

The Alabama Department of Public Health
Compliance with Mandates

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Risk and Abuse Mitigation Strategies (RMS) by Prescribing Physicians

- Alabama Board of Medical Examiners adopted a rule effective March 9, 2017
- Required the use of medically-appropriate strategies:
 - Pill counts
 - Urine drug screening
 - Prescription Drug Monitoring (PDMP) program checks

RMS “Best Practice”

- All controlled substances carry some risk of abuse or misuse
- One element of a physician’s “best practice” when prescribing controlled substances

Utilization of PDMP

- Prescribing more than 30 MME per day
 - Review patient's PDMP history at least twice a year
- More than 90 MME per day
 - Review patient's PDMP record every time
 - Must document the use of RMS.

Concurrent Use of Opioids and Benzos

- Heightened risk of adverse events
- Reconsider existing benzodiazepine prescriptions
- Consider alternative forms of treatment
- Care when prescribing medications from multiple controlled substances

Controlled Substance Education

- 2 American Medical Education Physician's Recognition Award Category 1 Credits™ in controlled substance prescribing every 2 year
- CME requirement will become effective January 1, 2018
- A violation of this rule is grounds for:
 - Suspension
 - Restriction
 - Revocation
 - Monetary fines



Monitoring

- Cannot determine if prescribers access PDMP prior to dispensing
- Increase in number of prescribers reactivating PDMP accounts