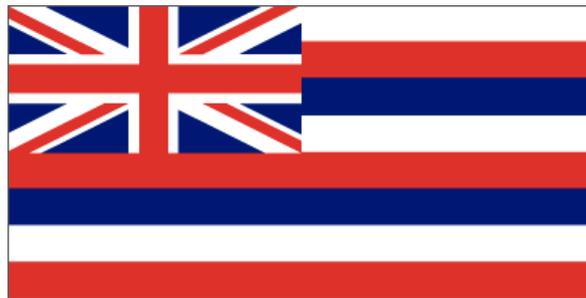




# *Prescribing and Dispensing Profile*

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## Hawaii

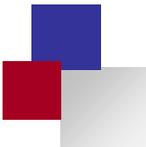


### **Research current through November 2015.**

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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 prescriber

- May be dispensed on the oral prescription of a practitioner in an emergency
  - The quantity prescribed and dispensed must be limited to an amount adequate to treat the patient during the emergency period
    - Dispensing beyond that period must be pursuant to a written prescription
  - If the prescriber is not known to the pharmacist, the pharmacist shall make reasonable effort to determine the oral authorization came from a registered practitioner, which may include a callback to the prescriber using the phone number in the telephone directory or other good faith efforts to identify the prescriber
  - Within 7 days, a written prescription shall be delivered to the pharmacist (regulation requires that the written prescription be delivered to pharmacist within 72 hours)
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
  - For a narcotic substance to be compounded for direct administration to a patient by certain methods
  - Prescriptions for patients in a hospice program, patients in a long term care facility

Schedule II prescriptions must be filled within 7 days following the date the prescription was issued

- By regulation – no prescription for a controlled substance shall be filled later than the third day following issuance

Prescriptions for Schedule II substances shall be maintained separately from other prescriptions

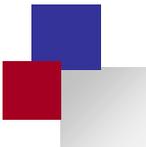
Schedule II prescriptions may not be refilled

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

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

Prescriptions for Schedule III – V substances shall be maintained in a separate file or in such form that they are readily retrievable from other prescription records of the pharmacy

Prescriptions for Schedule III – V substances may not be filled or refilled more than three months after the date originally written or refilled more than two times after the date of the prescription unless renewed by the practitioner



## Miscellaneous Prescribing/Dispensing Requirements

Unlawful for any person except a pharmacist to prescribe, administer, or dispense a controlled substance without a bona fide physician-patient relationship

- Physician-patient relationship means that the treating physician or physician's designated member of the health care team, at a minimum, shall:
  - Personally perform a face-to-face history and physical exam of the patient, make a diagnosis, formulate a therapeutic plan, or personally treat a specific injury or condition
  - Discuss with the patient the diagnosis or treatment, including the benefits of other treatment options
  - Ensure the availability of follow up care

All prescriptions for controlled substances shall originate from within the State and shall contain the following:

- The name and address of the patient
- The drug name, strength, dosage form, quantity prescribed, and directions for use
  - Where the prescription is for gamma hydroxybutyric acid, methadone, or buprenorphine, the practitioner shall record as part of the directions for use the medical need of the patient for the prescription
- The signature of the prescriber and the date

### 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 dentists.

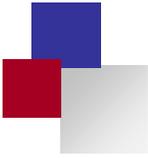
### Pain Clinic/Pain Management Regulations

The Board may establish guidelines for physicians with respect to patients' pain management and shall apply to all patients with severe acute or chronic pain, regardless of the patient's prior or current history of chemical dependency or addiction, and may include standards and procedures for chemically dependent persons

Legislature finds that:

- Inadequate treatment of severe acute and severe chronic pain is a significant health problem
- For some patients, pain management is the single most important treatment a physician can provide
- Patient who suffers from severe acute or severe chronic pain should have access to proper treatment of pain
- Patients may require referral to physicians with expertise in the treatment of pain and may require treatment by a team of professionals to address the associated physical, psychological, social, and vocational issues
- In the hands of experienced practitioners, opiates administered for the treatment of pain can be safe
- Opiates may be part of an overall treatment plan for a patient who has not obtained relief by other means

Physical tolerance and dependence are normal consequences of sustained use of opiate medication, distinguishable from psychological dependency or addiction that bears no relationship to the pain experienced by the patient



## 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

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](http://www.namsdl.org).

Debilitating medical condition means:

- Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, 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 pain; severe nausea; seizures, including those characteristic of epilepsy; severe and persistent muscle spasms, including those characteristic of multiple sclerosis or Crohn's disease, or post-traumatic stress disorder

Patient must have been diagnosed with a debilitating medical condition and the patient's treating physician has certified in writing that, in the physician's professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks

Physicians who issue written certifications shall provide, in each certification, the name, address, patient identification number, and other identifying information of the patient

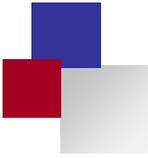
- Must have bona fide physician-patient relationship with the patient

No physician shall be subject to arrest or prosecution, penalized in any manner, or denied any right or privilege for providing written certification for the medical use of marijuana for a patient, providing that:

- The physician has diagnosed the patient as having a debilitating medical condition
- The physician has explained the potential risks and benefits
- The certification is based upon the physician's professional opinion after having completed a full assessment of the patient's medical history and current medical condition in the course of a bona fide physician-patient relationship

### PMP Requirements for Mandatory Registration and Access

None.



## Patient Referral to Treatment

No specific statutes or regulations identified.

### Board Guidelines

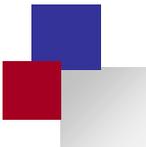
#### Board of Medical Examiners Pain Management Guidelines

Diagnosis and treatment of pain is integral to the practice of medicine

- Physicians are encouraged to view pain management as a part of quality medical practice for all patients with pain, acute and chronic, and is especially urgent for those patients with terminal illness
- Board recognizes that the use of opioid analgesics for other than legitimate medical purposes poses a threat to the individual and society and that the inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse
- Physician-patient relationship must exist and prescribing of opioid analgesics should be based on a diagnosis and documentation of unrelieved pain

#### Practice guidelines for chronic pain management

- Medical history and physical examination should be performed and documented in the medical record
  - Medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse or other compulsive behaviors
- Should have a written treatment plan that includes:
  - Objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function
  - Indications of whether further diagnostic evaluations or treatments are planned
  - Treatment plan should be adjusted and documented according to the individual needs of the patient
- Physician should discuss the risks and benefits of the use of controlled substances with the patient
  - Pain medications should be managed by one physician and one pharmacy when possible
  - If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should have written treatment agreements outlining the patient's responsibilities during treatment and should obtain informed consent before prescriptions are provided
    - Treatment agreements may specify many of the following:
      - Drug tests upon request
      - Number and frequency of refills limited at physician's discretion or be provided under specified rules
      - Therapy with controlled substances may be discontinued under certain situations
      - All therapies may be provided on a time-limited basis to determine effectiveness and may be discontinued if judged ineffective or unacceptably toxic
      - Referral of patients to substance abuse treatment programs will occur when use of controlled substances is determined to be due to underlying addiction and not pain



## Board Guidelines, cont'd.

- Physician should periodically review the course of treatment and any new information about the etiology of the pain or patient's state of health
  - Continuation or modification of drug therapy depends on the physician's evaluation of the patient's progress toward the treatment objectives
- Physicians should be willing to refer their patients as necessary for additional evaluations and therapies to achieve treatment objectives
- Physicians should keep accurate, current, and complete medical records that include:
  - An initial medical history and physical examination
  - Diagnostic imaging, therapeutic, and laboratory results
  - Ongoing evaluations and consultations
  - Establishment of treatment objectives
  - Discussion and documentation of risks, benefits, and alternatives
  - Results of treatment provided and management of side effects
  - Intended use of medications
  - Treatment instructions and agreements provided
  - Evidence of ongoing periodic reviews with treatment modification if necessary

