

Chapter 48. Board of Examiners in Optometry.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

12 AAC 48 is amended by adding a new section to read:

12 AAC 48.340 Prescription and use of a pharmaceutical agent or controlled substance. (a) A licensee may not prescribe, order, or administer a pharmaceutical agent, including a controlled substance, for the treatment of eye disease unless the use of the pharmaceutical agent or controlled substance is

(1) within the scope of the licensee's education and training from an accredited school of optometry;

(2) complies with 12 AAC 48.350 and this section; and

(3) for the treatment of ocular disease or conditions, ocular adnexal disease of conditions, or emergency anaphylaxis.

(b) A licensee may prescribe, order, or administer a controlled substance if the requirements of (a) are met and

(1) the controlled substance is not a schedule IA, IIA, or VIA controlled substance; however, a licensee may prescribe, order, or administer a pharmaceutical agent containing hydrocodone;

(2) the licensee has filed with the department a current federal Drug Enforcement Administration number that is valid for the substance prescribed, ordered, or administered;

(3) the licensee has registered with the Alaska Prescription Drug Monitoring Program's controlled substance prescription database under AS 17.30.200; and

(4) the licensee prescribes in accordance with AS 08.72.276.

(c) In this section, “controlled substance” has the meaning given in AS 11.71.900. (Eff. ___/___/___, Register ____)

Authority: AS 08.72.050 AS 08.72.272 AS 08.72.278

12 AAC 48 is amended by adding a new section to read:

12 AAC 48.350. Use of controlled substances; limitations. (a) Before prescribing, ordering, or administering a controlled substance, a licensee shall

(1) evaluate the patient and include complete medical, pain, alcohol, and substance abuse histories;

(2) diagnose the patient and document in the patient’s medical record the nature of the underlying disease, presence of pain, and pain mechanism if discernable;

(3) develop an individual treatment plan and document in the patient’s medical record medical justification for controlled substance therapy;

(4) ensure any out patient or guardian is informed verbally and in writing of the benefits and risks of controlled substance therapy and any reasonable non-opioid alternative, or ensure in-patient standards of informed consent are applied.

(b) A licensee who has complied with (a) and prescribes a controlled substance shall

(1) document and maintain in the patient’s medical record, accurate and complete records of all history, physical, and other examinations and evaluations, consultations, laboratory and diagnostic reports, treatment plans and objectives, controlled substance and other medication therapy, informed consents, periodic assessments and reviews;

(2) maintain complete records of each controlled substance the licensee prescribes, orders, or administers which shall clearly identify the controlled substance, the patient, the date of prescription, and the amount prescribed;

(3) make records required by this section available for examination, inspection, or copying, within 10 days of request by the board or its designee. (Eff. ___/___/___, Register ___)

Authority: AS 08.72.050 AS 08.72.272 AS 08.72.278