

# *Prescribing and Dispensing Profile*

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## Alabama

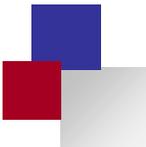


**Research current through November 2015.**

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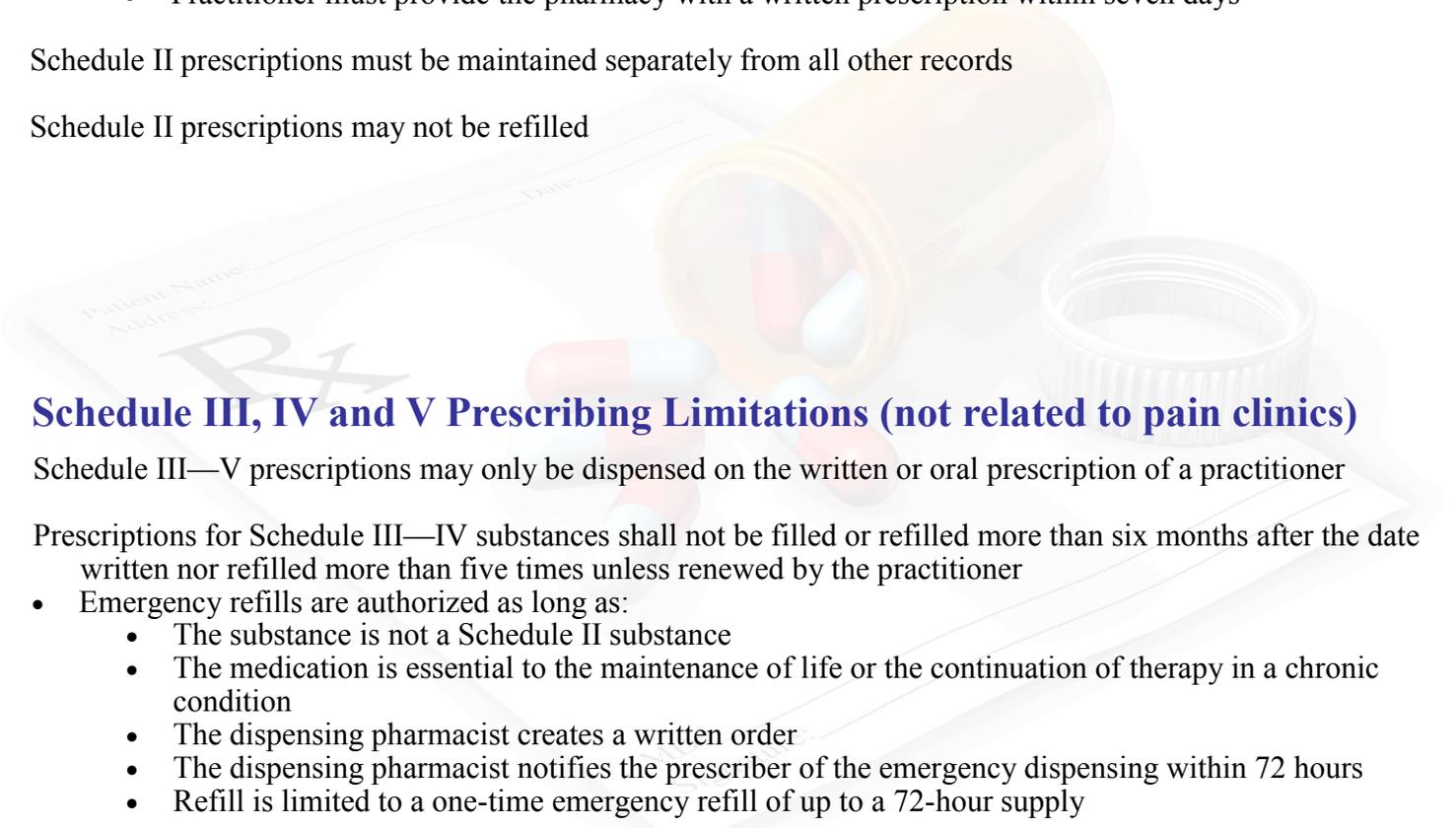
## Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II prescriptions may only be dispensed on the written prescription of a practitioner

- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
  - Schedule II narcotic substances to be compounded for the direct administration to a patient by certain methods
  - Schedule II substances for the resident of a long-term care facility
- May be dispensed on the oral prescription of a practitioner in an emergency
  - Limited to prescriptions for residents of a long-term care facility, patients receiving hospice services, or a patient receiving home health care services
  - Limited to a 72 hour supply
  - Practitioner must provide the pharmacy with a written prescription within seven days

Schedule II prescriptions must be maintained separately from all other records

Schedule II prescriptions may not be refilled



## Schedule III, IV and V Prescribing Limitations (not related to pain clinics)

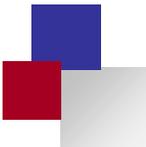
Schedule III—V prescriptions may only be dispensed on the written or oral prescription of a practitioner

Prescriptions for Schedule III—IV substances shall not be filled or refilled more than six months after the date written nor refilled more than five times unless renewed by the practitioner

- Emergency refills are authorized as long as:
  - The substance is not a Schedule II substance
  - The medication is essential to the maintenance of life or the continuation of therapy in a chronic condition
  - The dispensing pharmacist creates a written order
  - The dispensing pharmacist notifies the prescriber of the emergency dispensing within 72 hours
  - Refill is limited to a one-time emergency refill of up to a 72-hour supply

Schedule V substances may not be distributed or dispensed for other than a medical purpose

Schedule III—V prescriptions shall be maintained separately from all other records or in a form that they are readily retrievable from other records of the pharmacy



## Miscellaneous Prescribing/Dispensing Requirements

Physicians who dispense Schedule II—V substances shall maintain an inventory and separate dispensing record of all substances dispensed or distributed

- For Schedule II amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, dispensing records shall include the diagnosis and the reason for prescribing the Schedule II amphetamine

Dispensing physicians are required to register with the Board of Medical Examiners

Prescribing drugs to an individual the prescriber has not personally examined is usually inappropriate

- Must appropriately document that the physician obtained a medical history, performed a physical exam, made a diagnosis, and formulated a therapeutic plan
- Prescribing without personally examining a patient may be appropriate as follows:
  - Admission orders for a patient newly admitted to a health care facility
  - Prescribing for a patient of another physician for whom the prescriber is taking a call
  - Continuing medication on a short term basis for a new patient prior to the patient's first appointment
  - Established patients may not require a new history and physical exam for each new prescription
- Prescribing drugs for a patient the physician has never met based solely on answers to a set of questions is inappropriate and unprofessional

Prescriptions shall meet the following requirements:

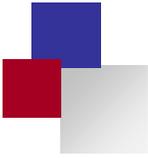
- Must be signed and dated on the day issued
- Shall bear the full name and address of the patient for whom the drug is prescribed
- Shall include the drug name, strength, dosage form, and quantity
- Include directions for the use of the drug
- Include the name, address, and Alabama Controlled Substances Certificate number of the prescribing physician

## Prescribing/Dispensing Limitations for Dentists

Unlawful for any dentist to prescribe, administer, or dispense any Schedule I—V controlled substance to a person not under his or her treatment in his or her practice

Dentists must annually register with the Board of Dental Examiners and obtain a State Controlled Substance Number from the Board

Dentists must maintain an accurate inventory and separate dispensing record of every Schedule II—V controlled substance dispensed in his or her office



## Prescribing/Dispensing Limitations for Optometrists

Optometrists may not prescribe or administer any controlled substance in Schedule I or II or any Schedule III pharmaceutical agents that contain dihydrocodeinone (“Hydrocodone”)

The prescribing or administering of any other Schedule III pharmaceutical agent shall be limited to a prescription for not more than a 96 hour supply

## Pain Clinic/Pain Management Regulations

### Alabama Pain Management Act

Pain management services are defined as medical services that involve the prescribing of controlled substances to treat chronic non-malignant pain by a physician who treats pain; provision of pain services means:

- A physician practice which holds itself out or advertises itself as a provider of pain management services
- A physician practice which dispenses opioids
- A physician practice in which any of the providers of pain management services are rated in the top 3% of practitioners who prescribe controlled substances in Alabama as determined by the Alabama prescription monitoring program on an annual basis

All physicians providing pain management services and all physicians who otherwise meet the criteria established by the board must obtain a pain management registration from the board

- Provisions of the Act do not apply to licensed hospice programs or any physicians while performing work for a hospice program; a facility maintained or operated by the United States or any of its departments, offices, or agencies, or any physicians while performing work for that facility
- Must renew registration annually

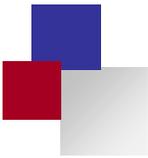
All registrants must provide pain management services at a facility owned and operated by:

- One or more physicians licensed to practice in Alabama
- A business entity registered with the Secretary of State
- A governmental body or entity, or political subdivision, or any combination thereof, including state universities and schools

All registrants must be registered with the Alabama prescription monitoring program

Physicians serving as the medical director at a pain management practice location must meet one of the following requirements:

- Successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, addiction medicine, neurology, neurosurgery, family practice, preventive medicine, internal medicine, surgery, orthopedics, or psychiatry
- Board certification in physical medicine and rehabilitation, anesthesiology, addiction medicine, neurology, neurosurgery, family practice, preventive medicine, internal medicine, surgery, orthopedics, or psychiatry
- Specialty certification in pain management, pain medicine, hospice and palliative medicine, geriatric medicine, rheumatology, hematology, medical oncology, gynecologic oncology, infectious disease, pediatric hematology/oncology, or pediatric rheumatology
- Board certification by the American Board of Pain Medicine
- Board certification by the American Board of Interventional Pain Physicians



## Pain Clinic/Pain Management Regulations, cont'd.

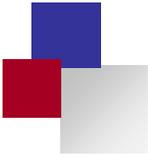
- At least one of the following: 1) Completion of 40 in-person, live participatory AMA PRA Category 1 Credit or AOA Category 1-A credits in the area of pain management completed within three years of implementation of this article or prior to serving as a medical director for the practice location, whichever of them is most recent; or 2) Completion of a board approved course of medical education in the area of prescribing controlled substances completed within three years of implementation of this article or prior to serving as medical director for the practice location, whichever of them is most recent, and completion of 40 in-person, live participatory AMA PRA Category 1 Credit or AOA Category 1-A credits in the area of pain management within three years of commencement of service as medical director

Board of Medical Examiners, in its preamble, states that the Board recognizes that controlled substances, including opioid analgesics, may be essential in the treatment of acute and chronic pain, whether due to cancer or non-cancer origins and further states that management of pain should include both pharmacologic and non-pharmacologic modalities

The goal of using controlled substances for the treatment of pain is to reduce pain and/or improve patients' function

Physicians are required to do the following when evaluating for the use of controlled substances:

- Obtain a complete medical history and conduct a physical examination of the patient and document such in the medical record
  - Medical record should document the nature and intensity of the pain, current and past treatments, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse
- Must have a written treatment plan that includes objectives, whether further diagnostic evaluations or other treatments are planned
  - Non-opioid treatments should be considered
- Must have informed consent and agreement for treatment from the patient. Written agreements should be utilized for all patients with chronic pain and should include:
  - Drug screening with appropriate confirmation
  - A prescription refill policy
  - Reasons for which drug therapy may be discontinued (e.g., violation of agreement)
  - That the patient should receive prescriptions from one physician and one pharmacy where possible
- Conduct a periodic review of the course of treatment and monitor patient compliance in medication usage and related treatment plans
- Be willing to refer the patient as necessary
- Keep accurate and complete records that include:
  - Medical history and physical examination
  - Diagnostic, therapeutic, and laboratory results
  - Evaluations and consultations
  - Treatment objectives
  - Discussion of risks and benefits
  - Treatments
  - Medications, including the date, type, dosage, and quantity prescribed
  - Instructions and agreements
  - Periodic reviews



## Training or Education Requirements or Recommendations for Practitioners who Prescribe or Dispense Controlled Substances

The State Board of Medical Examiners may, within its discretion and for cause, order and direct that a physician holding a controlled substance registration certificate complete a course or courses of continuing medical education on subjects related to the prescribing, dispensing, administering, or furnishing of controlled substances

- Course or courses of instruction ordered by the board may not exceed 25 credit hours of instruction within the calendar year in which the order is entered
- Failure to comply shall constitute grounds for suspension of the controlled registration certificate

## Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

This section deals only with the conditions that qualify a patient for the use of medical marijuana or a therapeutic research program and the attendant physician responsibilities. For complete information on state medical marijuana and therapeutic research programs, please visit the NAMSDDL website at [www.namsddl.org](http://www.namsddl.org).

### Controlled Substances Therapeutic Research Act

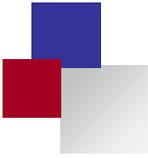
Limited to cancer chemotherapy patients and glaucoma patients who are certified to the review committee by an authorized practitioner as being in such medical condition necessary for the treatment of glaucoma or the side effects of chemotherapy

- To the extent of the applicable authorization, persons are exempt from prosecution in this state for the possession, production, manufacture, or delivery of cannabis

Review committee consisting of physicians licensed in the State of Alabama with one physician representing each of the following certifications: 1) certified by the American Board of Ophthalmology; 2) certified by the American Board of Internal Medicine and in the subspecialty of medical oncology; 3) certified in the specialty of pediatrics and also certified in the subspecialty of pediatrics oncology; 4) certified in the practice of gynecology and in the subspecialty of gynecological oncology; 5) certified in the specialty of radiology and in the subspecialty of radiation oncology; and 6) the Director of the Comprehensive Cancer Center of the University of Alabama in Birmingham

- Only physicians with the above listed certifications or specialties may dispense cannabis and each must be certified by the Alabama State Board of Medical Examiners to make such dispensations
  - Must apply for recertification every three years
  - Any person or practitioner who prescribes or dispenses cannabis or its derivatives for any reason other than those outlined above shall be guilty of a felony upon conviction and punished as provided by law

Board of Medical Examiners may contract with the National Institute of Drug Abuse for receipt of cannabis



## **PMP Requirements for Mandatory Registration and Access**

Before renewing an Alabama Controlled Substances Certificate, the applicant shall have a current registration to access the prescription monitoring program

All registrants providing pain management services must be registered to obtain access to the prescription monitoring program

A patient's compliance with regard to the use of prescribed medications for the treatment of opioid addiction and avoidance of other opioids should be monitored through patient report, regular toxicologic analyses, reports from significant others, and regular checks of the prescription monitoring program

The record of a patient receiving medications for the treatment of opioid addiction should contain documentation of steps taken to prevent the diversion of treatment medications, including any communications with other treating physicians and use of the prescription monitoring program to verify that all prescribed medications have been obtained and that no other prescriptions for controlled drugs have been dispensed without the physician's knowledge

The terms of a treatment agreement between a practitioner and a patient receiving treatment for opioid addiction should include authorization to communicate with all providers of care and to consult the prescription monitoring program

### **Patient Referral to Treatment**

Nothing in statute or regulation.

### **Board Guidelines**

None related to prescribing or dispensing issues.