PDMP in Practice: A Clinical Tool for Safer Prescribing

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Financial Disclosures

I have no relevant financial relationships to disclose.

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Meet the Team

Alabama PDMP
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Phone: **334-290-6707**
Website: alabamapublichealth.gov/pdmp

Pharmacy Division Team:
Rachel Kiefer, PharmD, Pharmacy Director and PDMP Director
Brittany Stewart, CPhT, PDMP Administrator
Vicki Walker, CPhT, PDMP Pharmacy Compliance Coordinator
Lacey Peacock, CPhT, 340B Program Coordinator
Anna Bishop, RN, Overdose Data to Action Program Manager

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Objectives

➢Describe the current opioid landscape and opioid prescribing trends

➢Understand laws and rules regarding access to the Alabama PDMP

➢Explain specific features of the Alabama PDMP and how they can be used as a clinical tool

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CDC's Provisional Count of Drug Overdose Deaths in U.S.

https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

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CDC's Provisional Counts of Drug Overdose Deaths in U.S.

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CDC's Provisional Count of Drug Overdose Deaths in Alabama

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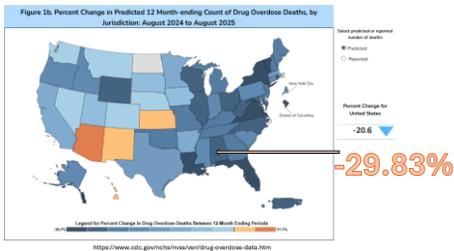
PDMP Data - Opioids: Number of Prescriptions, Quantity, and Morphine Milligram Equivalents (MME)
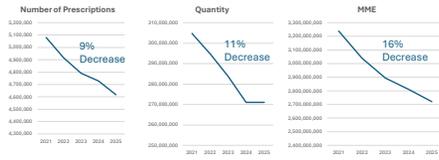
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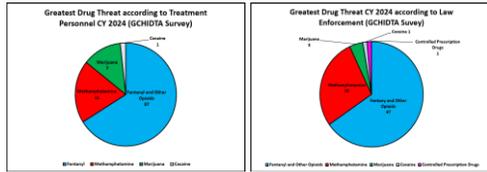
2025 Gulf Coast HIDTA Drug Threat Assessment

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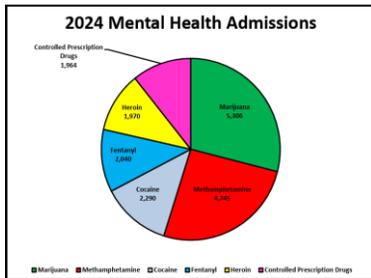
2025 Gulf Coast HIDTA Drug Threat Assessment

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PDMP Data – Prescription Stimulants

Prescription Count Dispensed

18% Increase
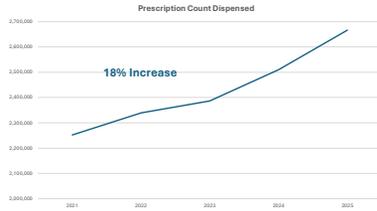
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Alabama Department of Forensic Sciences
Drug Chemistry Statistics

DC Reported Results FY25

- AMINES 38.9%
- MARIHUANA 36.0%
- COCAINE 10.8%
- FENTANYL 6.6%
- NARCOTICS 5.8%
- BENZODIAZEPINES 3.7%
- OTHER 1.8%
- SYNTHETIC CANNABINOIDS 1.8%
- NEGATIVE 1.7%
- BATH SALTS/DESIGNER <1%
- HEROIN <1%
- NON CONTROLLED <1%

https://www.adfs.alabama.gov/services/dc/dc-statistics
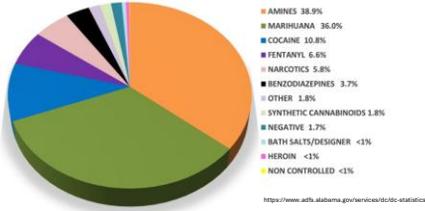
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Alabama PDMP Controlled Substance Database

https://alabama.pmpaware.net/login

PDMP
Support: 334-290-6707

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Alabama Legislature Act 2004-443
Effective August 1, 2004

➢Authorizes ADPH to establish a controlled substance database for the collection of controlled substances prescription data.

➢All information in the database is declared privileged and confidential and not public record.

➢Not subject to subpoena or discovery in civil proceedings.

➢Database includes dispensed medications in Schedules II, III, IV, and V, per the Alabama Controlled Substance List.
  ➢Gabapentin, butalbital, codeine cough syrups
  ➢Not Cannabis

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Basics of the Alabama PDMP

➢Pharmacies and dispensing prescribers are required to submit dispensations within 24 hours of dispensing (daily on business days)

➢Alabama data shares with 41 states (all surrounding states), the District of Columbia, Military Health System, and Puerto Rico

➢Contains 5 years plus the current year of prescription information

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Gateway Integration

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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.

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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)

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Appropriate Use of PDMP Data

➢The reports generated from the controlled substances database contain confidential information, including patient identifiers, and are not public records. The information is considered clinical in nature, subject to medical interpretation. The information should not be provided to any other persons or entity. (Ala. Code § 20-2-215)
  ➢Investigatory or evidentiary purposes
  ➢Regulatory activities of licensing or regulatory boards
  ➢Informing pharmacists and practitioners in prescribing and dispensing
  ➢Bona fide statistical, research, or educational purposes (de-identified information)

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Best Practices for Providers

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

➢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 Access

➢Code of Ala. § 20-2-214: Limited Access to Database
  ➢Certifying boards
  ➢A licensed practitioner who has authority to prescribe, dispense, or administer controlled substances.
  ➢Up to two employees designated by a licensed physician
  ➢A licensed certified nurse practitioner or a licensed certified nurse midwife with a QACSC
  ➢A licensed assistant to physician with a QACSC

• Must have active AL DEA registration and AL controlled substance certificate (ACSC or QACSC)

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PDMP Access

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Delegates

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Delegate: Registration

Registration Process

Select your User Roles

- ➢ A delegate is a role that has the capability to perform patient searches on behalf of another registered user (the "supervisor").
- ➢ Create an account and verify email address.

https://alabama.pmpaware.net

◉ Healthcare Professional
☐ Nurse Practitioner / Clinical Nurse Specialist
☐ Midwife with Prescriptive Authority
☐ Physician Assistant
☐ Podiatrist (DPM)
☐ Optometrist
☐ Veterinarian
☐ Medical Intern
☐ Medical Resident
☐ Military Prescriber
☐ Pharmacy Technician
☐ Prescriber Delegate - Unlicensed
☐ Pharmacist in Charge
☐ Pharmacist
☐ Physician (MD, DO)
☐ Dentist
☐ Dispensing Physician
☐ Prescriber without DEA

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Delegate: Registration

Account Registration

Professional Details

Personal Information

Delegate

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Delegate: Registration

A delegate will not be able to perform patient searches until
1) The supervising physician approves the delegate, and
2) The PDMP Administrator approves the account.

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Delegate: Delegate Management

• Delegates can be approved in two ways:

Via an email sent to the supervisor

Supervisor logs into PDMP account and adds/approves
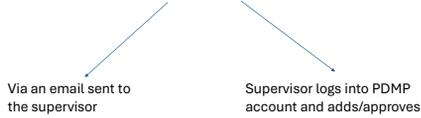
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Delegate: Delegate Management

• Approval via email to the supervisor

Delegate Management
Select a delegate to review details.

First	Last	Role	Delegate Status	Date Requested
		Prescriber Delegate - Unlicensed	Pending	10/13/2017
		Prescriber Delegate - Unlicensed	Approved	10/13/2017

Jordan Delegate   Verify Status   Reject

Role: Prescriber Delegate - Unlicensed
Phone: 5555
Email: @clinic.com (Unverified)
Address:
Lyndon, KY 40223
Date of Birth: 1900

Delegate (pending)   1 Supervisor

Drivers license (Invalid)   (pending)
                            s@clinic.com

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Delegates: Delegate Management

- Supervisor logs into PDMP account to add/approve delegate

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Delegates: Delegate Management

- Supervisor logs into PDMP account to add/approve delegate

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Delegate Annual Reverification

➢ For the month of February:
  ➢ All supervising physicians/dentists must approve delegates (delegate–unlicensed, delegate–licensed, Nurse Practitioner, Nurse Midwife, Physician Assistant)
  ➢ Communication sent to supervising physician/dentist and delegate

➢ By March 2:
  ➢ If the supervising physician/dentist does not reverify (approve) his/her delegate, all delegate accounts will go into "Pending" status

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Program Features

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

➢Quarterly Prescriber Reports.

➢Overdose risk scores provided for all patients.

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

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MyRx Report

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MyRx Report

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MyRx Report

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Prescriber Report

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Prescriber Report

Disclaimer: The Prescriber Report is strictly informational and is provided in support of the Department of Public Health Prescription Drug Monitoring Program's mission to promote, preserve, and protect public health and safety. **No action is required in response to the PDMP Prescriber Report**. Comparisons with peer groups are meant to give prescribers a point of reference. The PDMP recognizes that no two practice settings are identical. The report should not be used to impede the appropriate prescribing of controlled substances for legitimate medical purposes. Furthermore, the Prescriber Report is not intended to indicate any wrongdoing of the prescriber or their patients.

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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).

➢ 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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Prescriber Report

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NarxCare

Caution/Important Reminder: NarxCare is an application that provides a set of data, visualization, and analytics to support prescribers' and dispensers' review of controlled substance data from government-managed and regulated PDMPs. NarxCare is **intended to aid, not replace**, medical decision-making. None of the information presented in the NarxCare application should be used as the sole justification for providing or not providing medications.

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Unintentional Overdose Risk Score (ORS)

- Ranges from 000 to 999
- Relational summary score obtained from PDMP data
  - Evaluates 10 different variables

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Unintentional Overdose Risk Score

➢ Scores range from 000-999.

- ORS algorithm has ten data inputs obtained from PDMP data:
  - Hx of MOUD (excluding buprenorphine formulations for pain management)
  - Number of high-risk dispensations in the most recent year
    - Any OxyContin prescription
    - Fentanyl patches
    - Methadone (if reported to PDMP)
    - Buprenorphine (including dispensations for pain management)
    - Morphine (i.e., extended-release formulations)
    - Any opioid prescription with a daily MME > 120
  - Male gender, as reported by pharmacies
  - Number of pharmacies where opioids/sedative dispensations in the most recent year
  - Age, weighted based on age range
  - Number of overlapping opioid/sedative dispensations in the most recent year
  - Greater than 6 opioid/benzodiazepine dispensations in the most recent year
  - Number of overlapping opioid/benzodiazepine dispensations in the most recent year
  - Total day's supply of short-acting opioid prescriptions in the most recent year
  - Pattern of chronic opioid use

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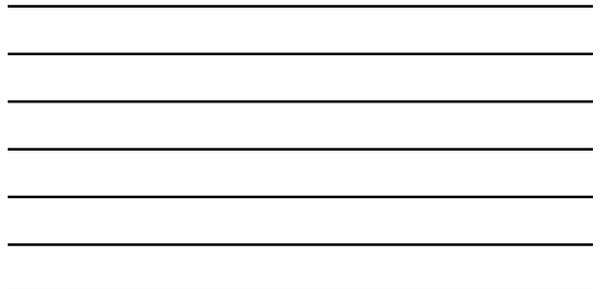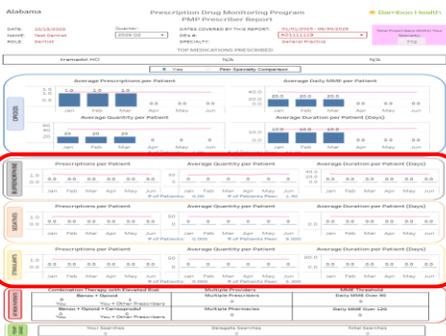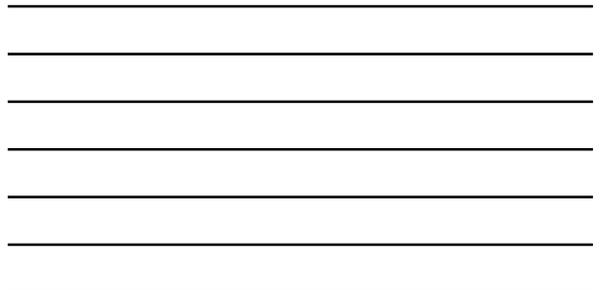
Narx Scores Overview

- Narx Scores are calculated for narcotics, sedatives, and stimulants
- Each score consists of three digits ranging from 000-999
- Distribution of scores will vary by state; generally, less than 1% of scores will be >650, and over 78% < 200.

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Narx Scores Overview

Scores correspond to the prevalence and timing of literature-based exposures in the PDMP data for that specific patient.
1. The number of controlled substance prescribers
2. The number of pharmacies visited where controlled substance prescriptions were filled
3. The total dosage of dispensations (opiates and sedatives only); the number of days supply for the dispensations (stimulants only)
4. The number of overlapping days for each drug type

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Narx Scores Overview

- Narx Scores were designed such that:
  - Patients exposed to small amounts of controlled substances with limited provider and pharmacy usage will have **lower scores (i.e., scores below 199)**
  - Patients who are exposed to large amounts of controlled substances in accordance with recommended guidelines (single provider, single pharmacy, etc.) will have **mid-range scores (i.e., scores between 200 to 500)**
  - Patients who are exposed to large amounts of controlled substances while using many providers and pharmacies, and with frequently overlapping dispensations, will have **higher scores (i.e., scores above 500)**

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Narx Scores Overview

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Electronic Health Record (EHR) Integration

https://www.alabamapublichealth.gov/pdmp/ehr_integration.html

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EHR Integration

➢ Searches include Georgia, Mississippi, Florida, Louisiana, and others as requested by the entity. Must access through Aware for other states. Hopefully, Tennessee will be added soon.

➢ The other state's 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: State Indicator
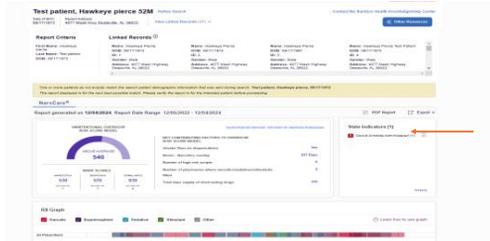

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New Feature: State Indicator

➢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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PDMP Continuing Education Opportunities

2026 Substance Misuse Summit

Dates & Locations
- August 18, 2026 — Mobile, AL at The Grounds
- August 20, 2026 — Huntsville, AL at Jackson Center

*The same programming will be offered at both locations.

Program Details
- Check-in begins: 8:30 AM
- All-day program
- This activity has been approved for AMA PRA Category 1 Credit(s)™.

Featured Speakers
- Jep Robertson
- Tom Farley
- Laura Stack
- And other national and regional speakers

Registration Links

Mobile – https://cmetracker.net/USAL/Publisher?page=pubOpen#/EventID/124247/

Huntsville – https://cmetracker.net/USAL/Publisher?page=pubOpen#/EventID/124248/

Questions

Please contact us at coach@auburn.edu for additional information or assistance.

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https://www.alahope.org/

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Harm Reduction and Prevention Efforts in Alabama

https://www.jcdh.org/SitePages/Programs-
Services/CommunityHealth/SubstanceUseandAddictio
n/NaloxoneFentanylTraining.aspx

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Connect Alabama Mobile App

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Frequently Asked Questions

What do I do if I find a prescription filled under my DEA that I did not write?

➢ The pharmacy that dispensed the prescription can correct information in the PDMP database.

➢ Contact the dispensing pharmacy and request that they pull the "hard copy" of the prescription to verify the information was entered correctly. If the prescription was entered incorrectly, the dispensing pharmacy should make those corrections and resubmit to the PDMP.

➢ If the prescription does show your information and you are still concerned that you did not write the prescription, request the dispensing pharmacy to send you a copy for further verification. If you believe there may be fraudulent activity associated with your DEA Number, contact your local police department and notify the Alabama Board of Pharmacy and the Board of Medical Examiners.

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Frequently Asked Questions

How do I change my password?

➢ Password has not expired-Login to your PDMP Account, click on Menu, and under User Profile, click on Password Reset. Enter your current password, then enter a new password.

➢ Password has expired or cannot be recalled. On the login screen, enter your email address and click on Reset Password. You will receive an email with a link to reset your password. If you do not receive the password reset link, please contact PDMP Support at 334-290-6707. It is recommended that you enter a mobile phone number on your PDMP account to receive a text message in case your employer has a firewall that prevents you from receiving the reset password links. **Mobile phone numbers are never shared and are only for this purpose.**

➢ Passwords must contain a minimum of eight (8) characters, one uppercase alphabet letter, one lowercase alphabet letter, one number character and one special symbol (example: +, $, % !, etc.).

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Frequently Asked Questions

How do I change my email address?

➢ Login to your PDMP account with old email address and password. When you are logged in click on Menu and under User Profile, select My Profile, scroll down to Contact information and enter the new email address twice and Save Changes.

➢ If you do not have access to the old email address, call PDMP staff at 334-290-6707 or email pdmp@adph.state.al.us.

How do I change my address in the PDMP?

➢ The address that shows on your PDMP reports comes from your DEA registration.

➢ If your address is incorrect on your PDMP reports, it must be changed with the DEA to correct the PDMP reports. Go to https://www.deadiversion.usdoj.gov/ and select Make Changes to my DEA Registration

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Frequently Asked Questions

Why can't I find prescriptions that I know have been written and/or filled?

There could be several reasons for this:

➢ The dispensing pharmacy is not properly reporting its prescription data to us. If you think that is the situation, please let us know so we can contact the particular pharmacy.

➢ There may be a difference in the spelling of the patient's name, or the pharmacy may have entered it under a nickname. For example, a prescription could have been written for a patient with the first name of "Jennifer", but the pharmacy filled it as "Jenifer or Jenny." Enter the first few defining letters of the name up to the point where ambiguity may begin. For example, enter "Jen" as the patient's first name.

➢ If the prescription had been written and/or filled in the last week, it may take a couple of days to be reflected in the PDMP. All pharmacies with a controlled substance permit issued by the Alabama Board of Pharmacy are required to report dispensed prescriptions daily.

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Contact Information

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