

Opioid Dispensing Clarifications

Electronic Prescribing - Filling Written Opioid Prescriptions After August 1, 2017

A pharmacist is **NOT** required to verify that a practitioner has a waiver from the requirement to electronically prescribe or properly falls under one of the other exceptions from the requirement to electronically prescribe. It is the responsibility of the practitioner to ensure their compliance with the electronic prescribing mandate. Pharmacists may continue to dispense medications from otherwise **valid** written, oral or fax prescriptions that are consistent with current laws and regulations.

The Department will be conducting periodic audits. If a prescriber is identified as repeatedly submitting written prescriptions to a pharmacy, that provider may be at risk for professional discipline.

Adding & Changing Information on an Electronic or Written Prescription

Pharmacist may add or change with practitioner authorization:

- Maximum Daily Dosage (MDD)
- Exemption Code
- "Acute" or "Chronic" designation
- ICD-10 Code

Pharmacist may add or change without practitioner authorization:

- Patient address
- Patient gender
- Patient age

Pharmacist may NEVER add or change (**unless clarifying illegible handwriting**):

- Patient name
- Practitioner signature
- Date written
- Practitioner DEA#
- Institutional DEA#/Suffix
- Drug name
- Quantity
- Dosage form
- Strength of the Prescription
- Directions for the Prescription

Maine State Statute – Exemption Code H – Opioid Intolerance

For a prescription containing exemption code H where a patient was unable to tolerate the initial opioid prescribed, the Department recommends that pharmacists provide patients with information and guidance on the safe disposal of the opioid medication initially prescribed and dispensed. Information on disposal of unused medications can be found here:

<https://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm>

Partial Dispensing

Schedule II Opioids

A prescription for a schedule II controlled substance may be partially dispensed if the pharmacist is unable to supply the full quantity of a written or emergency oral (telephone) prescription, provided the pharmacist notes the quantity supplied on the front of the written prescription, on a written record of the emergency oral prescription, or in the electronic prescription record. The remaining portion may be dispensed within 72 hours of the first partial dispensing. However, if the remaining portion is not or cannot be filled within the 72-hour period, the pharmacist must notify the prescribing practitioner. No further quantity may be supplied beyond 72 hours without a new prescription. (21 CFR §1306-13)

Schedule III & IV Opioids

A pharmacist may partially dispense a prescription for schedule III & IV opioids provided that each partial filling is recorded in the same manner as a refilling, the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed, and no dispensing occurs beyond six months from the date on which the prescription was issued.

Frequently Asked Questions

Are refills permitted for opioid medications?

Refills are **not** permitted for schedule II opioids. Refills are permitted for Schedule III & IV not to exceed 5 within 6 months. (https://www.deaiversion.usdoj.gov/pubs/manuals/pharm2/pharm_manual.htm)

How should I handle out-of-state prescriptions that do not meet Maine's requirements?

Out-of-state prescriptions may be filled after verifying and documenting the missing information.

Methadone and Buprenorphine MMEs seem incorrect. What conversion factor table should be used to calculate the daily MME?

The Department asks that the conversion table published by the U.S. CDC be used until the calculator imbedded in the PMP reflects that of the U.S. CDC. This table can be found here:

https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

Where should the ICD-10 code and exemption code be entered in PMP submissions?

Additional fields to capture the ICD-10 and exemption codes will be available in the ASAP version 4.2A. The requirement to **upload** this information to the PMP is effective July 1, 2018. The requirement for the prescriber to **document** this information on the prescription is effective July 1, 2017.

If an opioid is written for something other than pain, does it need to have the acute/chronic designation?

Yes. All non-exempt opioid prescriptions* must have an acute/chronic designation.

(*Please see Opioid Prescription Requirements: <http://www.maine.gov/dhhs/samhs/documents/Opioid-Prescription-Requirements-UserGuide.pdf>)

What should I do if I have concerns regarding a written opioid prescription?

If you believe that a prescription may be fraudulent or duplicative, you should withhold the prescription until you are able to contact the prescriber. You may report this information to the PMP team, however it is not required.