

Alaska State Medical Board

Policies and Procedures

Board Issued Guidelines	Section 6
Subject:	<i>Prescribing Controlled Substances</i>
Implemented:	August 1993
Updated:	June 28, 1997, November 7, 2015, August 4, 2016
<p>November 7, 2015: The Board adopted the following Guidelines for Prescribing Controlled Substances:</p> <p>The Board recognizes that controlled substances are useful and can be essential in the treatment of acute pain that results from trauma or surgery, as well as in the management of certain types of chronic pain. Physicians are expected to be knowledgeable about best clinical practices, aware of associated risks, and to practice in compliance with applicable state and federal laws and relevant practice standards.</p> <p>The Board will consider inappropriate management of pain, particularly chronic pain, to be a departure from accepted best clinical practices, including, but not limited to the following:</p> <ul style="list-style-type: none"> • Practicing pain management without sufficient knowledge, skills, and training, or failure to refer patients to an appropriate pain management physician. • Inadequate attention to initial assessment to determine what, if any, controlled substances are clinically indicated and to determine risks associated with their use in a particular patient. • Inadequate monitoring during the use of potentially abusable medications. • Inadequate attention to patient education and informed consent. • Unjustified dose escalation without adequate attention to risks or alternative treatments. • Continued use of ineffective treatments, or failure to reduce or discontinue medications when indicated. • Excessive reliance on opioids, particularly high dose opioids for chronic pain management. • Not making use of available tools for risk mitigations, including: participation in the state prescription drug monitoring program (in advance of prescribing and for ongoing monitoring); practice in accordance with Specialty Board practice standards; and practice in accordance with the Guidelines issued by the Federation of State Medical Boards (FSMB) in their Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain, and practice in accordance with the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain. <p>(Note: updated 8/4/16 to include CDC guidelines.)</p>	

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Alaska laws regarding registration with and use of the PDMP

AS 17.30.200 Controlled substance prescription database

[selected sections]

(o) A pharmacist who dispenses or a practitioner who prescribes, administers, or directly dispenses a schedule II, III, or IV controlled substance under federal law shall register with the database by a procedure and in a format established by the board.

(b) The pharmacist-in-charge of each licensed or registered pharmacy, regarding each schedule II, III, or IV controlled substance under federal law dispensed by a pharmacist under the supervision of the pharmacist-in-charge, and each practitioner who directly dispenses a schedule II, III, or IV controlled substance under federal law other than those dispensed or administered under the circumstances described in (u) of this section, shall submit to the board, by a procedure and in a format established by the board, the following information for inclusion in the database on at least a weekly basis...

(h) An individual who has submitted information to the database in accordance with this section may not be held civilly liable for having submitted the information. Dispensers or practitioners may not be held civilly liable for damages for accessing or failing to access the information in the database.

08.64.101. Duties. The board shall

(6) adopt regulations that establish guidelines for a physician who is rendering a diagnosis, providing treatment, or prescribing, dispensing, or administering a prescription drug to a person without conducting a physical examination under AS 08.64.364; the guidelines must include a nationally recognized model policy for standards of care of a patient who is at a different location than the physician;

(7) require that a licensee who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o).

12 AAC 40.967. Unprofessional conduct. “Unprofessional conduct” includes the following:

(34) failure of a licensee who has a federal Drug Enforcement Administration (DEA) registration number to register with the controlled substance prescription database under AS 17.30.200;

(35) failure of a licensee or licensee’s designee to review the controlled substance prescription database under AS 17.30.200, when prescribing, dispensing, or administering a controlled substance designated schedule II or III under federal law to a patient.

Alaska laws regarding prescribing controlled substances

08.64.326. Grounds for imposition of disciplinary sanctions. (a) The board may impose a sanction if the board finds after a hearing that a licensee

(14) prescribed or dispensed an opioid in excess of the maximum dosage authorized under AS 08.64.363.

08.64.363. Maximum dosage for opioid prescriptions. (a) A licensee may not issue

(1) an initial prescription for an opioid that exceeds a seven-day supply to an adult patient for outpatient use;

(2) a prescription for an opioid that exceeds a seven-day supply to a minor; at the time a licensee writes a prescription for an opioid for a minor, the licensee shall discuss with the parent or guardian of the minor why the prescription is necessary and the risks associated with opioid use.

(b) Notwithstanding (a) of this section, a licensee may issue a prescription for an opioid that exceeds a seven-day supply to an adult or minor patient if, in the professional medical judgment of the licensee, more than a seven-day supply of an opioid is necessary for

(1) the patient's acute medical condition, chronic pain management, pain associated with cancer, or pain experienced while the patient is in palliative care; the licensee may write a prescription for an opioid for the quantity needed to treat the patient's medical condition, chronic pain, pain associated with cancer, or pain experienced while the patient is in palliative care; the licensee shall document in the patient's medical record the condition triggering the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition;

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(2) a patient who is unable to access a practitioner within the time necessary for a refill of the seven-day supply because of a logistical or travel barrier; the licensee may write a prescription for an opioid for the quantity needed to treat the patient for the time that the patient is unable to access a practitioner; the licensee shall document in the patient's medical record the reason for the prescription of an opioid in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate to address the medical condition; in this paragraph, "practitioner" has the meaning given in AS 11.71.900; or

(3) the treatment of a patient's substance abuse or opioid dependence; the licensee may write a prescription for an opioid approved for the treatment of substance abuse or opioid dependence for the quantity needed to treat the patient's substance abuse or opioid dependence; the licensee shall document in the patient's medical record the reason for the prescription of an opioid approved for the treatment of substance abuse or opioid dependence in a quantity that exceeds a seven-day supply and indicate that a nonopioid alternative was not appropriate for the treatment of substance abuse or opioid dependence.

(c) In this section,

(1) "adult" means

(A) an individual who has reached 18 years of age; or

(B) an emancipated minor;

(2) "emancipated minor" means a minor whose disabilities have been removed for general purposes under AS 09.55.590;

(3) "minor" means an individual under 18 years of age who is not an emancipated minor.

08.64.380. Definitions.

(7) "opioid" includes the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140 and 11.71.160.

12 AAC 40.975. **Prescribing controlled substances.** When prescribing a drug that is a controlled substance, an individual licensed under this chapter shall

(1) create and maintain a complete, clear, and legible written record of care that includes

(A) a patient history and evaluation sufficient to support a diagnosis;

(B) a diagnosis and treatment plan for the diagnosis;

(C) a plan for monitoring the patient for the primary condition that necessitates the drug, side effects of the drug, and results of the drug, as appropriate;

(D) a record of each drug prescribed, administered, or dispensed, including the type of drug, dose, and any authorized refills;

(2) review the information from the controlled substance prescription database under AS 17.30.200 before initially dispensing, prescribing, or administering a controlled substance designated schedule II or III under federal law to the patient, and at least once every 30 days for up to 90 days, and at least once every three months if a course of treatment continues for more than 90 days: the requirement under this paragraph will not apply if the licensee is not required under AS 17.30.200 to review the information in the controlled substance prescription database before dispensing, prescribing, or administering the controlled substance to the patient;

(3) comply with the maximum dosage for opioid prescriptions under AS 08.64.363; the maximum daily dosage for an initial opioid prescription issued under AS 08.64.363(a) may not exceed 50 morphine milligram equivalents;

(4) practice pain management

(A) with sufficient knowledge, skills, and training, and in accordance with specialty board practice standards; and

(B) in accordance with the Federation of State Medical Boards (FSMB) Guidelines for the Chronic Use of Opioid Analgesics, dated April 2017, and the Centers for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain, dated March 2016, which are adopted by reference as the standards of practice for prescribing controlled substances for pain management;

(C) or refer patients to a pain management physician.