Prescribing Dilemmas: Case Studies from the Alabama Board of Medical Examiners

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1

MISSION

The Alabama Board of Medical Examiners is charged with protecting the health and safety of the citizens of the state of Alabama.

William M. Perkins,
Executive Director

2

Prescribing Dilemma #1

"The patients just came to me this way!"

3

Prescribing Dilemma # 1

Presentation: Patient comes to a prescriber with a reported lengthy history of chronic conditions and multiple controlled substance prescriptions with high doses

- The patient wants the prescriber to continue the medications "just like the other doctor did it."
- The prescriber knows the dosages are too high, that the combinations are risky, but the patient is very averse to change.

4

Should you continue the patients on the medications or make changes?

A) CONTINUE

B) MAKE CHANGES

5

Prescribing Dilemma # 1

Dilemma: Continue the patients on the medications or make changes?

- Is the prescriber aware of titration methodologies?
- Is the prescriber willing to say "no" and mean it?

Risks to the prescriber: Patient harm, transformation of the practice into a pill mill, and Board intervention.

6

Prescribing Dilemma #2

"He prescribes the opioids. I just prescribe the benzodiazepine."

7

The prescriber should remain in his or her silo.

A) TRUE

B) FALSE

8

Prescribing Dilemma # 2

Presentation: A patient is being prescribed a controlled substance by one prescriber, and another prescriber is managing another condition with a controlled substance. The combination poses a risk of harm to the patient.

Dilemma: Can the prescriber remain in his or her silo? What are his/her responsibilities? What can he/she do about the risks?

9

Prescribing Dilemma # 2

Review: Dr. Parran's Presentation

- Benzodiazepines are very "STICKY" drugs because short-term prescribing commonly becomes long term
- Problems with chronic (daily) benzo exposure:
  - TACHYPHYLAXIS (INSOMNIA)
  - PHYSICAL DEPENDENCE AND WITHDRAWAL (withdrawal symptoms are identical to indications for the drug)
  - LIKELY IMPAIR HELP SEEKING BEHAVIOR
  - FDA INDICATION ARE ALL FOR SHORT TERM USE
  - EFFICACY STUDIES ARE ALMOST ALL SHORT DURATION

10

Prescribing Dilemma # 2

Review: Dr. Parran's Presentation

- To Taper Off the benzodiazepine
  - **Short** – switch to intermediate onset, long T1/2 agent administered **nightly** and taper.
  - **Long** – switch to intermediate onset, long T1/2 **nightly** and taper.
- Start NON-benzo TX Plan for mental health issues
- The Taper (Outpatient setting)
  - 10% / month = NON - urgent taper
  - 10% / week = Urgent taper
- Avoid PRN benzos entirely

11

Prescribing Dilemma #3

"My patient has severe pain, but she is also probably abusing/misusing the prescriptions."

12

Prescribing Dilemma # 3

Presentation: There is a legitimate diagnosis supporting the prescribing of a controlled substance, such as an opioid for chronic pain, but the prescriber has reason to believe that the patient may misuse, abuse, or divert the medication.

Dilemma: Prescribe the controlled substance or withhold it? Are there any risk mitigation measures the prescriber can take? Is there a third option?

13

Prescribing Dilemma # 3

Review: Dr. Parran's Presentation

- January 2016 Annals of Intl Med: 90% of patients continued to receive prescription opioids after an accidental overdose was recorded in the chart
- March 2016 JGIM – Benzos are prescribed more frequently to patients with risk factors for benzo-related adverse events

14

Prescribing Dilemma # 3

Review: Dr. Engeriser's Presentation on Buprenorphine Management

- How should I react to a positive UDS?
  - Buprenorphine is a risk reduction strategy
  - A positive drug screen in itself should not be a reason to deny/stop treatment
  - Drug screens positive for fentanyl or methadone require caution
  - Benzodiazepines, barbiturates, and alcohol can increase risk of overdose
  - Continued positive UDS on follow-up appointments may require a change in treatment strategy

15

Prescribing Dilemma #4

"What risk and abuse mitigation strategies do you want me to use?"

16

Prescribing Dilemma # 4

Presentation: The Board requires the use of risk and abuse mitigation strategies tailored to the individual patient.

Dilemma: There are many strategies to choose from. Which one does the Board want me to use?

17

Prescribing Dilemma # 4

Refresher on Risk & Abuse Mitigation Strategies:

(a) Pill counts;

(b) Urine drug screening;

(c) PDMP checks;

(d) Consideration of abuse-deterrent medications;

(e) Monitoring the patient for aberrant behavior;

(f) Using validated risk-assessment tools, examples of which shall be maintained by the Board; and

(g) Co-prescribing naloxone to patients receiving opioid prescriptions when determined to be appropriate in the clinical judgment of the treating practitioner.

18

Prescribing Dilemma # 4

Utilizing the PDMP:

- 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
- Application: How to use these reports?

19

Who should utilize risk and abuse mitigation strategies?

A) COLLABORATING/SUPERVISING PHYSICIAN ONLY

B) THE PHARMACIST

C) EVERY PRACTITIONER

D) THE PRACTITIONER THAT SAW THE PATIENT FIRST

20

Prescribing Dilemma #5

"An investigator just came to my office. Am I going to lose my license?"

21

Prescribing Dilemma # 5

Presentation: A Board investigator comes to your office with a subpoena or communication from the Board about your controlled substance prescribing.

Dilemma: What is going to happen next? Should I change anything I'm doing?

22

Prescribing Dilemma # 5

- Self-audit questions:
  - Are my licenses in order?
  - Am I following the rules?
  - Did the investigator or APP staff instruct me to cease or change my prescribing?
  - Are my medical records and documentation up to date?
- Possible outcomes:
  - No action
  - Educational letter
  - Interview with the Board
  - Mandated CME
  - Disciplinary action

23

Prescribing Dilemma #6

"What's the deal with testosterone?"

24

Prescribing Dilemma # 6

ALBME Testosterone Guidelines Published February 2025

- Most men who need testosterone don't receive treatment, while those who don't need it, do. Low testosterone becomes increasingly common as men age.
- According to the American Urology Association, a diagnosis should rely on both blood tests and clear, persistent symptoms
- A.U.A. guideline: healthy testosterone levels in men fall between 300 and 800 nanograms per deciliter. However, testosterone can fluctuate widely with levels highest in the morning.
- There is also a "plateau effect" with testosterone. Once a patient reaches his personal threshold, taking more of the hormone isn't going to do very much.

25

Is an Advanced Practice Provider required to have a controlled substance certificate to prescribe testosterone?

A)YES

B)NO

26

Prescribing Dilemma #7

"I thought including controlled prescribing into my quarterly QA for collaboration was optional. Is it now required?"

27

Quarterly QA review of the QACSC holder's controlled substance prescribing practices is required.

A) TRUE

B) FALSE

28

If the physician and APP work in the same office with each other, QA is not required.

A) TRUE

B) FALSE

29

Prescribing Dilemma # 7

Presentation: The Board audits a collaborative/supervisory practice between a physician and an APP. The Board auditor finds that the APP and collaborating physician are not conducting and documenting a quarterly QA review of the APP's controlled substance prescribing practices.

Dilemma: There are special protocols for the use of a QACSC by an APP, which were updated by the Board in August 2025. The updates include a new requirement of conducting and documenting quarterly QA reviews for the QACSC holder's prescribing practices.

30

Prescribing Dilemma # 7

There are specific forms required to conduct and document quarterly QA for controlled prescribing.

1. Quality Assurance Plan
2. Collective QA Report: Prescribed Medications
3. Summary of Findings
4. Adverse Event Review/Report

31

Prescribing Dilemma #8

"I'm an APP with an LPSP. How often is the physician required to conduct an in-person evaluation of the patient?"

32

Prescribing Dilemma # 8

Presentation: The Board audits a collaborative/supervisory practice between a physician and an APP. The Board auditor is unable to find documentation of an in-person evaluation by the physician following the initiation of a Schedule II or 2N medication (LPSP).

Dilemma: There are special protocols for the use of an LPSP by an APP.

33

Prescribing Dilemma # 8

Updated LPSP Protocols:

- The physician must see the patient after the initial 90 days.
- The decision to continue therapy after 90 days must be made in collaboration with the approved collaborating/supervising physician following the physician's evaluation of the patient and consultation with the LPSP holder.
- Medical decision making, evaluation, and consultation must be documented in the medical record.
- If approved by the collaborating/supervising physician, the LPSP holder may issue subsequent prescriptions in compliance with this protocol.

34

Prescribing Dilemma #9

"What do I do with all these pills my patient just brought me?"

35

Prescribing Dilemma # 9

Presentation: A patient or family member of a patient has unused controlled substances and brings them to you for disposal.

Dilemma: How do we educate patients and families about the disposal of unwanted controlled substances, and how do we use the options available to them?

36

Prescribing Dilemma # 9

Review: Dr. Ayers on Palliative Medicine

- Make a plan for disposal with the family at the outset of care
- Provide a limited supply of pills
- Perform PDMP checks
- Perform routine pill counts during home visits
- Utilize a lock box, if necessary
- Utilize urine drug screens
- Facilitate destruction of unused medications

37

Prescribing Dilemma # 9

Review: Dr. Ayers on Palliative Medicine

- Flushing or dumping down a drain is not the best way to dispose of medication
- Disposal in household trash:
  - Remove the medicine from its original container and mix it with an undesirable substance, such as used coffee grounds or kitty litter.
  - Place the mixture in a sealable bag, empty bag, or other container to prevent medicine from leaking or breaking out of a garbage bag.
- Medication "Take-Back" Programs
  - Collection boxes overseen by law enforcement or pharmacies

38

Prescribing Dilemma #10

"Can I refill a prescription for my patient while they are out of state?"

39

Prescribing Dilemma # 10

Presentation: A patient is traveling out of state and requests a refill of a current medication.

Dilemma: How do you provide continuity of care to an established patient who is traveling or currently located outside of the state?

40

Prescribing Dilemma # 10

Review: Prescribing via Telehealth Presentation

- All states require a physician to be licensed in that state in order to practice medicine there. Because most states define the practice of medicine to occur where the patient is physically located, if your patient is in another state when the telemedicine visit occurs, you must be licensed in that state unless the state provides for a limited exception.
- Your Alabama license and ACSC/QACSC will not cover any prescribing for patients located outside of Alabama.
- What are other possible options for continuing patient care if the patient is located outside of the state?

41

Prescribing Dilemma #11

“Can my PA or CRNP prescribe weight loss and testosterone medications via telehealth while I work on my farm?”

42

Can an APP prescribe controlled substances for weight loss?

A) YES

B) NO

43

Prescribing Dilemma # 11

Issues:

- Is this a bona fide collaboration?
- Are appropriate risk and abuse mitigation strategies being used?
- Are the QACSC/LPSP protocols being followed?
- Are conflicts of interest being addressed?
- Is the patient receiving appropriate care?

44

Resources

Website: www.albme.gov

- Rules: Rules and Laws | Alabama Board of Medical Examiners & Medical Licensure Commission
- Practice Issues & Opinions | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)
- Investigations & Misconduct | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)
- Reporting | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)

Social Media: X: @AlaMedBd

- Sign up to receive alerts for new rules, agendas, newsletters, etc.

45

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