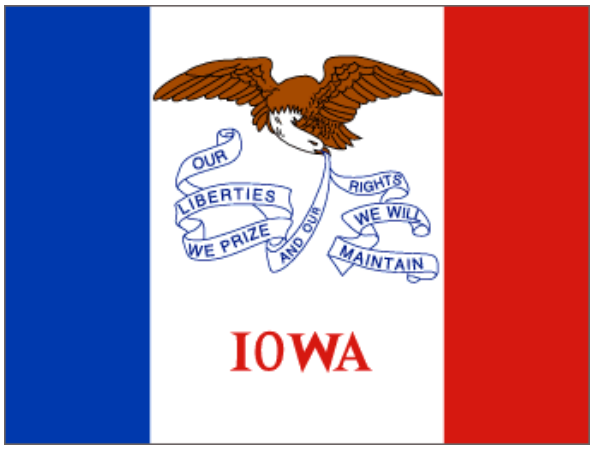
Prescribing and Dispensing Profile

Iowa



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.

NAMSDL
National Alliance for Model State Drug Laws

Schedule II Prescribing Limitations (not related to pain clinics)

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

- May be dispensed on the faxed or oral prescription of a practitioner in emergency situations
  - Emergency situation means those situations in which the prescribing practitioner determines that all of the following apply:
    - Immediate administration of the controlled substance is necessary for proper treatment of the patient
    - No appropriate alternative treatment is available, including administration of a non-Schedule II substance
    - That it is not reasonably possible to provide a written prescription prior to dispensing
  - Must be promptly reduced to writing
  - May dispense on a faxed prescription for Schedule II narcotic prescriptions that are to be compounded for direct administration to a patient by certain methods
  - May dispense on a faxed prescription for patients in a long term care facility or hospice program
  - Quantity prescribed and dispensed must be limited to the smallest available quantity to meet the needs of the patient during the emergency period
  - If the prescriber is unknown to the pharmacist, s/he shall make a reasonable effort to determine that the authorization came from an authorized prescriber
  - A written prescription must be delivered to the pharmacy within seven days

Physician may write multiple prescriptions for a Schedule II substance for up to a 90 day supply

- Shall contain written instructions indicating the earliest date on which the prescriptions can be filled

Schedule II prescriptions shall be maintained separately from other prescriptions

Schedule II prescriptions shall 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, oral, electronic, or faxed prescription of a practitioner

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

Schedule III—V prescriptions shall be maintained in a separate file from all other records or in such form that the information is readily retrievable from the ordinary business records of the registrant

Schedule III and IV prescriptions may 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

Physicians shall keep a record of all prescription drugs dispensed by the physician to a patient

- Record shall include all of the following information:
  - Name and address of physician
  - Name of patient
  - Date dispensed
  - Directions for use and any cautionary statements
  - Name and strength of drug
- Noting such information in the patient's chart is sufficient

All prescriptions must contain the following information:

- Name and address of patient
- Drug name, strength, dosage form, quantity prescribed, and directions for use
- Name, address, and DEA number of prescriber
- Date and signature of prescriber

Prescribing/Dispensing Limitations for Dentists

Dentists shall have the right to prescribe and administer drugs and medicine as may be necessary to the proper practice of dentistry

- Dental examination and medical history must be taken before a dentist initially prescribes, administers, or dispenses medication to a patient

An emergency prescription for a Schedule II substance may be telephone into the pharmacy but must be covered by a written prescription within 72 hours

- Dentist may not order a renewal or refill of an emergency prescription unless the order is in writing and the dentist has given the patient a dental examination and taken a medical history
- Emergency situation means a situation in which the dentist determines:
  - That immediate administration of the controlled substance is necessary for proper treatment of the intended patient
  - That no appropriate alternative treatment is available, including administration of a non-Schedule II substance
  - That it is not reasonably possible to provide a written prescription prior to dispensing

Prescribing/Dispensing Limitations for Optometrists

No specific statutes or regulations identified.

Pain Clinic/Pain Management Regulations

Goal of pain management is to treat the patient's pain in relation to the patient's overall health, including physical function and psychological, social, and work-related factors

Board recognizes that pain management, including the use of controlled substances, is an important part of general medical practice

- Unmanaged or inappropriately treated pain impacts patients' quality of life, reduces patients' ability to be productive members of society, and increases patients' use of health care services

Physicians should not fear board action for treating pain with controlled substances as long as the physician's prescribing is consistent with appropriate pain management practices

- Dosage alone is not the sole measure of determining whether a physician has complied with appropriate pain management practices
- Board is concerned about patterns of improper pain management or a single occurrence of willful or gross overtreatment or undertreatment of pain

Board recognizes that undertreatment of pain is a serious health problem that results in decreases in patient function and quality of life

- Undertreatment of pain is a departure from the acceptable standard of practice and may include:
  - Failure to recognize symptoms and signs of pain
  - Failure to treat pain within a reasonable amount of time
  - Failure to allow interventions, e.g., analgesia, to become effective before invasive steps are taken
  - Failure to address pain needs in patients with reduced cognitive status
  - Failure to use controlled substances for terminal pain due to physician's concern with addicting the patient
  - Failure to use an adequate level of pain management

Inappropriate pain management includes:

- Non-treatment, undertreatment, overtreatment
- Continued use of ineffective treatments

Appropriate assessment of the etiology of pain is essential to the appropriate treatment of pain

- Acute pain is not a diagnosis, it's a symptom so prescribing controlled substances for the treatment of pain should be based on clearly diagnosed and documented pain
- Should include an assessment of the mechanism, type, and intensity of pain
- Patient's medical record should clearly document medical history, pain history, clinical examination, medical diagnosis, treatment plan

Pain Clinic/Pain Management Regulations, cont'd.

To ensure chronic pain is properly assessed and treated, a physician who prescribes or administers controlled substances to a patient for the treatment of chronic pain shall exercise sound judgment and establish an effective pain management plan in accordance with the following:

- A patient evaluation that includes a physical examination and comprehensive medical history shall be conducted prior to the initiation of treatment
  - Evaluation shall include an assessment of the pain, physical and psychological function, diagnostic studies, previous interventions, including medication history, substance abuse history, any underlying or coexisting conditions
  - Consultation with or referral to a physician with expertise in pain medicine, addiction medicine, or substance abuse counseling or a physician who specializes in the treatment of the area, system or organ perceived to be the source of the pain may be warranted depending on the expertise of the physician and the complexity of the presenting patient
  - Interdisciplinary evaluation is strongly encouraged
- Establishment of a comprehensive treatment plan that tailors drug therapy to the individual needs of the patient
  - Plan shall clearly state the objectives of the treatment, including pain relief or improved physical or psychosocial functioning
  - Shall indicate if any further diagnostic evaluations or treatments are planned and their purposes
  - Shall identify any other treatment modalities and rehabilitation programs utilized
  - Patient should receive controlled substance prescriptions from a single physician and single pharmacy whenever possible
- Physician shall discuss the risks and benefits of using controlled substances with the patient and document such discussion
- Physician shall periodically review the course of drug treatment of the patient and etiology of the pain and adjust the drug therapy to the individual needs of the patient
  - Modification or continuation of drug therapy shall be dependent on the evaluation of the patient's progress toward the objectives established in the treatment plan
  - Physician shall consider the appropriateness of continuing drug therapy and the use of other treatment modalities if periodic reviews indicate that the objectives of the treatment plan aren't being met or if there's evidence of diversion or a pattern of substance abuse
  - Long-term opioid use is associated with the development of tolerance to its analgesic effects
  - Evidence that opioid treatment may paradoxically induce abnormal pain sensitivity, including hyperalgesia and allodynia; thus, increasing opioid doses may not improve pain control and function
- A specialty consultation may be considered at any time if there is evidence of significant adverse effects or lack of response to the medication
  - Physician should also consider consultation with or referral to a physician with expertise in addiction medicine or substance abuse counseling if there is evidence of diversion or a pattern of substance abuse
  - Board encourages a multidisciplinary approach to chronic pain management, including the use of adjunct therapies such as acupuncture, physical therapy, and massage
- Physician shall keep accurate, timely, and complete records that detail compliance with this rule including patient evaluation, diagnostic studies, treatment modalities, treatment plan, informed consent, periodic review, consultation, and any other relevant information about the patient's condition and treatment

Pain Clinic/Pain Management Regulations, cont'd.

- Physicians who treat patients for chronic pain with controlled substances shall consider using a pain management agreement with each patient being treated that specifies the rules for medication use and the consequences of misuse
  - In determining whether to use a pain management agreement, the physician shall evaluate each patient, taking into account the risks to the patient, and the potential benefits of long term treatment with controlled substances
  - Physician who prescribes controlled substances for a patient for more than 90 days shall use a pain management agreement if the physician has reason to believe a patient is at risk of abuse or diversion
    - If the physician chooses not to use a pain management agreement, s/he shall document in the medical record why an agreement was not used
  - Use of pain management agreements is not necessary for hospice or nursing home patients
- Patient's prior history of substance abuse does not necessarily contraindicate appropriate pain management; however, treatment of patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care and communication with the patient, monitoring, documentation, and consultation with or referral to an expert in the management of such patients
  - Board strongly encourages a multidisciplinary approach for pain management of such patients that incorporates the expertise of other health care professionals
- Physician who prescribes controlled substances to a patient for more than 90 days shall consider utilizing drug testing to ensure that the patient is receiving appropriate therapeutic levels of prescribed medications or if the physician has reason to believe that the patient is at risk of drug abuse or diversion
- The physician shall consider termination of patient care if there is evidence of non-compliance with the rules for medication use, diversion, or a repeated pattern of substance abuse

When the goal of pain management shifts from treatment of an underlying condition to comfort care in the case of terminal patients, the board recognizes that the dosage level of opiates or controlled substances to control pain may exceed dosages recommended for chronic pain and may come at the expense of patient function

Board recommends that physicians use the PMP when prescribing controlled substances to patients if the physician has reason to believe that the patient is at risk of drug abuse or diversion

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

Applicants for reinstatement of a physician's license must provide documentation that they have completed training on chronic pain management within the previous five years

A licensee who regularly provides primary health care to patients in Iowa must complete at least two hours of category 1 credit for chronic pain management every five years

- This includes all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients

Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

No specific statutes or regulations identified.

PMP Requirements for Mandatory Registration and Access

Board recommends that physicians use the PMP when prescribing controlled substances to patients if the physician has reason to believe that the patient is at risk of drug abuse or diversion

Patient Referral to Treatment

No specific statutes or regulations identified.

Board Guidelines

None.