Pennsylvania

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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 emergency situations
  - Emergency situation means that the immediate administration of the controlled substance is necessary for proper treatment of the patient and no appropriate alternative treatment is available, including administration of a drug that is not a Schedule II substance
  - Practitioner must deliver a written prescription to the pharmacy within 72 hours
  - Quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period
  - Pharmacist must immediately reduce the oral prescription to writing
  - Pharmacist must make a reasonable effort to determine that the oral prescription came from a licensed practitioner, which may include a call back to the practitioner using the phone number listed in the telephone directory or other good faith efforts to ensure his identity if the practitioner is not known to the pharmacist
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
  - A Schedule II substance to be compounded for direct administration to a patient via certain methods
  - For the resident of a long term care facility or patient in a hospice program

Schedule II prescriptions shall be maintained in a separate file from other prescriptions

Schedule II prescriptions may not be refilled and may not be filled more than six months from the date originally issued

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

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

Schedule V substances may only be dispensed for a medicinal purpose

Schedule III – V prescriptions shall be maintained in a separate file or in a form that they are readily retrievable from other prescription records

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

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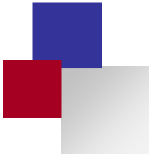

Miscellaneous Prescribing/Dispensing Requirements

Practitioner may prescribe, administer, or dispense a controlled substance only:
- In good faith in the course of professional practice
- Within the scope of the patient relationship
- In accordance with treatment principles accepted by a responsible section of the medical profession

When prescribing, administering, or dispensing drugs, a physician shall carry out, or cause to be carried out, the following minimum standards:
- Initial medical history and physical examination
- Reevaluation of the patient's condition and efficacy of the drug therapy
- Patient counseling
- Accurate and complete medical records shall be kept

In the case of an emergency contact from a known patient, a prudent, short-term prescription for a drug may be issued
- Neither a refill nor a consecutive issuance of this emergency prescription may be given unless a physical examination and evaluation of the patient is first conducted by a licensed health care provider
    - Results of examination and evaluation shall be recorded in the patient's medical record together with the diagnosis

Prescriptions must contain the following information:
- The printed or stamped name of the prescriber
- Signature of prescriber
- Name and address of patient
- Date issued
- Name and quantity of drug prescribed
- Directions for use and cautions

Prescribing/Dispensing Limitations for Dentists

Dentist may prescribe, administer, and dispense controlled substances in the course of his or her dental practice and within the scope of the dentist-patient relationship

Prescribing/Dispensing Limitations for Optometrists

Optometrists may be certified to prescribe and administer certain pharmaceutical agents for therapeutic purposes; specific list of substances can be found in 28 ADC 6.1

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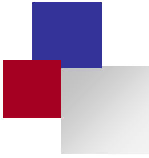

Pain Clinic/Pain Management Regulations

No specific statutes or regulations identified.

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

Optometrists who are certified to prescribe and administer pharmaceutical agents must complete a minimum of 6 hours of continuing education in the prescription and administration of pharmaceutical agents for therapeutic purposes

Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

No specific statutes or regulations identified.

PMP Requirements for Mandatory Registration and Access

A prescriber shall query the PMP:

- For each patient the first time the patient is prescribed a controlled substance by the provider for purposes of establishing a baseline and a thorough medical record
- If a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs

Patient Referral to Treatment

No specific statutes or regulations identified.

Board Guidelines

Pennsylvania Guidelines on the Use of Opioids to Treat Chronic Noncancer Pain, Pennsylvania Medical Society (July 2014)

Chronic pain is best treated using an interdisciplinary, multi-modal approach

- Treatment team often includes the patient, his or her family, primary care physician, physical therapist, behavioral health provider, and one or more specialists
- Patient outcomes are optimized when several treatments are used in a coordinated manner
  - Treatments may include activating physical therapy, cognitive-behavioral therapy, proper use of medications, and interventions when indicated
- Reliance on only one medication or treatment modality can lead to inadequate pain control and increased risk of harm

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Board Guidelines, cont'd.

Guidelines suggest that providers incorporate the following key practices into their care of the patient receiving opioids for the treatment of chronic, noncancer pain:

- Conduct and document a history prior to initiating chronic opioid therapy
    - Including documentation and verification of current medications and a physical examination
    - Appropriate testing should be completed
    - Initial evaluation should include documentation of the patient's psychiatric status and substance use history
    - Clinicians should consider using a valid screening tool to determine the patient's risk for aberrant drug-related behavior
- Opioids should be considered as a treatment option within the context of multi-modality therapy
- Discuss the risks and potential benefits associated with the treatment prior to initiating chronic opioid therapy
    - Reasonable goals and expectations for treatment should be agreed upon
    - Patient should understand the process for how the care will be provided, including proper storage and disposal of controlled substances
    - Providers should proactively review the necessity of periodic compliance checks that may include drug testing and pill counts
    - Providers may wish to document this discussion through the use of an opioid treatment agreement
- Initial treatment should be considered as a therapeutic trial to determine whether chronic opioid therapy is appropriate
- Patient's opioid selection, initial dosing, and dose adjustments should be individualized according to the patient's health status, previous exposure to opioids, response to treatment, and predicted or observed adverse events
    - Caution should be used in patients also taking benzodiazepines
    - Caution should be used with the administration of methadone
    - Caution should be used with the administration of chronic opioids in women of childbearing age
    - When chronic opioid therapy is used for an elderly patient, clinicians should consider starting at a lower dose, titrating slowly, using a longer dosing interval, and monitoring more frequently
    - Patients with a co-existing psychiatric disorder may be at increased risk of harm related to chronic opioid therapy
    - It is not appropriate to refer patients receiving chronic opioid therapy to the emergency department to obtain prescriptions for opioids
    - When a dose of chronic opioid therapy is increased, the clinician is advised to provide counseling to the patient on the risk of cognitive impairment that can adversely affect the patient's ability to drive or safely do other activities
- Total daily opioid doses above 100mg/day of oral morphine or its equivalent is not associated with improved pain control, but is associated with a significant increase in risk of harm
    - Clinicians should carefully consider if doses above 100mg/day are indicated
    - Consultation for specialty care may be appropriate for patients receiving high daily doses of opioids
- Clinicians should reassess patients on chronic opioid therapy periodically and as warranted by changing circumstances
    - Monitoring should include documentation of response to therapy, presence of adverse events, and adherence to prescribed therapies

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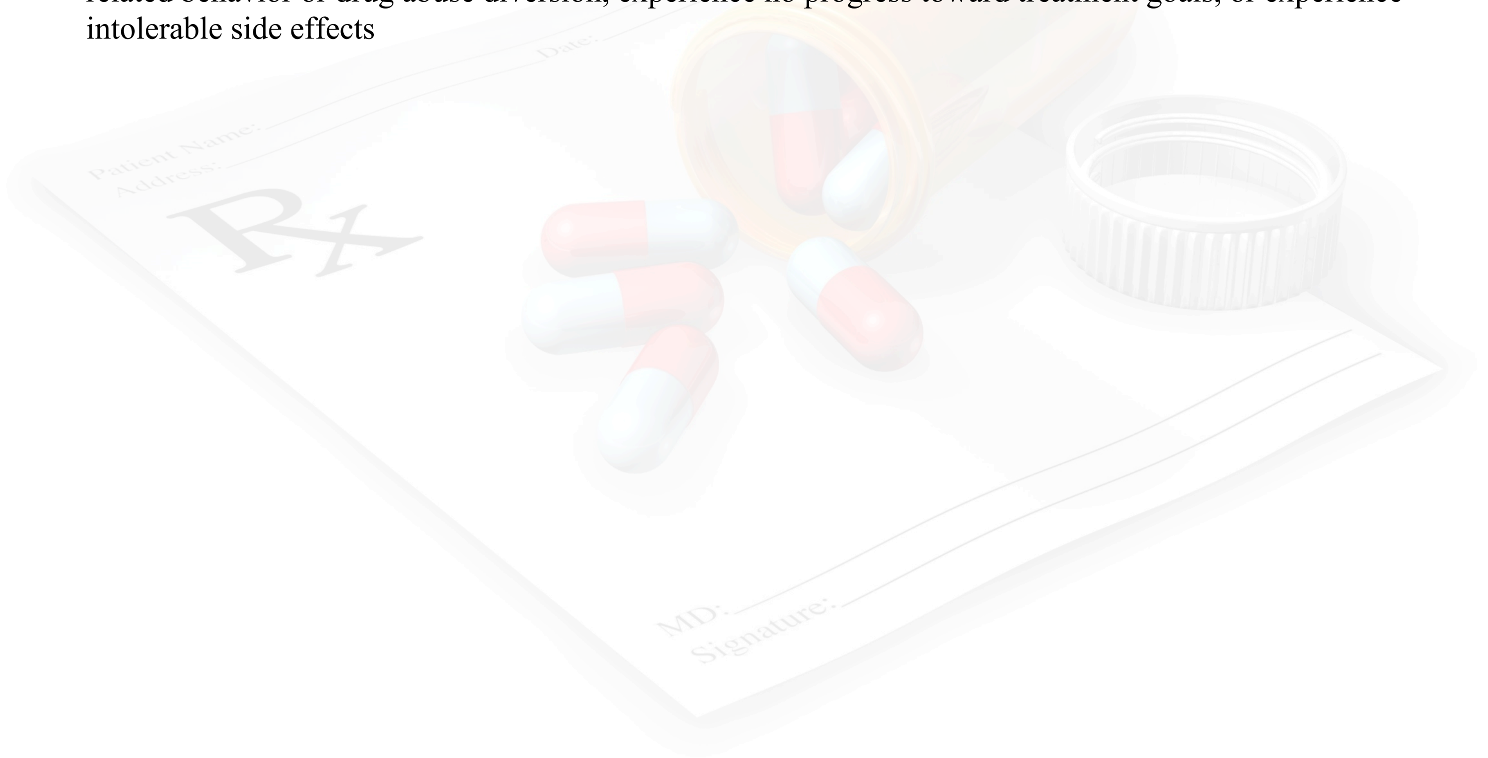
Board Guidelines, cont'd.

- Clinicians should carefully monitor patients for aberrant drug-related behaviors
  - Monitoring may include periodic review of available information regarding the prescribing of opioids and other controlled substances through available databases, drug screening, or pill counts
- Clinicians should consider increasing the frequency of ongoing monitoring, as well as referral for specialty care, including psychological, psychiatric, and addiction experts, for patients identified to be at high risk for aberrant drug-related behavior
- In patients who have engaged in aberrant drug-related behavior, clinicians should carefully determine if the risks associated with chronic opioid therapy outweigh documented benefit
  - Should consider restructuring therapy, including frequency or intensity of monitoring, referral for assistance in management, or discontinuation of chronic opioid therapy
  - Appropriate referral for addiction evaluation and treatment should be provided
- Clinicians should discontinue chronic opioid therapy in patients who engage in repeated aberrant drug-related behavior or drug abuse diversion, experience no progress toward treatment goals, or experience intolerable side effects



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