ALABAMA
PUBLIC
HEALTH

Navigating the Prescription Drug Monitoring Program (PDMP)
Alabama Department of Public Health

Financial Disclosures

Neither Scott Harris, M.D., M.P.H. or Nancy Bishop, R.Ph. have financial relationships with a commercial interest to disclose.

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Objectives

➢ Describe opioid prescribing trends since 2018.
➢ Explain accessing the PDMP and how it can be used as a clinical tool.
➢ Explain specific features of the Alabama PDMP.

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The Basics of the Alabama PDMP

➢ Legislation creating the controlled substance database was signed into law in 2004.
➢ Began collecting prescription information in 2006.
➢ Database includes Schedules II, III, IV, and V, per the Alabama Controlled Substance List.
➢ There are substances scheduled in Alabama but not federally: gabapentin, all products containing butalbital, codeine cough syrups, others.
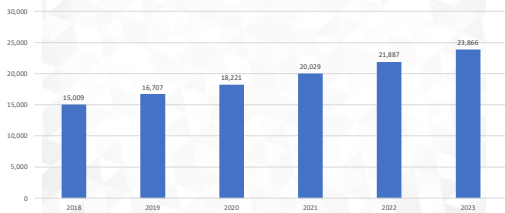
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The Basics of the Alabama PDMP (continued)

➢ Most common error is incorrect Drug Enforcement Administration (DEA) number entered by pharmacies, such DEA of another prescriber or a fake DEA number.
➢ Pharmacies and dispensing prescribers are required to submit dispensations within 24 hours of dispensing (daily on business days).
➢ Alabama data shares with 37 states (all surrounding states), the District of Columbia, military services, and Puerto Rico.
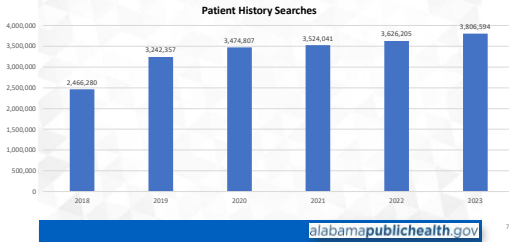➢ Contains 5 years plus current year of prescription information.

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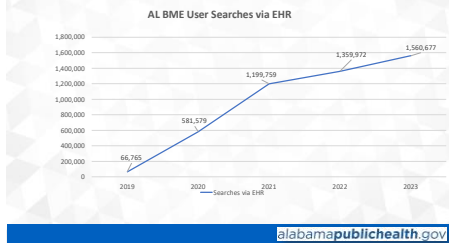## Number of AL BME Licensees with an Alabama PDMP Account: 2018 through 2023 (includes Delegates)

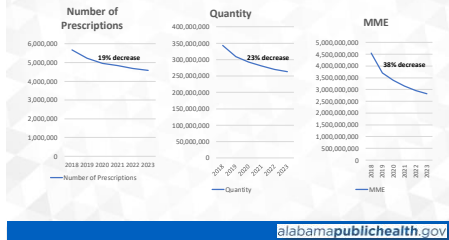| Year	Count
2018	15,009
2019	16,707
2020	18,221
2021	20,029
2022	21,887
2023	23,866

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Number of Patient History Searches by AL BME Licensees 2018 through 2023 (includes Delegates)

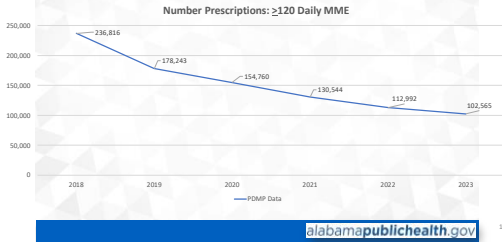**Patient History Searches**

- 2018: 2,466,280
- 2019: 3,242,357
- 2020: 3,474,807
- 2021: 3,524,041
- 2022: 3,626,205
- 2023: 3,806,594

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Number of Searches by AL BME licensees via Electronic Health Record (EHR)

AL BME User Searches via EHR

- 2019: 66,765
- 2020: 581,579
- 2021: 1,199,759
- 2022: 1,359,972
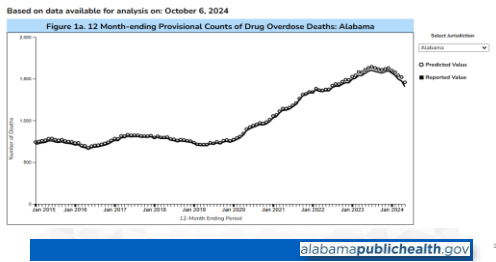- 2023: 1,560,677

— Searches via EHR

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Opioids: Number of Prescriptions, Quantity, and Morphine Milligram Equivalents (MME) 2018 through 2023

Number of Prescriptions — 19% decrease

Quantity — 23% decrease

MME — 38% decrease

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Number of Prescriptions: 120 or Greater Daily Morphine Milligram Equivalents (MME)

Number Prescriptions: ≥120 Daily MME

236,816
178,243
154,760
130,544
112,992
102,565

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Provisional Drug Overdose Death Counts

Based on data available for analysis on: October 6, 2024

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: Alabama

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Alabama PDMP

➤ Website: alabama.pmpaware.net
  ➤ Log in to existing account.
  ➤ Create an account.
    ➤ Email address will be the account ID and can be personal email address or one associated with employer.
    ➤ Requires email verification.
  ➤ Reset password.
    ➤ Two methods:
      ➤ Email with link will be sent to address affiliated with account.
      ➤ Code sent to mobile number if one is listed in the user's profile.
    ➤ System requires password reset every 90 days.

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Appropriate Use of PDMP Data

➤ Any person who intentionally makes an unauthorized disclosure of information contained in the controlled substances prescription database shall be guilty of a Class A misdemeanor. Any person or entity who intentionally obtains unauthorized access to or who alters or destroys information contained in the controlled substances database shall be guilty of a Class C felony. (Act 2004-443, p. 781, § 7)

➤ The reports generated from the controlled substances database contain confidential information, including patient identifiers, and are not public records. The information should not be provided to any other persons or entity.

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Best Practices

➤ PDMP reports should not be placed in the patient's medical record (paper or electronic) or given to the patient.

➤ PDMP information is not subject to subpoena or discovery in civil proceedings.

➤ The prescriber/pharmacist can state in the medical record that a PDMP report was reviewed.

➤ The patient's prescriber/pharmacist can discuss PDMP results with the patient's other prescribers/pharmacists.

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PDMP Report Disclaimer

ADPH makes no claims, promises, or guarantees the accuracy, completeness, or adequacy of the contents of the Recipient Query Report, and expressly disclaims liability for errors and omissions in the contents. The records herein are based on information submitted by pharmacies and dispensing health care practitioners. Records on this report should be verified before any clinical decisions are made or actions taken.

Multiple state queries are limited to exact match on last name, first name, and date of birth (DOB).

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Program Features

➢Overdose risks scores provided for all patients.

➢ Prescribers can search for prescriptions dispensed under his/her DEA number (MyRx).

➢ Quarterly Prescriber Reports.

➢ EHR Integration: Allows prescribers to access PDMP directly from the EHR.

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Overdose Risk Scores

➢ Scores range from 000-999.
➢ Overall Unintentional Overdose Risk Score.
➢ Scores for three different drug types:
  • Narcotics.
  • Sedatives.
  • Stimulants.
➢ Calculation based on the number of:
  • Providers.
  • Pharmacies.
  • MME.
  • Overlapping prescriptions.
  • Other parameters.
➢ Last number is the number of active prescriptions for that drug type.

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Overdose Risk Scores

MyRx Report

- DEA numbers displayed include the user's DEA number(s) and the collaborating mid-level prescriber's DEA number.
- Shows all prescriptions dispensed under the user's DEA number(s).
- Feature that allows physicians to monitor collaborating mid-level prescribers.
- Located under RxSearch (Click on Menu, then MyRx).
- MyRx History: MyRx Reports requested by user.

MyRx Report

Prescriber Reports

➢Prescriber reports are issued quarterly to all who have prescribed at least one controlled substance in the previous 6 months.

➢ Can be accessed when the user logs into his/her PDMP account (via Aware). No one except the user has access to his/her Prescriber Report. PDMP staff will access the report only upon the prescriber's request when clarification is needed.

➢ Reports are now interactive with features that allow the prescriber to drill down to see specific patient information.

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Prescriber Report
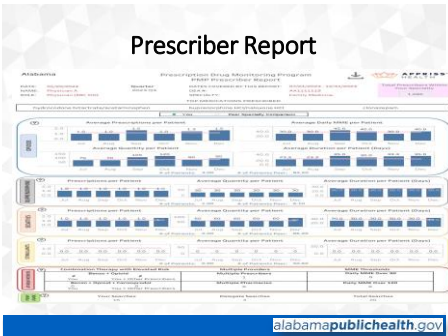
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EHR Integration

➢PDMP integration is available for most EHRs and pharmacy management software. Check with your vendor or go to: https://www.alabamapublichealth.gov/pdmp/ehr_integration.html

➢ Funding has been secured for Fiscal Year 2025 (through September 2025).

➢ Saves time and improves workflow.

➢ As of July 12, 2024: 875 entities have integrated the PDMP into their EHR/pharmacy management software system, and 238 are pending.

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EHR Integration

➢ Searches include Georgia, Mississippi, Florida, Louisiana. Must access through Aware for other states. Hopefully, Tennessee will be added soon.

➢ The other states' PDMP must approve each entity for data sharing via EHR access. Let PDMP staff know if GA, MS, FL, and/or LA have not approved EHR request.

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New Feature

➢ Notification: Patient was administered an opioid overdose reversal agent (naloxone or nalmefene) by EMS on [date].

➢ Disclaimer: Does not necessarily indicate an overdose occurred.

➢ Is not used in overdose risk score calculation.

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Helpful Hints

➢ The patient's last name, first name, and DOB are required fields.

➢ May enter partial first and last name:
 • At least three letters.
 • Common names may generate multiple patients (example: Wil for Williams, Williamson, etc.).

➢ May enter a DOB range. Helps find patients who may have been entered with a different DOB but, again, be careful with common names.

➢ Hyphenated names can be tricky. Using the Partial Name feature may be helpful.

➢ Liquid quantities are measured per ml which can make quantities look high.

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More Helpful Hints

➢ Let PDMP staff know if two patients are consolidated in error.

➢ Multiple state searches via Aware: **Matches only same first and last name and DOB** so common names may include more than one patient. Important to discuss with patient before making assumptions.

➢ Password resets: Sometimes fire walls block PDMP emails. There is an option to reset your password via text when a cell number is listed in your PDMP profile.

➢ Mid-level prescribers: Inform PDMP staff when new collaborating practice agreement is approved by AL BME. Mid-level prescribers must have an active QACSC to qualify for PDMP access as NP or PA.

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PDMP Townhall Training

- 2024 schedule:
  - Virtual- December 16th 5:30 PM -7:30 PM
- 2025 schedule:
  - Auburn (in-person) April 9th
    - Boxed dinner at 5:30; program begins at 6:00
    - Cost: $25.00
- Deep dive into using PDMP as a clinical tool
- Two hours of continuing education
- Registration: https://aub.ethosce.com/

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Other Continuing Education Opportunities

- Dispenser Compliance Training
  - Online available in early fall 2024
  - Registration: https://aub.ethosce.com/
- Substance Misuse Summit
  - Montgomery: January 14, 2025
  - Six hours of CE/CME
  - Registration: https://cmetracker.net/USAL/Publisher?page=pubOpen#
- Prescriber Compliance Training
  - Online available in Summer 2025
- All continuing education programs: https://aub.ethosce.com/
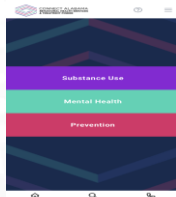
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AlaHOPE Curriculum

- Partnership with JCDH, Department of Health Services Administration at UAB School of Health Professions, and ALBME.
- Funded by CDC Overdose Data to Action grant and goal of Prescriber/Dispenser Committee of Opioid Overdose and Addiction Council.
- "Alabama Health Professionals' Opioid and Pain Management Education" = AlaHOPE.
- https://aub.ethosce.com/alahope/group/alahope
- Multi-disciplinary opioid and pain management curriculum for AL Health Professional Schools and current health professionals.
- Continuing education credit.

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Connect Alabama App: Information and Resources Locator

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Contact Information

Alabama PDMP
Email address: pdmp@adph.state.al.us
Phone: 334-206-5226
Website: alabamapublichealth.gov/pdmp

Pharmacy Division Team:
Nancy Bishop, RPh, Pharmacy Director and PDMP Director
Rachel Kiefer, Pharm D., Assistant Pharmacy Director, OD2A Prevention Manager, and Hospital Preparedness Program Director
Brittany Stewart, CPhT, PDMP Administrator
Vicki Walker, CPhT, PDMP Compliance Program Administrator
Lacey Peacock, CPhT, 340B Program Coordinator and Naloxone Distribution
Courtnay Cleveland, RN, OD2A Activity Manager

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