

2020 AL REG TEXT 548656 (NS)

Alabama Regulation Text - Netscan
AL ADC 730-X-3-.12
Proposed Rules
February 28, 2020
Alabama State Board of Podiatry
FULL TEXT OF REGULATION(S)

Risk and Abuse Mitigation Strategies by Prescribing Podiatrists

The Board proposes risk and abuse mitigation strategies for prescribing practicing podiatrists as recommended by Alabama Opioid Overdose and Addiction Council.

NEW

AL ADC 730-X-3-.12

AL ADC 730-X-3-.12 Risk and Abuse Mitigation Strategies By Prescribing Podiatrists.

(1) The Board recognizes that the best available research demonstrates that the risk of adverse events occurring in the patients who use controlled substances to treat pain increase as dosage increases. The Board adopts the “Morphine Milligram Equivalency” (“MME”) daily standard as set out by the Centers for Disease Control and Prevention (“CDC”) for calculating the morphine equivalence of opioid dosages.

(2) It is the opinion of the Board that the best practice when prescribing controlled substances for the treatment of pain shall include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient. Examples of risk and abuse mitigation strategies include, but are not limited to:

- (a) Pill counts;
- (b) PDMP checks;
- (c) Monitoring the patient for aberrant behavior;
- (d) Providing a patient with opiate risk education prior to prescribing controlled substances;
- (e) Using validated risk-assessment tools, examples of which shall be maintained by the Board.

(3) For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the Board sets forth the following requirements for the use of Alabama’s Prescription Drug Monitoring Program (PDMP):

- (a) For the controlled substance prescriptions totaling 30 MME or less per day, podiatrists are expected to use the PDMP in the manner consistent with good clinical practice.
- (b) When prescribing a patient, controlled substances of more than 30 MME per day, podiatrists shall review that patient’s prescribing history through the PDMP at least two (2) times per year, and each podiatrist is responsible for documenting the use of risk and abuse mitigation strategies in the patient’s medical record.
- (c) Podiatrists shall query the PDMP to review a patient’s prescribing history every time a prescription for more than 90 MME per day is written, on the same day the prescription is written.

(4) Due to the heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines, podiatrists should reconsider a patient's existing benzodiazepines prescriptions or decline to add one when prescribing an opioid and consider alternative forms of treatment.

(5) The Board recognizes that all controlled substances, including but not limited to, opiates, benzodiazepines, stimulants, anticonvulsants, and sedative hypnotics have a risk of addiction, misuse, and diversion. Podiatrists are expected to use risk and abuse mitigation strategies when prescribing any controlled substance. Additional care should be used by the podiatrist when prescribing a patient medication from multiple controlled substance drug classes.

(6) A violation of this rule is grounds for the suspension, restriction, or revocation of a podiatrist's Alabama Controlled Substance Certificate or license to practice podiatry.

Author: Alabama State Board of Podiatry

Statutory Authority: Code of Ala. 1975, §34-24-252, 20-2-54.1, 20-2-214(2).

History: New Rule: Filed: February 14, 2020.

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