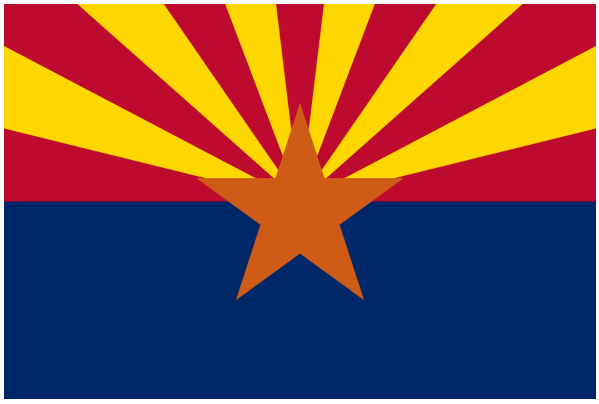
Prescribing and Dispensing Profile

Arizona



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NAMSDL
National Alliance for Model State Drug Laws

Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II prescriptions may only be dispensed on the written prescription of a practitioner or an electronic prescription as allowed by federal law or regulation, except:

- In an emergency, a dispenser may dispense a Schedule II controlled substance on the oral prescription of a practitioner
  - Must be immediately reduced to writing
  - Prescriber must cause a written prescription to be delivered to the pharmacist within seven days and must include the phrase "authorization for emergency dispensing" and the date of the oral order
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
  - A substance to be compounded for direct administration to a patient by various methods
  - For the resident of a long term care facility
  - For a hospice patient

Schedule II prescriptions may not be dispensed more than 90 days after written

Prescriptions for Schedule II substances must be kept separately from all other prescription orders

Schedule II prescriptions may not be refilled

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

Prescriptions for Schedule III and IV substances may only be dispensed on the written or oral prescription of a practitioner, or on the electronic prescription as allowed by federal law or regulation

Prescriptions for Schedule V substances shall not be dispensed without the written or oral prescription of a practitioner

- May be refilled as authorized by the prescriber but shall not be filled or refilled more than one year after the date of issuance

Prescriptions for Schedule III and IV substances cannot be filled or refilled more than six months after originally issued nor refilled more than five times

Prescriptions for Schedule III—V substances must be maintained either in a separate prescription file or in a form that allows them to be readily retrievable from other prescription records

Miscellaneous Prescribing/Dispensing Requirements

Medical doctors may dispense drugs and devices kept by the doctor if:

- All drugs are dispensed in packages labeled with the dispensing doctor's name, address, and telephone number; the date the drug is dispensed; the patient's name; and the name and strength of the drug, directions for its use, and any cautionary statements
- The name and strength of the drug dispensed, the date of dispensing, and the therapeutic reason for the dispensing must be noted in the patient's chart
- Drugs are kept in a locked cabinet or room, access to the cabinet or room is controlled by a written procedure, and an ongoing inventory is maintained
- The doctor registers with the board to dispense drugs and devices and pays the registration fee
- Must provide the patient with a written prescription that notifies the patient that he or she may have the prescription filled by the physician or the pharmacy of his or her choice

It is unprofessional conduct for an osteopath to prescribe, dispense, or furnish a prescription medication or prescription-only device to a person without first conducting a physical or mental health status evaluation of the patient or has not previously established a physician-patient relationship with certain exceptions

- Exam may be conducted during a real-time telemedicine encounter with audio and video capability if the telemedicine audio-video capability meets the elements required by the centers for Medicare and Medicaid services, unless the examination is for the purpose of obtaining a written certification from the physician for medical marijuana

Prescription orders shall contain the following information:

- Date issued
- Name and address of patient
- Legibly printed name, address, and telephone number of the prescriber
- Name, strength, dosage form, and quantity of drug ordered
- Directions for use and any cautionary statements
- Refills authorized, if any
- A beyond-use date not to exceed one year from the date of dispensing or the manufacturer's expiration date if less than one year

Prescribing/Dispensing Limitations for Dentists

Dentist may dispense drugs and devices kept by the dentist if:

- All drugs are dispensed in packages labeled with the dispensing dentist's name, address, and telephone number; the date the drug is dispensed; the patient's name; and the name and strength of the drug, directions for use, and any cautionary statements
- The name and strength of the drug dispensed, the date of dispensing, and the therapeutic reason for dispensing must be noted in the patient's chart
- Drugs are kept in a locked cabinet or room, access to the cabinet or room is controlled by a written procedure, and an ongoing inventory is maintained
- Must provide the patient with a written prescription that notifies the patient that he or she may have the prescription filled by the dentist or the pharmacy of his or her choice

Dentists are also subject to the requirements applicable to physicians and osteopaths

Prescribing/Dispensing Limitations for Optometrists

Optometrists may prescribe, dispense, and administer a Schedule III substance only if it is an analgesic and any controlled substance only if it is an analgesic that is reclassified from Schedule III to Schedule II after January 1, 2014

Optometrist shall not prescribe, dispense, or administer the following prescription substances:

- Oral antifungal
- Oral antimetabolite
- Oral immunosuppressive
- A substance administered intravenously
- Substances administered by injection, except that a licensee may use epinephrine auto-injectors to counteract an allergic reaction
- Except as otherwise provided, a Schedule I—V controlled substance

Optometrists must complete a course of study related to the prescribing, dispensing, and administering of pharmaceutical agents before being allowed to prescribe, dispense, or administer any topical or oral pharmaceutical agent

Pain Clinic/Pain Management Regulations

Outpatient treatment centers that provide pain management services must ensure:

- All pain management services are provided under the direction of a physician
- If controlled substances are used to provide pain management services:
  - The medical practitioner discusses the risks and benefits of using the controlled substance with the patient
  - The following information is included in the patient's medical record:
    - History of alcohol or substance abuse
    - Documentation that risks and benefits were discussed
    - Nature and intensity of patient's pain
    - Objectives used to determine whether the patient is being successfully treated
- If an injection or nerve block is used to provide pain management services:
  - An evaluation must be performed by a physician or nurse anesthetist prior to initial use on patient
  - Such injection or nerve block is administered by a physician or nurse anesthetist
  - The following information is included in the patient's record:
    - Evaluation of the patient
    - Record of the administration
    - Any resuscitation measures taken

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

Dentists are required to obtain 42 hours of continuing education in any of a number of specific course areas, including pain management

Dentists are also required to earn 3 hours of continuing education in chemical dependency (which may include tobacco cessation)

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 NAMSDL website at www.namsdl.org.

Debilitating medical conditions include:

- Cancer, glaucoma, positive status for HIV, AIDS, Hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease or the treatment of these conditions
- A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe and chronic pain; severe nausea; seizures, including those characteristic of epilepsy; or severe and persistent muscle spasms, including those characteristic of multiple sclerosis

Physician must certify that a patient has a qualifying debilitating condition within ninety days of the patient's application for a registry identification card

Physician is not subject to arrest, prosecution, or penalty in any manner or denied any right or privilege, based solely on providing written certifications or for otherwise stating that, in the physician's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana

PMP Requirements for Mandatory Registration and Access

Within two business days of writing or dispensing an initial prescription order for at least a 30-day supply of an opioid medication for a patient in worker's compensation cases, the physician shall pull the patient's PMP report and shall report the results to the insurance carrier, self-insured employer, or workers' compensation commission as soon as reasonably practicable but no later than 30 days from the date of the inquiry. The carrier, self-insured employer, or commission may thereafter request no more than once every two months that the physician perform additional inquiries to the PMP. If the inquiry reveals that the employee is receiving opioids from another undisclosed health care provider, the physician shall notify the carrier, self-insured employer, or commission within five days.

It is unprofessional conduct for a naturopathic physician to fail to include a copy of the patient's PMP report in the medical record when issuing a written certification for medical marijuana

Patient Referral to Treatment

Nothing in statute or regulation.

Board Guidelines

Adopted the Federation of State Medical Boards Reference for Physicians on the Use of Opioid Analgesics in the Treatment of Chronic Pain, in the Office Setting

Board will consider the use of opioids for pain management to be for a legitimate medical purpose if it is based on sound clinical judgment and current best clinical practices, is appropriately documented, and is of demonstrable benefit to the patient

- A legitimate physician-patient relationship must exist
- Prescribing of identified medications should be appropriate to the diagnosis, accompanied by careful follow-up monitoring of the patient's response to treatment as well as his or her safe use of the prescribed medication, and should demonstrate that therapy has been adjusted as needed
- Should include documentation of appropriate referrals as needed

Board guidelines include the following:

- Understanding pain
- Patient evaluation and risk stratification
  - Initial work-up should include a systems review, relevant physical examination, and laboratory investigations
  - Initial evaluation should also include assessment of a patient's personal and family history of alcohol or drug abuse and relative risk for medication misuse and abuse
    - For patients with a history of substance use disorder, consultation with an addiction specialist , if possible, is recommended
    - Physicians are encouraged to become knowledgeable about the treatment of addiction
- Development of treatment plan and goals
  - Goals to include improvement in pain and function, improvement in pain-associated symptoms, and avoidance of unnecessary or excessive use of medications
- Informed consent and treatment agreement
  - Informed consent documents typically address the following:
    - Potential risks and side effects of opioid therapy
    - Potential side effects
    - Likelihood that tolerance to and dependence on the medication will develop
    - Risk of drug interactions and over-sedation
    - Risk of impaired motor skills
    - Risk of opioid misuse, dependence, addiction, and overdose
    - Limited evidence of the long-term benefits of opioid therapy
    - Physician's prescribing policies and expectations, including the number and frequency of refills, as well as the physician's policy on early refills or replacement of lost or stolen medications
    - Specific reasons for which drug therapy may be changed or discontinued

Board Guidelines, cont'd.

- Treatment agreements typically discuss the following:
  - The goals of treatment, in terms of pain management, to restore function and safety
  - Patient's responsibility for safe medication use
  - Patient's responsibility to only receive his or her prescribed medications from one physician or practice
  - Patient's agreement to periodic drug testing
  - Physician's responsibility to be available or to have a covering physician available to care for unforeseen problems and to prescribe refills
- Initiating an opioid trial
  - Should be presented to patient as a therapeutic test or trial with specified evaluation points
- Ongoing monitoring and adapting the treatment plan
- Periodic drug testing
- Consultation and referral
  - Physician should consult with or refer patient to a pain, psychiatry, addiction, or mental health specialist as needed
- Discontinuing opioid therapy
  - Reasons include: resolution of underlying condition, emergence of intolerable side effects, inadequate analgesic effect, failure to improve the patient's quality of life, deteriorating function, significant aberrant medication use, no demonstrable functional improvement
- Complete medical records which include the following:
  - Copy of signed informed consent and treatment agreement
  - Patient's medical history
  - Results of physical exam and all tests
  - Results of risk assessment
  - Description of all treatments provided, including all medications prescribed or administered
  - Instructions to the patient
  - Results of ongoing monitoring of patient progress
  - Notes on evaluations by and consultations with specialists
  - Any other information to support the use or termination of treatment and steps taken in response to any aberrant medication use behaviors
  - Authorization for release of information to other treatment providers
- Compliance with controlled substance laws and regulations