Alabama Board of Medical Examiners

Controlled Substance Prescribing in Collaborative/Supervisory Relationships: Roles and Responsibilities

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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

What's NEW?

LICENSEE GATEWAY

NEW QACSC/LPSP PROTOCOLS

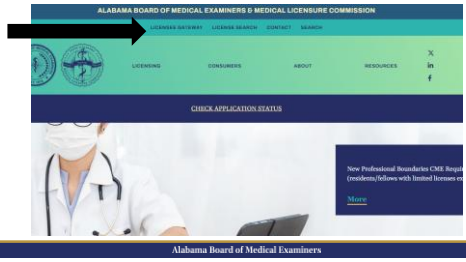
MANDATORY QA FOR CONTROLLED PRESCRIBING

Licensee Gateway

Alabama Board of Medical Examiners

Licensee Gateway

HOW TO REGISTER



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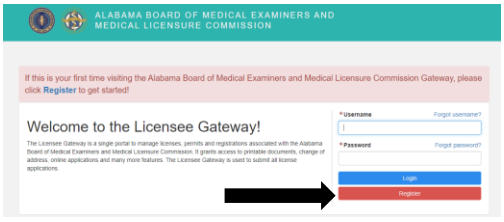
Licensee Gateway



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Licensee Gateway

REGISTER, CREATE USERNAME AND PASSWORD, LOGIN

Step 1: Register

- Select "register" in red if you have never used Licensee Gateway
- Select "login" once you have registered and created a username and password

Step 2: Complete al

- You will be required to answer demographic information
- You will be prompted to create a new username and password for Licensee Gateway

Step 3: Login with username and password created during registration

- You will not use the same credentials used for the Licensee Portal
- Once logged in, you may submit online requests

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Know the Rules of Prescribing Controlled Medications

Prescriptions and Medication Orders by CRNPs, CNMs, and PAs

May not sign prescriptions for controlled substances without a QACSC 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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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-some are now requiring a QACSC for inpatient prescribing
- You will need a QACSC and your own DEA if writing prescriptions for discharge that will be filled at an outside pharmacy

Code of Alabama 20-2-260

- An APP authorized to prescribe…. shall not prescribe, administer, or dispense any controlled substance to:
  - his or her own self
  - spouse
  - child
  - parent

Where Do I Find the Rules?

RESOURCES > LEGAL > ADMINISTRATIVE RULES

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

Important Chapters:

540-X-7	Assistants to Physicians
540-X-8	APN: Collaborative Practice
540-X-12	QACSC (PAs)
540-X-17	Weight Loss Rules
540-X-18	QACSC (CRNPs)
540-X-19	Pain Management
540-X-20	LPSP (all)

If you work for the VA, you have independent practice and may write controlled substances without a collaboration/registration/QACSC/LPSP provided you have a DEA and ZERO prescriptions will be filled outside the walls of the VA.

If a single prescription gets filled at an outside pharmacy, you must have a collaboration/registration agreement and a QACSC!

Qualified Alabama Controlled Substance Certificate

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- Waiver for the PAs
- 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.albme.gov)
- 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

The 12 months of collaboration/supervision is a cumulative total. It does not need to be completed with a single physician, nor must it be with the physician for whom you are applying with for the QACSC.

Statute requires this for CRNPs/CNMs.

PAs that have worked in a supervising relationship with a physician for 3 years in another state and held a DEA for 1 year may apply with the waiver for this requirement

Where do I find the Applications?

www.albme.gov

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.

Forms

- *NEW*: Prescribing Protocols for QACSC and LPSP* and Quality Assurance Plan Forms (Required)
  *NOTE that all QACSC protocols also apply to LPSPs
- Initial QACSC Application for CRNPs/CNMs Application and Instructions
- Additional QACSC Application for CRNPs/CNMs Application and Instructions
- QACSC Covering Physician Agreement-NP (How to add coverings to QACSC)

Fees (Non-Transferable/Non-Refundable)

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

Print receipts at the Licensee Gateway.

Initial QACSC versus Additional QACSC

The Initial QACSC is the FIRST QACSC that you apply for and receive. The fee is $110.00 and includes a PDMP fee.

The Additional QACSC is ANY SUBSEQUENT QACSC that you may apply for after you have been issued the Initial QACSC. The fee is $60.00.

*If you apply for an Initial QACSC and withdraw the application or are not granted approval, then you will be required to pay the $110.00 initial fee again.

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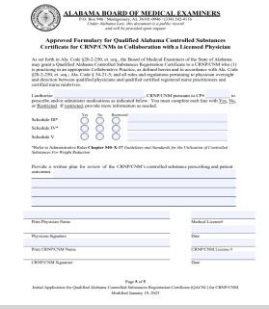

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Approved Formulary for Qualified Alabama Controlled Substances Certificate for CRNP/CNMs in Collaboration with a Licensed Physician

QACSC Application

- The **CP#/RA#** is the collaborative practice/registration agreement number assigned to your CP/RA once you have been given final approval.
- Must state "yes", "no", or "restricted"
- Written plan for review must be completed. This explains how the physician will monitor the NP/ PAs prescribing. May submit a copy of your QA Plan.
- You can always have a more restrictive policy in your practice!

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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. Patient outcomes will also be reviewed. All patients with adverse outcomes will be thoroughly reviewed and an appropriate plan of action will be determined by the physician."

- 10% review is required for all prescriptions regardless of how many times you see the patient
- 100% adverse events must be reviewed.
- Controlled prescribing must be part of your quarterly QA review using our mandatory forms!

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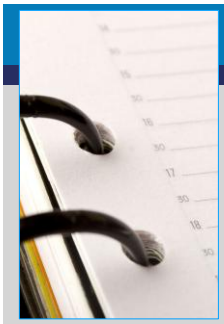


QACSC

- 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

Which license do I apply for first?

A) QACSC

B) DEA

Which license do I apply for first?

A) QACSC- you must have the QACSC License number to apply for the DEA

B) DEA

Applying for the DEA

- **Do not apply** for the DEA until you have approved for and been issued a QACSC-the DEA costs $888 and is non-refundable!
- Apply for DEA Registration at www.deadiversion.usdoj.gov and then send a copy of the certificate to the BME or upload into your Licensee Gateway-please email us, the system DOES NOT notify us!
- Your QACSC status will be "Active Pending DEA" until we receive a copy of the DEA. You cannot print your certificate or renew the QACSC for the next calendar year with this status!

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

Do I Need Multiple QACSCs?

- APP 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 APP need a QACSC for each site?

Answer: NO

- If **all** practice sites are listed on the Collaborative Practice/Registration Agreement and the physician can walk into any listed site and see patients and records, only one QACSC is required.
- *If APP works at Urgent Care on the weekends under a different collaborating/supervising 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-.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.

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."

(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**

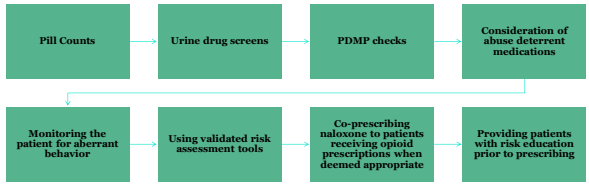
If an electronic prescription is issued for any controlled substance for a patient for the purpose of weight reduction or treatment of obesity, the prescribing physician **must sign and authorize** the transmission of the electronic controlled substance prescription in accordance with federal law and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

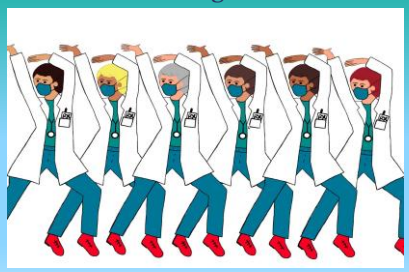
(3) The prescribing/ordering physician shall be present at the facility when he or she prescribes, orders or dispenses a controlled substance for a patient for the purpose of weight reduction or treatment of obesity

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

Risk Mitigation Includes:



NEW Prescribing Protocols!!



What are the QACSC & LPSP Protocols?

The Protocols govern how you prescribe controlled medications!

NEW!! QACSC Protocols (Schedule 3-5)

- APP may initiate a 30-day supply with 2 **refills** (not to exceed 90 days) or an initial 90-day supply with physician approval
- If physician initiates, and the patient is well-maintained, the APP may prescribe a 30-day supply with 2 refills (not to exceed 90 days total). A 90-day supply is permissible for reissue if established on a 90-day supply from the physician.
- The decision to continue therapy after ninety (90) days must be made in collaboration with the approved collaborating physician following the physician's evaluation of the patient and consultation with the QACSC holder. The medical decision-making, evaluation, and consultation must be documented in the medical record. If approved by the collaborating physician, the QACSC holder may issue subsequent prescriptions in compliance with this protocol.
- The physician must conduct an in-person evaluation of any patient receiving ongoing treatment with controlled substances at least once every twelve (12) months. This evaluation is required to ensure that all prescriptions are issued for a legitimate medical purpose and within the usual course of professional practice. At the time of the evaluation, any controlled substance prescriptions must be reissued or refilled exclusively by the physician, using their own Alabama Controlled Substances Certificate (ACSC) and Drug Enforcement Administration (DEA) registration.

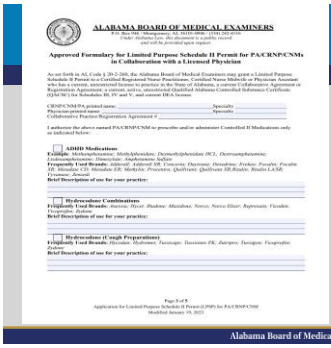
QACSC Protocols Continued

- May have on site a more restrictive prescribing protocol which is specific to the individual practice, but it may not be more permissive than this stated protocol
- A QACSC holder may make a verbal order for a controlled substance in Schedules III-V under the circumstances stated in this protocol.
- A QACSC holder is not authorized to dispense controlled substances in any Schedule. For the purposes of this protocol, "dispense" is defined as ordering a controlled substance to be dispensed or distributed from a dispensary located in the facility where the QACSC holder practices to a patient for off-premises consumption or administration
- The QACSC holder may sign for samples of those controlled substances in Schedules III-V approved in the QACSC holder's Formulary for office use as is normal and customary for that practice specialty

Limited Purpose Schedule 2 Permit

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



ALABAMA BOARD OF MEDICAL EXAMINERS

Approved Formulary for Limited Purpose Schedule II Permit for PA/CRNP/CNMs in Collaboration with a Licensed Physician

LPSP Application

***Specific drug groups**

***Frequently Used Brands - not an exhaustive list, just examples**

***Brief Indication – not a list of 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: Hypersomnia (IH), 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.

NEW!! APPs may now request to treat Narcolepsy with stimulants IF:

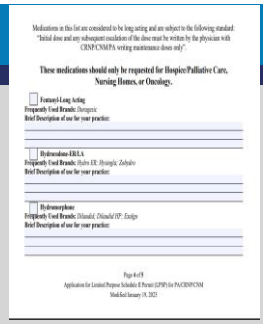
1) Medications are FDA approved for Narcolepsy
2) The patient has undergone a sleep study and received a diagnosis of Narcolepsy by a physician
3) The practice site has been approved by the Board of Medical Examiners

(This may require individual review)

Long-Acting Schedule 2 Medications

These should only be requested if providing primary care in the areas of:

- **Hospice**
- **Palliative Care** (**under the umbrella of hospice**)
- **Oncology**
- **Nursing Homes**



Medications in this list are considered to be long-acting and are subject to the following standard: "Initial dose and any subsequent escalation of the dose must be written by the physician with CRNP/CNM/PA writing maintenance doses only".

These medications should only be requested for Hospice/Palliative Care, Nursing Homes, or Oncology.

☐ Fentanyl-Long Acting
Frequently Used Brands: *Duragesic*
Brief Description of use for your practice:

☐ Hydromorphone-ER/LA
Frequently Used Brands: *Hydro ER, Hysingla, Zahydro*
Brief Description of use for your practice:

☐ Hydromorphone
Frequently Used Brands: *Dilaudid, Dilaudid HP, Exalgo*
Brief Description of use for your practice:

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Application for Limited Purpose Schedule II Permit (LPSP) for PA/CRNP/CNM
Modified January 19, 2021

LPSP Protocols

LPSP Protocols (Schedules 2 and 2N)

- APP may initiate a 30-day supply. The LPSP holder may prescribe two (2) reissues. **The collaborating/supervising or covering physician must see the patient before prescribing additional reissues**.
- If medication was initiated by the physician, the LPSP holder may prescribe two (2) reissues. **The collaborating/supervising or covering physician must see the patient before prescribing additional reissues**.
- The decision to continue therapy after ninety (90) days must be made in collaboration with the approved collaborating physician following the physician's evaluation of the patient and consultation with the QACSC holder. The medical decision-making, evaluation, and consultation must be documented in the medical record. If approved by the collaborating physician, the QACSC holder may issue subsequent prescriptions in compliance with this protocol.
- Any **escalation** of a previously prescribed Schedule II or IIN controlled substance must be through collaboration with the approved collaborating/supervising or covering physician and documented in the medical record.

LPSP Protocols Continued

- The physician must conduct an in-person evaluation of any patient receiving ongoing treatment with controlled substances at least once every twelve (12) months. This evaluation is required to ensure that all prescriptions are issued for a legitimate medical purpose and within the usual course of professional practice. At the time of the evaluation, any controlled substance prescriptions must be reissued or refilled exclusively by the physician, using their own Alabama Controlled Substances Certificate (ACSC) and Drug Enforcement Administration (DEA) registration.
- Cannot dispense controlled substances in any schedule
- Can always have on site a more restrictive prescribing protocol specific to the individual practice, but it may not be more permissive than these stated protocols
- Quality Assurance is REQUIRED every quarter on BME mandatory forms for all schedules

Long-Acting Schedule 2 Medications

- For **long-acting Schedule II** controlled substances, the initial dose and any subsequent escalation of the dose must be written by the physician with the APP writing maintenance doses only. NO CHANGE!
- Long-acting Schedule II medications may only be prescribed for patients in Hospice/Palliative Care; Nursing Home/ Rehabilitation Facilities; or Oncology. NO CHANGE!
- These specific specialties/locations **must be approved and listed** on the collaborative/registration agreement.

In a nutshell:

- Schedules 2-5 –the APP may initiate the first 90 days (30 days with 2 refills/or 90-day supply with physician approval QACSC; 30 days with 2 reissues LPSP)
- After initial 90 days, if schedule 2/2N, the physician must physically see the patient before the APP can reissue
- After 90 days, there must be documented collaboration with the physician for the APP to continue the Rx and every 90 days thereafter
- The APP can write the prescriptions 11 months out of the year
- Once per year, at a minimum, the physician must physically see the patients receiving continuous controlled substances and write the Rxs under their own ACSC and DEA. (Telemedicine may be utilized if law requirements are met)
- QA is required quarterly on mandatory forms

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 upload a copy of the updated DEA certificate once received

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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 Alabama DEA registration, 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

What If I Need to Add a Drug Class?

APP requested ADHD Medications, Hydrocodone Cough Preps and Hydrocodone Combinations on LPSP application.

- APP needs to **add** Oxycodone IR medications.

APP 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.

Prescribing via Telemedicine

Practitioners' Responsibilities

A physician has the same duty to exercise reasonable care, diligence, and skill whether providing services in-person or via telehealth, including when appropriate, to:

- Establish a diagnosis.
- Disclose the diagnosis and evidence for it.
- Discuss the risks and benefits of treatment options.
- Provide a visit summary to the patient and information how to obtain appropriate follow-up and emergency care if needed.
- A physician-patient relationship must be established either at the initiation of the patient or referral by the patient's established physician.

Practitioner's Responsibilities Continued

Before providing telehealth medical services, the physician must:

- Verify the patient's identity;
- Require the patient to identify his or her physical location, including city and state; the location of the patient at the time of service determines which state law to abide by. **Document patient location**. If you are treating/prescribing to patients located in Alabama, you MUST have an active Alabama license/QACSC/AL DEA/LPSP
- Disclose the identity and credentials of the physician and any other personnel; and
- Obtain the patient's consent for the use of telehealth and document it in the patient's medical record

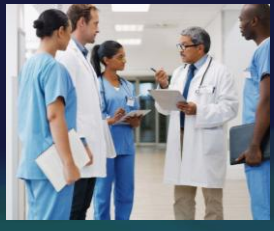
Prescribing via Telemedicine

A prescription for a controlled substance may only be issued via telehealth if:

- The telehealth visit includes synchronous audio or audio-visual communication using HIPAA-compliant equipment with the prescriber;
- The prescriber has had at least one in-person encounter with the patient within the preceding 12 months; and
- The prescriber has established a legitimate medical purpose for issuing the prescription within the preceding 12 months.

*The in-person encounter may be satisfied by the in-person assistance of personnel licensed by the Board of Medical Examiners or Board of Nursing at the originating site when the prescriber is evaluating the patient from a distant site using video communication. An LPC or LSW at the originating site does not meet this requirement.

Quality Assurance for Controlled Prescribing



QA for Controlled substance prescribing is now required

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

Quarterly Quality Assurance Documentation Required

- *As part of the approved collaborative practice agreement, the collaborating or covering physician shall conduct and document a quarterly quality assurance review of the QACSC/LPSP holder's-controlled substance prescribing practices. This review may include an evaluation of the My RX report through the Alabama Department of Public Health's Prescription Drug Monitoring Program (PDMP)*
- REQUIRED FORMS ARE LOCATED ON OUR WEBSITE www.albme.gov and include:
- 1. QA Plan for Controlled Prescribing
- 2. QA Tool for Quarterly Review
- 3. Summary of Findings and Recommendation for Change Form
- 4. Adverse Event Form

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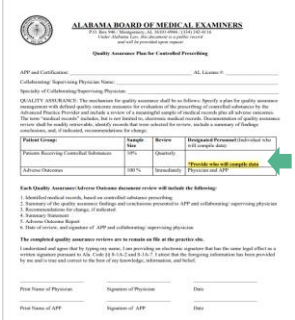

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Quality Assurance Plan for Controlled Prescribing

APP and Certification: _____ AL License #: _____

Collaborating/ Supervising Physician Name: _____

Specialty of Collaborating/Supervising Physician: _____

QUALITY ASSURANCE: The mechanism for quality assurance shall be as follows: Specify a plan for quality assurance management with defined quality outcome measures for evaluation of the prescribing of controlled substances by the Advanced Practice Provider and include a review of a meaningful sample of medical records plus all adverse outcomes. The term "medical records" includes, but is not limited to, electronic medical records. Documentation of quality assurance shall include the time period reviewed, who identify records to be selected for review, include a summary of findings/ conclusions, and, if indicated, recommendations for changes.

Patient Group:	Sample Size	Review	Designated Personnel (Individual who will compile data)
Patients Receiving Controlled Substances	10%	Quarterly	*Provide who will compile data*
Adverse Outcomes	100 %	Immediately	Physician and APP

Each Quality Assurance/ Adverse Outcome document review will include the following:

1. Identified medical records, based on controlled substance prescribing
2. Summary of the quality assurance findings and conclusions presented to APP and collaborating/ supervising physician
3. Recommendations for changes, if indicated
4. Summary Statement
5. Adverse Outcome Report
6. Date of review, and signature of APP and collaborating/ supervising physician

The completed quality assurance reviews are to remain on file at the practice site.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information, and belief.

Print Name of Physician | Signature of Physician | Date

Print Name of APP | Signature of APP | Date

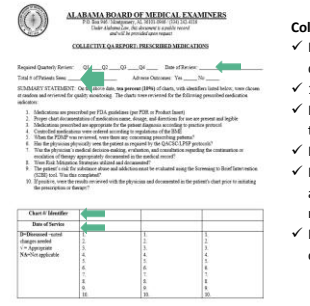
Quality Assurance Plan

10% Required Quarterly

Provide who will compile the data

Sign and Date

Must be readily retrievable at the practice location!



ALABAMA BOARD OF MEDICAL EXAMINERS

COLLECTIVE QA REPORT: PRESCRIBED MEDICATIONS

Required Quarterly Review: Q1___Q2___Q3___Q4___ Date of Review: _____

Total # of Patients Seen: _____ Adverse Outcomes: Yes _____No _____

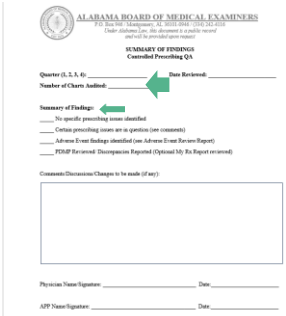
SUMMARY STATEMENT: On the above date, **ten percent (10%)** of charts, with identifiers listed below, were chosen at random and reviewed for quality monitoring. The charts were reviewed for the following prescribed medication indicators:

1. Medications are prescribed per FDA guidelines (per PDR or Product Insert)
2. Proper chart documentation of medication name, dosage, and directions for use are present and legible
3. Medications prescribed are appropriate for the patient diagnosis according to practice protocol
4. Medications prescribed are appropriate for the patient's age and sex
5. When the PDMP was reviewed, were there any overarching prescribing patterns?
6. Has the physician physically seen the patient as required by the QACSC/LPSP protocols?
7. Was the physician's medical decision-making, evaluation, and consultation regarding the continuation or resolution of therapy appropriately documented in the medical record?
8. Were Risk Mitigation Strategies initiated and documented?
9. The patient's risk for substance abuse and addiction must be evaluated using the Screening to Brief Intervention (S2BI) tool. Was this completed?
10. If positive, were the results reviewed with the physician and documented in the patient's chart prior to initiating the prescription or therapy?

Chart # /Identifier			
Date of Service			
D=Discussed w/prof changes needed √= Appropriate NA=Not applicable	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

Collective QA Report

- ✓ Document number of patients seen in the quarter
- ✓ 10% of this number should be reviewed
- ✓ Patient Identifier -something that identifies the patient reviewed
- ✓ Document date of service and date of review
- ✓ Review each of the quality indicators- notate as appropriate on the QA Tool-each patient reviewed will have a box!
- ✓ Make sure physician and APP date and sign on the date the review is completed



ALABAMA BOARD OF MEDICAL EXAMINERS

SUMMARY OF FINDINGS
Controlled Prescribing QA

Quarter (1, 2, 3, 4): _____ Date Reviewed: _____
Number of Charts Audited: _____

Summary of Findings:
____ No specific prescribing issues identified
____ Certain prescribing issues are in question (see comments)
____ Adverse Event findings identified (see Adverse Event Review Report)
____ PDMP Reviewed: Discrepancies Reported (Optional My Rx Report reviewed)

Comments/Discussions/Changes to be made (if any):

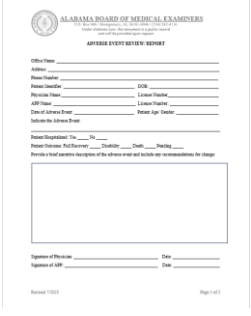
Physician Name/Signature: _____ Date: _____

APP Name/Signature: _____ Date: _____

Summary of Findings

- Number of charts audited
- Mark appropriate response
- Comments/Discussions/Changes
- Sign and Date

Alabama Board of Medical Examiners



ALABAMA BOARD OF MEDICAL EXAMINERS

ADVERSE EVENT REVIEW/ REPORT

Office/Clinic: _____
Address: _____
Phone Number: _____
Patient Identifier _____ DOB: _____
Physician Name: _____ License Number: _____
APP Name: _____ License Number: _____
Date of Adverse Event: _____ Patient Age/ Gender: _____
Indicate the Adverse Event:
_____
Patient Hospitalized: Yes ____ No ____
Patient Outcome: Full Recovery ____ Disability ____ Death ____ Pending ____
Provide a brief narrative description of the adverse event and include any recommendations for change:

Signature of Physician: _____ Date: _____
Signature of APP: _____ Date: _____

Revised 7/2015 Page 1 of 1

Adverse Event Report

*You will determine what constitutes an adverse event with your physician

All documents should be readily retrievable at the practice locations!

Alabama Board of Medical Examiners

Electronic Prescribing

Alabama Board of Medical Examiners 66

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

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
- 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.albme.gov ; Click on "License Search"; Search for Licenses; Enter your first and last names only; Click Search. Please click on your name to view the details that we have listed for your QACSC and/or LPSP. Make sure all of this is appropriate

Prescription Drug Monitoring Program (PDMP)

PDMP: Registration

1

Register

- Register as a **Prescriber Delegate-Licensed** if you do not have personal controlled prescribing certificates but are a licensed LPN, RN, NP, or PA

2

Register

- Register as a **Prescriber Delegate-Non-Licensed** if you are not a licensed health care professional (example: office administrator, medical assistant)

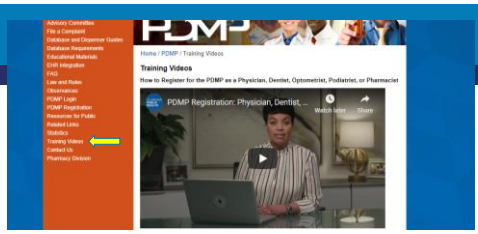
3

Register

- Register as a **Nurse Practitioner or Physician Assistant** if you are a Nurse Practitioner or Physician Assistant and you have your own state controlled prescribing certificates and DEA

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



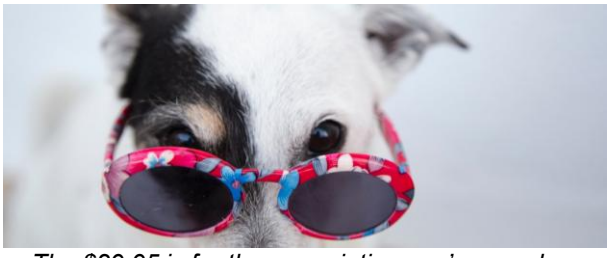
Training Videos Available on the PDMP Website:
www.alabamapublichealth.gov/pdmp/

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://alabamapmpaware.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

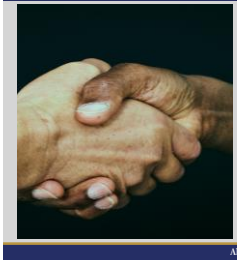


The $29.95 is for the prescription, ma'am, and the $15.00 surcharge is a little gift for our handwriting expert!

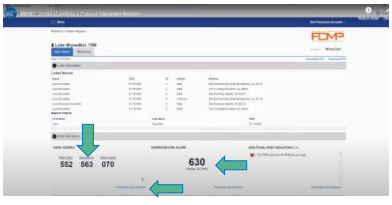
Example of How a Prescription Gets Logged Into the PDMP Under the Wrong Prescriber

- 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

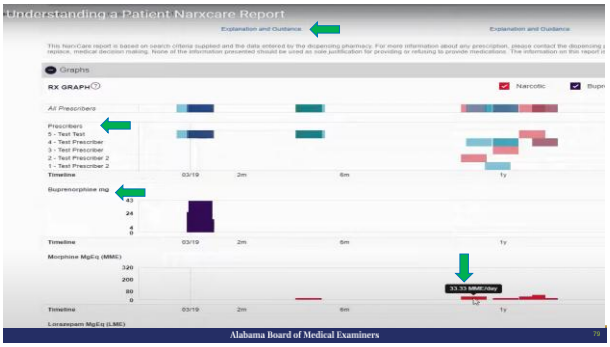
PDMP CONTRACT AGREEMENT



- 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**



- 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!



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

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:

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

Rachel Kiefer: rachel.kiefer@adph.state.al.us

For general PDMP questions:

- **#334-206-5226**
- 1-800-703-9869 or 1-800-925-4767

Highest Ranking States for Prescribing Opioids in 2023 CDC

Highest opioid dispensing rates per 100 persons in 2023:

1) Arkansas (71.5)

2) Alabama (71.4)

3) Mississippi (63.1)

4) Louisiana (62.7)

(Tennessee had the highest opioid prescription rate for every 100 persons at 94.4)

Alabama has the highest downward trend (50%) for prescribing opioids in the nation!

From 140 Rx per 100 patients in 2017-2018
to
71 Rx per 100 patients in 2023

While this is great news, we are still second highest in the nation for dispensing opioids

Lowest States in the Nation for Dispensing Opioids in 2023 CDC

Lowest dispensing rates per 100 persons in 2023:

1) Hawaii (22.6)

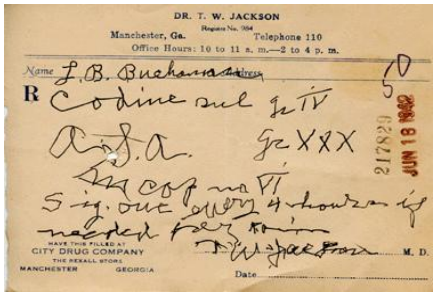
2) California (23.8)

3) New Jersey (26.3)

4) New York (26.3)

**We are dispensing 45.1- 48.8 per 100 persons higher!

Prescription Requirements


DR. T. W. JACKSON
Manchester, Ga. Telephone 110
Office Hours: 10 to 11 a. m.—2 to 4 p. m.
Name L.B. Buchanan Address
R Codine sul gr IV
Ga XXX
21782
JUN 18 1932
HAVE THIS FILLED AT
CITY DRUG COMPANY
THE REXALL STORE
MANCHESTER GEORGIA
M. D.
Date

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
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**

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 only** between **10/01-12/31** in the Licensee Gateway
- 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.
- ✓Cannot renew with an Active Pending DEA status
- ✓Cannot renew LPSP until QACSC is renewed
- ✓**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 Licensee Gateway

December or January Issue

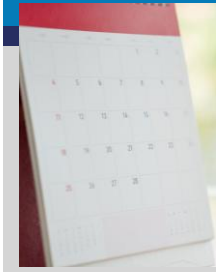
If this is your **FIRST** (Initial) QACSC and your application is approved in December, the QACSC will be issued **JANUARY 2**

***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!!

*December approvals for Additional QACSC and/or LPSP will be given the option to issue January 2 –avoids renewal fee but delays use of the license as it cannot be used until issued

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



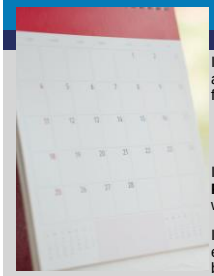
If the **QACSC** is reissued between **January 1- January 31**, a **LATE FEE of $75.00** will be added to the **$60** renewal fee

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

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

Make sure to complete your evaluation! Without it, you will not receive your CME credits from the Medical Association!

Advanced Practice Department

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Jaime Friday APP Specialist jfriday@albme.gov	Chekaylah Bradley, MHS APP Specialist cbradley@albme.gov	Hannah Paulk APP Specialist hpaulk@albme.gov	Shemika Whetstone, BIS APP Specialist swhetstone@albme.gov

Questions?