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

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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

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Prescribing Dilemma #1

Investigation Resulting in a Voluntary Agreement

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Prescribing Dilemma #1

Pain management physician ranked in top 150 of Alabama prescribers; reported by local physician; climbing in the rankings year after year; no specialty training

- Numerous patients being prescribed combination of benzodiazepine and opioid
- Many patients being prescribed chronic opioid regimens with high MMEs

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Prescribing Dilemma #1

10 patient charts subpoenaed and reviewed by the Board

Board Concerns:

- Medical records fail to meet the minimum standards for prescribing controlled substances
- Polypharmacy
- Limited use of risk mitigation strategies
  - No PDMP check documented
  - No pill count documented
  - No discussion of presence or absence of aberrant behavior

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Prescribing Dilemma #1

Initial Board Action: Invite for interview

Conclusion of Interview: Unsafe prescribing was a product of knowledge and training deficit

Final Board Action:

- Board ordered CME (intensive prescribing course and medical records keeping course)
- VA signed by physician
  - Example terms of agreement:
    - MME cap for prescribing controlled substances to treat chronic pain
    - Referral to pain specialist for patients needing more than 90 MME/day
    - Mandatory use of certain risk and abuse mitigation strategies
    - Restriction on co-prescribing of opioids and central nervous system depressing medications

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Prescribing Dilemma #1

Discuss Board Concerns:

- Medical records fail to meet the minimum standards for prescribing controlled substances
- Polypharmacy
- Limited use of risk mitigation strategies

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Prescribing Dilemma #1

Concern #1 - Medical records fail to meet the minimum standards for prescribing controlled substances

- It is important for the patient, the pharmacist, and the ACSC/QACSC holder to have ALL required information on prescription forms. Practitioners should ensure that electronic prescribing software can accommodate these requirements.
- There can be far-reaching effects for patients, prescribers, and pharmacists when ALL required items are not included on a prescription, including rejection of the prescription, clawbacks by third-party payors, and other legal and financial consequences.

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Prescribing Dilemma #1

Board Rule 540-X-4-.06 states the requirements for all prescriptions for controlled substances, including:

- Dated as of, and signed on, the day when issued.
- Full name and address of the patient.
- Drug name, strength, dosage form, and quantity.
- When oral orders are not permitted (Schedule II), written with ink or printed and manually signed (non-electronic, handwritten signature) or transmitted via an approved e-prescribing platform.
- An employee may communicate the prescription to the pharmacy.
- Two signature lines with "dispense as written" and "product selection permitted" below.
- No person may sign in the place of or on behalf of the physician.
- It is improper under any circumstance to pre-sign blank prescriptions and make them available to employees or support personnel.
- It is improper to utilize blank prescriptions upon which the signature has been mechanically or photostatically reproduced.

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Prescribing Dilemma #1

- Prescription forms of QACSC holders must include the following:
  - The name of the CRNP/CNM/PA
  - The name, medical practice site address, and telephone number of the collaborating physician
  - CRNP/CNM's registered nurse license number assigned by the Board of Nursing/PA license number
  - The words "Product Selection Permitted" printed on one side of the form directly beneath a signature line and the words "Dispense as Written" printed on one side of the form directly beneath a signature line
  - The date that the prescription is issued to the patient
  - The patient's full name and address
  - The CRNP, CNM, or PA QACSC registration number

Prescribing Dilemma #1

Concern #2 - Polypharmacy

- Polypharmacy can increase the risk of drug interactions, side effects, and medication errors
- Can the prescriber remain in his or her silo?
  - What are his/her responsibilities?
  - What can he/she do about the risks?

Prescribing Dilemma #1

- **Concern #3 – Limited Use of Risk Mitigation Strategies**
- Board Rule 540-X-4-.09 states the guidelines and standards for mitigating the risks of addiction, misuse, and diversion inherent in prescribing controlled substances.
- These guidelines apply to the prescribing of all controlled substances for all reasons, with specific requirements regarding opioids and benzodiazepines.

Prescribing Dilemma #1

Rule 540-X-4-.09 Requirements:

- Provide patients with risk education
- As appropriate to the patient, use:
  - Pill counts
  - Drug screening
  - PDMP checks
  - Abuse deterrent medications
  - Risk assessment tools
  - Co-prescribing naloxone
- MME and LME standards
- Query the PDMP (exemptions: nursing home patients, hospice patients, treatment of active, malignant pain), intra-operative care

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Prescribing Dilemma #1

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 their EHR

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Prescribing Dilemma #2

QACSC/LPSP Pitfalls

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Prescribing Dilemma #2

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.

APP has prescription of phentermine in PDMP under their DEA #.

Physician is out of the country, and no covering physician is listed on QACSC/LPSP.

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Prescribing Dilemma #2

Board Concerns:

- No quarterly QA
- Prescribing of phentermine by APP
- Prescribing controlled substances without readily available collaborating/ supervising physician

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Prescribing Dilemma #2

Concern #1 – No Quarterly QA

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.**

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

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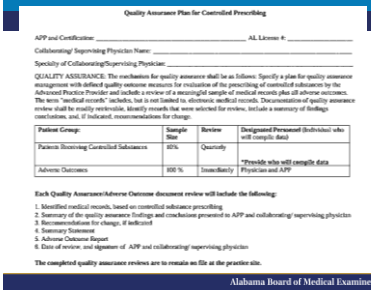
Prescribing Dilemma #2



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 review shall be readily retrievable. Identify records that were selected for review, include a summary of findings conclusions, and, if indicated, recommendations for change.

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 conclusion presented to APP and collaborating/ supervising physician
3. Recommendations for change, 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.

Quarterly QA for controlled prescribing is required!

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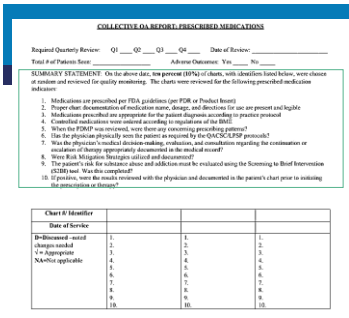
Prescribing Dilemma #2



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. Controlled medications were entered according to regulations of the BME
5. When the PDMP was reviewed, were there any concerning prescribing patterns?
6. Has the physician physically seen the patient as required by the QAC/SCUBSP protocols?
7. Was the physician's medical decision-making, evaluation, and consultation regarding the continuation or escalation of therapy appropriately documented in the medical record?
8. Were Risk Mitigation Strategies utilized and documented?
9. The patient's risk for substance abuse and addiction must be evaluated using the Screening to Brief Intervention (SUBI) 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 –noted 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.

10% of charts, with patient identifiers, are required for review.

Specific indicators must be reviewed, which include risk and abuse mitigation strategies.

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Prescribing Dilemma #2

Concern #2 - Prescribing of Phentermine

- APPs may not prescribe controlled substances for weight loss
- The phentermine being logged under APP's DEA # was a pharmacist error
- Prescribers should check PDMP frequently (not just for patients, but for you)

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Prescribing Dilemma #2

Concern #3 - Prescribing controlled substances without readily available collaborating/supervising physician

- At the time of the audit, Board staff learned collaborating physician was out of the country.
- APP continued to write controlled substance prescriptions.
- Covering physician listed on CP agreement is not listed on QACSC/LPSP.

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Prescribing Dilemma #2

- Covering physicians listed on collaborative/registration agreement can be added to QACSC/LPSP
- Additional covering form is required to add to QACSC/LPSP
- Covering must be listed on collaborative/registration agreement first
- Covering can agree to cover just collaborative/registration agreement, and not QACSC/LPSP

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Prescribing Dilemma #3

Failure to Renew ACSC

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Prescribing Dilemma #3

The Board audits a collaborative/supervisory practice between a physician and an APP.

While preparing for the audit, staff finds that collaborating physician's ACSC was not renewed and is now expired.

Staff reviews PDMP prior to conducting audit to ensure there are no concerns that might require discussion or education during the audit.

Staff found that APP continued to prescribe controlled substances after collaborating physician's ACSC expired.

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Prescribing Dilemma #3

Board Concerns:

- Physician failed to renew ACSC
- Expired ACSC = Expired QACSC
- PDMP revealed continued prescribing by physician and APP
- Concerning medications were found in the PDMP

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Prescribing Dilemma #3

- Why did pharmacy continue to fill prescriptions?
- How would an APP know their QACSC has expired? Are notifications sent to APP?
- How would a physician know their ACSC is expired? Are notifications sent to physician?
- How could this have been avoided?

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Your signature

Your license

Your responsibility

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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.

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