



Prescribing and Dispensing Profile

Rhode Island

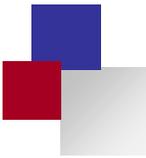


Research current through November 2015.

This project was supported by Grant No. G1599ONDCP03A, awarded by the Office of National Drug Control Policy. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the Office of National Drug Control Policy or the United States Government.



©2015 The National Alliance for Model State Drug Laws (NAMSDL). Headquarters Office: 420 Park Street, Charlottesville, VA 22902. This information was compiled using legal databases and state agency websites.



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:
 - A Schedule II narcotic substance to be compounded for direct administration to a patient via certain methods
 - For residents of a long-term care facility or a patient in a hospice program
- May be dispensed on the oral prescription of a practitioner in an emergency situation
 - The quantity must be limited to an amount to treat the patient during the emergency period
 - Must be immediately reduced to writing
 - Prescriber must deliver a written prescription to the pharmacy within seven days

Schedule II prescriptions become void if not dispensed within 90 days of being originally written

- No more than a 30-day supply shall be dispensed at any one time
- May write up to three separate prescriptions for a one-month supply each
 - Must be signed and dated on the date written
 - Must include the earliest date on which the prescription may be filled

Schedule II prescriptions must be maintained in a separate file

Schedule II prescriptions may not be refilled

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

Pharmacist may dispense a one-time prescription refill of a Schedule III—V substance without prescriber authorization in an emergency

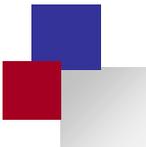
- Limited to a 72-hour supply
- The medication must be essential to the maintenance of life or to the continuation of therapy of a chronic condition
- In the pharmacist's professional judgment, the interruption of the therapy might reasonably produce undesirable health consequences or may cause physical or mental discomfort

Schedule III prescriptions may not be written for more than 100 dosage units and not more than 100 dosage units may be dispensed at one time

Schedule IV and V prescriptions may be written for up to a 90-day supply

- No more than 360 dosage units may be dispensed at one time

Schedule III—V prescriptions may not be filled or refilled more than six months after originally issued or refilled more than five times



Miscellaneous Prescribing/Dispensing Requirements

May not prescribe any controlled substance in Schedules II—IV without first conducting an original physical exam of the person for whom the controlled substance is intended

Prescriptions shall meet the following requirements:

- Full name and address of the patient
- Name, address, and, if required by law or rules of the board, DEA registration number of the prescriber
- Date of issuance
- Name, strength, dosage form, and quantity of drug prescribed
- Directions for use
- Refills authorized, if any
- Prescribing practitioner's signature

Prescribing/Dispensing Limitations for Dentists

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

Prescribing/Dispensing Limitations for Optometrists

Amplified optometrists may use and prescribe pharmaceutical agents in the treatment of conditions of the human eye and its appendages

- May not prescribe Schedule III or hydrocodone-containing medications for a period exceeding 72 hours

Pain Clinic/Pain Management Regulations

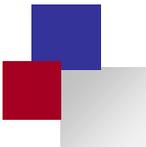
Intractable pain means a pain state that persists beyond the usual course of an acute disease or healing of an injury or results from a chronic disease or condition that causes continuous or intermittent pain over a period of months or years

Practitioner may prescribe, administer, or dispense controlled substances for the treatment of intractable pain, if the diagnosis and treatment has been documented in the patient's record

Drug dependency or the possibility of drug dependency in and of itself is not a reason to withhold or prohibit prescribing, administering, or dispensing controlled substances for a therapeutic purpose

The following requirements apply to pain management:

- The physician shall obtain, evaluate and document the patient's health history and physical examination in the health record prior to treating for chronic pain
- Documentation in the medical record shall state the objectives that will be used to determine treatment success, including, but not limited to:
 - Any change in pain relief
 - Any change in physical and psychological function
 - Additional diagnostic evaluations or other planned treatments

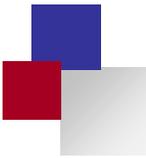


Pain Clinic/Pain Management Regulations, cont'd.

- Practitioner shall advise the patient of the following when prescribing opioids for the treatment of chronic pain:
 - Adverse risks
 - Tolerance and dependency
 - Addiction, overdose or death if acute or long term use
 - Acknowledgement that it is the patient's duty to safeguard all medications and keep them in a secure location and properly dispose of any unused medications
- A written treatment plan shall be used, beginning no later than 90 days after beginning treatment with an opioid medication or long-acting opioid medication, and shall be between the patient and physician, and may include the following:
 - Patient's agreement to take medication at the dose and frequency prescribed with a specific protocol for lost prescriptions and early refills
 - Reasons for which drug therapy may be discontinued
 - Prescriptions shall be provided by one prescriber or a limited agreed upon group of practitioners
 - Patient's agreement not to abuse alcohol or use other medically unauthorized substances
 - Acknowledgement that violation of the agreement may result in action as deemed appropriate
 - Request that drug screens be completed upon request
- Physician shall conduct periodic reviews at intervals not to exceed twelve months, wherein physician shall determine:
 - Patient's adherence to treatment plan
 - If pain, function, or quality of life have improved or diminished using objective evidence
 - If continuation or modification of treatment is necessary based on the practitioner's evaluation of the patient
 - Practitioner shall consider tapering, changing, or discontinuing treatment when:
 - Function or pain doesn't improve after a trial period
 - There is reason to believe there has been misuse, addiction, or diversion

To qualify as a pain medicine or addiction medicine specialist, a physician shall meet one or more of the following:

- Board certified or board eligible by an American Board of Medical Specialties approved board in physical medicine and rehabilitation, neurology, neurosurgery, addiction medicine, or anesthesiology, or by the American Board of Pain Medicine, or board certified or board eligible by an American Osteopathic Association approved board in physical medicine and rehabilitation, neurology and psychiatry, anesthesiology, or neuromusculoskeletal medicine
- Possess a subspecialty certificate in pain medicine
- Possess a certification of added qualification in pain management or pain medicine or a certification of special qualification in rheumatology
- Completion of a minimum of three years of clinical experience in a chronic pain management and:
 - Successful completion of at least 18 continuing education hours in pain management during the last two years
 - At least 30% of the physician's current practice is the direct provision of pain management care or is in a multi-disciplinary pain clinic



Pain Clinic/Pain Management Regulations, cont'd.

Multi-disciplinary approach to treating chronic pain

- Other professionals such as chiropractors, acupuncturists, behavioral health providers, and physical therapists are examples of providers who can use their skills to help alleviate patient's chronic pain
- Practitioners shall consider referral to other professionals as clinically indicated, including:
 - Patients self-escalating their doses, early refills, inadequate pain relief, co-existing morbidities, prior history of substance abuse or prior overdose
- The consideration and documentation of consideration for consultation threshold for adults is 120 mg morphine equivalent dose per day
 - If practitioner prescribes a dosage that meets or exceeds that amount, he or she shall consider consultation with a pain medicine physician
 - If no consultation is obtained, the reasons for not obtaining a consultation shall be noted in the patient's record

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

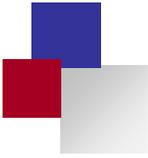
This section deals only with the conditions that qualify a patient for the use of medical marijuana or a therapeutic research program and the attendant physician responsibilities. For complete information on state medical marijuana and therapeutic research programs, please visit the NAMSDL website at www.namsdl.org.

Controlled Substances Therapeutic Research Act

Program is limited to patients who are certified by a practitioner as being involved in a life-threatening or sense-threatening situation and who are not responding to conventional drug therapies or where these conventional therapies have proven effective but expose the patient to undesirable side effects

Program is limited to patients who are certified by a practitioner as being involved in a life-threatening or sense-threatening situation and who are not responding to conventional drug therapies or where these conventional therapies have proven effective but expose the patient to undesirable side effects

A practitioner shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including, but not limited to, civil penalty or disciplinary action by a professional licensing board solely for providing written certifications or for otherwise stating that, in the practitioner's professional opinion, the potential benefits of the medical marijuana would likely outweigh the health risks for a patient



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

Debilitating medical condition means:

- Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, Hepatitis C, or the treatment of these conditions
- A chronic or debilitating disease or medical condition, or its treatment, that produces one or more of the following: cachexia or wasting syndrome; severe, debilitating, chronic pain; severe nausea; seizures, including but not limited to, those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to, those characteristic of multiple sclerosis or Crohn's disease; or agitation of Alzheimer's Disease
- Any other medical condition or its treatment approved by the department

Written certification means:

- Qualifying patient's medical records
- Statement signed by the practitioner stating that, in the practitioner's professional opinion, the potential benefits of the use of medical marijuana would likely outweigh the health risks for the qualifying patient
- Certification shall only be made in the course of a bona fide physician-patient relationship after the practitioner has completed a full assessment of the qualifying patient's medical history
- Shall specify the qualifying patient's debilitating medical condition or conditions

PMP Requirements for Mandatory Registration and Access

All practitioners shall, as a condition of the initial registration or renewal of the practitioner's authority to prescribe controlled substances, register with the PMP

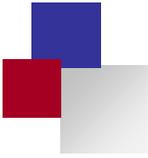
Physician shall review the PMP prior to starting a patient on any opioid for the treatment of pain

- For patients the practitioner is maintaining on continuous opioid therapy for pain for six months or longer, the practitioner shall review PMP information at least every twelve months
- Practitioner shall review the PMP prior to refilling or initiating opioid therapy with an intrathecal pump

Opioid treatment programs must check the PMP for each new admission, at each annual physical, and prior to advancement to a new take-home phase

Patient Referral to Treatment

No specific statutes or regulations identified.

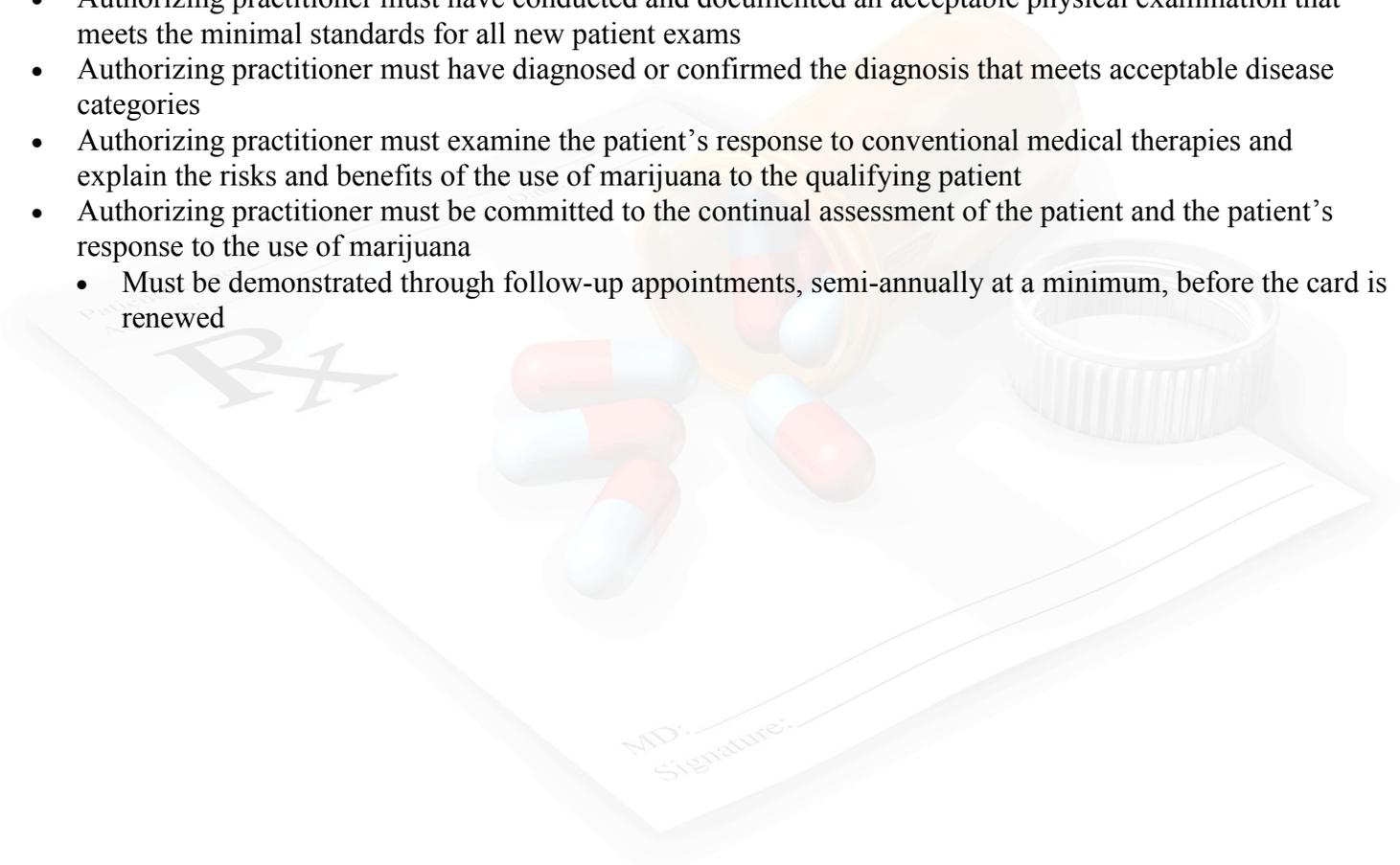


Board Guidelines

Board of Medical Licensure and Discipline Minimum Standards for Authorizing Medical Marijuana, September 30, 2011

Authorization of medical marijuana card requires that the authorizing practitioner conduct the type of physical examination that meets the following criteria:

- Authorizing practitioner must establish and maintain a medical record for the qualifying patient as required
 - In the case of patients who are treating with another practitioner, the authorizing practitioner must review the last twelve months of the patient's medical record
- Authorizing practitioner must have conducted and documented an acceptable physical examination that meets the minimal standards for all new patient exams
- Authorizing practitioner must have diagnosed or confirmed the diagnosis that meets acceptable disease categories
- Authorizing practitioner must examine the patient's response to conventional medical therapies and explain the risks and benefits of the use of marijuana to the qualifying patient
- Authorizing practitioner must be committed to the continual assessment of the patient and the patient's response to the use of marijuana
 - Must be demonstrated through follow-up appointments, semi-annually at a minimum, before the card is renewed



MD: _____
Signature: _____