

# Alabama Board of Medical Examiners Controlled Prescribing Update 2024

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

Kimie Bailey  
Director of Advanced Practice Providers  
Alabama Board of Medical Examiners

Suzanne L. Powell, RN  
QACSC Coordinator, Nurse Consultant for Collaborative Practice  
Alabama Board of Medical Examiners

[www.abme.gov](http://www.abme.gov)



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## 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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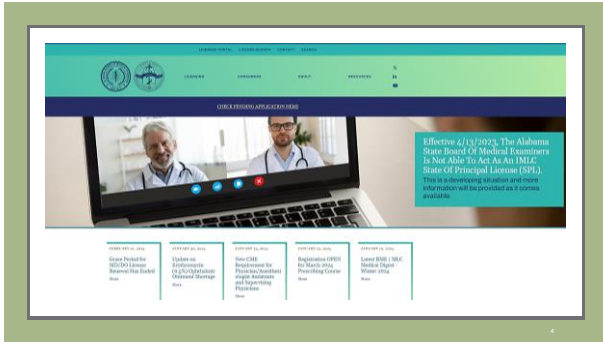
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Chapter 340-3-1	Organization and Administration	Chapter 340-3-18	The Practice of Medicine or Osteopathy Across State Lines (Repealed 10/15/22)
Chapter 340-3-2	Definitions	Chapter 340-3-17	Guidelines and Standards for the Utilization of Controlled Substances for Weight
Chapter 340-3-3	Certificate of Qualification	Chapter 340-3-18	Qualified Alabama Controlled Substances Registration Certificate (QACSC) for Co Nurse Practitioners (CRNP) and Certified Nurse Midwives (CNM)
Chapter 340-3-4	Controlled Substances Certificate	Chapter 340-3-19	Pain Management Services
Chapter 340-3-5	Hearings and Appeals	Chapter 340-3-20	Limited Purpose Schedule II Permit (LPPPI)
Chapter 340-3-6	Conduct of Hearings in Contested Cases	Chapter 340-3-21	Policy on Opioid 2020: Guidelines for the Treatment of Opioid Addiction in the Med (Repealed 10/15/2023)
Chapter 340-3-7	Assistants to Physicians	Chapter 340-3-22	Joint Rules of the Alabama Board of Medical Examiners and the Medical Licensure Commission Concerning the Interstate Medical Licensure Compact
Chapter 340-3-8	Advanced Practice Nurses: Collaborative Practice	Chapter 340-3-23	Physician Reentry Into Practice
Chapter 340-3-9	Miscellaneous	Chapter 340-3-24	Physician Assistant Reentry Into Practice
Chapter 340-3-10	Office-Based Surgery	Chapter 340-3-25	Physician Recommendation of the Use of Medical Cannabis
Chapter 340-3-11	Guidelines for the Use of Lasers and Other Modalities (MPL)	Chapter 340-3-26	Collaborative Pharmacy Practice
Chapter 340-3-12	Qualified Alabama Controlled Substances Registration Cert	Chapter 340-3-28	Physician Supervision of Athletic Trainers
Chapter 340-3-13	Alabama Physician Health Program	Chapter 340-3-28	Physician Supervision of Athletic Trainers
Chapter 340-3-14	Continuing Medical Education	Chapter 340-3-28	Physician Supervision of Athletic Trainers
Chapter 340-3-15	Telehealth (Repealed 10/23/19)	Chapter 340-3-28	Physician Supervision of Athletic Trainers
		Chapter 340-3-A	Appendices

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In the Controlled Prescribing Rules, you will find.....

- 📖 Important definitions for prescribing of standard, specialty, and controlled medications
- 👤 Qualifications of the CRNP/CNM/PA to apply
- 👨‍⚕️ Physician responsibilities
- ✓ Renewal Information
- 📝 Protocols for prescribing

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### Prescriptions and Medication Orders by CRNPs, CNMs, and PAs

- May not sign prescriptions for controlled substances without a Qualified Alabama Controlled Substances Certificate and a DEA.
- May call and/or write a verbal order for a controlled substance provided....**
  - Collaborating physician has approved the medication and either signed the Rx or given a verbal order which is written in the medical record
  - The CRNP/CNM/PA verbal order must be signed by the physician within 7 business days

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### Qualified Alabama Controlled Substance Certificate

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### Controlled Substance Prescribing

Ø Define separate policies in your practice for prescribing legend drugs and controlled drugs

Ø Check Medical Staff Bylaws and facility policies prior to writing inpatient orders for Controlled Substances

Ø 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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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](http://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

### Obtaining a QACSC

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YES

NO

#### QUESTION:

I have worked in collaboration and held a DEA in another state for years. Do I still have to meet the 12-month collaborative/supervisory practice in Alabama requirement? Do I need to apply for a QACSC?

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Answer : **YES**, the rules still apply

Once you have completed the 12 months of collaborative or supervisory practice in Alabama and completed the required 12 hour controlled prescribing course you may apply for the QACSC.

Once you have received the QACSC, you may transfer the DEA if you will not be providing care to patients in the previous state.

If you do not wish to transfer the DEA, you will need to apply for an additional DEA in Alabama.

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Where do I find the Applications?

[www.albme.gov](http://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](#) | [Eligibility Requirements](#) | [Forms](#) | [Fees](#) | [Renewal Requirements](#) | [FAQ](#)

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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Example of Written Plan for Review

“The collaborating physician will monitor 10% of the CRNP/PA’s patient records for controlled substance prescribing for accuracy. Patient outcomes will also be reviewed. All patients with adverse outcomes will be thoroughly reviewed and appropriate plan of action will be determined by the physician.”

10% is not required, but it should be a meaningful sample. 100% adverse events must be reviewed.

\*\*Controlled prescribing can be part of the quarterly QA review!

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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

Question

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# QACSC - 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](http://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?

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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.

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### Controlled Substances for Weight Reduction...Can I prescribe?

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### 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 20, 2012. Amended: Filed June 18, 2015; effective July 23, 2015. Amended: Published August 31, 2020; effective October 15, 2020

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Know the Rules of Prescribing Controlled Medications

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### 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

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What are the QACSC & LPSP Protocols?

The Protocols govern how you prescribe controlled medications

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### QACSC Protocols Schedule 3-5

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

If **CRNP/CNM/PA 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 CRNP/CNM/PA's prescribing on a quarterly basis by logging into his/her own PDMP using their username and password (\*\* see PDMP video in later slide)

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Example

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.

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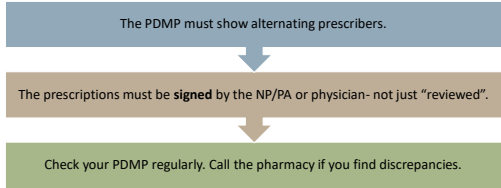
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“I prescribe electronically and send my physician the prescriptions to review. Does this count?”



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Medication-Assisted Treatment (MAT)

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



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## 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 will go into effect on **June 27, 2023**, for initial and renewal applicants

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### Practitioners Can Meet this Requirement in One of Three Ways:

- 1) 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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May I Apply for the QACSC and the LPSP at the Same Time?

What If I Only Need an LPSP to Write Stimulants?

❖ IF you have a current active Alabama DEA license, you may apply for the QACSC and the LPSP at the same time

❖ IF this is your initial QACSC, you must wait to apply for the LPSP until AFTER you have received the DEA and the BME has made the QACSC "Active"

❖ You cannot have an LPSP without a QACSC, therefore, you must first receive the QACSC and subsequently the DEA before applying for the LPSP

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What If I Need to Add a Drug Class?

**Example:** 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.

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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.

Helpful Hints

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## Update the DEA!

- 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

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## LPSP PROTOCOLS

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### 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.

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

#### Example Schedule 2N (stimulant)

- \*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

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### Example of Short Acting Schedule 2

**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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### Example of a Long-Acting Schedule 2

**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

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### 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)

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### 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

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### Risk Mitigation Includes:

Pill Counts	Urine drug screens	PDMP checks	Consideration of abuse deterrent medications
Monitoring the patient for aberrant behavior	Using validated risk assessment tools	Co-prescribing naloxone to patients receiving opioid prescriptions when deemed appropriate	Providing patients with risk education prior to prescribing

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### 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@gainwelltechnologies.com](mailto:Melissa.gill@gainwelltechnologies.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](http://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

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### 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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Alabama PA License # 100

ALABAMA BOARD OF PHARMACY AND CHEMISTS  
William M. Parker, Executive Director  
100 North Capitol Avenue  
Montgomery, Alabama 36102

Pharmacy Name: \_\_\_\_\_  
Pharmacy Address: \_\_\_\_\_  
Pharmacy Phone: \_\_\_\_\_

PA Name: \_\_\_\_\_ PA No. \_\_\_\_\_

Reporting Period: \_\_\_\_\_

Page 1 of 2

**COLLECTIVE QA REPORT- SUBSTANCE MANAGEMENT**

Review Period: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Date of Review: \_\_\_\_\_

Total # of patients seen: \_\_\_\_\_ Adverse Outcomes: \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_

**SUMMARY STATEMENT:** On the above date, \_\_\_\_\_ (insert #) charts, identifiers listed below were chosen at random and reviewed for quality monitoring. The charts were reviewed for the following QA Medication Indicators:

- Medications are prescribed per FDA guidelines (per PDR, NP Manual, or Product Insert)
- Proper chart documentation of medication name, dosage, and directions for use and are legible
- Medications prescribed are appropriate for the patient dx according to practice protocol
- Controlled medications were ordered according to regulations of BME and ABIN
- No incidents were ordered or refilled due to nature of visit

Chart #/Identifier	Date of Service	1	2	3	4	5
D=Discussed -noted changes which are needed						
F = Appropriate						
NA=Not applicable						

MD/DO (see answer) discussed all of the above with CRNP. All adverse events have been reviewed and noted with the PA.

MD/DO Date: \_\_\_\_\_  
CRNP Date: \_\_\_\_\_

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**COLLECTIVE QA REPORT- PRESCRIBED MEDICATIONS**

Review Period: \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Date of Review: \_\_\_\_\_

Total # of patients seen: \_\_\_\_\_ Adverse Outcomes: \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_

**SUMMARY STATEMENT:** On the above date, \_\_\_\_\_ (insert #) charts, identifiers listed below were chosen at random and reviewed for quality monitoring. The charts were reviewed for the following Prescribed Medication Indicators:

- Medications are prescribed per FDA guidelines (per PDR, NP Manual, or Product Insert)
- Proper chart documentation of medication name, dosage, and directions for use and are legible
- Medications prescribed are appropriate for the patient dx according to practice protocol
- Controlled medications were ordered according to regulations of BME and ABIN
- No incidents were ordered or refilled due to nature of visit

Chart #/Identifier	Date of Service	1	2	3	4	5
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F = Appropriate						
NA=Not applicable						

MD/DO (see answer) discussed all of the above with CRNP. All adverse events have been reviewed and noted with the PA.

MD/DO Date: \_\_\_\_\_  
CRNP Date: \_\_\_\_\_

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### 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

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Training Videos Available on the PDMP Website:  
[www.alabamapublichealth.gov/pdmp/](http://www.alabamapublichealth.gov/pdmp/)

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### Prescription Drug Monitoring Program (PDMP)

Upon receipt of the QACSC and DEA you are **required** to register for the Prescription Drug Monitoring Program at <https://alabamampaware.net/login>

PDMP allows you and the Collaborating/ Supervising physician to check your prescribing on a regular basis

Always contact the pharmacy if you see any errors when you review the PDMP

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Both the physician and the NP are listed on the prescription pad

The prescriber does not circle their name nor indicate who is the actual prescriber

The pharmacy cannot read the illegible signature on the prescription

Prescription gets logged into the PDMP under whomever the pharmacy personnel entering the information chooses or logs it under who wrote the previous prescription

### Example of How a Prescription Gets Logged Into the PDMP Under the Wrong Prescriber

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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/](http://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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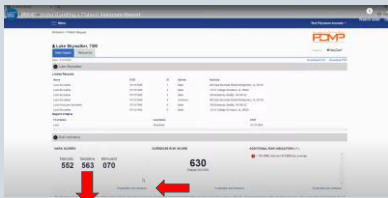
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Understanding the NarxCare Report on the PDMP

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 **not** be used as a single clinical decision detriment  
 Explanation & Guidance offers excellent information!

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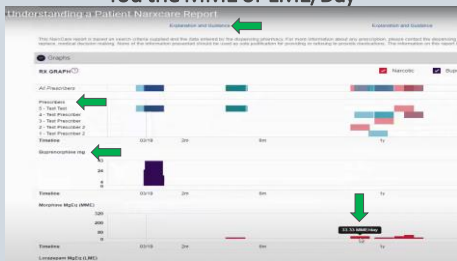
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## Draw a Box Over the Graph and It Will Show You the MME or LME/Day



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### 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:**

Tramadol (50 mg \* (180/30 days supply) \*0.1 = 30 MME

**Example of Updated MME Conversion Calculation:**

Tramadol (50 mg \*(180 qty/30 days supply) \*0.2 = 60 MME

For a full list of opioids with updated conversion factors, please visit the CDC Guidelines document at [https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?\\_cid=rr7103a1\\_w](https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?_cid=rr7103a1_w).

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### How Often Do I Need to Check the PDMP?

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

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](mailto:nancy.bishop@adph.state.al.us)  
Vicki Walker: [vicki.walker@adph.state.al.us](mailto:vicki.walker@adph.state.al.us)

For general PDMP questions:  
#334-206-5226  
1-800-703-9869 or 1-800-925-4767

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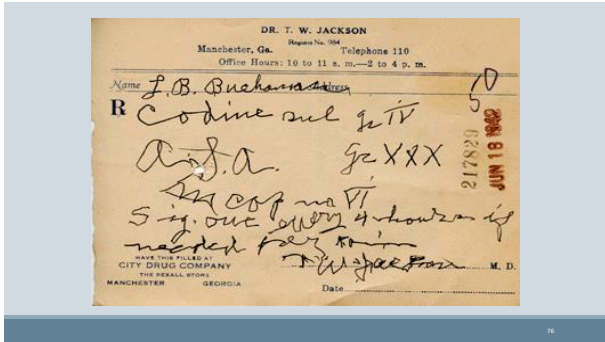
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### Federal Prescription Requirement

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

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- \_\_\_\_\_  
Name, Practice Address, Phone # for Collaborating Physician
- \_\_\_\_\_  
Name and License #
- \_\_\_\_\_  
QCSCS#, 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

### Prescription Format

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### Sample Prescription Format

\* John Doe, MD  
 \* 123 Anywhere St.  
 \* Any town, AL 33333  
 \* Telephone 334-123-4567

Jane Doe CRNP/ Lic # 1-000000  
 QACSC #12345/ LPSP #12345  
 DEA # MD1234567  
 Address if different from physician

\* Patient Name \_\_\_\_\_ Date \_\_\_\_\_  
 \* Patient Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Rx \_\_\_\_\_  
 \_\_\_\_\_

Dispense as written                      Product Selection Permitted

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### 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](http://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.dea diversion.usdoj.gov](http://www.dea diversion.usdoj.gov) every 2-3 years. The DEA will send one email reminder 30 days in advance. The fee is \$388. Please send the BME a copy




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### 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 31<sup>st</sup>!
- ✓ You may print your renewal receipt and certificate in the profile.




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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!!

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**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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Questions???

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