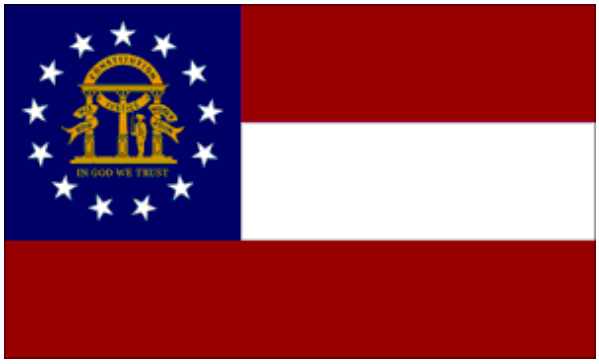
Prescribing and Dispensing Profile

Georgia



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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

- May be dispensed on the oral prescription of a practitioner in an emergency
  - Emergency means that the prescribing practitioner determines that immediate administration of a Schedule II controlled drug is necessary, there is no appropriate alternative treatment or drug in another schedule, and it is not reasonably possible for the practitioner to provide a written prescription prior to dispensing
  - Quantity must be limited to an amount adequate to treat the patient during the emergency period
    - Dispensing beyond the emergency period must be pursuant to an additional written prescription signed by the prescriber
  - Must be promptly reduced to writing by the pharmacy
  - If the prescribing practitioner isn't known to the pharmacist, the pharmacist must make a reasonable effort to determine that the oral authorization came from a licensed practitioner, such effort may include a callback to the prescribing individual using his or her telephone number and/or other good faith efforts to insure the practitioner's identity
  - Within 7 days a written prescription must be delivered to the pharmacist
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
  - Schedule II narcotics to be compounded for direct administration to a patient by certain methods
  - Prescriptions for terminally ill patients, patients residing in a long term care facility, hospice patients

Schedule II prescriptions must contain the following:

- Name and address of patient
- Kind and quantity of Schedule II substance
- Directions for use
- Signature, name, address, telephone number, and DEA number of prescriber
- Must be signed and dated by prescriber

All Schedule II prescriptions shall be maintained in a separate file from all other prescription drug orders

Schedule II prescriptions may not be refilled

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

Schedule III—V substances may only be dispensed on the written, faxed, electronic, or oral prescription of a practitioner

Schedule III—V prescriptions must contain the following:

- Name and address of patient
- Kind and quantity of the controlled substance
- Directions for use
- Signature, name, address, telephone number, and DEA number of prescriber
- Must be signed and dated by prescriber

Schedule III, IV and V Prescribing Limitations (not related to pain clinics), cont'd.

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

Schedule III—V prescriptions shall be maintained in a separate file or in such form that they are readily retrievable from other prescriptions

Prescriptions shall not be filled or refilled more than six months after originally written or refilled more than five times

- Authorization for any refill in excess of five refills or after six months from the date of issuance shall be treated as a new prescription

Miscellaneous Prescribing/Dispensing Requirements

Any practitioner who desires to dispense drugs shall notify, at the time of renewal of that practitioner's license to practice, that practitioner's respective licensing board

- Practitioner's licensing board must notify the board of pharmacy of the practitioner's intent as well as the following:
  - Name and address of the practitioner
  - State professional license number of the practitioner
  - Practitioner's DEA registration number
  - Name and address of the facility from which such drugs shall be dispensed and the address where all records pertaining to such drugs shall be maintained

A pharmacist may dispense up to a 72 hour supply of a prescribed medication in the event the pharmacist is unable to contact the practitioner to obtain refill authorization, provided that:

- The prescription is not for a controlled substance
- In the pharmacist's professional judgment, the interruption of therapy might reasonably produce undesirable health consequences or may cause physical or mental discomfort
- The dispensing pharmacist notifies the practitioner or his/her agent of the dispensing within seven days after the prescription is refilled
- The pharmacist properly records the dispensing as a non-refillable prescription
- The pharmacist shall record on the patient's record and on the new document the circumstances warranting such dispensing
- The pharmacist does not regularly employ this provision for the same patient on the same medication

It is unprofessional conduct for a physician to prescribe controlled substances and/or dangerous drugs for a patient based solely on a consultation via electronic means

- Does not prohibit a licensee from prescribing up to a 72-hour supply of medication for a patient when the licensee is on-call or covering for another licensee
- Does not prohibit a licensee from prescribing medications when a documented emergency exists

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 orally administer:

- Nonnarcotic oral analgesics and hydrocodone and Schedule III or IV controlled substances which are oral analgesics that are used for ocular pain and used for no more than 72 hours without consultation with the patient's physician; however, with respect to hydrocodone, used for no more than 48 hours without consultation with the patient's physician
- Or antibiotics, antivirals, corticosteroids, antifungals, antihistamines, or antiglaucoma agents related to the diagnosis or treatment of diseases and conditions of the eye and adnexa oculi except Schedule I or Schedule II controlled substances

Pain Clinic/Pain Management Regulations

Pain management clinic means a medical practice advertising "treatment of pain" or using "pain" in the name of the clinic or medical practice or clinic with greater than 50 percent of its annual patient population being treated for chronic pain for nonterminal conditions by the use of Schedule II or III controlled substances

- Does not include clinic or practice owned, in whole or in part, or operated by a hospital, health system, ambulatory surgical center, skilled nursing facility, hospice, or home health agency

All pain management clinics shall be owned by physicians licensed in Georgia

- Does not apply to clinics in existence prior to June 30, 2013 that are jointly owned by one or more physician assistants or advance practice nurses and one or more physicians
  - Any physician assistants or advance practice nurses having such ownership interest shall be subject to all of the requirements of this article
- Does not apply to clinics in existence prior to June 30, 2013 not majority owned by physicians licensed in Georgia
  - Such person may not own more than one clinic in Georgia
  - Such person is subject to all of the requirements of this article
- No person who has been convicted of a felony shall own or have ownership interest in a pain management clinic

Board will deny a license to a pain management clinic if a physician practicing at the clinic has been convicted of a felony unless the Board finds through satisfactory evidence that the felony is no longer relevant to the physician's ability to safely practice in a pain management clinic

Board can establish minimum standards of continuing medical education for all physicians owning a pain management clinic

- Physicians owning and/or practicing in a pain management clinic must biennially document competence to the Board for purposes of renewal by providing one of the following:
  - Evidence of having obtained 20 hours of continuing medical education pertaining to pain management or palliative medicine
  - Evidence of current certification or eligibility for certification in pain management

Pain Clinic/Pain Management Regulations, cont'd.

No pain management clinic shall provide medical treatment or services unless a physician, physician assistant authorized to prescribe controlled substances, or an advanced practice registered nurse authorized to prescribe controlled substances is on-site

All pain management clinics that dispense controlled substances or dangerous drugs must be registered with the Board of Pharmacy

When prescribing controlled substances for the treatment of pain, the minimum standards of practice include, but are not limited to:

- Physicians cannot delegate the dispensing of controlled substances to an unlicensed person
- Must use prescription pad that conforms to state law
- When initially prescribing a controlled substance for the treatment of pain or chronic pain, the physician shall have a medical history of the patient, conduct a physical examination of the patient, and obtain informed consent
  - In a documented emergency, the physician may prescribe an amount of medication to cover a period of not more than 72 hours without a physical examination
- Physician should obtain, or make every effort to obtain, any prior diagnostic records relative to the condition for which the controlled substances are being prescribed and any prior pain treatment records
  - If the physician cannot acquire the prior diagnostic records after diligent effort, s/he must order appropriate tests to document the condition requiring treatment for pain or chronic pain
  - If the physician cannot acquire the prior treatment records, s/he must document the efforts made to obtain the records and shall maintain the documentation in his/her records
- If the physician determines that the patient is abusing the medication, s/he shall make an appropriate referral for treatment of substance abuse
- When prescribing Schedule II or III controlled substances for 90 consecutive days or greater for non-terminal patients or patients that are not in a nursing home or hospice, the physician must have a written treatment agreement and shall require the patient to have a clinical visit every three months, while treating for pain, to evaluate the patient's response to treatment, compliance with the therapeutic regimen, and any new condition that might have developed and be masked by the use of controlled substances
  - Requirement of clinical visit every three months can be waived and visit can be once per year if the physician determines that there is substantial hardship to the patient and documents such hardship in the record, or if the morphine equivalent daily dose is 30mg or less
- When prescribing Schedule II or III controlled substances for 90 consecutive days or greater for non-terminal patients or patients that are not in a nursing home or hospice, the physician must monitor compliance with the therapeutic regimen
  - Drug screens must be performed at least four times per year on a random basis or done at the same frequency proportionate to the period of treatment
  - Exception to the clinical visit every three months requirement may be made for substantial hardship and such hardship must be well documented in the patient record
  - Exception to drug testing if the morphine equivalent daily dose is 30mg or less in which case drug testing shall be once per year
  - Physician shall respond to any abnormal result of such monitoring and record the response in the patient's record

Pain Clinic/Pain Management Regulations, cont'd.

- If a new medical condition is found to exist that is outside the scope of the physician's training, s/he shall make a referral to the appropriate specialist
- Any physician who prescribes Schedule II or III substances for chronic pain for greater than 50% of that physician's annual patient population must document competence to the Board through certification or eligibility for certification in pain management or palliative medicine
  - If the physician does not hold this certification or eligibility, s/he must demonstrate competence by biennially obtaining 20 hours of continuing medical education pertaining to pain management or palliative medicine

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

Physicians who do not hold a certification in pain management or palliative medicine, and whose opioid pain management patients comprise 50% or more of the patient population must demonstrate competence by biennially obtaining 20 hours of continuing medical education pertaining to pain management or palliative medicine

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.

Intent of the General Assembly to permit research into the therapeutic applications of marijuana and its derivatives in cancer and glaucoma patients to allow qualified physicians to provide the drug on a compassionate basis to seriously ill patients suffering from the severe side effects of chemotherapy or radiation treatment and to persons suffering from glaucoma who are not responding to conventional treatment

- Article is limited to clinical trials and research into the therapeutic applications of marijuana only for the use in treating glaucoma and for cancer patients receiving chemotherapy and/or radiation and should not be construed as either encouraging or sanctioning the social use of marijuana

Program limited to patients who are certified by a physician as being:

- Cancer patients involved in a life-threatening situation in which treatment by chemotherapy or radiology has produced severe side effects
- Glaucoma patients who are not responding to conventional controlled substances

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

Patients eligible to participate:

- Males and non-pregnant females, willing to sign informed consent, who reside in Georgia and who are patients of a duly licensed Georgia physician
- Must have histologically documented evidence of malignancy and must be under treatment with chemotherapeutic agents and/or radiotherapy known to cause nausea and/or vomiting
  - Must have evidence that conventional anti-emetic therapy has been tried and failed
- Patient must live with or have available another person over the age of 18 to monitor side effects and provide transportation
  - Patient must agree not to operate dangerous machinery, such as an automobile, within 24 hours after the last dose of THC/marijuana
- Patient must not be under treatment for any significant mental disorder known to contraindicate the use of THC/marijuana
  - Exceptions may be made with the recommendation of a psychiatrist
- Patients with a history of allergies to ragweed and other plant antigens may be at a greater than average risk of allergic reaction
  - These patients will be required to be in an inpatient facility during the first five doses (24 hours) of THC or marijuana and then have available an emergency epinephrine injection kit for self-administration if needed
- Patients with a history of angina and/or other cardiovascular problems known to contraindicate the use of THC/marijuana will be ineligible
- Patients with symptoms of uncontrolled nausea and/or vomiting due to organic disease such as brain metastases or intestinal obstruction

No patient may be added to the program without full disclosure by the physician of the experimental nature of the program and the possible risks and side effects of the proposed treatment

There is a Patient Qualification Review Board made up of board certified physicians in ophthalmology, surgery, internal medicine and medical oncology, psychiatry, radiology, and a pharmacist

- Board is responsible for reviewing all patient applications and their physicians and shall certify those qualified for the program
- Board shall certify pharmacies licensed by the state and otherwise qualified and certify physicians regarding the distribution of marijuana

Physician requesting that his/her patient be added to the study must submit an application and notify the Patient Qualification Review Board that there is in the medical record a copy of the biopsy report and a consultation request for evaluation of THC/marijuana antiemetic protocol and send a copy of the biopsy report to the board

Board shall apply to contract with NIDA for receipt of marijuana and shall cause marijuana approved for use in the program to be transferred to a certified pharmacy, licensed by the state, for distribution to the certified patient by a licensed pharmacist upon a written order for research medication of the certified physician

PMP Requirements for Mandatory Registration and Access

Each physician owning or practicing in a pain management clinic must register with the PMP

Each physician practicing at a pain management clinic must regularly check the PMP on all new and existing patients

Patient Referral to Treatment

No specific statutes or regulations identified.

Board Guidelines

None.