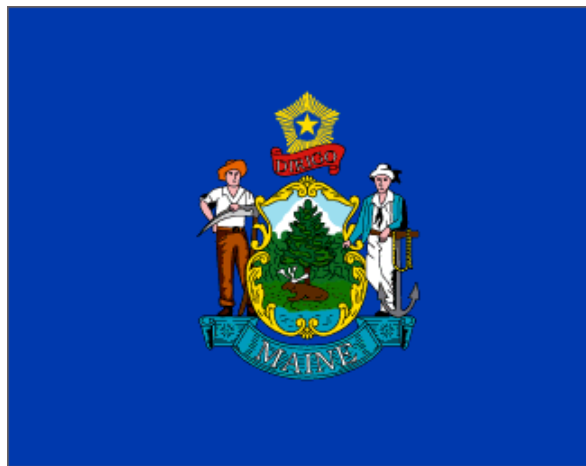




# *Prescribing and Dispensing Profile*

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## Maine



**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 or electronic prescription of a prescriber

- May be dispensed upon the oral prescription of a practitioner in an emergency
  - Must be promptly reduced to writing
  - Practitioner must deliver written prescription to pharmacy within seven days
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
  - In the case of certain compounded substances
  - Prescriptions written for the resident of a long term care facility or a patient enrolled in a hospice program

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

No specific statutes or regulations identified.

## Miscellaneous Prescribing/Dispensing Requirements

No pharmacist may fill a prescription drug order for a controlled substance that is presented to the pharmacist more than 90 days after the date of the prescription

Pharmacist or pharmacy intern may accept an original or renewal prescription drug order telephoned to a pharmacy

Pharmacist or pharmacy intern may accept a prescription drug order transmitted by fax

Prescription drug orders shall become invalid six months after the date the prescriber becomes unavailable due to death, disability, retirement, cessation of practice, or long-distance relocation

Prescription drug orders shall contain the following information:

- Name and address of patient
- Name and address of practitioner
- DEA number of practitioner
- Name, strength, dosage form, and quantity
- Refills authorized
- Directions for use

## Prescribing/Dispensing Limitations for Dentists

Dentist may prescribe drugs or medicines as may be necessary for proper dental treatment



## Prescribing/Dispensing Limitations for Optometrists

Optometrists may not use pharmaceutical agents that are:

- Controlled substances in Schedule I or II
- Any pharmaceutical agent administered exclusively by subdermal injection, intramuscular injection, intravenous injection, subcutaneous injection, or retrobulbar injections, except injections for the emergency treatment of anaphylactic shock
- Any pharmaceutical agent for the specific treatment of a systemic disease, unless the agent is used specifically for an ocular disease

An optometrist who has received an advanced therapeutic license may use and prescribe any therapeutic pharmaceutical agent, except for the treatment of glaucoma unless certain requirements have been met, including any drug identified in Schedule III – V for any purpose associated with ocular conditions and diseases except for oral chemotherapeutic agents, oral immunosuppressive agents, and oral immunostimulant agents

- An optometrist who has received an advanced therapeutic license may prescribe one 5-day supply of an analgesic identified in Schedules III - V

## Pain Clinic/Pain Management Regulations

Joint statement by medical, dental, and advanced nursing practice boards on the treatment of pain

- The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as to reduce the morbidity and costs associated with untreated or inappropriately treated pain
  - Inappropriate treatment of pain includes non-treatment, undertreatment, overtreatment, and the continued use of ineffective treatments
  - Inappropriate treatment may result from clinicians' lack of knowledge of pain management
  - Inappropriate treatment of pain will be treated as a deviation from the standards of care and will investigate such allegations
- The boards recognize that controlled substances, including opioid analgesics, may be essential in the treatment of acute and chronic pain, whether due to cancer or non-cancer origin
- Pain should be assessed and treated promptly and the quantity and frequency of doses should be adjusted according to the intensity, duration of the pain, and treatment outcomes
- Clinicians should recognize that tolerance and physical dependence are normal consequences of sustained opioid use and is not the same as addiction
- The boards recognize 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 may lead to drug diversion and abuse by individuals



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

### Principles of proper pain management

- A medical history and appropriate physical examination must be obtained, evaluated, and documented in the medical record which 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
  - History of substance abuse
  - Recommended that the PMP be used
  - Document the presence of one or more recognized medical indications for the use of a controlled substance
- Written treatment plan which states the objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function
  - Should indicate whether any further diagnostic evaluations or other treatments are planned
  - Once treatment begins, the provider should adjust drug therapy based on the individual needs of the patient
  - Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment
- Clinicians should discuss the risks and benefits of the use of controlled substances with the patient
  - Patient should receive prescriptions from one clinician and one pharmacy whenever possible
  - If the patient is at high risk for medication abuse or has a history of substance abuse or substance dependence, the clinician should use a written agreement between clinician and patient outlining patient responsibilities, including:
    - Drug testing when requested
    - Pill count when requested
    - Number and frequency of all prescription refills
    - Reason for which drug therapy may be discontinued
- Clinicians should periodically review the course of treatment and any new information about the etiology of the pain and the patient's state of health
  - Continuation or modification of drug therapy depends on the clinician's evaluation of progress toward treatment objectives
    - Satisfactory progress may be indicated by patient's decreased pain, increased level of function, or improved quality of life
    - Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment
    - If patient's progress is unsatisfactory, the clinician should assess the appropriateness of continued use of controlled substances and shall consider the use of other therapeutic modalities
- Clinician should consult or refer as necessary for additional evaluation and treatment in order to achieve treatment objectives



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

- The clinician should maintain accurate and complete medical records that include:
  - Medical history and appropriate physical examination
  - Diagnostic, therapeutic, and laboratory results
  - Evaluations and consultations
  - Treatment objectives
  - Discussion of risks and benefits
  - Informed consent
  - Treatments
  - Medications
  - Instructions and agreements
  - Periodic reviews

Suggested elements of a controlled substances contract include:

- Specifies that the clinician is the only source for controlled substances
- May specify the pharmacy
- Provides written, informed consent to release contract to local emergency departments and pharmacies
  - If such consent is given, consent is also being given to the other clinicians and providers such as pharmacists to report violations of the contract back to the prescribing clinician
- If the clinician becomes concerned that there has been illegal activity, s/he may notify the proper authorities
- If the clinician has obtained a written release, ER personnel and other providers shall report violations of the contract back to the prescriber
- Specifies that violations of the contract will result in tapering and discontinuation of the narcotics prescription
- Specifies that a risk of chronic narcotics treatment is physical dependence
- Specifies that a risk of chronic narcotics treatment is addiction
- Specifies that it is the responsibility of the patient to be discreet about possessing narcotics and keeping medications in as inaccessible a place as possible to prevent theft
- Violations of the contract shall be documented, as well as the rationale of and changes to treatment plan
- Clinician may consider “fill only at \_\_\_\_\_ pharmacy” on the prescription form
- Specifies use of drug screening when appropriate
- Specifies use of pill counting when appropriate

## 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:

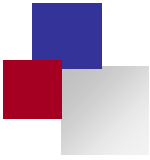
- Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail -patella syndrome or the treatment of these conditions
- A chronic or debilitating disease or medical condition or its treatment that produces intractable pain, which is pain that has not responded to ordinary medical or surgical measures for more than 6 months
- A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe nausea; or seizures, including but not limited to those characteristic of epilepsy
- Any other medical condition or its treatment subsequently added by the department by petition of the public
- Post-traumatic stress disorder, inflammatory bowel disease, dyskinetic and spastic movement disorders and other diseases causing severe and persistent muscle spasms, including those characteristic of multiple sclerosis

A medical provider may provide a written certification for the medical use of marijuana and, after having done so, may otherwise state that in the medical provider's professional opinion a qualifying patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's debilitating medical condition or symptoms associated with the debilitating medical condition

- May only be made in the course of a bona fide physician-patient relationship after the provider has completed a full assessment of the qualifying patient's medical history
  - Includes evaluation, treatment plan, periodic review and documentation, and other principles of treatment
- Must inform an adult patient of the risks and benefits of the medical use of marijuana and that the patient may benefit from the medical use of marijuana
- Certification expires after one year
- Written certification form may not require that the medical provider state the patient's specific medical condition
- Physician must agree to monitor the patient's ongoing need for the medical use of marijuana
- Physician must agree to maintain records that support the decision to recommend the medical use of marijuana, including records of the diagnosis of the debilitating medical condition for which the medical use of marijuana is recommended, including:
  - A description of the ordinary medical or surgical measures for intractable pain that the patient has not responded to for more than six months
  - A description of the symptoms resulting from chronic or debilitating disease or medical condition or its treatment
  - A nonbinding estimate of the length of time that the medical use of marijuana is needed for the treatment of the debilitating medical condition

Professional licensing board may sanction a medical provider for failing to properly evaluate or treat a patient's medical condition or otherwise violating the applicable standard of care

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## PMP Requirements for Mandatory Registration and Access

Maine has implemented a process whereby prescribers are automatically enrolled in the PMP when applying for or renewing a professional license

Use of the PMP by clinicians treating patients for pain is recommended

### Patient Referral to Treatment

No specific statutes or regulations identified.

### Board Guidelines

None.

