Prescribing and Dispensing Profile

Wyoming

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NAMSDL
National Alliance for Model State Drug Laws

Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II prescriptions may only be dispensed on the written or electronic prescription of a practitioner

- May be dispensed on the oral prescription of a practitioner in an emergency
  - Emergency situation means that the prescriber determines:
    - That immediate administration of the controlled substance is necessary for proper treatment of the intended patient
    - No appropriate alternative treatment is available, including administration of a drug which is not a Schedule II substance
    - It is not reasonably possible for the prescribing practitioner to provide a written or electronic prescription prior to dispensing
  - The quantity prescribed and dispensed must be limited to an amount adequate to treat the patient during the emergency period
  - The prescription must be immediately reduced to writing by the pharmacist
  - If the prescriber is not known to the pharmacist, he or she must make a reasonable effort to determine that the oral authorization came from a registered practitioner, which may include a call back to the prescribing individual practitioner using his phone number as listed in the telephone directory and/or other good faith efforts to ensure his identity
  - Prescriber must deliver a written prescription to the pharmacist within seven days
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
  - A prescription to be compounded for the direct administration to a patient via certain methods
  - Prescription for the resident of a long-term care facility
  - Prescription for a terminally ill patient

Prescriber may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II substance provided the following conditions are met:

- Each separate prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice
- Each individual prescription is dated with the date it was prescribed and contains all other information required
- The prescriber provides written instructions on each prescription, other than the first if the prescriber intends for it to be filled immediately, indicating the earliest date on which the pharmacy may fill each prescription
- The practitioner concludes that providing the patient with multiple prescriptions does not create an undue risk of diversion or abuse

Schedule II prescriptions are valid for six months from the date of issuance

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)

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

- Oral prescriptions must be promptly reduced to writing

Schedule III—V prescriptions must be maintained in a separate file

Schedule III and IV prescriptions shall not be filled or refilled more than six months after originally issued nor refilled more than five times unless renewed by the practitioner

Schedule V prescriptions may only be refilled as expressly authorized by the prescriber

Miscellaneous Prescribing/Dispensing Requirements

Every person who prepares, compounds, processes, packages or repackages, dispenses, fills, or sells or offers for sale, at retail or in connection with operation of a health care facility, any prescription shall place the written or electronic record in a separate file marked and kept for that purpose

To be valid, a prescription must contain the following information:

- Name of patient
- Name and strength of drug
- Quantity to be dispensed
- Directions for use
- Date of issuance by the practitioner
- Recognizable signature of the practitioner
- Prescriptions for controlled substances shall indicate the DEA number and address of the prescribing practitioner and address of the patient

In an emergency, a pharmacist may refill a prescription for up to a 72-hour supply, or the smallest available unit, of a previously prescribed drug, except a controlled substance, when the prescriber can't be reached for authorization

Initially prescribing any controlled substance for any person through the internet or a similar proprietary or common carrier electronic system absent a documented physician-patient relationship is unprofessional conduct

Each registered practitioner shall keep records with respect to narcotic and non-narcotic controlled substances in Schedules II—V which he prescribers, administers, or dispenses

It is unprofessional conduct for a resident or non-resident pharmacy, or a pharmacist, to dispense, sell, or offer to sell prescription drugs to a person on the basis of a prescription generated solely through an internet questionnaire physician consultation

Prescribing/Dispensing Limitations for Dentists

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

Prescribing/Dispensing Limitations for Optometrists

Optometrists shall be allowed to administer and prescribe pharmaceutical agents related to the practice of optometry excluding the following categories of oral medications:

- Immunosuppressives, steroids, anti-fungals, sedative-hypnotics, and Schedule I and II narcotics
- No medication shall be given by injection
- Oral anti-glaucoma medications may be administered for a period not to exceed 48 hours

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

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.

Hemp extract means an extract from a cannabis plant or a mixture or preparation containing cannabis plant material that:

- Is comprised of less than three-tenths of a percent (0.3%) THC by weight
- Is composed of at least five percent (5%) cannabidiol by weight
- Contains no other psychoactive substance
- Complies with federal definitions of industrial hemp which shall apply to all samples, products, derivatives, and oils

Intractable epilepsy means epilepsy or seizure disorders that, as determined by a neurologist, does not respond to other treatment options overseen by the neurologist

A person seeking a hemp extract registration card shall provide a statement to the department signed by a neurologist specifying that the person suffers from intractable epilepsy or seizure disorders and may benefit from treatment with hemp extract

- The neurologist who signs the statement as provided above shall:
  - Keep a record of the neurologist's evaluation and observation of the patient including the patient's response to hemp extract care
  - Transmit a copy of the records to the department

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

Uniform Policy for the Use of Controlled Substances in the Treatment of Pain, Wyoming Health Care Licensing Boards, Board of Medicine (Feb. 2009)

Findings:

- Principles of quality health care dictate that the people of Wyoming have access to appropriate and effective pain relief
- Appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain
    - Inappropriate treatment of pain includes non-treatment, undertreatment, overtreatment, and the continued use of ineffective treatments
    - Inappropriate pain treatment may result from prescribers' lack of knowledge about pain management
    - Inappropriate pain treatment is considered a departure from the standard of treatment and the board will investigate allegations of inappropriate pain treatment, recognizing that some types of pain cannot be completely relieved, and taking into account whether the treatment is appropriate for the diagnosis

Guidelines:

- Evaluation of the patient
    - Patient history and physical examination must be obtained, evaluated, and documented in the medical record
        - Medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or co-existing diseases or conditions, effect of the pain on physical and psychological function, and history of substance abuse
        - Medical record should also document the presence of one or more medical indications for the use of a controlled substance
- Treatment plan
    - Written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if further diagnostic evaluations or other treatments are planned
    - After treatment begins, prescriber should adjust drug therapy to the individual needs of the patient
    - Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment

Board Guidelines, cont'd.

- Informed consent and agreement for treatment
  - Prescriber should discuss the risks and benefits of the use of controlled substances with the patient
  - Patient should receive prescriptions from one prescriber and one pharmacy whenever possible
  - If the patient is at high risk for medication abuse or has a history of substance abuse, the prescriber should strongly consider the use of a written treatment agreement between prescriber and patient outlining the patient responsibilities, including, where appropriate:
    - Drug testing when requested
    - Number and frequency of prescription refills
    - Reasons why drug therapy might be discontinued
- Periodic review
  - Prescriber should periodically review the course of treatment and any new information about the etiology of the pain or the patient's state of health
  - Continuation or modification of controlled substances for pain management therapy depends on the prescriber's evaluation of progress toward treatment objectives
    - Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life
    - If the patient's progress is unsatisfactory, the prescriber should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities
- Consultation
  - Prescriber should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives
- Medical records
  - Prescriber should keep accurate and complete medical records to include:
    - Patient's history and physical examination
    - Diagnostic, therapeutic, and laboratory results
    - Evaluations and consultations
    - Treatment objectives
    - Discussion of risks and benefits
    - Informed consent
    - Treatments
    - Medications
    - Instructions and agreements
    - Periodic reviews