



# *Prescribing and Dispensing Profile*

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## Oregon



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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 promptly reduced to writing

Schedule II prescriptions may not be refilled

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

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

Schedule III – V 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

- If the prescriber isn't available and, in the professional judgment of the pharmacist an emergency need for the refill of a prescription has been demonstrated, the pharmacist may dispense a sufficient quantity of the drug consistent with the dosage regimen, provided it is not a controlled substance, to last until a practitioner can be contacted for authorization, but not to exceed a 72 hour supply

## Miscellaneous Prescribing/Dispensing Requirements

It is unprofessional conduct for a physician to prescribe controlled substances without following accepted procedures for examination of patients

Any actively licensed physician who dispenses drugs must register with the board as a dispensing physician before beginning to dispense drugs

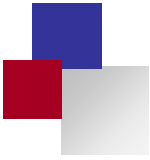
- Dispensing of drugs must be documented in the patient record
  - Documentation must include the name of the drug, the dose, the quantity dispensed, directions for use, and the name of the physician dispensing

Prescriptions must contain the following information:

- Name of patient
- Full name, address, and DEA number of prescriber
- Name, strength, dosage form, quantity prescribed
- Directions for use
- Date
- Number of refills

## Prescribing/Dispensing Limitations for Dentists

The practice of dentistry includes the prescribing, dispensing, and administering of prescription drugs



## Prescribing/Dispensing Limitations for Optometrists

The practice of optometry includes the use of non-Schedule I or II prescription drugs or pharmaceutical agents for diagnosis and treatment of the eye

- It does include the prescription of Schedule II hydrocodone-containing combination drugs
- Must have a bona fide physician-patient relationship to prescribe Schedule III – V drugs to a patient

### Pain Clinic/Pain Management Regulations

Intractable pain means a chronic pain state in which the cause of the pain cannot be removed or otherwise treated and for which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain has been found after reasonable efforts, including, but not limited to, evaluation by the attending physician

Controlled substances may be prescribed for long term treatment of intractable pain

- Records must contain the attending physician's examination, diagnosis, and any other supporting diagnostic evaluations and other therapeutic trials, including records from previous providers as well as the findings, diagnosis, and recommendations of any consulting physician
- Before initiating treatment or when it is apparent that pain already being treated with controlled substances has become intractable, the attending physician shall discuss with the patient the procedures, alternatives and risks associated with the prescribing or administering of controlled substances for long term management of pain
  - Physician shall provide to the patient, and the patient shall sign, a written document outlining the issues discussed

Material risk notice shall include, but not be limited to:

- The diagnosis
- The controlled substance and/or group of controlled substances to be used
- Anticipated therapeutic results
  - Pain relief
  - Functional goals
- Alternatives to controlled substance therapy
- Potential additional therapies
- Potential side effects
- Allergy potential
- Interaction/potential of other medications
- Potential for dose escalation/tolerance
- Withdrawal precautions
- Potential for dependence and addiction
- Potential for impairment of judgment and/or motor skills
- Satisfaction with or desire for more explanation
- Patient signature and date



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

All medical board licensees must complete seven hours of pain management courses, including:

- One hour pain management course specific to Oregon
- Minimum of six hours in the subjects of pain management and/or treatment of terminally ill and dying patients

Licensed health care professionals must complete a pain management education program in order to improve the care and treatment of individuals with painful conditions, which program includes:

- Six hours of continuing education in pain management, end of life care, or both
- The web-based training offered by the commission
- For out of state health care professionals obtaining Oregon licensure or newly licensed professionals, the program must be completed within 24 months of their first license renewal

Dentists shall complete one hour of continuing education in pain management within 24 months of the first renewal of the dentist's license

There is a one-time requirement for pharmacists to complete seven hours of continuing education in pain management, including:

- A one hour pain management course specific to Oregon
- A minimum of six hours in pain management

## 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.namsddl.org](http://www.namsddl.org).

Patients and doctors have found marijuana to be an effective treatment for suffering caused by debilitating medical conditions and, therefore, marijuana must be treated like other medicines

Debilitating medical condition means:

- Cancer, glaucoma, agitation incident to Alzheimer's disease, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, or a side effect related to the treatment of those medical conditions
- A medical condition or treatment for a medical condition that produces, for a specific patient, one or more of the following:
  - Cachexia; severe pain; severe nausea; seizures, including seizures caused by epilepsy; persistent muscle spasms, including spasms caused by multiple sclerosis
- PTSD



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

The Oregon Medical Board may not impose a civil penalty or take other disciplinary action against an attending physician for:

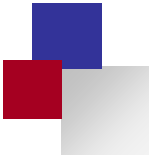
- Advising a person diagnosed as having a debilitating medical condition by the attending physician or another physician about the risks and benefits associated with using medical marijuana or that the use of medical marijuana may mitigate the symptoms or effects of the person's debilitating medical condition
- Providing the written documentation necessary for issuance or renewal of a registry card provided that the written documentation is based upon the attending physician's personal assessment of the person's medical history and current medical condition and the attending physician has discussed with the person the potential risks and benefits associated with the medical use of marijuana

Written documentation must be signed by the patient's physician within 90 days of the patient's application for a registry identification card

- May include relevant portions of the patient's medical records
- Must describe the patient's relevant debilitating medical condition and state that the use of marijuana may mitigate the symptoms or effects of the applicant's debilitating medical condition

If the authority finds that one physician is the attending physician of record for more than 450 patients at any point in time, the authority shall request, in writing, that the physician do one of the following:

- Provide information for each new patient over the 450 threshold, including:
  - Documentation that the patient's medical record has been reviewed
  - Patient chart notes documenting the patient was examined by the physician and the date of the examination
  - Documentation showing provided or planned follow-up care
- Provide a letter from the clinic at which the physician provides care requesting that the physician be exempted and provide documentation from the clinic that:
  - It has clear systems for ensuring medical records are reviewed and that each patient is examined by a physician
  - It provides follow-up care for patients
  - It maintains a record system documenting the review of medical records, physician examination, and follow-up care
  - It will allow on-site inspections by the authority to confirm compliance
- Provide a written statement explaining why the physician should be released from this requirement, for example, an explanation that the physician:
  - Has a practice that includes a disproportionately high percentage of patients with qualifying conditions
  - Serves as a consultant for other health care providers who refer patients requesting medical marijuana
  - Has multiple practice sites and at one of the practice sites, the physician clearly meets the attending physician definition



## 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.

