



# *Prescribing and Dispensing Profile*

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## Arkansas

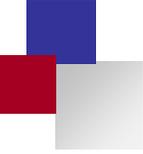


**Research current through November 2015.**

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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, or the oral, faxed, or electronic prescription of a practitioner, if issued in compliance with federal law

- May dispense on the oral prescription of a practitioner in an emergency
  - Quantity must be limited to an amount adequate to treat the patient during the emergency period but no longer than 72 hours
  - Emergency situation means:
    - Immediate administration of the substance is necessary for proper treatment of the patient
    - No appropriate alternative treatment is available
    - It is not reasonably possible for the prescribing practitioner to provide a written prescription prior to dispensing
  - Must be immediately reduced to writing by the pharmacist and a written prescription must be provided to the pharmacist within 7 days
- May dispense 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
  - For residents of a long term care facility or hospice patients

Prescribing of Schedule II stimulants must be for a legitimate medical purpose

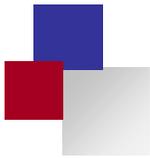
- No second or subsequent prescriptions for these drugs may be written for the patient until the physician reassesses the patient and documents the following in the medical record:
  - The patient's response to the medication
  - Reports from family, educators, or counselors as to the patient's response to the medication
  - Record of an examination of the patient to identify possible adverse effects
  - An informed judgment as to the overall benefit of the medication
  - Written plan for providing scheduled refills and return visits

Records of Schedule II substances shall be kept separately from all other records

May be dispensed up to six months after originally written if the dispenser is certain of the validity of the prescription

- Does not apply to prescriptions written for terminally ill patients or long term care patients

No refills allowed



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

Schedule III and IV prescriptions may only be dispensed on the written or oral prescription of a practitioner, or the faxed or electronic prescription of a practitioner, if issued in compliance with federal law

- Pharmacist may dispense a controlled substance in Schedule III – V pursuant to an oral prescription as long as the prescription is either promptly reduced to writing or entered into the pharmacy's electronic prescription system

Schedule V prescriptions may only be distributed or dispensed for a medical purpose

Records of Schedule III – V substances shall be maintained separately from other records or in such form that the information required is readily retrievable from the ordinary business records

Schedule III and IV prescriptions shall not be filled or refilled more than six months after originally written or refilled more than five times unless renewed by the practitioner

### Miscellaneous Prescribing/Dispensing Requirements

Dispensing physician is one who is licensed in Arkansas, who has the prior approval of the Arkansas Medical Board on a showing of need, and who purchases legend drugs to be dispensed to his or her patients for the patients' personal use and administration outside the physician's office

- Must keep records of all receipts and distributions

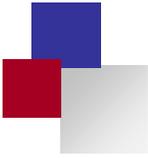
An in-person physical exam of a patient must be performed prior to the issuance of any prescription in order to establish a valid prior patient-practitioner relationship unless:

- The prescribing practitioner is consulting at the specific request of another practitioner who:
  - Maintains an ongoing relationship with the patient
  - Has performed an in-person physical exam of the patient
  - Has agreed to supervise the patient's ongoing care and use of prescribed medications
- The prescribing practitioner interacts with the patient through an on-call or cross-coverage situation

A pharmacist may not dispense a prescription-only drug to a patient if the pharmacist knows or reasonably should have known under the circumstances that the prescription was issued on the basis of an internet questionnaire, internet consultation, or telephonic consultation and without a valid prior patient-practitioner relationship

### Prescribing/Dispensing Limitations for Dentists

No separate statutes or regulations related to prescribing and dispensing limitations for dentists.



## Prescribing/Dispensing Limitations for Optometrists

Optometrists may possess, administer, and prescribe pharmaceutical agents for the treatment of conditions involving only the eye, lids, or adnexa

Cannot possess, administer, or prescribe any substance in Schedule I or II except for hydrocodone combination drugs, regardless of their schedule, in combination with oral analgesic drugs

- Prescriptions for hydrocodone combination drugs must be limited to no more than 72 hours with no authorized refills

ADC 069.00-1-IV-11 provides a list of specific types of substances that an optometrist can possess, administer, or prescribe to be applied topically to the eye

## Pain Clinic/Pain Management Regulations

“Chronic intractable pain” means a state of pain for which the cause cannot be removed or otherwise treated and for which no relief or cure has been found after reasonable efforts by a physician and which interferes with a patient’s physical, psychological, and social and/or vocational functioning

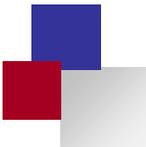
Based upon an evaluation of a patient, a physician may:

- Treat a patient who develops chronic intractable pain with a dangerous or controlled drug to relieve the patient’s pain
- Continue to treat the patient for as long as the pain persists
- Treat the pain by managing it with dangerous or controlled drugs in amounts or combinations that may not be appropriate for treating another medical condition
- Administer large doses of dangerous or controlled substances for pain management if the benefits outweigh the risk of the large dose
- Administer a large dose of a dangerous or controlled substance even if the use may increase the risk of death if the purpose is not to cause or assist in a patient’s death

Physician may not:

- Prescribe or administer a dangerous or controlled drug intended to manage chronic intractable pain to treat a person for chemical dependency on drugs or controlled substances
- Prescribe or administer dangerous or controlled drugs to a person the physician knows to be using drugs for a non-therapeutic purpose
- Prescribe or administer dangerous or controlled drugs for other than a legitimate medical purpose
- Cause or assist in causing the suicide, euthanasia, or mercy killing of any individual

Physicians are not subject to criminal prosecution for prescribing or administering controlled substances under appropriate criteria in the course of treatment of a person for chronic intractable pain



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

Physicians who prescribe narcotic agents in Schedules II – V (excluding propoxyphene, Ultram, Tramadol, and including Talwin, Stadol, and Nubain) on a long term basis of more than six months for a patient with chronic non-malignant pain will be considered exhibiting gross negligence or ignorant malpractice unless he or she complies with the following:

- Keeps accurate records, including a medical history, physical examination, other evaluations and considerations, treatment plan objective, informed consent noted in the patient record, treatment, medications given, agreements with the patient, and periodic reviews
- Periodically reviews the course of treatment and any new etiology of pain
  - If no improvement, physician should assess the appropriateness of continuing to prescribe scheduled medications or dangerous drugs
- Obtain written consent from patients he or she is concerned may abuse controlled substances and discuss the risks and benefits with the patient

Chronic Pain Management Program provides a coordinated, goal-oriented, interdisciplinary team to reduce pain, improve functionality, and decrease the dependence on the healthcare system of persons with chronic pain syndrome

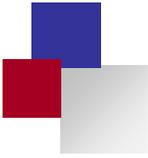
- The following standards apply to both inpatient and outpatient programs:
  - Medical supervision of physician prescribed services
  - Licensees should obtain a history and conduct a physical exam prior to or immediately following admission of a person to the program
  - Enter into a written contract stating:
    - The presenting problems of the patient
    - The goals and expected benefits
    - Initial estimated timeframe for goal accomplishment
    - Services needed

Interdisciplinary team of professionals other than physicians should include the following:

- Physician
- Clinical psychologist or psychiatrist
- Occupational therapist
- Physical therapist
- Rehabilitation nurse

Physician managing program should meet the following criteria:

- Three years' experience in the interdisciplinary management of persons with chronic pain
- Participation in active education on pain management
- Board certification in a medical specialty or completion of training sufficient to qualify for examinations
- Two years' experience in the medical direction of an interdisciplinary Chronic Pain Program or at least six months of pain fellowship in an interdisciplinary program
- Should have completed and maintained at least one of the following:
  - Attendance at one meeting per year of a regional and national pain society
  - Presentation of an abstract to a regional or national pain society
  - Publication on a pain topic in a peer review journal
  - Membership in a regional or national pain society



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

No specific statutes or regulations identified.

## **Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions**

No specific statutes or regulations identified.

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

Practitioners shall check the PMP at least every six months for a patient with chronic, non-malignant pain

- Does not apply for patients who are being prescribed for a malignant condition, who is enrolled in a hospice program, or who is in an inpatient or outpatient palliative care program

A prescriber who has been found by his or her licensing board to be in violation of a rule or law involving prescription drugs shall be required to register with the PMP

- Shall further be required to access patient information prior to writing a prescription for an opioid

Practitioners are encouraged to access or check the information in the PMP before prescribing, dispensing, or administering medications

## **Patient Referral to Treatment**

No specific statutes or regulations identified.

## **Board Guidelines**

None identified.