Title 19 - DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 1—Controlled Substances

PROPOSED AMENDMENT

19 CSR 30-1.064 Partial Filling of Controlled Substance Prescriptions. The Department of Health and Senior Services is amending the purpose statement, section (1) and section (2).

PURPOSE: This amendment updates Missouri's partial filling of controlled substances prescriptions regulation to be consistent with federal law and recently promulgated federal regulations regarding the partial filling of controlled substances listed in Schedule II.

PURPOSE: This rule sets requirements for the partial filling of ***[****Schedule II****]*** *controlled substance prescriptions.*

(1) The partial filling of a controlled substance listed in Schedule II is permitted as provided in this rule and federal regulations.

[*(1)***] (A) Insufficient Supply on Hand.** The partial filling of a prescription for a controlled substance listed in Schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription, and s/he makes a notation of the quantity supplied on the face of the written prescription (or written record of the emergency oral prescription), or in the electronic record. The remaining portion of the prescription may be filled within seventy-two (72) hours of the first partial filling; however, if the remaining portion is not or cannot be filled within the seventy-two- (72-) hour period, the pharmacist shall so notify the prescribing individual practitioner. No further quantity may be supplied beyond seventy-two (72) hours without a new prescription.

(B) Long-term care or terminally ill patient. 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 prescribing 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 Chapter 195, RSMo. 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. The total quantity of Schedule II controlled 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 sixty (60) days from the issue date unless sooner terminated by the discontinuance of medication.

(C) Patient or Prescriber Request. For a patient who is not terminally ill or a patient in a long-term care facility, the partial filling of a prescription for a controlled substance listed in Schedule II may occur at the request of a patient or it may be directed by the prescriber in the manner established by applicable federal regulations. The dispensing of a partial filling under this subsection shall not occur beyond thirty (30) days from the date of the issuance of the prescription.

(2) The partial filling of a prescription for controlled substances listed in Schedules II, III, IV, or V is permissible, provided that—
(A) **[***Partial filling may occur at the request of a patient or it may be directed by the prescriber, unless the prescription is written for a patient in a long-term care facility (LTCF) or for a patient with a medical diagnosis documenting a terminal illness, in which case the pharmacist must record on the prescription whether the patient is "terminally ill" or "LTCF patient.";*
*(B)***]** Each partial dispensing is recorded in the same manner as a refilling would be;
[*(C)***] (B)** With each partial dispensing, the pharmacy must document the date and quantity dispensed on the original prescription record or their electronic computer applications, provided that the electronic system meets all of the federal requirements for handling of electronic prescriptions for controlled substances, including the ability to retrieve the information pertaining to partially filled controlled substances;
[*(D)***] (C)** The total quantity dispensed in all partial fillings cannot exceed the total quantity prescribed;
[*(E)***](D)** No dispensing occurs—
1. For controlled substances listed in Schedule II**[**,**]** **written for a patient in a long term care facility (LTCF) or for a patient with a medical diagnosis documenting a terminal illness,** after sixty (60) days after the date on which the original prescription was issued; **[***and***]**
2. For a partial filling of a prescription of a controlled substance listed in schedule II at the request of a prescribing practitioner or patient, after thirty (30) days on which the original prescription was issued;
3. For emergency oral prescriptions for controlled substances listed in schedule II, after seventy-two (72) hours on which the original emergency oral prescription was issued; and
[*2***]4**. For controlled substances listed in Schedules III and IV after six (6) months after the date on which the original prescription was issued;
[*(F)***] (E)** A partial dispensing is not considered a "refill" if the patient does not receive the full authorized amount at one time; and
[*(G)***](F)** The prescription was written and filled in accordance with all other applicable laws and regulations.

AUTHORITY: section 195.080, RSMo Supp. 2020, and section 195.195, RSMo 2016.* Original rule filed April 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 29, 2015, effective July 30, 2015. Emergency amendment filed Sept. 17, 2018, effective Sept. 27, 2018, expired March 25, 2019. Amended: Filed Sept. 17, 2018, effective March 30, 2019. Amended: Filed Oct. 30, 2020, effective April 30, 2021. **Amended: Filed ……., effective *****2024.**

*Original authority: 195.080, RSMo 1939, 1965, 1971, 1987, 1989, 1997, 2005, 2010, 2012, 2014, 2018, 2019 and 195.195, RSMo 1957, amended 1971, 1989, 1993, 2014.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support or in opposition to this proposed amendment with E.J. Jackson, Missouri Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs, PO Box 570, Jefferson City, MO 65102 or via email at BNDD@health.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the ***Missouri Register****. No public hearing is scheduled.*