



# *Prescribing and Dispensing Profile*

---

## Washington, D.C.

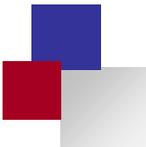


### **Research current through November 2015.**

This project was supported by Grant No. G1599ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.



©2015 The National Alliance for Model State Drug Laws (NAMSDL). Headquarters Office: 420 Park Street, Charlottesville, VA 22902. This information was compiled using legal databases and state agency websites.



## Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II substances may only be dispensed on the written prescription of a practitioner

- May be dispensed on the oral prescription of a practitioner in emergency situations
  - Must be reduced to writing promptly by the receiving pharmacy
  - Must be for no more than a 7 day supply to treat the patient during the emergency period
  - If the prescriber is not known to the pharmacist, the pharmacist shall make a reasonable effort to determine the oral authorization came from a registered practitioner, which may include a call back to the prescribing practitioner using the practitioner's phone number as listed in the telephone directory or other good faith efforts
  - Within 7 days, the prescriber shall cause a written prescription for the emergency quantity to be delivered to the dispensing pharmacist
  - Emergency situation means:
    - Immediate administration of the substance is necessary for proper treatment of the patient
    - That no appropriate alternative treatment is available, including administration of a drug that is not a Schedule II substance
    - That it is not reasonably possible for the prescriber to provide a written prescription prior to dispensing
- May be dispensed on a faxed prescription in the following circumstances:
  - Substances to be compounded for the direct administration to a patient by certain methods
  - For the resident of a long term care facility
  - For patients enrolled in a hospice program

Schedule II prescriptions shall not be filled more than 30 days after originally written, except:

- A pharmacist may fill a prescription more than 30 days after written if it is clear on the face of the prescription that the practitioner issued multiple prescriptions authorizing the patient to receive a total of up to a 90 day supply and:
  - Each separate prescription was issued for a legitimate medical purpose
  - The practitioner provided written instructions on each prescription indicating the earliest date on which the prescription can be filled
  - The prescription is presented to the pharmacy not more than 90 days after the date on which the prescription was written

Schedule II prescriptions may not be refilled

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

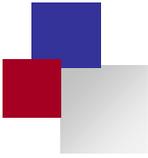
Schedule III and IV substances may only be dispensed on the written, faxed, or oral prescription of a practitioner

Schedule V substances shall not be distributed or dispensed for other than a medical purpose

Schedule III—V prescriptions shall be maintained in a separate file or in such other form as to be readily retrievable from other prescription records

Schedule III – V prescriptions shall not be filled or refilled more than six months after the original date of the prescription or refilled more than five times, unless renewed by the practitioner

©2015 The National Alliance for Model State Drug Laws (NAMSDL). Headquarters Office: 420 Park Street, Charlottesville, VA 22902. This information was compiled using legal databases and state agency websites.



## Miscellaneous Prescribing/Dispensing Requirements

An internet based or telephone consultation or questionnaire evaluation is not adequate to establish a valid patient-practitioner relationship except as follows:

- In the event of a documented emergency
- In an on-call or cross-coverage arrangement
- Where patient care is rendered in consultation with another practitioner who has an ongoing relationship with the patient and who has agreed to supervise the patient's treatment, including the use of any prescribed medications

Pharmacists shall not dispense a prescription if they suspect it was issued without a valid patient-practitioner relationship

- Patient-practitioner relationship means, at a minimum, that the practitioner has met face-to-face with the patient, has obtained a patient history, and conducted a physical exam or evaluation adequate to establish a diagnosis, identify underlying conditions and contraindications to the treatment recommended

Dispensing practitioners must register with the Department of Health

Prescription drug orders shall contain the following information:

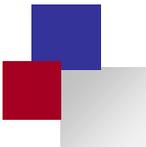
- Full name, address, telephone number, and DEA registration number of prescriber
- Original, legal signature of prescriber
- Date of issuance
- Name and address of patient
- Name, strength, quantity of drug prescribed, directions for use, number of refills, when applicable
- Prescriber's D.C. controlled substance registration number

## Prescribing/Dispensing Limitations for Dentists

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

## Prescribing/Dispensing Limitations for Optometrists

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



## Pain Clinic/Pain Management Regulations

Physicians shall employ up-to-date treatment modalities in order to improve the quality of life for patients who suffer from pain as well as to reduce morbidity and costs incurred by patients associated with untreated or inappropriately treated pain

- Inappropriately treated pain includes:
  - Non-treatment
  - Under-treatment
  - Overtreatment
  - Continued use of ineffective treatments

Physician shall prescribe, order, administer, or dispense controlled substances for the treatment of pain only for a legitimate medical purpose or based on sound clinical grounds

- Shall be based on clear documentation of unrelieved pain and in compliance with law

Physician shall perform an evaluation of the patient by taking a medical history and performing a physical examination

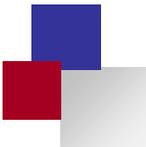
- Medical record shall contain the following:
  - Nature and intensity of patient's pain
  - Patient's current and past treatments for pain
  - Patient's underlying or coexisting diseases or conditions
  - The effect of the pain on the patient's physical and psychological function
  - History of substance abuse
  - Presence of one or more recognized medical indications in the patient for the use of a controlled substance

Physician shall maintain a written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function

- Treatment plan shall indicate if further diagnostic evaluations or other treatments are planned
- Physician shall adjust drug therapy to meet the individual needs of the patient after treatment starts
- Physician shall consider other treatment modalities or a rehabilitation program if necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment

If the patient is at high risk for medication abuse or has a history of substance abuse, the physician shall employ the use of a written agreement outlining the patient's responsibilities, including, but not limited to:

- Drug screen when requested
- Number and frequency of all prescription refills
- Reasons why drug therapy might be discontinued



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

Physicians shall do all of the following:

- Review the course of treatment and any new information about the etiology of the pain at reasonable intervals based on the individual circumstances of the patient
- Continue or modify drug therapy based on the physician's evaluation of the patient's progress
- Reevaluate the appropriateness of continued treatment if treatment goals aren't being met despite medication adjustments
- Monitor the patient's compliance with medication usage and the treatment plan
- Refer the patient to another physician for additional evaluation and treatment as necessary to reach treatment objectives
- Consult with or refer to an expert for management the following types of patients:
  - Patients with a history of substance abuse
  - Patients with comorbid psychiatric disorders that require extra care, monitoring, and documentation

Physician shall recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction

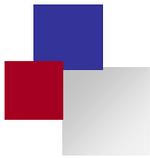
Physician shall keep accurate and complete records that include:

- The medical history and physical examination, including history of drug abuse or dependence, as appropriate
- Diagnostic, therapeutic, and laboratory results
- Evaluations and consultations
- Treatment objectives
- Discussion of risks and benefits
- Treatments
- Medications, including date, type, dosage, and quantity prescribed
- Instructions and agreements
- Periodic reviews

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

Mayor may establish by rule continuing education requirements, provided that the Mayor shall:

- Require that any continuing education requirements for the practice of medicine include instruction on pharmacology which shall:
  - Be evidence-based
  - Provide physicians with information regarding the cost-effectiveness of pharmacological treatments
  - Not be financially supported by any pharmaceutical company or manufacturer



## 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 NAMSDDL website at [www.namsddl.org](http://www.namsddl.org).

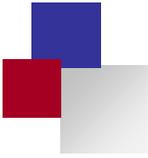
Qualifying medical conditions are those conditions for which treatment with medical marijuana would be beneficial, as determined by the patient's physician

Physician may recommend the use of medical marijuana to a qualifying patient if:

- The physician is in a bona fide physician-patient relationship with the patient
- Makes the recommendation based upon the physician's assessment of the qualifying patient's medical history, current medical condition, and a review of other approved medications and treatments that might provide the patient with relief completed within 90 days prior to making the recommendation
- Has responsibility for ongoing care of the patient, provided that such ongoing treatment shall not be limited to or for the primary purpose of the provision of medical marijuana or consultation solely for that purpose
- The recommendation is signed by the physician and includes:
  - The physician's license number
  - A statement that the use of medical marijuana is necessary for the treatment of the qualifying medical condition or the side effects of a qualifying medical treatment
- Recommendation is only valid if it is written on a form prescribed by the Mayor which shall include:
  - The name, address, telephone number, and specialty or primary area of practice of the physician
  - The physician's D.C. medical license number
  - The qualifying patient's name, date of birth, and home address
  - The patient's qualifying medical condition or qualifying medical treatment or suffers from the side effects of a qualifying medical treatment and that, in the physician's professional opinion, the benefits outweigh the risks
  - The length of time the patient has been in the care of the physician
  - A statement that the physician has explained the risks and benefits
  - Physician's signature and date
  - Patient's signed consent for the release of medical information related to the patient's qualifying medical condition or treatment

Physician shall maintain a record for each patient for whom s/he makes a recommendation for the use of medical marijuana that shall:

- Accurately reflect the evaluation and treatment of the patient and include the following, if applicable:
  - Patient's name, date(s) of treatment, and financial/billing records
  - Patient's medical history and updated health history
  - Documented results of full assessment of the patient's medical history and current medical condition
  - Documented results of the physician's physical exam of the patient
  - Treatment plan and informed consent document(s)
  - Diagnosis and treatment rendered, including a list of drugs prescribed, administered, or dispensed, and the quantity
  - Radiographs, laboratory work orders
  - Name of the physician or assistive personnel providing services



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

- Records shall be kept for three years after last seeing the patient or three years after a minor patient reaches the age of 18

Physician shall notify the department in writing within 14 days after advising a qualifying patient that s/he no longer suffers from a qualifying medical condition or treatment

Physician shall not be subject to any penalty, including arrest, prosecution, or disciplinary proceeding, or denial of any right or privilege, for advising a qualifying patient about the use of medical marijuana or recommending the use of medical marijuana for a patient

Physician making medical marijuana recommendation shall not have his/her office located at or adjacent to a dispensary or cultivation center or receive financial compensation from a dispensary or cultivation center, or a director, officer, member, incorporator, agent, or employee of a dispensary or cultivation center and shall not be the owner, director, officer, member, incorporator, agent, or employee of a dispensary or cultivation center

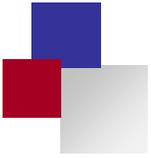
The Board of Medicine shall have the authority to review and audit the written physician recommendations submitted to the Department as part of the registration process and shall have the authority to discipline physicians who act outside the scope of this Act

- Board shall audit the recommendations submitted by a physician who provides more than 250 recommendations in any 12-month period
- Submitting a false statement regarding a patient's eligibility to participate in the medical marijuana program shall be grounds for revocation, suspension, or denial of a license to practice, or the imposition of a fine, or both

Department shall make available a training program for physicians on the medical indications, uses, and side effects of medical marijuana and the District's medical marijuana program which may be used to satisfy continuing medical education credits

It is a violation of this Act for a cultivation center or dispensary, or director, officer, member, incorporator, agent, or employee of a cultivation center or dispensary to provide financial compensation, an office, or anything of value to a physician who recommends the use of medical marijuana

Cultivation center is not allowed to hold educational seminars, classes, or discussions regarding medical marijuana for physicians



## PMP Requirements for Mandatory Registration and Access

No specific statutes or regulations identified.

### Patient Referral to Treatment

No specific statutes or regulations identified.

### Board Guidelines

The DC Medical Board has adopted the Federation of State Medical Boards' "Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain."

