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Neither Scott Harris, M.D., M.P.H., nor Nancy Bishop, R.Ph., has 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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Prescription Drug Monitoring Programs	
 ➤ Have existed in some form for over 100 years. • New York, 1918 • California, 1939 	
≽First electronic PDMP in Oklahoma, 1991.	
➤ Most recent was Missouri, 2023.	
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The Basics of the Alabama PDMP	
>Legislation creating the controlled substance database in Alabama	
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 Not Cannabis	
There are substances scheduled in Alabama but not federally: gabapentin, all products containing butalbital, codeine cough syrups,	
and others.	
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How Substances are Scheduled in Alabama	
At the federal level, by DEA.	
>Within Alabama, by the State Committee of Public Health.	
➤ Within Alabama, by statute enacted by the Legislature.	
>Within Alabama, at the request of the Alabama Department of Forensic Sciences.	
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- ➤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.
- Most common error is incorrect Drug Enforcement Administration (DEA) number entered by pharmacies, such as DEA of another prescriber or a fake DEA number.

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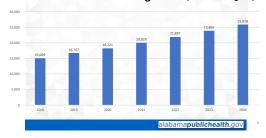
Access to Alabama's PDMP

➤ Prescribers and prescribing boards.

- Physicians
- Dentists
- Optometrists
- Podiatrists
- NOT veterinarians
- ➤ Pharmacists and pharmacy boards.
- >Medical examiners and coroners.
- >Law enforcement agencies.
- ➤ Alabama Medicaid.
- ➤ Certain research requests.

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Number of AL BME Licensees with an Alabama PDMP Account: 2018 through 2024 (includes Delegates)



Number of Patient History Searches by AL BME Licensees 2018 through 2024 (includes Delegates)



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



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



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



Provisional Drug Overdose Death Counts





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

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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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	
Overdose RISK Scores ➤ Scores range from 000-999.	
➤ Overall Unintentional Overdose Risk Score.	
> Scores for three different drug types: Narcotics. Sedatives.	
• Stimulants.	

Sumularis.
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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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 midlevel prescribers.
- ➤ Located under RxSearch (Click on Menu, then MyRx).
- ➤ MyRx History: MyRx Reports requested by user.

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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). 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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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 January 31, 2025, 960 entities have integrated the PDMP into their EHR/pharmacy management software system, and 250 are pending.

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- ➤ 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 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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Coverdose Risk Scores That patient, Headays parce SM are sent and the sent and the

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 Continuing Education Opportunities	
▶PMDP Townhall: Auburn (in-person) April 9 th . ■ Boxed dinner at 5:30; program begins at 6:00 Cost: \$25.00 	
■ 2 hours CE >Online PDMP townhall available at https://aub.ethosce.com/ . ■ No cost ■ No board CF	
 2 hours CE Three programs focusing on state and federal laws pertaining to the PDMP and controlled substances. 	
 June in Mobile, July in Auburn, and August in Huntsville Three hours of CE (6:00 PM – 9:00 PM) No cost but no dinner Registration: https://aub.ethosce.com/ 	

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.
- ightarrow "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.
 - No cost.





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