



Prescribing and Dispensing Profile

North Dakota



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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 faxed prescription of a practitioner in the following circumstances:
 - When the patient is a resident of a hospice program or long term care facility
- May be dispensed on the oral prescription of a practitioner in an emergency situation
 - Must be promptly reduced to writing

Schedule II prescriptions may not be filled more than six months after originally issued

Schedule II prescriptions may not be refilled

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

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

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

Miscellaneous Prescribing/Dispensing Requirements

No specific statutes or regulations identified.

Prescribing/Dispensing Limitations for Dentists

No separate statutes or regulations related to prescribing and dispensing limitations for dentists.

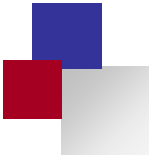
Prescribing/Dispensing Limitations for Optometrists

Optometrist may prescribe and administer pharmaceutical agents in the treatment and management of ocular diseases upon being certified or qualified for certification in the use of such agents

Pain Clinic/Pain Management Regulations

“Pain” means acute pain and chronic pain. Acute pain is the normal, predicted physiological response to a noxious chemical or thermal or mechanical stimulus and typically is associated with invasive procedures, trauma, or disease, and is generally time-limited. Chronic pain is a state that persists beyond the usual course of an acute disease or healing of an injury or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years

Physician may prescribe and administer controlled substances to a patient for the treatment of pain and the board may not discipline him or her for doing so



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

No specific statutes or regulations identified.

PMP Requirements for Mandatory Registration and Access

Each professional licensing board that is responsible for the licensing of individuals authorized to prescribe or dispense controlled substances for human consumption shall adopt rules to require licensed individuals under that board's jurisdiction who prescribe or dispense controlled substances to humans to utilize the PMP

Prior to dispensing a prescription, each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient for the treatment of pain or anxiety shall, at a minimum, request and review a PMP report covering at least a one year time period or another state's report, or both reports, when applicable and available, if the dispenser becomes aware of a person currently:

- Receiving reported drugs from multiple providers
- Receiving reported drugs for more than twelve consecutive weeks
- Abusing or misusing reported drugs
 - Over-utilization; early refills; appears overly sedated or intoxicated upon presenting a prescription for a reported drug; or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks
- Requesting the dispensing of a reported drug from a prescription issued by a prescriber with whom the dispenser is unfamiliar
- Presenting a prescription for reported drugs when the patient resides outside the usual pharmacy geographic patient population
- Report can be obtained through a PMP integration with software or also a board-approved aggregate tool, such as NARxCHECK

Opioid treatment programs shall use the PMP at least monthly for each patient

Patient Referral to Treatment

No specific statutes or regulations identified.

Board Guidelines

None.