

092.00.1-13. PRESCRIBING CONTROLLED SUBSTANCES

Public Comment

Proposed rule 092.00.1-13. Prescribing Controlled Substances appeared in the *Arkansas-Democrat Gazette* on October 4, 5 and 6, 2018, with the period for public comment ending on November 2, 2018.

Names of Commenters:

Steven A. Ward, DVM

Russ Smith, DVM

Robert Bonner, DVM

Meghan Sommers, DVM

The Arkansas Veterinary Medical Examining Board (the "Board") received two public comments. The first comment was from a veterinarian who felt that it was not in the best interest of his patients for the Board to limit his prescribing of opioids. The second comment came from a group of veterinarians in a practice who felt that the proposed rule should be limited to Schedule II and III drugs only, and that including Schedule IV and V drugs does nothing to aid in the control of opioids.

Response

The Board appreciates the comments that were received and has taken them into consideration.

In response to the first comment, Act 820 of 2017 mandates that the Board promulgate rules to put limits on the prescribing of opioids by its licensees; therefore, the Board will continue to move forward with promulgating the proposed rule.

The Board's intent of the proposed rule is to place prescribing limits on opioids, while also asking licensees to consider nonpharmacologic treatment or drugs that are not controlled substances prior to prescribing a controlled substance. In reviewing the second comment, the Board was made aware that parts of the proposed rule should be moved around to better clarify the intent. By doing so, Subsection B. of the proposed rule is now specific to the prescribing limits being placed on opioids. The original draft could have been interpreted to mean that the prescribing limit was being placed on all controlled substances, which was not the Board's intent.

Copies of the public comments, as well as a marked-up version of the proposed rule are attached.

Cara Tharp

From: WordPress <info@arvetboard.statesolutions.us>
Sent: Thursday, October 4, 2018 8:27 PM
To: Cara Tharp
Subject: AR Vet Board Contact from Website

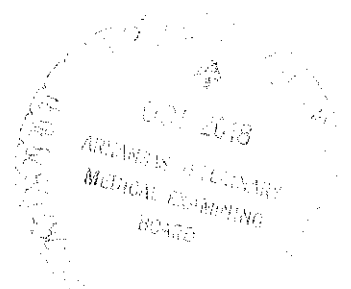
From: Steven A. Ward
Email: jdww5@suddenlink.net
Phone: 8708634526

Message Body:

Your decision to limit my prescribing of opioids for my patients who are in pain is not in the interest of my patients. Many veterinarians already do not adequately treat their patients for pain. How would you like to have surgery and your doctor tell you that you that he is limited in controlling your pain? Please reconsider restricting my ability to practice good medicine.

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This e-mail was sent from a contact form on AR Vet Board



NASHVILLE ANIMAL CLINIC
202 HWY 27 S
NASHVILLE, AR. 71852
(870)845-1122

10-16-18

To Whom It May Concern:

After reviewing the proposed guidelines of 092.00.1-13, Prescribing Controlled Substances, we would like to share our thoughts on the proposal.

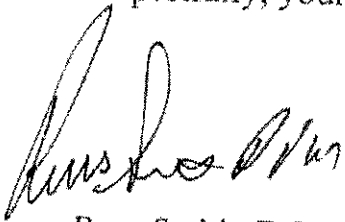
We recognize that the abuse of and addiction to opioids is truly an epidemic and impacts all facets of our society. As written, we think the proposal is thorough, reasonable and will be an effective tool to help fight the opioid problem, IF the scope of the proposal were limited to schedule II and III drugs.

We feel the inclusion of schedule IV and V class drugs to this proposal is burdensome and redundant. We feel that record keeping as outlined in the Veterinary Practice Act and the Prescription Monitoring Program are more than adequate for class IV and V drugs. Including class IV and V in the proposal adds nothing to the control of opioids.

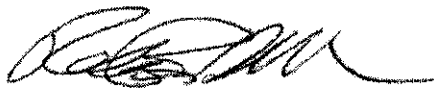
The elimination of schedule IV and V drugs from the proposal, in our opinion, would address our concerns. If that is not an option, we feel that paragraphs B.2. and B.3. and paragraphs C and D need to exempt class IV and V drugs.

We appreciate the work you do and we know your task is not easy.

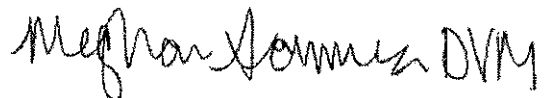
Respectfully, your colleagues



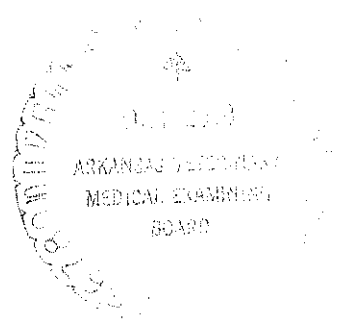
Russ Smith, D.V.M.



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Meghan Sommers, D.V.M.



092.00.1-13. PRESCRIBING CONTROLLED SUBSTANCES
(Adopted 09/21/2018)

25. A controlled substance will mean a Schedule II-V drug as defined in the Prescription Drug Monitoring Program Act.

A. Examination of the patient and need for prescribing a controlled substance.

(1) Nonpharmacologic treatment or drugs that are not classified as a controlled substance will be given consideration prior to treatment with controlled substances. Prior to initiating treatment with a controlled substance, the licensed veterinarian will perform a history and physical examination appropriate to the presenting complaint and conduct an assessment of the patient's history as part of the initial examination.

(2) The medical record for prescribing controlled substances will include signs or presentation of the pain or condition, a presumptive diagnosis for the origin of the pain or condition, a physical examination appropriate to the presenting complaint, a treatment plan, and the medications prescribed to include the date, type, dosage, and quantity prescribed.

(3) If a controlled substance is necessary for treatment, the licensed veterinarian will prescribe it in the lowest effective dose appropriate to the size and species of the animal for the least amount of time. ~~For an opioid, the initial dose will not exceed a ten (10) day supply.~~

~~B.~~ (4) If the prescribing is within the accepted standard of care, a licensed veterinarian may prescribe a controlled substance for the management of behavioral disorders, neurological disorders, acute pain, chronic pain, terminal illnesses, or other chronic conditions.

B. For prescribing an opioid, the initial dose will not exceed a ten (10) day supply.

(1) ~~For prescribing a controlled substance~~ an opioid for the management of pain after the initial ten (10) day ~~prescription supply, referenced in subsection A. of this section,~~ the patient will be seen and evaluated for the continued need for an opioid. ~~For the prescribing of a controlled substance for behavioral disorders, neurological disorders, terminal illnesses, or other chronic conditions, it is not required to see and reevaluate the patient for prescribing beyond ten (10) days.~~

(2) For any prescribing of ~~a controlled substance~~ an opioid beyond ten (10) days, the licensed veterinarian will develop a treatment plan for the patient, which will include measures to be used to determine progress in treatment, further diagnostic evaluations or modalities that might be necessary, and the extent to which the disorder, pain, or condition is associated with physical impairment.

(3) For the continued prescribing of an opioid, the patient will be seen and reevaluated at least every six (6) months. ~~For the continued prescribing of controlled substances that are not opioids, the patient will be seen and reevaluated at least every twelve (12)~~

~~months~~. The justification for such prescribing will be documented in the patient record.

C. Prior to prescribing or dispensing a controlled substance, the licensed veterinarian will document a discussion with the owner about the known risks and benefits of treatment with a controlled substance, the responsibility for the security of the drug and proper disposal of any unused drug.

D. Continuation of treatment with controlled substances will be supported by documentation of the continued benefit from the prescribing. For the continued prescribing of controlled substances that are not opioids, the patient will be seen and reevaluated at least every twelve (12) months. If the patient's progress is unsatisfactory, the licensed veterinarian will assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

DRAFT