475:30-1-1. Purpose

The rules of this Chapter describe the procedures to be followed for issuance of a valid prescription, and the information required to be placed on labels for controlled dangerous substances. Labeling for Schedule I medical marijuana shall be in accordance with OAC 310:681-7-1.

475:30-1-4. Manner of issuance of prescriptions

(a) The practitioner shall sign a written prescription in the same manner as he/she would sign a check or legal document and shall also type, stamp, or print the practitioner's name on the face of each prescription. Where an oral order is not permitted, prescriptions shall be written with ink. All written prescriptions shall be manually signed by the practitioner. The prescriptions may be prepared by an agent for the signature of a practitioner, but the prescribing practitioner is responsible in the event the prescription does not conform in all essential respects to the Uniform Controlled Dangerous Substances Act and this Chapter.

(b) A resident or staff practitioner, an intern of a teaching hospital, or a limited institutional practitioner of a federal, state, or local government hospital or institution, exempted from registration or registered in fee-exempt status with the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control (OBN), shall include on all prescriptions issued by him/her the hospital or institutional Federal Drug Enforcement Administration (DEA) registration number with the special internal code number assigned by the hospital or other institution; or include on all prescriptions he/she issues his/her personal Federal Drug Enforcement Administration DEA registration number. Such prescriptions issued by interns of a teaching hospital, if for outpatients, must be countersigned by a practitioner licensed by the practitioner's appropriate State of Oklahoma licensing board.

(c) A practitioner must state on a written prescription for any controlled dangerous substance the name, address, and Federal Drug Enforcement Administration DEA registration number of the practitioner; the date of delivery of the prescription; the name, dosage, and strength per dosage unit of the controlled dangerous substance; the name and address of the patient, or if it is a veterinary prescription, the species of the animal and the name and address of the owner; the directions for use and any cautionary statements required; and if allowable, the number of times to be refilled.

(1) The face of a prescription must not be materially altered; if an error is made in filling out the prescription, a new prescription must be written by the prescribing practitioner.

(A) A pharmacist may add to the prescription the patient's address or age, the prescribing practitioner's federal DEA registration number, or the generic drug name if used.

(B) After confirming with the prescribing practitioner, the pharmacist may add information indicating the strength, whether tablet or capsule form, and whether it is compounded if such additions would not materially alter the prescription.

(C) If omitted, the directions (Sig) or the quantity, may be added by the pharmacist after confirming with the prescribing practitioner.

(D) Documentation of contacting the prescribing practitioner will be noted on the back of the prescription regarding (B) and (C) above.
A written prescription for a controlled dangerous substance in Schedule II becomes invalid thirty (30) days after the date of issuance, with day one (1) of the thirty (30) day period being the first day after the date of issuance. After issuing an initial prescription pursuant to Section 2-309I of Title 63, an individual practitioner may issue one (1) subsequent prescription for an immediate-release opioid drug in Schedule II in a quantity not to exceed seven (7) days if:

(A) The subsequent prescription is due to a major surgical procedure and/or "confined to home" status as defined in 42 U.S.C. 1395n(a);

(B) The practitioner provides the subsequent prescription on the same day as the initial prescription;

(C) The practitioner provides written instruction on the subsequent prescription indicating the earliest date on which the prescription may be filled (i.e. "do not fill until" date); and,

(D) The subsequent prescription is dispensed no more than five (5) days after the "do not fill until" date indicated on the prescription.

Each scheduled drug shall be written on a single prescription form, and no other prescriptions (controlled or non-controlled) shall be written on the same prescription form.

(d) Upon receiving an oral prescription, the pharmacist must reduce the oral prescription to the form specified in (c) of this Section, including the typewritten name of the prescribing practitioner. The pharmacist filling any prescription for any controlled dangerous substance must enter the date of filling and handwrite the initials of the pharmacist on the prescription. If the practitioner is not known to the pharmacist, he/she must make a reasonable effort to determine that the oral authorization came from a registered practitioner.

(e) Upon receiving an oral prescription, the pharmacist may use a computer printout label if the label meets all requirements for a prescription as set out by the Uniform Controlled Dangerous Substances Act and this Chapter. On computer labeling for oral prescriptions, it is not necessary that the Drug Enforcement Administration (DEA) registration number be on the label used as an oral prescription, but it must be recorded on the document prepared by the pharmacist.

(f) Written prescriptions may be transmitted by a practitioner to a dispensing pharmacy by facsimile. In such cases, the prescribing practitioner shall print "FAXED" on the face of the prescription, and the facsimile received must be on non-fading standard paper. Thermographic paper is not acceptable for any prescriptions for drugs in any Schedule.

1. For drugs in Schedules III, IV, and V, a facsimile of a written, signed prescription transmitted directly by the prescribing practitioner to the pharmacy can serve as an original prescription.

2. For drugs in Schedule II, the original written prescription must still be presented and verified against the facsimile at the time the substance is actually dispensed and the original document must be properly annotated and retained for filing subject to the exceptions listed in (3) below.

3. Exception to (2): A facsimile copy of a prescription for a Schedule II drug when sent by facsimile by the prescribing practitioner:

   (A) To a Home Infusion Pharmacy.

   (B) When the prescription is for a patient in a Long Term Care Facility (LTCF).

   (C) When the prescription is for a patient in a Hospice program certified by Medicare under Title XVIII or licensed by the state.
(D) If the facsimile is sent from a LTCF or hospice instead of the prescribing practitioner's office, the original must be presented at the time any controlled dangerous substance is dispensed.

(g) The pharmacist still bears the responsibility for ensuring that prescriptions for controlled dangerous substances have been issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his/her professional practice. This responsibility applies equally to an order transmitted by facsimile. Measures to be considered in authenticating prescriptions sent by facsimile equipment would include maintenance of a practitioner's facsimile number reference file, verification of the telephone number of the originating facsimile equipment, and/or telephone verification with the practitioner's office that the prescription was both written by the practitioner and transmitted by the practitioner or the practitioner's agent.

(h) Electronic prescriptions are permitted as provided by 21 CFR §§ 1311 et. seq.

475:30-1-5. Dispensing of narcotic drugs during scientific research

(a) The administering or dispensing directly (but not prescribing) of narcotic drugs in any schedule to a narcotic drug dependent person for the purpose of continuing his/her dependence upon such drugs in the course of conducting an authorized clinical scientific research in the development of a narcotic addict rehabilitation program shall be deemed to be within the meaning of the term "in the course of his/her professional practice or research"; PROVIDED that approval is obtained prior to the initiation of such a program by submission of a protocol submitted to the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control and the State of Oklahoma Drug Treatment Rehabilitation Authority and Department of Mental Health and Substance Abuse Services. It will be reviewed by the State of Oklahoma Drug Treatment Rehabilitation Authority and the Department of Mental Health and Substance Abuse Services for scientific merit and qualifications and by the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control for controlled dangerous substance requirements as provided by the Uniform Controlled Dangerous Substances Act and this Chapter.

(b) Nothing in this Title shall prohibit a physician who is not specifically registered to conduct a narcotic treatment program from administering (but not prescribing) narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms, when necessary, while arrangements are being made for referral for treatment. Not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days and may not be renewed or extended.

475:30-1-7. Partial filling of Schedule II prescriptions

(a) The partial filling of a prescription for a controlled dangerous substance listed in Schedule II is permissible if the pharmacy is unable to supply the full quantity called for in a written or emergency oral prescription, or where the partial fill is requested by the patient or the practitioner that wrote the prescription. A notation of the quantity supplied on the face of the written prescription (or written record of the emergency oral prescription) is required. The remaining portion of the prescription may be filled within seventy-two (72) hours of the first partial filling if the initial partial filling occurred within not later than thirty (30) days after the issuance of the prescription; however, in the case of emergency oral prescriptions, the remaining portion of a partially filled prescription shall be filled not later than seventy-two (72) hours after the prescription is issued. If the remaining portion is not or cannot be filled within the 72 hour period, the pharmacy shall so
notify the prescribing registered individual practitioner. No further quantity may be supplied beyond the seventy-two (72) hours without the issuance of a new prescription.

(b) A prescription for a Schedule II controlled substance written for a patient in a Long Term Care Facility (LTCF) or for a patient with a medical diagnosis documenting a terminal illness may be filled in partial quantities to include individual dosage units. If there is any question whether a patient may be classified as having a terminal illness, the pharmacist must contact the practitioner prior to partially filling the prescription. Both the pharmacist and the practitioner have a corresponding responsibility to assure that the controlled substance is for a terminally ill patient. The pharmacist must record on the prescription whether the patient is "terminally ill" or an "LTCF patient". A prescription that is partially filled and does not contain the notation "terminally ill" or "LTCF patient" shall be deemed to have been filled in violation of the Uniform Controlled Dangerous Substances Act. For each partial filling, the dispensing pharmacist shall record on the back of the prescription (or on another appropriate record, uniformly maintained, and readily retrievable) the date of the partial filling, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. Prior to any subsequent partial filling, the pharmacist is to determine that the additional partial filling is necessary. The total quantity of Schedule II controlled dangerous substances dispensed in all partial fillings must not exceed the total quantity prescribed. Schedule II prescriptions for patients in a LTCF or patients with a medical diagnosis documenting a terminal illness shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of medication.

475:30-1-11. Refilling of prescriptions; issuance of multiple prescriptions
(a) The refilling of a prescription for a controlled dangerous substance listed in Schedule II is prohibited.
(b) Except as prohibited by law or rule, an individual practitioner may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a Schedule II controlled dangerous substance provided the following conditions are met:
   (1) Each separate prescription is issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice;
   (2) The individual practitioner provides written instructions on each prescription (other than the first prescription, if the prescribing practitioner intends for that prescription to be filled immediately) indicating the earliest date on which a pharmacy may fill each prescription;
   (3) The individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse; and,
   (4) The individual practitioner complies fully with all other applicable requirements.
(c) No prescription for a controlled dangerous substance in Schedules III or IV shall be filled or refilled more than six (6) months after the date such prescription was issued, and no such prescription authorized to be refilled may be refilled more than five (5) times. Each refilling of a prescription shall be maintained by the pharmacy, which indicated by the number of the prescription the following information: the name and dosage form of the controlled dangerous substance; the date of each refilling; the quantity dispensed; the identity or initials of the dispensing pharmacist in each refilling; and the total number of refills for that prescription. If the pharmacist merely initials and dates the back of the prescription, he/she shall be deemed to have dispensed a refill for the full face amount of the prescription. Additional quantities of controlled dangerous substances listed in Schedule III or IV may only be authorized by a prescribing practitioner through
issuance of a new and separate prescription. Refills shall not be obtained at the same time as the initial filling of the prescription and only one (1) refill shall be obtained at any one time. A new prescription for a specific CDS-controlled dangerous substance voids any existing refills or other prescriptions for the same drug.

(b)(d) A pharmacy registrant may elect to use an automated data processing system to maintain prescription files; however, if such a system is used, there must also be written files kept which meet the requirements of Title 59 Okl.St.Ann. § 353.20, OAC 535:15-3-21 and 21 CFR § 1306.22.

(e) Prescriptions for hydrocodone containing products may not be refilled.

475:30-1-12. Partial filling of Schedules III, IV, and V prescriptions

The partial filling of a prescription for a controlled dangerous substance listed in Schedules III, IV, or V is permissible; PROVIDED that:

1. Each partial filling is recorded in the same manner as a refilling.
2. The total quantity dispensed in all partial fillings does not exceed the total quantity prescribed.
3. No dispensing occurs after six (6) months after the date on which the prescription was issued.
4. Prescriptions for hydrocodone containing products are partially filled pursuant to 475:30-1-7.