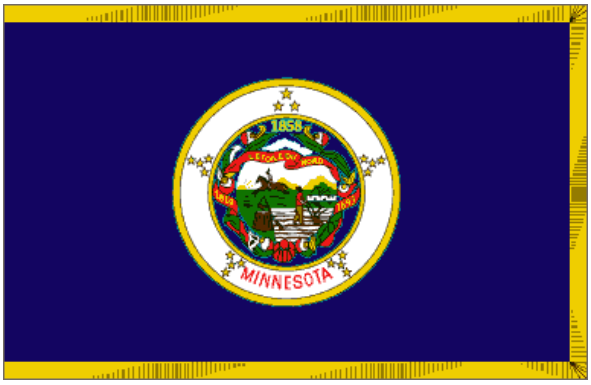
Prescribing and Dispensing Profile

Minnesota



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NAMSDL
National Alliance for Model State Drug Laws

Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II substances can only be dispensed on the written prescription of a practitioner

- May be dispensed on the oral prescription of a practitioner in an emergency as authorized by federal law
    - Must be promptly reduced to writing

Schedule II prescriptions for patients in a long term care facility and terminally ill patients shall be valid for a period not to exceed 60 days from the date of issue unless terminated sooner by discontinuation of the medication

Schedule II prescriptions cannot 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 or oral prescription of a practitioner

Schedule III and IV prescriptions may not be filled or refilled more than six months after issued or refilled more than five times

No prescription drug order may be filled or refilled more than twelve months after originally issued

Miscellaneous Prescribing/Dispensing Requirements

Dispensing practitioners shall reduce all drug orders to a written prescription that shall be numbered and filed in an organized manner when dispensed

- Patient medical records do not qualify as a prescription record

Dispensing practitioners shall keep a file at each location from which dispensing takes place of drugs received, administered, dispensed, sold, or distributed

- Record shall be maintained for at least two years
- Shall include:
    - A record or invoice of all drugs received for purposes of dispensing to patients
    - A prescription record of drugs dispensed, filed by prescription number or date, showing the patient's name and address, date of prescription, name of the drug, strength of the drug, quantity dispensed, directions for use, signature of practitioner, and, if it's a controlled substance, the DEA number
    - A record of refills showing date of refill, quantity dispensed, and initials of dispenser
    - Patient profile if all data is not already included in the patient's chart
        - Patient profile includes name, address, telephone number, date of birth, age, gender; individual history where significant, including disease state or states, known allergies and drug reactions, and a comprehensive list of medications and relevant devices being used showing the prescription number, the name and strength of the drug or device, the quantity and date received by the patient, and the name of the prescriber

Miscellaneous Prescribing/Dispensing Requirements, cont'd.

Prescriptions must contain the following information:

- Name and address of patient
- Amount of the substance to be compounded or dispensed with directions for use
- The signature, address, and federal registry number of the prescriber and a designation of the branch of the healing arts pursued by the prescriber
- The date when signed by the prescriber, or the date of acceptance by the pharmacy if an oral prescription

Prescribing/Dispensing Limitations for Dentists

Dentists may prescribe, administer, and dispense a controlled substance in Schedules II—V within the expressed legal scope of the person's practice

Prescribing/Dispensing Limitations for Optometrists

Optometrists may prescribe, administer, and dispense a controlled substance in Schedules IV and V in the course of professional practice

Pain Clinic/Pain Management Regulations

Intractable pain means a pain state in which the cause of the pain cannot be removed or otherwise treated with the consent of the patient and in which no relief or cure for the cause of the pain is possible, or none has been found after reasonable efforts

- Reasonable efforts include, but are not limited to, the following:
  - When treating a non-terminally ill patient for intractable pain, evaluation by the attending physician and one or more physicians specializing in pain medicine or the treatment of the area, system, or organ of the body perceived as the source of the pain
  - When treating a terminally ill patient, evaluation by the attending physician who does so in accordance with the level of skill, care, and treatment that would be recognized by a reasonably prudent physician under similar conditions and circumstances

A physician may prescribe or administer a controlled substance in Schedules II—V to an individual in the course of the physician's treatment of the individual for a diagnosed condition causing intractable pain

- Must keep records of the purpose, use, prescription, and disposal of controlled substances
- Must write accurate prescriptions

Physician shall discuss the risks and benefits of the use of controlled substances for the treatment of pain with the patient prior to prescribing or administering any controlled substance and document such discussion in the patient's record

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.

THC Therapeutic Research Act

Establishment of extensive research program to investigate and report on the therapeutic effects of THC under strictly controlled circumstances

- Not intended to condone or promote the illicit recreational use of marijuana

Commissioner shall grant funds to the principal investigator selected by the commissioner for the purpose of conducting a research program under a protocol approved by the FDA regarding the therapeutic use of oral THC and other dosage forms, if available

- The principal investigator shall:
  - Allow each oncologist who meets or agrees to meet the requirements for investigational new drug research and who so requests to be included in the research program as a clinical investigator to conduct clinical trials
  - Apply to contract with the National Institute on Drug Abuse for receipt of dosage forms of THC, fully characterized as to contents and delivery to the human system, pursuant to regulations
  - Submit periodic reports

Qualifying medical condition includes:

- Cancer, if the underlying condition or treatment produces one or more of the following:
  - Severe or chronic pain
- Glaucoma
- HIV/AIDS
- Tourette's syndrome
- Amyotrophic lateral sclerosis
- Seizures, including those characteristic of epilepsy
- Severe and persistent muscle spasms, including those characteristic of multiple sclerosis
- Crohn's disease
- Terminal illness, with a probable life expectancy of under one year, if the illness or the treatment produces one or more of the following:
  - Severe or chronic pain
  - Nausea or severe vomiting
  - Cachexia or severe wasting
- Any other medical condition or its treatment approved by the commissioner

Prior to a patient's enrollment in the registry program, a health care practitioner shall:

- Determine, in the practitioner's medical judgment, whether a patient suffers from a qualifying medical condition and, if so determined, provide the patient with a certification of that diagnosis
- Determine whether a patient is developmentally or physically disabled and, if so, whether that renders the patient incapable of self-administering the medication or acquiring medical cannabis from a distribution facility and, if so determined, include that determination on the patient's certification of diagnosis

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

- Advise patients, registered designated caregivers, and parents or legal guardians who are acting as caregivers of the existence of any nonprofit patient support groups or organizations
- Provide explanatory information from the commissioner to patients with qualifying medical conditions, including disclosure to patients of the experimental nature of the therapeutic use of cannabis; the possible risks, benefits, and side effects of the proposed treatment; the application and other materials from the commissioner; and provide patients with the Tennessan warning
- Agree to continue treatment of the patient's qualifying medical condition and report medical findings to the commissioner

Upon notification from the commissioner of a patient's enrollment in the registry program, the health care practitioner shall:

- Participate in the patient registry reporting system under the guidance and supervision of the commissioner
- Report health records of the patient throughout ongoing treatment of the patient to the commissioner in a manner determined by the commissioner and in accordance with law
- Determine, on an annual basis, if the patient continues to suffer from a qualifying medical condition and, if so, issue the patient a new certification of that diagnosis
- Otherwise comply with all requirements developed by the commissioner

Health care practitioners are not subject to any civil or disciplinary penalties by any professional licensing board solely for participation in the registry program

PMP Requirements for Mandatory Registration and Access

If a medication used for the treatment of opioid addiction is administered or dispensed to a client, the licensee shall be subject to the following requirements:

- Upon admission to a methadone clinic outpatient treatment program, clients must be notified in writing that the commissioner of human services and the medical director will monitor the PMP to review the prescribed controlled drugs the clients have received
- The medical director or director's delegate must review the data from the PMP prior to the client being ordered any controlled substance, including medications used for the treatment of opioid addiction, and subsequent reviews of the PMP must occur at least once every 90 days
- When the PMP data contains a recent history of multiple prescribers or multiple prescriptions for controlled substances, the physician's review of the data and subsequent actions must be documented in the client's individual file within 72 hours and must contain the medical director's determination of whether or not the prescriptions place the client at risk of harm and the actions to be taken in response to the PMP findings
    - Additionally, the provider must conduct subsequent reviews of the PMP on a monthly basis

Patient Referral to Treatment

No specific statutes or regulations identified.

Board Guidelines

None.