



Prescribing and Dispensing Profile

Kansas

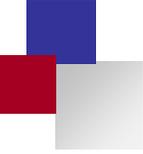


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Schedule II Prescribing Limitations (not related to pain clinics)

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

- May be dispensed on the oral prescription of a practitioner in an emergency
 - Emergency situation means those situations in which the prescriber determines the following:
 - 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 drug that is not a controlled substance in Schedule II
 - That it is not reasonably possible for the prescriber to provide a written prescription before dispensing
 - Must be promptly reduced to writing
 - Quantity prescribed and dispensed is limited to an amount adequate to treat the patient during the emergency period
 - If the prescriber isn't known to the pharmacist, the pharmacist shall make reasonable effort to verify that the authorization came from the prescriber, which may include a call back to the prescriber using the phone number as listed in the telephone directory or other good faith efforts to insure the prescriber's identity
 - Prescriber shall deliver a written prescription to the pharmacy within seven days

Prescriptions for Schedule II substances shall not be filled more than six months after originally written and shall not be refilled

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

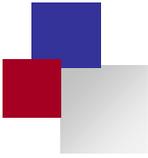
Schedule III—V substances may only be dispensed on the written, faxed, electronic, or oral prescription of a practitioner

Pharmacist may refill a prescription for any controlled substance, except a Schedule II drug or a narcotic drug listed in any schedule, without the prescriber's authorization when all reasonable efforts to contact said prescriber have failed and when, in the opinion of the pharmacist, continuation of the medication is necessary for the patient's health, safety, and welfare

- Shall only be in an amount judged sufficient to maintain the patient until the prescriber can be contacted but in no event shall such refill be for more than a seven day supply or one package of the drug
- If the prescriber states on the prescription that emergency refills are not allowed, the pharmacist shall not dispense any emergency medication pursuant to that prescription
- Pharmacist shall contact the prescriber no later than the next business day or as soon as possible after the emergency refill

Schedule III – V prescriptions shall not be filled or refilled more than six months after originally written or refilled more than five times

- If a prescription order contains a statement that during any particular time the prescription may be refilled at will, there shall be no limitation as to the number of times that such prescription may be refilled except that it may not be refilled after the expiration of the time specified or one year after the prescription was originally issued, whichever occurs first



Miscellaneous Prescribing/Dispensing Requirements

A prescription issued solely on the basis of an internet-based questionnaire or consultation without an appropriate prescriber-patient relationship is not a valid prescription order

Dispensing physicians shall maintain records of all Schedule II substances dispensed separately from all other records and prescriptions for such substances shall be maintained in a separate prescription file

Dispensing physicians shall maintain records of all Schedule III – V substances dispensed separately from all other records or in such form that the information is readily retrievable from ordinary business records and prescriptions for such substances shall be maintained in a separate file or in such form that they are readily retrievable from other prescription records

Prescriptions must contain the following:

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

Prescribing/Dispensing Limitations for Dentists

Dentists shall have the right to prescribe drugs or medicines necessary for the proper practice of dentistry

Prescribing/Dispensing Limitations for Optometrists

No specific statutes or regulations identified.

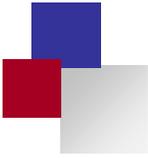
Pain Clinic/Pain Management Regulations

Legislative findings on pain treatment:

- Pain is a significant health problem
- The diagnosis and treatment of pain is complex and can involve several treatment modalities
- Treatment may require the use of controlled substances in appropriate circumstances
- State has duty to restrict the inappropriate use of controlled substances while supporting a physician's or other health care provider's ability to provide appropriate pain treatment consistent with patient needs and sound clinical judgment

Nothing in this act shall be construed to prevent, restrict, or limit a physician or other person authorized to prescribe drugs from prescribing, dispensing, administering, or distributing a controlled substance to a patient for the treatment of pain when it is for a valid medical purpose and based on appropriate clinical indications

Nothing in this act shall be construed to require a physician or other person authorized to prescribe drugs to prescribe, dispense, administer, or distribute a controlled substance for the treatment of pain if, in the judgment of the prescriber, the use of a controlled substance is not clinically indicated or the most appropriate therapeutic modality



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

No specific statutes or regulations identified.

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

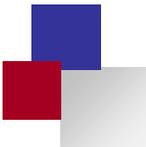
Joint Policy Statement of the Boards of Healing Arts, Nursing and Pharmacy on the Use of Controlled Substances for the Treatment of Pain, June 2002

Boards agree that the appropriate application of current knowledge and treatment modalities improves the quality of life for those patients who suffer from pain and reduces the morbidity and costs associated with pain that is inappropriately treated

- Inappropriate treatment of pain includes: non-treatment, undertreatment, overtreatment, and ineffective treatment
- Goal of pain management is to reduce the individual's pain to the lowest level possible while simultaneously increasing the individual's level of functioning to the greatest extent possible
- Health care providers should recognize that tolerance and physical dependence are normal consequences of sustained use of opioids and are not synonymous with addiction

The boards approve the following principles when evaluating the use of controlled substances for pain control:

- Pain should be assessed and reassessed as clinically indicated
 - Interdisciplinary communications regarding a patient's report of pain should include adoption of a standardized scale for assessing pain



Board Guidelines, cont'd.

- Written treatment plan that states the objectives that will be used to determine treatment success, such as pain relief and improved function, and should indicate if further diagnostic evaluations or other treatments are planned
 - Drug therapy should be adjusted after treatment begins to meet the needs of the patient
 - Other treatment modalities or physical therapy may be necessary depending on the etiology of the pain
 - If, in the opinion of the physician, pain should not be treated as requested by the patient, the physician shall inform the patient of the basis for the treatment decisions and document the substance of this communication
- Physician retains ultimate responsibility for obtaining informed consent to treatment from the patient
- If the patient is determined to be at high risk for medication abuse or to have a history of substance abuse, the health care provider shall consider requiring a written agreement by the patient outlining patient responsibilities, including:
 - Submitting to drug screens
 - Limiting prescription refills to a specified number and frequency
 - Requesting or receiving prescription orders from only one health care provider
 - Using only one pharmacy for filling prescriptions
 - Acknowledging reasons why drug therapy may be discontinued
- At reasonable intervals based on the needs of the patient, the course of treatment and any new information about the etiology of the pain should be evaluated for progress toward treatment goals
- Provider should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives
 - The management of pain in patients with a history of substance abuse or with a co-morbid psychiatric disorder may require extra care, monitoring, documentation and consultation with or referral to an expert in the management of such patients
- The medical record should document the nature and intensity of the pain and contain pertinent information concerning the patient's health history, including treatment for pain or other underlying or coexisting condition
 - Should also document the presence of one or more recognized medical indications for the use of a controlled substance