Zeroing in on Controlled Prescribing & the PDMP

Amy Wybenga CRNP, Collaborative Practice Nurse Consultant
Alabama Board of Medical Examiners
PRESCRIPTIVE AUTHORITY OF ADVANCED PRACTICE PROVIDERS IN ALABAMA:

ABN
610-X-5-.11 (CRNP)
610-X-5-.23 (CNM)

ABME
540-X-8-.11 (CRNP)
540-X-8-.25 (CNM)
540-X-7-.28 (PA)
540-X-12-QACSC (PA)
540-X-18-QACSC (CRNP/CNM)
540-X-20 LPSP
Standard Formulary for Drugs by Major Classification

Any restrictions determined in collaborating protocol agreement by physician and CRNP or CNM.

Every CRNP/ CNM is issued a 4-digit rx. number by the Alabama Board of Nursing.

The 4-digit rx. number is for prescriptive authority for legend drugs.
A Physician Assistant may prescribe a legend drug if:

(a) The drug type, dosage, quantity prescribed, and number of refills are authorized in the job description which is signed by the supervising physician to whom the physician assistant is currently registered and which is approved by the Board;

(b) The drug is included in the formulary approved under the guidelines established by the Board for governing the prescription practices of physician assistants.
Request for Specialty Formulary
Must be given within the scope of the collaborative practice specialty
Initial dose prescribed by the physician
Authorization to prescribe maintenance doses according to written protocol

Specialty Legend Drugs
- Antineoplastic agents
- Non-biologic DMARDS
- Biologic or Biosimilar DMARDs and anti-TNF drugs
- Other Biologics or Biosimilars
- Oxytocics
- Radioactive pharmaceuticals—Collaborating physician must have current license from ADPH
Legislation passed and came into effect in October 2013 for CRNPs/CNMs to apply to prescribe controlled medications.

Second-to-last state in the Nation.

Six CRNPs were issued QACSCs in October 2013.
CRNPs/CNMs/PAs cannot prescribe controlled substances III-V without a Qualified Alabama Controlled Substances Certificate.

Without a QACSC...

- Prior approval for verbal order for III-V must be recorded in patient record, and co-signed by the physician within 7 business days
- Must follow the Alabama Controlled Substances List in addition to DEA—this list may be found at: [www.adph.org](http://www.adph.org)
Q. A. C. S. C.
QUALIFIED ALABAMA CONTROLLED SUBSTANCE CERTIFICATE
QUALIFIED ALABAMA CONTROLLED SUBSTANCES CERTIFICATE

Requirements

- Collaborative Agreement(s) or Registration Agreement(s) with Final Approval by ABN and BME totaling at least 12 months

- Prescribing Seminar 12 hours - “Prescribing of Controlled Drugs and Pharmacology Updates”

- Register at www.alamedical.org

- Complete the application for QACSC within one year of taking prescribing course
For CRNPs/ CNMs: To add a covering physician, first add on the Collaborative Agreement on the ABN under, “Modify an Existing Collaboration”

For PAs: To add a covering physician, first add to the Registration Agreement by sending in the physician covering letter

Terminates if Collaborative Agreement or Registration Agreement terminates

Be sure QACSC # and DEA # are on any controlled prescription you give a patient
NEXT STEP.....

- Apply for DEA Registration
  - www.deadiversion.usdoj.gov

- Send a copy to Board of Medical Examiners

- Register for the PDMP
  - https://Alabama.pmpaware.net/login

Remember: You are not authorized to write a prescription for a controlled substance in Alabama without both the QACSC and the DEA!
An assistant to physician, certified registered nurse practitioner, or certified nurse midwife authorized to prescribe shall not prescribe, administer, or dispense any controlled substance to his or her own self, spouse, child, or parent.
Once you receive your QACSC/LPSP and DEA, these protocols are in place to govern how you prescribe Controlled Medications to your patients.

www.albme.org: link on homepage

If the advanced practitioner initiates a controlled II and/or IIN prescription, the physician must SEE the patient before medication is continued.

If the advanced practitioner initiates a controlled III-V prescription, an reissue must be authorized by the collaborating, covering, or supervising physician.

If physician initiates controlled medication & patient well-maintained on the medication, advanced prescriber may prescribe up to 90 days for a IIN, III, IV, or V and up to 30 days for a Controlled II.
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.
On July 22, 2016, President signed the Comprehensive Addiction and Recovery Act (CARA) into law as Public Law 114-198. This law extends the privilege of prescribing buprenorphine in office-based setting to qualifying nurse practitioners (NPs) and physician assistants (PAs) until October 1, 2021.

- Must have an active QACSC and DEA in place
- Must complete 24 hours of training through courses approved by the Substance Abuse & Mental Health Services Administration (SAMSHA)
**DATA-WAIVERED PRACTITIONER:**

- Your collaborating/supervising physician must have a data waiver.
- The website with this information is samhsa.gov.
- Once you receive your data waiver, the state protocols of the QACSC still apply; NP/PA can only prescribe every other 90 days of a controlled III medication.
The Benefits of Prescription Drug Monitoring Programs (PDMP)
Physician Drug Monitoring Program

- Registration is required by everyone and anyone that has access to the PDMP
- Check your prescribing on a regular basis
- Contact Pharmacy regarding any errors
Register as a *Prescriber Delegate-Licensed* if does not have personal controlled prescribing certificates but are a licensed LPN, RN, NP, or PA

Register as a *Prescriber Delegate-Non Licensed* if not a licensed health care professional (example: office administrator, medical assistant)

Register as a *Nurse Practitioner or Physician Assistant* if you have your own state controlled prescribing certificates and DEA
PDMP CONTRACT AGREEMENT

- Agree to only check patients/potential patients
- Privacy statement
- Unlawful disclosure
Confidentiality of database.

Title 20-2-215:

(a) The controlled substances database and all information contained therein and any records maintained by the department or by any entity contracting with the department which is submitted to, maintained, or stored as a part of the controlled substances prescription database, and any reproduction or copy of that information is hereby declared privileged and confidential, is not a public record, is not subject to subpoena or discovery in civil proceedings and may only be used for investigatory or evidentiary purposes related to violations of state or federal law and regulatory activities of licensing or regulatory boards of practitioners authorized to prescribe or dispense controlled substances.
PDMP Statutes (Cont.):

Title 20-2-216

- Any person who intentionally makes an unauthorized disclosure of information contained in the controlled 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 prescription database shall be guilty of a Class C felony.
The collaborating/supervising physician must check the CRNP/CNM/PA’s prescribing on a quarterly basis by logging on his/her own PDMP username and password.
PDMP: WHAT’S NEW

-NarxCare: new format coming soon

-Risk Assessment Score based on MMEs; co-prescriptions; quantity over past 6 months; etc.
PDMP Contact Information
Nancy.bishop@adph.state.al.us
Vicki.walker@adph.state.al.us
#1-855-925-4767 or #334-206-3778
Reset Passwords
Create an Account
Tech Support

#1-877-703-9869:
Call for a Deactivated Account
Any Other Questions
Not Tech Support
Requirements

- Current/Active QACSC
- Current /Active DEA
- Submit application including a current formulary (check website)
- Covering physicians for LPSP must first be covering on QACSC
- Terminates if Collaborative/Supervisory Agreement Terminates
CONTROLLED II AND IIN MEDS

- Cannot be verbally called in to a pharmacy
- Must either be written or sent via “Electronic Prescription for Controlled Substances” (EPCS)
- EPCS is an option for writing controlled substances electronically
- The rules for EPCS were passed by the DEA and became effective 03/30/2010

- Both the practitioner and the pharmacy must have a third-party audit/certification report done that meets requirements of DEA
Identity proofing is still required to set up EPCS. It is crucial to the security of EPCS that authentication credentials used to sign controlled substances prescriptions are issued only to individuals whose identity has been confirmed. Individual practitioners will be required to apply to certain Federally approved credential service providers (CSPs) or certification authorities (CAs) to obtain their two-factor authentication credential or digital certificates.
What two-factor credentials are acceptable for EPCS? DEA is allowing the use of two of the following - something you know (a knowledge factor), something you have (a hard token stored separately from the computer being accessed), and something you are (biometric information). The hard token, if used, must be a cryptographic device or a one-time password device that meets Federal Information Processing Standard 140-2 Security Level 1.
EPCS (CONTINUED):

WHY IS THIS IMPORTANT AND WHY ARE YOU TELLING ME THIS??

- 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 a LPSP and DEA, you should never send in a controlled medication for another prescriber via EPCS. If you have a LPSP and DEA, but you are not authenticated by the DEA-required process, you should also never send in a controlled medication via EPCS.
SOMETHING TO THINK ABOUT...

THE PRACTICE IS YOURS.
The patients are yours.
The prescriptions are yours.

Make the prescribing decision yours, too.
Specify "D.A.W."

VALIUM®
(a trade mark of Roche Products Inc.)
2-mg, 5-mg, 10-mg scored tablets

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1. Name, Medical Practice Site Address, Phone number for Collaborating Physician
2. CRNP/CNM Name, License Number, and Prescriptive Authority Number
3. If writing a controlled substance, the QACSC #, LPSP#, and DEA # must be on the rx
4. Name, Practice Address, phone number for the CRNP/CNM if different from that of the Collaborating Physician
5. Date prescription issued to the patient
6. Two signature lines to include the words:
   “Product Selection Permitted”
   “Dispense as Written”
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 when issued
- Shall bear the full name and address of the patient
Shall include:

- Drug name
- Strength
- Dosage form
- Quantity prescribed
- Directions for use
- Name, address and registration number of the practitioner
Name: L.B. Buchanan
Address:

Prescription:
Codine 1/4 grain

Rx:

IN CUST. OF

IN OBS. FOR 4 WEEKS IF

M.D.

Date: 16 JUN 1942

DR. T. W. JACKSON
Register No. 984
Manchester, Ga. Telephone 110
Office Hours: 10 to 11 a.m.—2 to 4 p.m.

Have this filled at
CITY DRUG COMPANY
THE REXALL STORE
MANCHESTER GEORGIA
WHO TO CALL AT BME.....

- Questions about Collaborative Practice
  - QA Requirements
  - FTE Limits
- Questions about QACSC or LPSP
  - How to apply and approval process
- To request a Courtesy-Educational Site Visit

Contact Collaborative Practice Nurse Consultants:
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awybenga@albme.org

Linda Stripling, Administrative Assistant #(334) 833-0199
lstripling@albme.org
QUESTIONS REGARDING PHYSICIAN ASSISTANTS:

- Donna Jordan, Director of Assistants to Physicians
- Phone: #334-833-0166
- Email: djordan@albme.org
QUESTIONS
The End