



# *Prescribing and Dispensing Profile*

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## **New Hampshire**

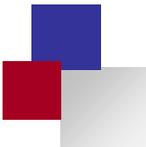


**Research current through November 2015.**

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

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

- May be dispensed on the faxed prescription of a provider in the following circumstances:
  - Schedule II substances to be compounded for direct administration to a patient via certain methods
  - For the resident of a long term care facility or patient enrolled in hospice program

No prescription for a Schedule II substance shall be filled for more than a 34 day supply upon any single filling

- Except that substances commercially packaged for dispensing directly to the patient may be filled for greater than a 34 day supply but not more than a 60 day supply, utilizing the smallest available product size
- Except that amphetamines and methylphenidate hydrochloride prescriptions may be filled for up to 60 days if either such prescription specifies it is being used for the treatment of ADD, ADHD, or narcolepsy

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

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

No prescription for a Schedule III substance shall be filled for more than a 34 day supply upon any single filling

- Except that substances commercially packaged for dispensing directly to the patient may be filled for greater than a 34 day supply but not more than a 60 day supply, utilizing the smallest available product size
- Except that amphetamines and methylphenidate hydrochloride prescriptions may be filled for up to 60 days if either such prescription specifies it is being used for the treatment of ADD, ADHD, or narcolepsy

## Miscellaneous Prescribing/Dispensing Requirements

Pharmacist may dispense prescriptions on the oral prescription of a provider as long as the prescription is immediately reduced to writing

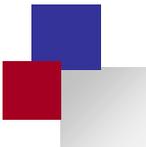
In a bona fide emergency situation, a practitioner may dispense a controlled drug to a patient under his care in a quantity not to exceed a 48 hour supply for all Schedule II substances or a 7 day supply for Schedule III – V substances

Prescriptions are invalid if not filled within six months of the date prescribed

Physician may only prescribe substances with whom the physician has a valid physician-patient relationship

- Physician-patient relationship means that the physician has conducted an in-person, face-to-face 2-way real-time interactive communication exam, a history, a diagnosis, a treatment plan appropriate for the licensee's medical specialty, and documentation of all prescription drugs, including name and dosage
- May prescribe for patients with whom there is no physician-patient relationship only in the following circumstances:
  - Writing admission orders for a newly hospitalized patient
  - For a patient of another licensee for whom the physician is taking call
  - For a patient examined by a physician assistant, nurse practitioner, or other licensed practitioner
  - For medication on a short-term basis for a new patient prior to the patient's first appointment

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## Miscellaneous Prescribing/Dispensing Requirements, cont'd.

Prescriptions shall contain the following information:

- Name and address of patient
- Day, month, and year prescription is issued
- Name of the substance prescribed
- Strength of drug prescribed
- Directions for use
- Name and DEA registration number of practitioner
- Practitioner's 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 who have successfully completed examinations on pharmacological substances and other treatments of diseases of the eye, adnexa, and eyelids, who have met acceptable standards of education and professional competence as determined by the board, and who hold a current certification in CPR shall be authorized to use pharmaceutical agents

- Cannot prescribe, administer, or dispense any pharmaceutical product in Schedule I or II
- Cannot prescribe, administer, or dispense any pharmaceutical product except for the diagnosis or treatment of disease or conditions of the human eye, adnexa, or eyelids

Pharmaceutical agents include the following:

- Orally administered analgesic agents used for the purpose of alleviating pain caused by disease or abnormal condition of the human eye or eyelid and may include Schedule III or IV controlled substances

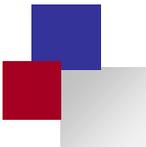
### Pain Clinic/Pain Management Regulations

If, in the judgment of a physician, appropriate pain management warrants a high dosage of controlled drugs and the benefit of the expected relief outweighs the risk of the high dosage, the licensed physician may administer or cause to be administered such a dosage, even if its use may increase the risk of death

- Must not be furnished for the purpose of causing or assisting in causing death for any reason

### 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 NAMSDDL website at [www.namsdl.org](http://www.namsdl.org).

Qualifying medical condition means:

- Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C currently receiving antiviral treatment, amyotrophic lateral sclerosis, muscular dystrophy, Crohn's disease, agitation of Alzheimer's disease, multiple sclerosis, chronic pancreatitis, spinal cord injury or disease, traumatic brain injury, or one or more injuries that significantly interferes with daily activities as documented by the patient's provider
- A severely debilitating or terminal medical condition or its treatment that has produced at least one of the following: elevated intraocular pressure, cachexia, chemotherapy-induced anorexia, wasting syndrome, severe pain that has not responded to previously prescribed medication or surgical measures or for which other treatment options produced serious side effects, constant or severe nausea, moderate to severe vomiting, seizures, or severe, persistent muscle spasms
- The department may include a medical condition that is not listed in subparagraph (a) that the department determines, on a case by case basis, is severely debilitating or terminal, based upon the written request of a provider who furnishes written certification to the department

Provider-patient relationship means at least a 3-month medical relationship between a licensed provider and a patient that includes an in-person exam, a history, a diagnosis, and a treatment plan appropriate for the licensee's medical specialty

Will only accept written certifications from providers who:

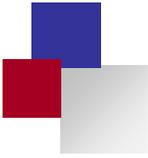
- Hold an active license, in good standing
- Hold an active federal DEA controlled substance registration, in good standing

Written certification means:

- Documentation of a qualifying medical condition by a provider for the purpose of issuing registry identification cards
  - Must have completed a full assessment of the patient's medical history and current medical condition made the course of a provider-patient relationship of a least 3 months in duration
    - The 3-month requirement shall not apply if the provider issuing the written certification certifies that the onset of the patient's qualifying medical condition occurred within the past 3 months and the certifying provider is primarily responsible for the patient's care related to the patient's qualifying medical condition
    - Assessment of medical condition and history must include:
      - An in-person physical exam of the patient, which shall not be via electronic means, such as over the phone or via internet
      - A medical history of the patient, including a prescription history
      - A review of laboratory testing, imaging, and other relevant tests
      - Appropriate consultations
      - Diagnosis of the patient's current medical condition
      - Development of a treatment plan for the patient appropriate for the provider's specialty

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

- Providers issuing a written certification shall
  - Have a provider-patient relationship
  - Conduct a full assessment of the patient
  - Diagnose the patient as having a qualifying medical condition
  - Explain the potential health effects of the therapeutic use of cannabis
  - Follow the patient clinically at appropriate intervals at the discretion of the provider to provide follow-up care and treatment to the patient for his or her qualifying medical condition including, but not limited to, physical examinations to determine the health effects of cannabis for treating the patient's qualifying medical condition or the symptom of the qualifying medical condition for which the written certification was issued
  - Maintain medical records for all patients for whom the provider has issued written certifications which support the certification of a qualifying medical condition
  - Make a copy of such records supporting the certification available to the department and otherwise provide information to the department upon request
  - If the provider has recommendations for the therapeutic use of cannabis for the patient, the provider may send such recommendations to the patient's designated alternative treatment center with the patient's approval
- Certification must include:
  - The full name, mailing address, telephone number, and date of birth of the patient
  - The full name, office mailing address, office telephone number, New Hampshire provider license number, indication that the provider is a physician, active DEA registration number, and medical specialty of the provider
  - Certification by the provider that the patient has a qualifying medical condition by:
    - Providing the patient's name
    - Indicating what condition the patient has
    - If the patient's condition is "one or more injuries that significantly interferes with daily activities," identifying the injury or injuries and describing in detail how significantly it interferes with the patient's daily activities
    - Indicating which symptoms or side effects the condition or its treatment has produced in the patient
    - Signing and dating the certification
  - Certification by the provider that s/he has a provider-patient relationship with the patient, as follows:
    - By stating that s/he has completed a full assessment of the patient's medical history and current medical condition and made in the course of a provider-patient relationship of at least three months' duration
    - By stating that s/he has completed a full assessment of the patient's medical history and current medical condition but does not have a provider-patient relationship of three months' duration as the patient's qualifying medical condition occurred within the past three months and the provider is primarily responsible for the patient's care related to his or her qualifying medical condition
    - Provide and certify the date of the provider-patient relationship
    - Certify that the provider has explained the potential health effects of the therapeutic use of cannabis
    - Certify that the provider holds a license in good standing in New Hampshire
    - Indicate the duration for which the registry identification card shall be valid, either for one year from the date of issuance or the number of months if less than one year from the date of issuance



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

Provider shall not consider a patient to have a qualifying medical condition if the patient who had a diagnosis of a qualifying medical condition in the past no longer actively has a qualifying medical condition, unless the symptoms related to the condition are mitigated by the therapeutic use of cannabis

If the patient's qualifying medical condition is severe pain, the provider shall:

- Document previously prescribed medication or surgical measures to which the severe pain has not responded or
- Document previously prescribed other treatment options which have produced serious side effects
- Maintain medical records of all previously prescribed medications, surgical measures, and other treatments

Provider shall not:

- Offer a discount or other thing of value to a patient who uses or agrees to use a particular alternative treatment center
- Examine a patient in relation to issuing a written certification at a location where cannabis is sold or distributed
- Hold any economic interest in the alternative treatment center, including but not limited to, employment at an alternative treatment center, if the provider issues written certifications to patients

Provider not subject to arrest, prosecution or penalty, or denied any right or privilege, including but not limited to, a civil penalty or disciplinary action by any occupational or licensing board solely for providing written certification, provided that nothing shall prevent a professional licensing entity from sanctioning a provider for failing to properly evaluate a patient's medical condition

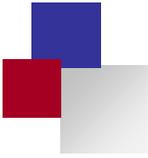
The department shall track the number of qualifying patients certified by each provider and registered with the department and any concerns regarding the provider shall be referred to the appropriate licensing board

### **PMP Requirements for Mandatory Registration and Access**

All prescribers and dispensers are required to register with the PMP as either a prescriber, dispenser, or both

### **Patient Referral to Treatment**

No specific statutes or regulations identified.



## Board Guidelines

### Therapeutic Use of Cannabis Policy—Board of Medicine

The board does not hold a position on the suitability of cannabis in the treatment of medical disorders, but states that physicians who certify patients for the therapeutic use of cannabis are held to the same generally accepted standards of care as apply to every other medical practice

The board will not discipline physicians solely for certifying patients for the use of therapeutic cannabis

- If an investigation reveals inappropriate practices or unprofessional conduct, the board may pursue disciplinary action

The board will not provide legal advice

The board neither promotes nor discourages the use of therapeutic cannabis

### Guidelines for Pain Management—Board of Medicine

Board has adopted guidelines for pain management in hopes of fostering the best pain treatment for the citizens of New Hampshire

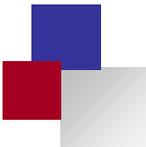
Board encourages physicians to view effective pain management as part of quality medical practice for all patients with pain, acute or chronic, and particularly when associated with terminal illness

Board has concern in those cases where inadequate pain control results from either lack of current knowledge of pain management or inappropriate fear of investigation for providing narcotics where indicated

- Board recognizes that the inappropriate prescribing of controlled substances including opioid analgesics may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use
- Improper prescribing or documentation will continue to be investigated

The board has adopted the following guidelines for the treatment of pain:

- An accurate and complete medical history and physical examination of the patient must be documented in the medical record
  - Medical record should document:
    - The nature and intensity of the pain
    - Any relevant co-existing conditions, including current or past substance abuse
    - The results of relevant diagnostic studies, other evaluations and consults should be part of the record
  - A treatment plan that states the objectives that will be used to determine success, such as pain relief and/or improved physical or psychosocial function
    - Should indicate if any further diagnostic evaluations or treatments are planned
      - Other treatment modalities might include rehabilitation program, physical therapy, or the like
    - Physician should adjust drug therapy after treatment begins to the individual needs of the patient



## Board Guidelines, cont'd.

- Physician should discuss the risks and benefits of the use of controlled substances with the patient
  - Patient should receive prescriptions from one physician and one pharmacy when chronic narcotic use is adopted and should authorize communication between the parties
  - Physician may elect to use a written treatment agreement which may:
    - Indicate a specific pharmacy and prescriber
    - Give permission for communication between care providers
    - Detail amount and frequency of medication and prescription refills
    - Define expected follow-up and participation in other pain treatment activities
    - Provide reasons for which opioid therapy may be discontinued
    - Include an agreement to have drug screening conducted
    - Document other inclusions appropriate for management of the individual patient
- At reasonable intervals, the physician should review the course of opioid treatment and any new information about the etiology and impact of the pain
  - Continuation or modification of opioid therapy should depend on the physician's evaluation of progress toward stated treatment objectives
    - If reasonable treatment goals aren't being achieved despite medication adjustments, the physician should re-evaluate the appropriateness of continued opioid treatment
  - Physician should monitor patient compliance in medication usage and related treatment plans
- Physician should refer the patient for additional evaluations and treatment as necessary
- Physician should keep accurate and complete records to include documentation of:
  - Medical history and physical exam
  - Relevant diagnostic, therapeutic, and laboratory results
  - Results of evaluation and consultation
  - Treatment objectives
  - Discussion of risks and benefits
  - Treatments and treatment responses
  - Medications
  - Instructions and agreements
  - Periodic reviews