Prescribing and Dispensing Profile

Colorado

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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 or electronic prescription of a practitioner

- Can be dispensed on the faxed prescription of a practitioner if:
  - The prescription is for a hospice patient or for the resident of a long term care facility
  - The prescription is for the direct administration to a patient by certain methods
- Can be dispensed in an emergency if:
  - The prescribing practitioner determines that the immediate dispensing of the controlled substance is necessary for the proper treatment of the patient, no alternative drug is available, and it is not possible for the prescribing practitioner to provide a written prescription
  - The quantity is limited to a 72 hour supply
  - Pharmacist must immediately reduce the prescription to writing
  - Prescriber must deliver a written prescription to the pharmacist within 72 hours

Prescription of Schedule II stimulant drugs is not acceptable for purposes of diet control, increasing work capacity to combat the normal fatigue associated with any endeavor, or to chemically induce euphoria

No prescription shall be dispensed or refilled after one year from the date of issuance

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

Schedule III – V prescriptions can only be dispensed upon the written, oral, or electronic prescription of a practitioner

Schedule III – V prescriptions cannot be filled or refilled more than six months after the date of original issue or be refilled more than five times

No prescription shall be dispensed or refilled after one year from the date of issuance

Miscellaneous Prescribing/Dispensing Requirements

It is unprofessional conduct to administer, prescribe, or dispense any habit-forming drug or any controlled substance other than in the course of legitimate professional practice

Pharmacist may refill a prescription for any prescription drug without the practitioner's authorization when all reasonable efforts to contact the practitioner have failed and when, in the pharmacist's professional judgment, continuation of the medication is necessary for the patient's health, safety, and welfare

- May only be for an amount sufficient to maintain the patient until the practitioner can be contacted
  - Limited to no more than a 72 hour supply
- If the practitioner has stated that no emergency prescriptions are allowed, then the pharmacist shall not issue any medication that is not authorized by the prescription

Pharmacists shall not dispense a prescription drug if the pharmacist knows or should have known that the order for such drug was issued on the basis of an internet-based questionnaire, an internet-based consultation, or a telephonic consultation without a valid preexisting patient-practitioner relationship

Prescribing/Dispensing Limitations for Dentists

Dentists may not prescribe, distribute, or give to any person any habit-forming drug or any controlled substance as defined by law, or as contained in Schedule II of the federal schedules, other than in the course of legitimate dental practice and pursuant to law

Dentists may prescribe, dispense, or administer any controlled substance

- With respect to Schedule II—V substances, dentist must maintain a record of the dispensing or administration that is separate from the patient's record

Prescribing/Dispensing Limitations for Optometrists

The practice of optometry includes the prescription of drugs including Schedule II controlled narcotic substances limited to hydrocodone combination drugs and Schedule III – V controlled narcotic substances for ocular disease

Optometrists may prescribe, dispense, or administer any prescription drug
Inventories for Schedule II substances must be kept separately from the inventories of Schedule III – V drugs in the optometrist's office

Pain Clinic/Pain Management Regulations

Nothing specified in statute or regulation.

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

Nothing specified in statute or regulation.

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 condition includes:

- Cancer, glaucoma, positive status for HIV, or AIDS, or treatment for such conditions
- A chronic or debilitating disease or medical condition, or treatment for such conditions, which produces, for a specific patient, one or more of the following, and for which, in the professional opinion of the patient's physician, such condition or conditions reasonably may be alleviated by the medical use of marijuana: cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are characteristic of multiple sclerosis

Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

There exists an exception to the state's criminal laws for any physician to:

- Advise a patient whom the physician has diagnosed with a debilitating medical condition about the risks and benefits of medical marijuana or that s/he might benefit from the medical use of marijuana
  - Such advice must be based upon the physician's contemporaneous assessment of the patient's medical history and current medical condition and a bona fide physician-patient relationship
- Provide the patient with written documentation stating that the patient has a debilitating medical condition and might benefit from the medical use of marijuana
  - Must be based upon the physician's contemporaneous assessment of the patient's medical history and current medical condition and a bona fide physician-patient relationship

Patients under the age of 18 must be diagnosed by two physicians as having a debilitating medical condition

- One physician must have explained the risks and benefits of the medical use of marijuana to the patient and each of the patient's parents residing in Colorado
- The physicians must have provided the patient with written documentation

The medical marijuana health research grant program establishes a grant for the purpose of conducting research into the general medical efficacy and appropriate administration of marijuana for medical treatment

- Review of applications will be conducted by a scientific advisory council which includes the following types of experts:
  - Epidemiologist with expertise in designing and conducting large, observational studies and clinical trials; one clinician with expertise in designing and conducting clinical trials; a clinician familiar with the prescription, dosage, and administration of medical marijuana under current state laws; medical toxicologist; neurologist; pediatrician; psychiatrist; internal medicine specialist; preventive medical specialist or public health professional; substance abuse specialist; alternative medical specialist with expertise in herbal or alternative medicine; a person who represents medical marijuana patient interests; and an ad hoc member with clinical expertise in the medical condition under study
- No later than January 1, 2016, the grant program shall report to the state board of health on the progress of the medical marijuana studies

PMP Requirements for Mandatory Registration and Access

Every practitioner who holds a current DEA registration and every pharmacist must register with the PMP

When drug tests are ordered during long-term opioid treatment in worker's compensation cases, the treating physician shall access the PMP

Medical directors and other qualified healthcare professionals at opioid treatment programs shall utilize the information obtained from the PMP as clinically appropriate upon intake

Dentists with a current DEA registration are required to register with and maintain a user account with the PMP

Patient Referral to Treatment

Nothing specified in statute or regulation.

Board Guidelines

Colorado Dental Board, Medical Board, State Board of Nursing, State Board of Pharmacy, and the Nurse-Physician Advisory Task Force, Policy for Prescribing and Dispensing Opioids, October 2014 (also adopted by the Optometry Board, though they were not involved in the creation of the guidelines)

Before prescribing:

- Prescribers should develop and maintain competence, including understanding current evidence-based practices
- Utilize safeguards for the initiation of pain management
  - Diagnose
    - Prescribers should establish a diagnosis and legitimate medical purpose appropriate for opioid therapy through a history, physical exam, and/or laboratory, imaging, or other studies
    - Bona fide provider-patient relationship must exist
  - Assess risk
    - Prescribers should conduct a risk assessment prior to prescribing opioids for outpatient use and again before increasing dose or duration
      - Patient and family history of substance abuse
      - Patient medication history
      - Mental health/psychological conditions and history
      - Abuse history, including physical, emotional, or sexual
      - Health conditions that would aggravate adverse reactions
      - Observe the patient for any aberrant drug-related behavior and follow-up appropriately when aberrant behavior is presented
    - If risk factors are present, prescriber should exercise greater caution before prescribing opioids
  - Assess pain
    - An appropriate pain assessment should be conducted which includes:
      - Nature and intensity, type, pattern/frequency, duration, past and current treatments, underlying or co-morbid disorders or conditions, impact on physical and psychological functioning
  - Review PDMP
- Collaborate with healthcare team to prevent the under– or over-prescribing, misuse, or abuse of opioids

Board Guidelines, cont'd.

When prescribing or dispensing:

- Verify a provider-patient relationship
  - Prescribers or dispensers should verify the patient's identification before prescribing or dispensing opioids to a new or unknown patient
  - Dispensers should exercise judgment and conduct research if appropriate (such as the use of the PMP or communication with the prescriber or relevant pharmacies) when the prescription order is:
    - For a new or unknown patient
    - For a weekend or late day prescription
    - Issued from a different geographical area of the patient's residence address
    - Denied by another pharmacist
- Additional safeguards to ensure the dose, quantity, and refills for prescription opioids are appropriate to improve the function and condition of the patient
  - Dosage – opioid doses of greater than 120 mg morphine equivalent per day is a dosage that is dangerous for the average adult over which prescribers should use clinical judgment, put in place additional safeguards for the treatment plan (such as utilizing a treatment plan), consult a specialist, or refer the patient
  - Formulation – prescribers and dispensers must use sound clinical judgment regardless of dose, especially when:
    - The prescription is considered an outlier to what is normally prescribed
    - Transdermal, extended relief or long-acting preparation is prescribed
  - Duration – treatment exceeding 90 days should be re-evaluated as opioids may no longer be effective

Prescribing or dispensing for advance dosage, formulation, or duration:

- Tools and trials – prior to issuing prescriptions that are outliers to the dosage, formulation, and duration guidelines, prescribers should determine whether the patient improves functionality on opioids, which could include an opioid trial, and whether the pain relief improves his/her ability to comply with the overall pain management program
- Monitoring – prescribing and dispensing must be monitored on an ongoing basis:
  - Assessing for improved function
  - Rechecking the PMP
  - Random drug screening
- Treatment agreements should be used by prescribers and should ensure patients understand the terms of the agreement and should include information about proper:
  - Goals of treatment
  - Patient education
  - Controls (single prescriber, single pharmacy for refills)
  - Random drug testing and restrictions on alcohol use
  - Storage, disposal, and diversion precautions
  - Process and reasons for changing/discontinuing the treatment plan; communication reduction or increase of symptoms; and referring to a specialist

Board Guidelines, cont'd.

Discontinuing opioid therapy:

- Should be considered when:
  - The underlying painful condition is resolved
  - Intolerable side effects emerge
  - The analgesic effect is inadequate
  - The patient's quality of life fails to improve
  - Functioning deteriorates
  - There is aberrant medication use
- Prescribers discontinuing opioid therapy should employ a safe, structured tapering regimen through the prescriber or an addiction pain specialist