


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

Alabama Board of Medical Examiners


What’s New?



Modified
Applications



Online Payments
and Gateway
Licensee Portal



New Rule for PAs– Alternative to the requirement of
completing 12 months of active clinical practice in
Alabama to qualify for a QACSC

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Processed QACSC Applications:
PA and CRNP



2022: 473



2023: 569



2024: 514

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Processed LPSP Applications:
PA and CRNP



2022: 284



2023: 330



2024: 303

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Effective 4/13/2023, The Alabama State Board of Medical Examiners Is Not Able To Act As An IMLEC, State Of Principal License (SPL). This is a developing situation and more information will be provided as it comes available.

2022 QACSC PA, CRNP	2023 QACSC PA, CRNP	2024 QACSC PA, CRNP	2022 LPSP PA, CRNP	2023 LPSP PA, CRNP
Grants Passed for IMLEC License Renewal Have Exited	Grants for License Renewal (QACSC) Submitted	Grants for License Renewal (QACSC) Submitted	Grants for License Renewal (QACSC) Submitted	Grants for License Renewal (QACSC) Submitted

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Prescriptions and Medication Orders by CRNPs, CNMs, and PAs

May not sign prescriptions for controlled substances without a Qualified Alabama Controlled Substances Certificate 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

You will need a QACSC and your own DEA if writing prescriptions for discharge that will be filled at an outside pharmacy

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Qualified Alabama Controlled Substance Certificate

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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



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

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The 12 months of collaboration or 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 for the QACSC.

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Where do I find the Applications?

www.albme.gov

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CONSUMERS

ABOUT

RESOURCES

Licensing

Medical Doctors (MD) and Doctors of Osteopathy (DO)
License Types
Registrations

Certified Registered Nurse Practitioners (CRNP) and Certified Nurse Midwives (CNM)
Collaboration
QACSC
LPNP

Physician Assistants (PA) and Anesthesiologist Assistants (AA)
License Requirements
QACSC
LPNP

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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.

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Forms

- + Prescribing Protocols for QACSC and LPSP 
- + Initial QACSC Application for CRNPs/CNMs Application and Instructions
- + Additional QACSC Application for CRNPs/CNMs Application and Instructions

Fees

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

Print receipts at the Licensee Portal.

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**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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 ALABAMA BOARD OF NURSES
 ALABAMA BOARD OF DENTISTS
 ALABAMA BOARD OF OPTOMETRISTS
 ALABAMA BOARD OF PODIATRISTS

QACSC

Application

Approved Examining for Qualification Candidates to Obtain a Limited Physician Certificate for CPNP/NP in Collaboration with a Licensed Physician


As per Rule 6, Code 290-2-2-010, the Board of Medical Examiners of the State of Alabama and the governing professional boards of the Alabama Physician Assistants, Alabama Nurse Practitioners, Alabama Podiatrists, Alabama Optometrists, and Alabama Dentists have agreed to establish a process for the limited physician certificate for CPNP/NP in collaboration with a licensed physician. The purpose of this process is to provide a streamlined and efficient process for the issuance of the limited physician certificate for CPNP/NP in collaboration with a licensed physician.

I. Candidate


1. I am a _____ (NP/PA) currently practicing in _____, Alabama.

2. I am currently employed by _____.


3. Candidates NP:



4. Candidates PA:



5. Candidates D:



*Notice: Candidates must provide NP or PA certification and licensure for the issuance of transfered limited physician certificate.


Provide a written plan for review of the CPNP/NP's controlled substance prescribing and patient education.

II. Reviewer


1. I am a _____ (NP/PA) currently practicing in _____, Alabama.

2. I am currently employed by _____.


3. Reviewer NP:



4. Reviewer PA:



5. Reviewer D:



*Notice: Reviewers must provide NP or PA certification and licensure for the issuance of transfered limited physician certificate.

Print Physician Name _____

Print Physician Name _____

Print CPNP/NP Name _____

Print CPNP/NP Signature _____

Signature/Stamp _____

Date _____

CPNP/NP License # _____

Date _____

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Noted: Application fee (\$200) is required. Application fee is non-refundable. Application fee is required for all candidates. Application fee is required for all candidates. Application fee is required for all candidates.

Revised January 15, 2023

[illegible]

Example of Written Plan for Review

"The collaborating physician will monitor 10% of the CRNP/PA's patient records for controlled substance prescribing for accuracy. Patient outcomes will also be reviewed. All patients with adverse outcomes will be thoroughly reviewed and appropriate plan of action will be determined by the physician."

- 10% is not required, but it should be a meaningful sample.
- 100% adverse events must be reviewed.
- **Controlled prescribing can be part of the quarterly QA review!

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

[illegible]

Which license do I apply for first?

A) QACSC

B) DEA

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Applying for the DEA

- **Do not apply** for the DEA until you have approved for and have been issued a QACSC
- Apply for DEA Registration at www.deadiversion.usdoj.gov and then send a copy of the certificate to the BME
- 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 write a prescription for a controlled substance in Alabama without both the QACSC and the DEA

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Do I Need Multiple QACSCs?



- NP/PA 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 NP/PA need a QACSC for each site?

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Answer: **NO**



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

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Controlled Substances for Weight Reduction... Can I Prescribe?

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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."

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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.

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(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

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(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

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Know the Rules of Prescribing Controlled Medications

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Code of Alabama 20-2-260

- A PA, CRNP or CNM authorized to prescribe.... shall not prescribe, administer, or dispense any controlled substance to:
 - ❖ his or her own self
 - ❖ spouse
 - ❖ child
 - ❖ parent

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What are the QACSC & LPSP Protocols?

The Protocols govern how you prescribe controlled medications!

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QACSC Protocols

If the **physician initiates** the medication, and the patient is well-maintained, the APP may prescribe a 30-day supply with 2 reissues up to 90 days. (3 separate scripts) DEAs will alternate every 90 days

If **APP initiates** the medication, they are limited to a 30-day supply. The physician must prescribe the next 30-days under his/her own DEA. Once well-maintained, prescriptions will alternate every 90 days

Physician must have an established and on-going relationship with the patient! Must see the patient at least once per year. A lot of people choose for the physician to see patients in their birth month to achieve this!

The collaborating/ supervising physician must check the APP's prescribing on a quarterly basis by logging into his/her own PDMP using their name and password to utilize the My Rx report ("see video in later slide")

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NP/PA Initiates a Schedule 4 Drug for a Patient

- He/she may prescribe a 30-day supply.
- Next visit: the physician must write the follow up prescription under his/her DEA.
- If the patient is well-maintained, the NP/PA may write the next 30-day prescription with 2 reissues (30/30/30) not to exceed 90 days.
- The physician should write the next 90-days under their own DEA/ACSC.
- The PDMP should reflect the alternations every 90 days.
- You can see this information under the patient in the PDMP.
- Physician should see the patient at least once per year.
- If **physician initiates** the medication, the NP/PA may write a 30-day prescription with 2 reissues if well-maintained.

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"I prescribe electronically and send my physician the prescriptions to review. Does this count?"

The PDMP must show alternating prescribers.

The prescriptions must be **signed** by the NP/PA or physician- not just "reviewed".

Check your PDMP regularly. Call the pharmacy if you find discrepancies.

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Medication Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders

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Can I Become a Data-Waivered Practitioner in Alabama?

- ❖ On **December 29, 2022**, with the signing of the Consolidated Appropriations Act of 2023, otherwise known as the Medication Access and Training Expansion(MATE)Act, Congress eliminated the "Data-Waiver Program"
- ❖ A Data Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder
- ❖ Going forward, all prescriptions for buprenorphine only require a standard DEA registration number. Prescriptions no longer require the X DEA number
- ❖ There are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine
- ❖ The Act does not impact existing state laws or regulations that may be applicable **QACSC protocols still apply!**
- ❖ The Act also introduced new training requirements for **all prescribers**. These requirements went into effect on **June 27, 2023**, for initial and renewal applicants

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Practitioners Can Meet This Requirement in One of Three Ways:

- A total of 8-hours of one-time training* from a range of training entities on opioid or other substance use disorders. (Practitioners who previously took training for the DATA-2000 waiver to prescribe buprenorphine can count this towards their 8-hour training requirement)
- 2) Board certification in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, American Board of Addiction Medicine, or the American Osteopathic Association
- 3) Graduation within 5 years and in good standing from a medical, advanced practice nursing, or physician assistant school in the United States that included successful completion of an opioid or other substance use disorder curriculum of at least 8 hours. This curriculum must have included teaching on the treatment and management of patients with opioid and other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder
- *See SAMHSA's website for a complete list of approved accredited CME organizations/providers & additional details. The 8-hour portion of this course meets the requirement!

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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

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Public Health - State of Alabama

Approved Formulary for Limited Purpose Schedule II Permit for PASC/NPCNM in Collaboration with a Licensed Physician

As created by ABME on 12-1-2018, the Alabama Board of Medical Examiners may grant a Limited Purpose Schedule II Permit to a Licensed Physician or Nurse Practitioner, Certified Nurse Midwife or Physician Assistant who is currently licensed to practice in the State of Alabama, a current Collaborative Agreement or Registration Agreement is currently active, successfully completed Alabama Controlled Substance Certificate (QACSC) for Schedule II, IV and V, and current DEA license.

When filled in printed text: Specialty _____
Physician or Nurse Practitioner Agreement to _____

I authorize the above named PASC/NPCNM to prescribe and/or administer Controlled II Medications only as indicated below:

☐ **ADDIT Medications:**
Alcohol; Anticholinergics; Benzodiazepines; Barbiturates; Buprenorphine; NSAIDs; Psychotropics; Sedatives; Stimulants; Narcotics; Antidepressants; Antipsychotics; Antiepileptics; Anticoagulants; Anticancer; Antifungals; Antibiotics; Antivirals; Cardiac; Chemotherapy; Diuretics; Endocrine; Eye; Genitourinary; Hematologic; Immunologic; Infusions; Intravenous; Local Anesthetics; Oral Contraceptives; Ophthalmics; Respiratory; Steroids; Topicals; Urinary; Vasoactive; Vitamins; and other drugs.

☐ **Medications to be prescribed:**
Alcohol; Anticholinergics; Benzodiazepines; Barbiturates; Buprenorphine; NSAIDs; Psychotropics; Sedatives; Stimulants; Narcotics; Antidepressants; Antipsychotics; Antiepileptics; Anticoagulants; Anticancer; Antifungals; Antibiotics; Antivirals; Cardiac; Chemotherapy; Diuretics; Endocrine; Eye; Genitourinary; Hematologic; Immunologic; Infusions; Intravenous; Local Anesthetics; Oral Contraceptives; Ophthalmics; Respiratory; Steroids; Topicals; Urinary; Vasoactive; Vitamins; and other drugs.

☐ **Medications (if any) to be prescribed:**
Alcohol; Anticholinergics; Benzodiazepines; Barbiturates; Buprenorphine; NSAIDs; Psychotropics; Sedatives; Stimulants; Narcotics; Antidepressants; Antipsychotics; Antiepileptics; Anticoagulants; Anticancer; Antifungals; Antibiotics; Antivirals; Cardiac; Chemotherapy; Diuretics; Endocrine; Eye; Genitourinary; Hematologic; Immunologic; Infusions; Intravenous; Local Anesthetics; Oral Contraceptives; Ophthalmics; Respiratory; Steroids; Topicals; Urinary; Vasoactive; Vitamins; and other drugs.

Page 2 of 2
 Application for Limited Purpose Schedule II Permit (LPSP) for PASC/NPCNM
 Modified January 19, 2021

LPSP Application

***Specific drug groups**

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

***Brief Indication – not a list of medications**

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)

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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
CDEP/CDPA writing assistance (see only)".

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

☐ Stimulant Long Acting

Appropriately Controlled Substance (Schedule II)

Initial Description of use for your practice:

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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

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What If I Need to Add a Drug Class?

PA/NP requested ADHD Medications, Hydrocodone Cough Preps and Hydrocodone Combinations on LPSP application.
 • PA/NP needs to **add Oxycodone IR** medications.

PA/NP 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.

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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.

Historically, the Board will not approve long-acting schedule 2 medications for **chronic pain** or any primary care specialty other than **oncology, hospice, palliative care within hospice, or nursing homes.**

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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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LPSP Protocols

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Schedule 2N- Stimulants

- If the physician initiates a **stimulant (2N)** and the patient is well-maintained, the CRNP/CNM/PA may prescribe a 30-day supply with two reissues not to exceed a 90-day supply.
- If the CRNP/CNM/PA initiates a **stimulant (2N)**, the PA/NP/CNM may write a 30-day supply.
- The **physician must SEE the patient** before medication is continued, and the physician must prescribe the next 30 days under his/her own DEA and ACSC.
- Once the patient is well-maintained, the PDMP should reflect alternation of prescribing DEAs every 90 days.

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PA/NP Initiates a 30-day supply of an ADHD medication

- Next visit: Physician must physically see the patient AND write the next 30/60/90-day prescription under his/her DEA and ACSC
- If the patient is well-maintained, the PA/NP may continue the medication with a 30-day prescription and 2 reissues up to 90 days
- If an **escalation** is needed, the PHYSICIAN must prescribe under his/her DEA
- Prescriptions alternate every 90 days in PDMP

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Schedule 2

If the **physician initiates** a short acting Schedule **2** medication, the CRNP/CNM/PA may write the next 30-day prescription. Then the prescriptions would alternate between DEA's **every 30 days**

If the **CRNP/CNM/PA initiates** a short acting Schedule **2** medication, the CRNP/CNM/PA may write a 30-day supply. The **physician must physically SEE the patient** before medication is continued. Physician must prescribe the next 30 days under his/her own DEA and ACSC






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PA/NP Initiates a 30-day supply of Hydrocodone Combination medication for a patient that has back pain

- Next visit: Physician must physically see the patient and write the next 30-day prescription under his/her own DEA and ACSC
- PA/NP may continue the medication with a **30-day** prescription if well-maintained alternating with the physician. **NO reissues!**
- PDMP should show alternation between prescribers every 30-days
- All escalations written by the physician

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LPSP Protocols Continued

-  All schedule **2/2N escalations** must be prescribed by the physician under his/her DEA and ACSC
-  Only a **physician** may **initiate/escalate long-acting** schedule **2** meds.
-  CRNP/CNM/PA may write **maintenance doses only** in oncology, hospice, palliative care within hospice, and nursing home/rehabilitation facilities
-  Must be approved on LPSP application
-  A QACSC and/or LPSP holder is **NOT ALLOWED** to **dispense** controlled substances in any schedule

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Physician **initiates** a long-acting schedule 2 medication for an oncology patient.

- ✓ Physician **MUST** initiate medication
- ✓ PA/NP may write a 30-day maintenance dose only
- ✓ Physician must write the escalation, if needed
- ✓ PDMP should reflect the prescriptions alternating every 30 days

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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)

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EPCS: Why is This Important?

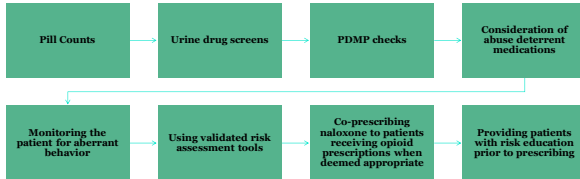
*EPCS is one and the same as a practitioner physically signing a prescription
*Do not send a controlled medication via EPCS unless you are physically
registered appropriately with your own signature

*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

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Risk Mitigation Includes:



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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 (361) 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@palmettohealthtechnologies.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.abme.org: Click on "License Search"; Search for Licensees. 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

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Quality Assurance for Controlled Prescribing



Controlled substance prescribing can be a part of your quarterly QA

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

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Fill out form entirely. Incomplete forms will be returned.

Collaborative Practice Quality Assurance Plan

CNP/CNAP NAME: Sally Brown, CNRP
 SPECIALTY: Family, Pediatric, Women's Health, etc. FNP
 COLLABORATING PHYSICIAN: Sam Smith, MD

QUALITY ASSURANCE: Documented evaluation of the clinical practice of the certified registered nurse practitioner or certified nurse midwife against defined quality outcome measures, using a thoughtful selected sample of patient records, which will identify areas needing improvement, set performance goals, and assess progress against meeting established goals with a summary of findings, evaluation, and if indicated, recommendations for change. The physician's signature on the patient record does not constitute quality assurance. (CMS Administrative Code 42 CFR 431.401-401.70)

LIST PATIENT DIAGNOSIS GROUPS to be monitored (High-risk, problem-prone, or low-volume groups, code)	Sample Size (Percent or number of charts to be reviewed)	Frequency of Review (Weekly, Monthly, Quarterly)	Designated Personnel (Individual who will conduct efforts)
Controlled Substance Prescriptions	10%	Monthly	QA Personnel, Billing/Coding Personnel, Clinic Manager, etc.
Diabetes	5 charts	Weekly	
Cardiovascular Disease	10%	Quarterly	
Depression	10%	Monthly	
Adverse outcomes	100%	Immediately	MD and CNP/CNM

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COLLECTIVE QA REPORT: PRESCRIBED MEDICATIONS

Review Period: ____ Weekly ____ Monthly ____ Quarterly

Date of Review: ____

Total # of patients seen: ____ Adverse Outcomes: ____ Y ____ N

SUMMARY STATEMENT: On the above date, ____ (insert #) charts, 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, NP Manual, or Product Insert)
2. Proper chart documentation of medication name, dosage, and directions for use and use legible
3. Medications prescribed are appropriate for the patient dx according to practice protocol
4. Controlled medications were ordered according to regulations of BME and ABIN
5. No medications were ordered or refilled due to nature of visit.

Chart #/Identifier	Date of Service	1.	2.	3.	4.	5.
D=Discussed noted changes which are needed ? = Appropriate NA=Not applicable						

Chart #/Identifier	Date of Service	1.	2.	3.	4.	5.
D=Discussed noted changes which are needed ? = Appropriate NA=Not applicable						

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SUMMARY OF FINDINGS FROM QUARTERLY QA

Period of Review: ____

Times of Audit/QA: ____

Number of Charts Audited: ____

Summary of Findings:

a. The specific medical issues identified:

b. Certain Medical Issues are on QI/QA (see comments)

c. Adverse Findings identified (see comments)

d. Follow-up with provider is needed

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

ADVERSE EVENT REVIEW REPORT

Office Name: ____

Address: ____

Phone Number: ____

Patient Identifier: ____ DOB: ____

Physician Name: ____ License #: ____

Nurse Name: ____ License #: ____

Date of Adverse Event: ____ Patient Age: ____ Patient 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 changes:

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Prescription Drug Monitoring Program (PDMP)

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PDMP: Registration

1

Register

- Register as a **Prescriber Delegate-Licensed** if you do not have personal controlled prescribing certification 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 certification and DEA



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Information Needed When Registering for the PDMP

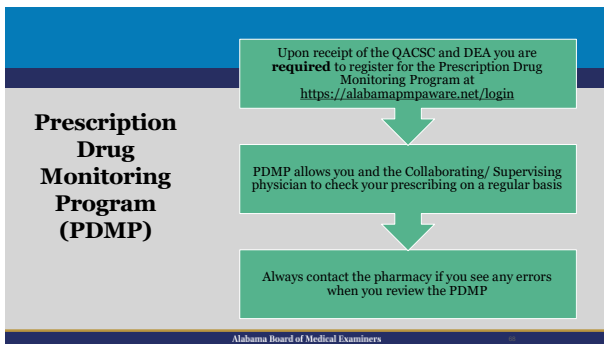
Email address	DEA Number	NPI Number	State License Number (QACSC)
Last 4 digits of SS#	Health Care Specialty	Primary contact phone number	Cell phone number
Email associated with your collaborating/supervising physician's PDMP account			

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

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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

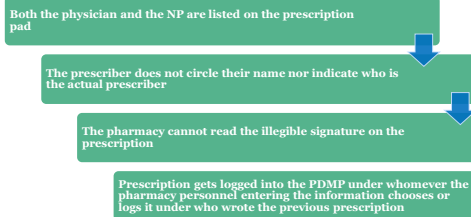
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The \$29.95 is for the prescription, ma'am, and the \$15.00 surcharge is a little gift for our handwriting expert!

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



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*My Rx Report

HOW PRESCRIBERS CAN VIEW PRESCRIPTIONS FILLED UNDER THEIR DEA NUMBER

- ❖ A training video is located on the PDMP website: www.alabamapublichealth.gov/pdmp/
- ❖ Completing this process fulfills the obligation of the physician to check CRNP/CNM/PA's prescribing quarterly as it will show the CRNP/CNM/PA's prescribing
- ❖ A log should be maintained in the office; in the event an audit is done, and proof is requested, You can document on the QA form! **If you find any discrepancies, you should notify the dispensing pharmacy**



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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**
- MAT may require more frequent PDMP checks!

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PDMP: Tool and Resource

NarxCare is a software platform imbedded in your PDMP report

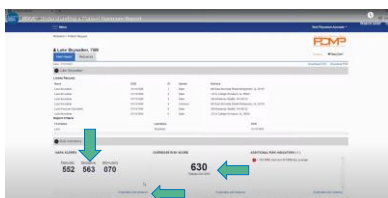
Information assists providers when making prescribing decisions

The NarxCare provider application is divided into 4 regions:

1. **Header** – patient information and tutorials
2. **Scores and Indicators** – Narx, Overdose Risk Score (ORS) and Additional Risk Indicators
3. **Graphs** – important details of prescription use
4. **Full Prescription Detail** – add detail for each prescription dispensed

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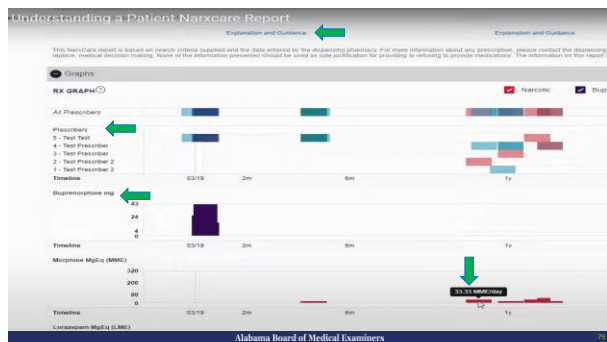
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- This report reveals **Risk Indicators** and will show how many prescriptions are active in a specific drug type
- The **Risk Score** should be used to trigger discussion and draw awareness to the presence of significant PDMP data
- It should be used to guide decision making. It should **NOT** be used as a single factor in clinical decisions.
- **Explanation & Guidance** offers excellent information!

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Updated CDC Guidelines

- Based on updated CDC Guidelines released in November 2022, adjustments have been made to the morphine milligram equivalency (MME) calculation in the Prescription Drug Monitoring Program database.
 - Specifically, the CDC made changes to commonly prescribed opioids for pain management resulting in changes to MME conversion calculations. An example of this includes Tramadol:
- Example of Previous MME Conversion Calculation:
- Tramadol 50 mg * (180 qty/30-day supply) * 0.1 = 30 MME
- Example of Updated MME Conversion Calculation:**
- Tramadol 50 mg *(180 qty/30-day supply) *0.2 = 60 MME

For a full list of opioids with updated conversion factors, please visit the CDC Guidelines document at https://www.cdc.gov/mmwr/volumes/71/wr7103a1.html?_id=7103a1_w.

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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

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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:

Nancy Bishop: nancy.bishop@adph.state.al.us

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

For general PDMP questions:

• #334-206-5226

• 1-800-703-9869 or 1-800-925-4767

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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)

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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

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Lowest States in the Nation for Dispensing Opioids in 2023 CDC

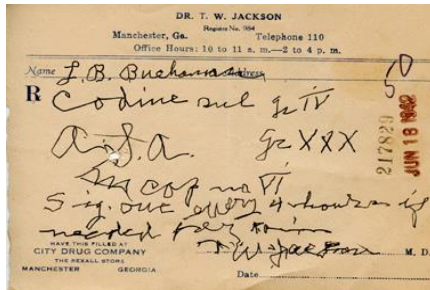
Lowest dispensing rates per 100 persons in 2023:

- 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!**

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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

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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

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John Doe, MD
 123 Anywhere St.
 Any town, AL 33333
 Telephone 334-123-4567
 Patient Name _____
 Patient Address _____
 Rx _____

Jane Doe CRNP/ Lic # 1-000000
 QACSC #12345/ LPSP #12345
 DEA # MD1234567
 Address if different from physician _____
 Date _____

Dispense as written _____ Product Selection Permitted _____

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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** between **10/01-12/31** www.albme.gov
- 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



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Renewal is Required for Both the QACSC and LPSP

- QACSC is renewed **FIRST**. You will see **RENEW** to the right of the license
- At the end of the QACSC renewal, you will see an Alert! message that says,
 "Your renewal has been submitted. Click **yes** to continue renewing more registrations", if applicable. Click **no** to go back to your profile.
- If you have a Limited Purpose Schedule 2 Permit (LPSP), you should click **YES** – it will take you directly to the LPSP Renewal
- If you click **NO**, you will need to **renew the LPSP in the profile**.
- 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 profile.



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December or January Issue

If this is your **FIRST** (Initial) QACSC and your application is approved in December, the QACSC will be issued **JANUARY 1***

***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!!

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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

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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

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

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Questions?

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