



Prescribing and Dispensing Profile

Michigan



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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 practitioner

- May be dispensed on the oral prescription of a practitioner in an emergency
 - Emergency means:
 - Immediate administration of the controlled substance is necessary for proper treatment of the intended patient
 - Appropriate alternative treatment isn't available, including administration of a drug that isn't a Schedule II
 - It is not reasonably possible for the prescriber to provide a written prescription prior to dispensing
 - The quantity prescribed must be limited to an amount adequate to treat the patient during the emergency period
 - Prescriber must deliver a written prescription to the pharmacy within seven days
 - If the prescriber isn't known to the pharmacist, s/he shall make a reasonable effort to determine that the oral authorization came from the prescriber by returning the prescriber's call, using the telephone number as listed in the telephone directory, or other good faith efforts to assure the prescriber's identity

Schedule II prescriptions for non-terminal patients shall not be filled more than 90 days after being written

- Prescriptions for terminally ill patients shall not be filled more than 60 days after issued

Schedule II prescriptions shall 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 or oral prescription of a practitioner

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

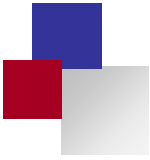
Schedule III – IV prescriptions shall not be filled or refilled more than six months after issued or refilled more than five times unless renewed by the prescriber

Miscellaneous Prescribing/Dispensing Requirements

Prescriber may, in the course of his/her professional practice, dispense a controlled substance listed in Schedules II—V

Prescriptions shall contain the following information:

- Date and signature of prescriber
- Name and address of patient
- Prescriber's DEA registration number, printed name, address, and professional designation
- Drug name, strength, and dosage form
- Quantity prescribed
- Directions for use



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 administer and prescribe therapeutic pharmaceutical agents in the course of his or her practice

- Does not include administration or prescription of Schedule II substances or oral cortical steroids

Optometrists may not administer or prescribe therapeutic pharmaceutical agents unless the optometrist has been certified by the board as being qualified to do so

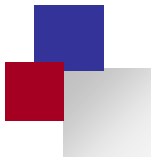
Pain Clinic/Pain Management Regulations

Advisory committee on pain and symptom management tasked with the following:

- Consult with certain professional boards to develop an integrated approach to understanding and applying pain and symptom management techniques
- Hold a hearing to gather information from the general public on issues pertaining to pain and symptom management
- Develop and encourage the implementation of core curricula on pain and symptom management
- Develop recommendations to the licensing and registration boards and the task force on integrating pain and symptom management into the customary practice of health professionals and identifying the role and responsibilities of the various health care professionals in pain and symptom management
- Advise the licensing and registration boards on the duration and content of continuing education requirements for pain and symptom management
- Annually report on the activities of the committee and make recommendations on the following issues:
 - Pain management educational curricula and continuing educational requirements of institutions providing health care education
 - Information about the impact and effectiveness of previous recommendations, if any, that have been implemented
 - Activities undertaken by the committee
- Annually review any changes occurring in pain and symptom management

Legislature finds that the use of controlled substances is appropriate medical treatment for certain forms of pain and that efforts to control diversion or improper administration of controlled substances shouldn't interfere with the legitimate, medically recognized use of those controlled substances to relieve pain and suffering

- Intent of the legislature to permit and facilitate the adequate treatment of pain by licensed health care professionals including, but not limited to, the prescription or dispensing of Schedule II substances when medically appropriate



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

Applicants for renewal of their professional medical license must complete an appropriate number of hours or courses in pain and symptom management

Applicants for license renewal as pharmacists must have at least one continuing education hour in pain management

Applicants for license renewal as dentists must have at least one continuing education hour in pain and symptom management which may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions

Applicants for license renewal as optometrists are required to have at least one continuing education hour in pain and symptom management, which courses may include, but are not limited to, courses in behavior management, psychology of pain, pharmacology, behavior modification, stress management, clinical applications, and drug interactions

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.

A physician who determines that his or her patient is likely to receive therapeutic or palliative benefit from the use of pharmaceutical-grade cannabis to treat or alleviate the patient's debilitating medical condition or symptoms of the patient's debilitating medical condition may recommend the issuance of an enhanced pharmaceutical-grade cannabis registration card to that patient as an eligible patient

Each prescription for pharmaceutical-grade cannabis shall contain all of the following information:

- The date the prescription is written
- The date the prescription is filled
- The dosage and instructions for use, which shall include the percentage of total THC and the percentage of total CBD
 - Prescription shall not allow patient to obtain more than 2.5 ounces of pharmaceutical-grade cannabis
 - Pharmaceutical-grade cannabis must be kept in the original packaging or container provided by the manufacturer or dispensing pharmacy
- The name, address, and federal drug enforcement administration number of the dispensing pharmacy and the initials of the pharmacist who fills the prescription
- The name, address, and date of birth of the eligible patient
- The product name, if a brand name is specified by the prescriber



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

Bona fide physician-patient relationship means a relationship between physician and patient in which all of the following are present:

- The physician has reviewed the patient's relevant medical records and completed a full assessment of the patient's medical history and current medical condition, including a relevant, in-person medical evaluation of the patient
- The physician has created and maintained records of the patient's condition in accordance with medically accepted standards
- The physician has a reasonable expectation that s/he will provide follow-up care to the patient and monitor the efficacy of the use of medical marijuana as a treatment of the patient's debilitating medical condition
- If the patient has given permission, the physician has notified the patient's primary care physician of the patient's debilitating medical condition and certification for the use of medical marijuana to treat that condition

Debilitating medical condition means one or more of the following:

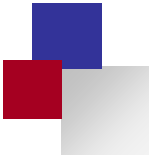
- Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn's disease, agitation of Alzheimer's disease, nail patella, or the treatment of these conditions
- A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following: cachexia or wasting syndrome; severe and chronic pain; severe nausea; seizures, including but not limited to those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis

Written certification means a document signed by a physician that includes all of the following:

- The patient's debilitating medical condition
- That the physician has completed a full assessment of the patient's medical history and current medical condition, including a relevant, in-person, medical evaluation
- That in the physician's opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate debilitating medical condition or symptoms associated with it

Physician shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by any professional licensing board for providing written certification, in the course of a bona fide physician-patient relationship and after the physician has completed a full assessment of the patient's medical history, or for otherwise stating that, in the physician's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana

- Nothing prevents the board from sanctioning the physician for failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions



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

Michigan Guidelines for the Use of Controlled Substances for the Treatment of Pain

The Boards of Medicine and Osteopathic Medicine recognize that principles of quality medical practice dictate that people have access to appropriate and effective pain relief

- 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 reduce the morbidity and costs associated with untreated or inappropriately treated pain
- Boards encourage physicians to view effective pain management as part of quality medical practice for all patients with pain, acute or chronic
- All physicians should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing controlled substances
- Inadequate pain control may result from physicians' lack of knowledge about pain management or an inadequate understanding of addiction
- Boards recognize that controlled substances, including opioid analgesics, may be essential in the treatment of pain
- Medical management of pain should be based on current knowledge and research and include the use of both pharmacologic and non-pharmacologic modalities
 - Pain should be assessed and treated promptly, and the quantity and frequency of doses should be adjusted according to the intensity and duration of the pain
- Physicians should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction

The Boards have adopted the following guidelines when evaluating the use of controlled substances for pain control:

- A complete medical history and physical exam of the patient must be conducted and documented in the medical record
 - The medical record should document:
 - The nature and intensity of the pain
 - Current and past treatments for pain
 - Underlying or coexisting conditions
 - The effect of the pain on physical and psychological function
 - History of substance abuse
 - The presence of one or more recognized medical indications for the use of a controlled substance



Board Guidelines, cont'd.

- A written treatment plan that states the objectives that will be used to determine success, such as pain relief and improved physical and psychosocial function
 - Should indicate if further diagnostic evaluations or other treatments are planned
 - Physician should adjust drug therapy to meet the individual needs of the patient once treatment begins
 - 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
- Physician should discuss the risks and benefits of the use of controlled substances with the patient
 - The patient should receive prescriptions from one physician and one pharmacy where possible
 - If the patient is determined to be high risk for medication abuse or has a history of substance abuse, the physician may employ the use of a written agreement between the patient and physician outlining the patient responsibilities, including:
 - Drug testing when requested
 - Number and frequency of refills
 - Reasons for which drug therapy may be discontinued
- At periodic intervals based on the individual circumstances of the patient, the physician should review the course of treatment and any new information about the etiology of the pain
 - Continuation or modification of treatment should depend upon the physician's evaluation of progress toward the treatment objectives, such as improvement in patient's pain intensity and improved physical/psychosocial function
 - If treatment goals are not being reached despite medication adjustments, the physician should reevaluate the appropriateness of continued treatment
 - Physician should monitor patient compliance in medication usage and related treatment plans
- Physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives
- Physician should keep accurate and complete records to include:
 - Medical history and physical examination
 - Diagnostic, therapeutic, and laboratory results
 - Evaluations and consultations
 - Treatment objectives
 - Discussion of risks and benefits
 - Treatments
 - Medications
 - Instructions and agreements
 - Periodic reviews