

IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

Newsletter to Promote Pharmacy and Drug Law Compliance.

Board Meeting – March Update

The focus of the Idaho Board of Pharmacy during the March meeting was placed on increasing awareness of the work of the Interprofessional Advisory Committee on Lifestyle Injectables (IACLI) and providing guidance on which naturopathic doctors and **chiropractors** are

eligible under Idaho Code to purchase prescription medications in the state. The guidance documents from IACLI are currently under review by the boards and are expected to be posted at a later date. These guidance documents and others can be found on the Board's website.

2026 Summary of Passed Legislation

Agency-Sponsored Legislation

House Bill (HB) 703, known as Universal Discipline:

This bill, which takes effect on July 1, 2026, accomplishes three main objectives:

- 1) Simplifies and removes repetitive or inconsistent language across practice acts regarding discipline.
- 2) Provides a new section of code that identifies standardized, consistent due process protections for licensees. It also creates a baseline set of

consequences when a board chooses to act.

- 3) Defines Idaho Division of Occupational and Professional Licenses' (DOPL's) role and responsibilities throughout the disciplinary process.

The standardized language also supports uniform processes for the investigation, communication, and processing of discipline cases across the Division, found in Idaho Code §67-2616. While the new law does lower the Board of Pharmacy's administrative fine cap to a maximum of \$1,000 per offense, the Division and Board can now seek a



civil judgment against a licensee who created financial loss for a member of the public. Another new provision allows complainants to receive updates regarding the status of a filed complaint upon request. “This legislation benefits licensees and boards by replacing roughly one hundred scattered, duplicative disciplinary procedures with one clear and consistent process,” said Kolby Reddish, DOPL deputy administrator. “This makes expectations easier to understand, proceedings easier to navigate, and outcomes more predictable across all Division boards.”

HB 777 – Uniform Controlled Substances:

DOPL, on behalf of the Board, provides an annual update to the Idaho Legislature on necessary changes to the Uniform Controlled Substances Act found in Title 37, Chapter 27 of the Idaho Code. Thirteen substances were scheduled as a result of this legislation: 11 were added to Schedule I and two were added to Schedule II. The additions to Schedule II are not new; rather, they were inadvertently excluded from past controlled substance (CS) updates. Each scheduling decision was independently reviewed by the Board and made according to the risk associated with its prescriptive use. Technical corrections were incorporated to align administrative implementation with clearer statutory language. Access to the Idaho Prescription Drug Monitoring Program (PDMP) was expanded to permit federal entities, such as the United States Department of Veterans Affairs or the Indian Health Service, to use it in the normal course of patient treatment and monitoring of inappropriate CS prescribing. These changes go into effect on July 1, 2026.

Schedule	Category	Count
I	Fentanyl Derivatives (Opiates)	9
	Benzodiazepines	1
	Synthetic Stimulants (Bath Salts)	1
II	Opiate Derivatives	2

Non-Agency Legislation

Senate Bill (SB) 1254 – Chiropractors, Prescription Rights:

This bill clarifies the authority of Idaho-licensed chiropractors with a valid certificate in clinical nutrition to prescribe, obtain, and independently administer certain prescription drugs to patients. In coordination with legislative intent, the Board has also provided a guidance document regarding which drugs a licensed pharmacy may sell to a chiropractor with a certificate in clinical nutrition. This bill does not substantively change the prescription medications a pharmacy may sell to an eligible chiropractor. Below are the allowable prescription medications permitted by Idaho Code.

Allowable prescription drug products:

- Vitamins (vitamin A, all B vitamins, vitamin C)
- Minerals (ammonium molybdate, calcium, chromium, copper, iodine, magnesium, manganese, potassium, selenium, sodium, zinc)
- Fluids (dextrose, lactated ringers, plasma lyte, saline, sterile water)
- Epinephrine, oxygen (for use during an emergency or allergic reaction)

The complete document can be found on the DOPL website or [here](#).

SB 1313 – Pharmacist Naturopathic Doctors:

The provisions of this bill expand the licensed professionals who may qualify for additional licensure as a “licensed naturopathic doctor (LND).” Previously, pharmacists were excluded from participation. Those interested in licensure as an LND must maintain their underlying license as either “a medical doctor, doctor of osteopathy, doctor of podiatric medicine, doctor of chiropractic, doctor of dental medicine, pharmacist, or doctor of nursing practice who has obtained an approved naturopathic doctoral degree.” Additional licensure requirements must also be satisfied, as set forth in [§54-5909 Idaho Statute](#) prior to issuance of an LND license.

All licensees are encouraged to review [this and other legislation](#) passed into law during the 2026 session that may impact the profession of pharmacy.

CS Dispensation Reporting Reminders

Timing of Dispensation Reporting:
As of July 1, 2025, [Idaho Statute 37-2730A](#) requires drug outlets dispensing CS in or into Idaho to report the dispensing by the end of the business day, replacing the previous next-business-day deadline. The Board's policy permits an exception for emergency room dispensing reported by a drug outlet, allowing submission the following day.
Adherence to this requirement has been slow or incomplete. Drug

outlets that have been unable to adhere to this requirement should consider altering their procedures to ensure compliance with current law.
Dispensation Report Field DSP17 – Date Sold:
DSP17 – The “Date Sold” field was deemed a required entry for Idaho PDMP dispensation reports in November 2021. Recently, it was discovered that the field entry requirement was unintentionally lifted. To correct this, the PDMP clearinghouse will soon issue soft

warnings before requiring reentry into the field. It is advisable to proactively begin entering the sold date, if applicable, to ensure your vendor is informed. Thank you for helping make this transition smooth.
If you have questions regarding the PDMP, please contact Wendy Muir, program information coordinator, Idaho Prescription Drug Monitoring Program, at 208/817-6195.

Methadone Prescribing and Dispensing: Key Safety Considerations

Authored by the Idaho Department of Health and Welfare's Opioid and Benzodiazepine Safety Pharmacists, Elaine Ladd and Amy McHenry

Introduction

Methadone is a potent opioid with two distinct and clinically appropriate roles: the management of chronic pain and treatment with medications for opioid use disorder (MOUD). While effective in both settings, methadone presents a narrow therapeutic margin and a complex pharmacokinetic profile that necessitates heightened oversight.

When prescribed for chronic pain, methadone functions as a long-acting opioid analgesic with additional N-methyl-D-aspartate receptor antagonism, which may provide benefits in neuropathic pain and in select opioid-tolerant patients. However, methadone's pharmacokinetics are highly variable and nonlinear. Its analgesic duration extends from four to six hours initially to eight to 12 hours with repeated dosing, while its highly variable elimination half-life is eight to 59 hours. This discrepancy between analgesic duration and elimination half-life has important clinical implications. With repeated dosing, methadone accumulates systemically, increasing its potency over time.

In contrast, methadone as a MOUD is used to suppress withdrawal symptoms, reduce opioid cravings, and attenuate the euphoric effects of illicit opioids. This indication is federally regulated and limited to certified opioid treatment programs (OTPs). Dosing is typically higher and administered once daily, reflecting the goal of withdrawal suppression rather than analgesia.

Clear differentiation between methadone prescribed for pain versus MOUD is essential to patient safety, regulatory compliance, and effective opioid stewardship.

Methadone for Chronic Pain

- The intended indication should be clearly identified and documented when a methadone prescription is written and received.
- Methadone for pain is typically administered in divided doses, rather than once daily.
- Titration is recommended no more frequently than every five to seven days due to the time to reach steady state.
- Daily doses exceeding 30 mg are generally discouraged for chronic pain management.

Methadone Prescribing and Dispensing: Key Safety Considerations

(cont)

- Methadone should be treated as a high-risk opioid at all doses, including low starting doses.
- Screening should occur for:
 - QT-prolonging medications, including fluoroquinolones, antipsychotics, and antiarrhythmics
 - CYP3A4 and CYP2B6 inhibitors or inducers, which may significantly alter methadone exposure
 - Concurrent central nervous system depressants, including benzodiazepines (BZDs), gabapentinoids, other opioids, and alcohol
- Patients should be explicitly counseled on the risk of delayed toxicity, with emphasis that overdose risk is highest during days three to seven following initiation or dose increases.

Methadone for MOUD

- Methadone prescribed for opioid use disorder (OUD) may not be dispensed by retail or community pharmacies outside of a federally certified OTP.
- Methadone doses are typically higher than what is recommended for chronic pain.
- QTc prolongation is a concern, particularly at doses greater than 100 mg per day.

Pharmacist Opioid Stewardship

Pharmacists should exercise heightened caution and consider prescriber outreach when encountering:

- Unclear indication
- Rapid dose escalation or unclear opioid conversion ratios
- PRN (“as needed”) methadone dosing for pain
- Concurrent sedative use without documented risk-mitigation strategies
- Absence of ECG monitoring in patients with known or potential QTc risk factors

Conclusion

Methadone remains a clinically valuable therapy for both chronic pain and OUD when used within its appropriate clinical and regulatory framework. Its safety, however, is highly dependent on indication-specific dosing, careful monitoring, and proactive risk mitigation.

Pharmacists play a critical role in opioid stewardship by ensuring methadone prescriptions are clinically appropriate, clearly differentiated by indication, and supported by patient education and interdisciplinary communication. Through informed oversight, pharmacists can meaningfully reduce harm while supporting both effective pain management and recovery from OUD.

References

- 1) Food and Drug Administration (FDA). FDA label search. FDA Online Label Repository. <https://labels.fda.gov/>.
- 2) Chou R., Cruciani R.A., Fiellin D.A., et al. Methadone safety: a clinical practice guideline from the American Pain Society and College on Problems of Drug Dependence, in collaboration with the Heart Rhythm Society. *Journal of Pain*. 2014;15(4):321–337. <https://pubmed.ncbi.nlm.nih.gov/24685458/>.
- 3) Substance Abuse and Mental Health Services Administration (SAMHSA). Substance use disorders: statutes, regulations, and guidelines. SAMHSA. May 8, 2026. <https://www.samhsa.gov/substance-use/treatment/statutes-regulations-guidelines>.
- 4) American Society of Addiction Medicine. The ASAM national practice guideline for the treatment of opioid use disorder. *The Journal of Addiction Medicine*. January 13, 2020. <https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline>.
- 5) US Department of Veterans Affairs, Department of Defense. VA/DoD clinical practice guideline for the management of substance use disorders. 2021. https://www.healthquality.va.gov/guidelines/MH/sud/VA-DoD-SUD-CPG_Final_for-508_v3.pdf.
- 6) US Department of Veterans Affairs, Department of Defense. VA/DoD clinical practice guideline for the management of chronic pain. 2022. <https://www.healthquality.va.gov/guidelines/Pain/cot/VADODOpioidsCPG.pdf>.

Methadone Prescribing and Dispensing: Key Safety Considerations

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For more information about Idaho Medicaid's pharmacy benefit, including the most recent Preferred Drug List, visit <https://medicaidpharmacy.idaho.gov>.

For questions about prior authorizations, call 1-866/827-9967, Monday-Friday, 8 AM-5 PM MDT.

For support with pain management, please reach out to the Idaho Department of Health and Welfare's opioid and benzodiazepine safety pharmacists,¹ Elaine Ladd and Amy McHenry.

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Struggling in Silence? You're Not Alone – Help Is Here for Health Professionals

If you're a health professional silently battling substance use or mental health challenges – or if someone you know is – it's time to take that first step toward healing.

The **Health Professionals Recovery Program** is here to support you, not judge you. Addiction can affect even the most dedicated professionals, and research shows that **punishment doesn't stop it**; personalized, compassionate support does. That's **exactly** what this program offers: a path forward that **protects** your health, your career, and your future.

It's never too early – or too late – to get help.



You don't have to hit rock bottom to reach out. You just have to be ready for change. Many have walked this path before you and found a better, healthier life on the other side. Take back your life. Reclaim your strength. We are here when you are ready.

Contact: Tabitha Edwards

☎ 208/817-6189

✉ tabitha.edwards@dopl.idaho.gov

🌐 dopl.idaho.gov/health-professionals-recovery-program

¹ The Idaho Department of Health and Welfare Division of Public Health Drug Overdose Prevention Program is using its Centers for Disease Control and Prevention Overdose Data to Action in States grant to facilitate a unique partnership with the Division of Medicaid pharmacy program to use the prior authorization process to educate and support providers in Idaho to make safer decisions when prescribing opioids and BZDs and ultimately reduce reliance on long-term opioid and BZD therapy.

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Idaho Board of Pharmacy 2026 Meeting Schedule

2026 Board meetings:

- September 24
- December 17

All meetings start at 8:30 AM and are held at the Division of Occupational

and Professional Licenses, 11341 W Chinden Blvd, Boise, ID 83714. Meetings may also be attended virtually. See the meeting agenda for the link to attend virtually at <https://dopl.idaho.gov/calendar>.

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