



Prescribing and Dispensing Profile

Alaska



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

- In emergency situations, such drug may be dispensed on the oral prescription of a practitioner

No prescription for a Schedule II substance may be refilled

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

Schedule III and IV prescriptions may not be filled or refilled more than six months after the date originally issued or refilled more than five times after the date of the prescription unless renewed by the practitioner

Schedule V substances may only be distributed or dispensed for a medical purpose

Miscellaneous Prescribing/Dispensing Requirements

When prescribing a controlled substance, the patient record must include:

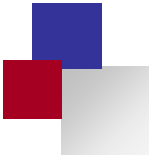
- A patient history and evaluation sufficient to support a diagnosis
- A diagnosis and treatment plan for the diagnosis
- Monitoring the patient for the primary condition that necessitates the drug, side effects of the drug, and results of the drug, as appropriate
- A record of drugs prescribed, administered, or dispensed, including the type of drug, dose, and any authorized refills

Prescriber must conduct a physical examination before prescribing, dispensing, or administering a prescription drug unless:

- The prescription drug is:
 - Not a controlled substance
 - A controlled substance and is prescribed, dispensed, or administered by a physician when an appropriate licensed healthcare provider is present with the patient to assist the physician with the examination, diagnosis, and treatment
- The physician is located in Alaska and the physician or other licensed healthcare provider or physician in the physician's group practice is available to provide follow-up care
- The person consents to sending a copy of all records of the encounter to the person's primary care provider if the prescribing physician is not the primary care provider, and the records are sent to the primary care physician

It is unprofessional conduct for a physician to prescribe, dispense, or furnish a prescription medication without first conducting a physical exam unless the licensee has a patient-physician relationship with the person

- Does not apply to prescriptions written or medications issued:
 - For use in emergency treatment
 - For expedited partner therapy for sexually transmitted diseases
 - In response to an infectious disease investigation, public health emergency, infectious disease outbreak, or an act of bioterrorism



Miscellaneous Prescribing/Dispensing Requirements, cont'd.

It is unprofessional conduct for a physician to provide treatment, render a diagnosis, or prescribe medications based solely on a patient-supplied history received via telephone, facsimile, or other electronic format

Prescriptions must include the following information:

- Name and address of patient
- Name, address, and DEA number of prescriber
- Name, quantity, strength of drug prescribed
- Directions for use
- Date of issuance
- Refills authorized, if any
- Prescriber's signature

Prescribing/Dispensing Limitations for Dentists

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

Prescribing/Dispensing Limitations for Optometrists

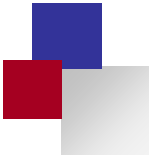
Licenses can prescribe and use a pharmaceutical agent, including a controlled substance, if the agent:

- Is prescribed and used for the treatment of ocular diseases and conditions, ocular adnexal disease or conditions, or emergency anaphylaxis
- Is not a Schedule I, II, or VI substance
 - Optometrists can prescribe and use a pharmaceutical agent containing hydrocodone
- Is prescribed in a quantity that does not exceed four days of prescribed use if it is a controlled substance
- Is not injected into the globe of the eye
- Is not a derivative of clostridium botulinum

Must have a physician-patient relationship with the person for whom the pharmaceutical agent is prescribed

Pain Clinic/Pain Management Regulations

None in statute or regulation.



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

None in statute or regulation.

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.

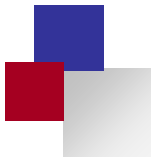
In order to be placed in the confidential registry for medical use of marijuana, an adult patient or parent or guardian of a minor patient shall provide to the department the following:

- A statement signed by the patient's physician:
 - Stating that the physician personally examined the patient and that the examination took place in the context of a bona fide physician-patient relationship and setting out the date of the examination
 - Bona fide physician-patient relationship means that the physician obtained a patient history, performed an in-person physical examination of the patient, and documented written findings, diagnoses, recommendations, and prescriptions in written patient medical records maintained by the physician
 - Stating that the patient has been diagnosed with a debilitating condition
 - Stating that the physician has considered other approved medications and treatments that might provide relief, that are reasonably available to the patient, and that can be tolerated by the patient, and that the physician has concluded that the patient might benefit from the medical use of marijuana

Physician must examine the patient within the 16 month period immediately preceding the patient's application

Physician is not subject to any penalty, including arrest, prosecution, or disciplinary proceeding, or denial of any right or privilege for:

- Advising a patient whom the physician has diagnosed as having a debilitating medical condition about the risks and benefits of medical marijuana or that the patient might benefit from the medical use of marijuana, provided that the advice is based on the physician's contemporaneous assessment in the context of a bona fide physician-patient relationship of:
 - The patient's medical history and current medical condition
 - Other approved medications and treatments that might provide relief and that are reasonably available to the patient and that can be tolerated by the patient
 - Providing a patient with a written statement in an application for registration for medical use of marijuana



Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

Conditions that qualify as debilitating medical conditions that might necessitate the medical use of marijuana are:

- Cancer, glaucoma, positive status for HIV or AIDS
- Treatment for any of the following: any chronic or debilitating disease or treatment for such diseases, which produces, for a specific patient, one or more of the following, and for which, in the professional opinion of the patient's physician, such condition or conditions reasonably may be alleviated by the medical use of marijuana: cachexia; severe pain; severe nausea; seizures, including those that are characteristic of epilepsy; or persistent muscle spasms, including those that are characteristic of multiple sclerosis

PMP Requirements for Mandatory Registration and Access

None.

Patient Referral to Treatment

Nothing in statute or regulation.

Board Guidelines

For the Prescribing of Controlled Substances, implemented August 1993; updated June 28, 1997

Physicians must:

- Perform a work-up sufficient to support a diagnosis, including all necessary tests
- Document a treatment plan that includes the use of non-addictive modalities, and make referrals to specialists within the profession, when indicated
- Document by history or clinical trial that non-addictive modalities are not appropriate or are ineffective
- Identify drug seeking patients
- Obtain informed consent of the patient before using a drug with the potential to cause dependency
- Monitor the patient for the primary condition and side effects of the medication
 - Drug holidays to monitor for symptom recurrence or withdrawal are important
- Control the supply of the drug
 - Keep detailed records of the type, dose, and amount of the drug prescribed
 - Monitor, record, and control refills
 - Make the patient return to obtain a refill at least part of the time
- Maintain contact with the patient's family as an objective source of information
- Create an adequate record of care