pending a hearing.

October 2024

- Oct. 2 - Mark P. Koch, DO (DO.322), Monroeville - the Alabama Controlled Substances Certificate is reinstated to full, unrestricted status.
- Oct. 15 - Jason R. Dyken, MD (MD.16761, Gulf Shores - the license is reinstated with restrictions.
- Oct. 23 - Aman K. Patel, DO (DO.2857), Keller TX - the license is administratively suspended for 90 days pursuant to Ala.

Code § 34-24-529(d) and the suspension of Dr. Patel's Maryland medical license.

November 2024

- Nov. 14 - Thomas J. Shakhovskiy, DO (DO.1639), Destin FL - the license is voluntarily surrendered.

December 2024

- Dec. 12 - Anand P. Lalaji, MD (MD.27242), Atlanta GA - the license is voluntarily surrendered.
- Dec. 12 - Omar I. Massoud, MD (MD.29798), Cleveland OH - the license is voluntarily surrendered.

- Dec. 19 - Robert P. Bolling, MD (MD.24251), Fayette - the license is

reinstated in probationary status.

- Dec. 23 - Michael D. Dick, MD (MD.21873), Decatur AL - the license is revoked.

About MedicalDigest

MedicalDigest is the official publication of the Alabama Board of Medical Examiners and Medical Licensure Commission. It is published four times per year.

Past issues are archived and available on the Board's website at www.albme.gov.

Questions? Please contact the Board of Medical Examiners at (334) 242-4116.



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Alabama Medical Licensure Commission

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Upcoming BME Meeting Dates

Jan 16 • Feb 20 • Mar 20

The public portion of each meeting is scheduled for 10 a.m. CT (unless otherwise indicated) in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL.

Meeting agendas and a full list of meeting dates and times can be found online at www.albme.gov.

Upcoming MLC Meeting Dates

Jan 22 • Feb 26 • Mar 26

Meetings are held in the Dixon-Parker Building at 848 Washington Avenue in Montgomery, AL unless otherwise indicated.

Have questions or need assistance?

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