

# *Prescribing and Dispensing Profile*

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## Montana

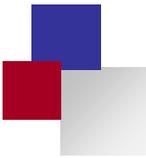


### **Research current through November 2015.**

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## **Schedule II Prescribing Limitations (not related to pain clinics)**

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

- May be dispensed on the oral prescription of a practitioner in an emergency situation
  - Must be reduced promptly to writing

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 or oral prescription of a practitioner

Schedule V substances may only be dispensed for a medical purpose

A pharmacist may refill a prescription without prescriber authorization when:

- The pharmacist is unable to contact the practitioner after reasonable effort
- In the professional judgment of the pharmacist, failure to refill the prescription may result in an interruption in therapeutic regimen or cause patient suffering
- If a prescription is not refillable, the pharmacist dispensing an emergency refill:
  - May exercise professional judgment to dispense a minimum sufficient quantity until authorization can be obtained from the prescriber
  - May not dispense a Schedule II substance
  - Must inform the patient that the refill is being provided without practitioner authorization and that authorization is required for any future refill
  - Must inform the practitioner of the refill at the earliest reasonable time

Schedule III and IV prescriptions may not be filled or refilled more than six months after originally issued or refilled more than five times unless renewed by the practitioner

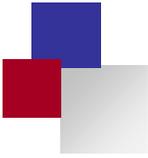
- Prescriptions may not be refilled more than one year after written

## **Miscellaneous Prescribing/Dispensing Requirements**

Practitioners shall be registered to dispense any dangerous drugs in Schedules II – V

Prescriptions shall contain the following information:

- Patient's name and address
- Name of drug, device, or biological
- Strength of drug
- Dosage form
- Quantity
- Directions for use
- Date of issuance
- Prescriber's name, address, DEA registration number, and signature



## 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, dispense, or prescribe the oral analgesics codeine, propoxyphene, hydrocodone, and dihydrocodone, alone or in combination with non-scheduled or non-regulated drugs

## Pain Clinic/Pain Management Regulations

No specific statutes or regulations identified.

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

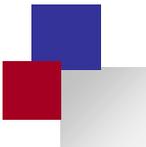
No specific statutes or regulations identified.

## 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, or acquired immune deficiency syndrome when the condition or disease results in symptoms that seriously and adversely affect the patient's health status
- Cachexia or wasting syndrome
- Severe chronic pain that is persistent pain of severe intensity that significantly interferes with daily activities as documented by the patient's treating physician and by:
  - Objective proof of the etiology of the pain, including relevant and necessary diagnostic tests that may include, but are not limited to, the results of an x-ray, computerized tomography scan, or MRI
  - Confirmation of that diagnosis from a second physician who is independent of the treating physician and who conducts a physical exam
- Intractable nausea or vomiting
- Multiple sclerosis, Crohn's disease, painful peripheral neuropathy
- Central nervous system disorder resulting on chronic, painful spasticity or muscle spasms
- Admittance into hospice care



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

Written certification provided by physician must be made on a form prescribed by the department and signed and dated by the physician and must:

- Include the physician's name, license number, and office address and telephone number on file with the board of medical examiners and the physician's business email address, if any
- The name, date of birth, and debilitating medical condition of the person for whom the physician is providing the written certification

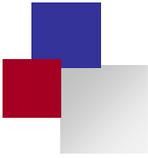
A treating or referral physician who is providing written certification for a patient shall provide a statement initialed by the physician that must:

- Confirm that the physician is:
  - The person's treating physician and that the person has been under the physician's care as part of a bona fide professional relationship with the person
  - The person's referral physician
- Confirm that the person suffers from a debilitating medical condition
- Describe the debilitating medical condition, why the condition is debilitating, and the extent to which it is debilitating
- Confirm that the physician has assumed primary responsibility for providing management and routine care of the person's debilitating medical condition after obtaining a comprehensive medical history and conducting a physical examination that included a personal review of any medical records maintained by other physicians and that may have included the person's reaction and response to conventional medical therapies
- Describe the medications, procedures, and other options used to treat the condition
- State that the medications, procedures, or other medical options have not been effective
- Confirm that the physician has reviewed all prescription and nonprescription medications and supplements used by the patient and has considered potential drug interactions with marijuana
- State that the physician has a reasonable degree of certainty that the person's debilitating medical condition would be alleviated by the use of marijuana and that, as a result, the patient would likely benefit from the use of marijuana
- Confirm that the physician has explained the risks and benefits of the use of medical marijuana
- List restrictions on the patient's activities due to the use of marijuana
- Specify the time period for which the use of marijuana would be appropriate, up to a maximum of one year
- State that the physician will:
  - Continue to serve as the person's treating physician or referral physician
  - Monitor the person's response to the use of marijuana and evaluate the efficacy of the treatment
- Contain an attestation that the information provided in the written certification and accompanying statements is true and correct

A physician who provides a written certification may not:

- Accept or solicit anything of value, including monetary remuneration, from a provider or marijuana-infused products provider
- Offer a discount or any other thing of value to a person who uses or agrees to use a particular provider or marijuana-infused products provider
- Examine a patient for the purposes of diagnosing a debilitating medical condition at a location where marijuana to be used for a debilitating medical condition is cultivated or manufacture or where marijuana-infused products are made

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## 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

None.

