



## Limited Purpose Schedule II Permit Application Formulary

As set forth in AL Code § 20-2-260, the Alabama Board of Medical Examiners may grant a Limited Purpose Schedule II Permit to a Certified Registered Nurse Practitioner, Certified Nurse Midwife or Physician Assistant who has a current, unrestricted license to practice in the State of Alabama, a current Collaborative Agreement or Registration Agreement; and a current, active, unrestricted Qualified Alabama Controlled Substance Certificate (QACSC) for Schedules III, IV and V, and current DEA license.

CRNP/CNM/PA printed name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Signature of CRNP/CNM/PA: \_\_\_\_\_ Date: \_\_\_\_\_

Physician printed name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Signature of physician: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the above named \_\_\_CRNP/CNM \_\_\_PA (choose one) to prescribe and/or administer Controlled II Medications only as indicated below:

Choose	Generic	Frequently Used Brands	Brief Indication for your practice (attach additional pages if more space is needed) <b>PRINT OR TYPE</b>
	<b>ADHD Medications:</b> Methamphetamine; Methylphenidate; Dexmethylphenidate HCL; Dextroamphetamine; Lisdexamphetamine Dimesylate; Amphetamine Sulfate	Adderall; Adderall XR; Concerta; Daytrana; Dexedrine; Evekeo; Focalin; Focalin XR; Metadate CD; Metadate ER; Methylin; Procentra; Quillivant; Quillivant XR; Ritalin; Ritalin LA/SR; Vyvanase; Zenzedi	
	<b>Hydrocodone Combinations</b>	Anexsia; Hycet; Ibudone; Maxidone; Norco; Norco Elixir; Reprexain; Vicoden; Vicoprofen; Zydone	
	<b>Hydrocodone (Cough preparations)</b>	Hycodan; Hydromet; Tussicaps; Tussionex PK; Zutripro; Tussigon	
	<b>Morphine Sulfate- Immediate Release</b>	MSIR	
	<b>Oxycodone-Immediate Release</b>	Endocet; Oxy IR; Oxyfast; Roxicodone; Percocet; Percodan; Roxicet; Tylox	
	<b>Tapentadol</b>	Nucynta	

Print CRNP/CNM/PA Name

Medications listed on this page 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 CRNP/CNM/PA writing maintenance doses only”***. These medications should only be requested for Hospice/Palliative Care; Nursing Home; or Oncology.

Choose	Generic	Frequently Used Brands	Brief Indication for your practice (attach additional pages if more space is needed) <b>PRINT OR TYPE</b>
	<b>Fentanyl-Long Acting</b>	Duragesic	
	<b>Hydrocodone-ER/LA</b>	Hydro ER; Hysingla; Zohydro	
	<b>Hydromorphone</b>	Dilaudid; Dilaudid HP; Exalgo	
	<b>Morphine Sulfate-Long Acting</b>	Avinza; Kadian; MS Contin; Oxymorph; Roxanol	
	<b>Oxycodone-Long Acting</b>	OxyContin; Xartemis XR	
	<b>Oxymorphone-Long Acting</b>	Opana; Opana ER	
	<b>Tapentadol-Extended Release</b>	Nucynta; Nucynta ER	

**If additional medications are needed in the future, you may submit an additional formulary request.**

To: Alabama Board of Medical Examiners

**LPSP Covering Physician Agreement**

As a covering (back-up) physician providing medical direction and oversight for

\_\_\_\_\_, \_\_\_\_ PA \_\_\_\_ CRNP/CNM (choose one), by signing this document, I hereby affirm that:

1. I am familiar with the Board rules regarding the mid-level practitioners and their ability to prescribe Schedule II controlled substances with a Qualified Alabama Control Substance Certificate (QACSC).
2. I am approved as a covering physician for the mid-level's QACSC.
3. I am familiar with the Board Rules governing the Limited Purpose Schedule II Permit (LPSP).
4. I have a current and unrestricted Alabama Controlled Substance Certificate, #\_\_\_\_\_.
5. I will be accountable for adequately providing medical direction and oversight for the prescribing of the Schedule II controlled substances allowed under this LPSP.
6. I will assume all responsibility for the controlled substance prescribing of the mid-level practitioner during the temporary absence of the primary Collaborating/Supervising Physician.

Telephone number \_\_\_\_\_ Fax Number \_\_\_\_\_

Medical Specialty of the Covering Physician \_\_\_\_\_

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Physician License #

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

# ALABAMA BOARD OF MEDICAL EXAMINERS

## Limited Purpose Schedule II (LPSP) Prescribing Protocol #001

Authority: Ala. Code § 20-2-260

Approved: April 16, 2015

1. A Physician Assistant (PA), Certified Registered Nurse Practitioner (CRNP) or Certified Nurse Midwife (CNM) who holds an LPSP is limited to prescribing only those specific controlled substances in Schedule II or IIN (non-narcotic) which have been requested on the LPSP application and approved by the Board of Medical Examiners.
2. The quantity of an approved Schedule II or IIN controlled substance initially prescribed by an LPSP holder shall be limited to a thirty (30) day supply, and a reissue must be authorized by the approved collaborating, supervising or covering physician. The collaborating, supervising or covering physician must see the patient before authorizing the reissue.
3. If a prescription for an approved Schedule II controlled substance is initiated by the approved collaborating, supervising or covering physician, the LPSP holder may authorize only one (1) reissue for a thirty (30) day supply of medication.
4. If a prescription for an approved Schedule IIN (non-narcotic) controlled substance is initiated by the approved collaborating, supervising or covering physician AND the patient is well maintained on the medication, the LPSP holder may authorize no more than a thirty (30) day supply with two (2) reissues.
5. Any escalation of a previously prescribed Schedule II or IIN (non-narcotic) controlled substance should be authorized by the approved collaborating, supervising or covering physician.
6. The LPSP holder may have on site a more restrictive prescribing protocol which is specific to the individual practice, but it may not be more permissive than this stated protocol.
7. The approved supervising or collaborating physician should audit the prescribing of the LPSP holder via the Alabama Department of Public Health's Prescription Drug Monitoring Program at least once per quarter.
6. An LPSP holder is not authorized to dispense controlled substances in any Schedule. For the purposes of this protocol, "dispense" is defined as ordering a controlled substance to be dispensed or distributed from a dispensary located in the facility where the LPSP holder practices to a patient for off-premises consumption or administration.