



Prescribing and Dispensing Profile

Mississippi



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Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II prescriptions may only be dispensed on the written prescription of a practitioner

- May be dispensed on the oral prescription of a practitioner in an emergency situation
 - Must be promptly reduced to writing
 - Quantity must be limited to an amount sufficient to treat the patient for the emergency period, not to exceed 48 hours
 - Within seven days of dispensing, the prescriber must deliver a written prescription to the pharmacy
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
 - Schedule II narcotics to be prepared or compounded for the direct administration to a patient via certain methods
 - For patients in a hospice or long term care facility

Pharmacist may dispense up to a 90 day supply of a Schedule II substance pursuant to multiple prescriptions issued on the same date

- Must contain language indicating when each prescription can be filled

Schedule II prescriptions shall not be filled more than six months after issuance

Schedule II prescriptions shall be maintained in a separate file from other prescriptions

Schedule II prescriptions may not be refilled

Schedule III, IV and V Prescribing Limitations (not related to pain clinics)

Schedule III and IV prescriptions may only be dispensed on the written or oral prescription of a practitioner

Schedule V substances shall not be distributed or dispensed for other than a medical purpose

Schedule III—V prescriptions shall be maintained in a separate file from other prescriptions

Schedule III and IV prescriptions may not be filled or refilled more than six months after originally issued or refilled more than five times unless renewed by the practitioner

- Prescriptions shall not be refilled more than 12 months from the date of issuance

Miscellaneous Prescribing/Dispensing Requirements

Physician who prescribes or administers controlled substances shall maintain a complete record of his or her examination, evaluation, and treatment of the patient which must include the following:

- Documentation of the diagnosis and reason for prescribing, dispensing, or administering the controlled substance
- Name, dose, strength, quantity of substance
- Date the substance was prescribed, dispensed, or administered



Miscellaneous Prescribing/Dispensing Requirements, cont'd.

Practitioners shall keep a record of all Schedule II and III substances administered, dispensed, or professionally used by him otherwise than by prescription

- Each physician who dispenses or administers Schedule II – V substances shall maintain a separate readily retrievable record of all such substances dispensed or administered
 - Schedule II records must be kept separately from Schedule III – V records
 - The record shall contain the following information:
 - The date the substance was administered or dispensed
 - The name, quantity, strength/dose of the substance
 - Method of administration
 - Name and address of patient
 - For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesia, brain dysfunction, epilepsy, or depression, the dispensing or administration records shall include the diagnosis and the reason for use of the Schedules II and III controlled substances

No physician shall prescribe, administer, or dispense any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication therefor

Physician, in good faith and in the course of his professional practice only, may prescribe, administer, dispense, mix or otherwise prepare narcotic drugs

A valid prescription means one issued for a legitimate medical purpose by a practitioner who has conducted at least one in-person evaluation of the patient

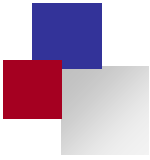
- “In-person evaluation” means a medical evaluation that is conducted with the patient in the physical presence of the medical practitioner
- A prescription for a controlled substance based solely on a consumer’s completion of an online medical questionnaire is not a valid prescription

Prescriptions shall contain the following information:

- Full name and address of patient
- Name, address, and DEA registration number of the practitioner
- Date of issuance and signature of practitioner
- Name, strength, dosage form, and quantity of drug prescribed
- Directions for use
- Refills authorized

Prescribing/Dispensing Limitations for Dentists

Dentist may prescribe, administer, dispense, mix, or otherwise prepare narcotic drugs in the course of his professional practice



Prescribing/Dispensing Limitations for Optometrists

Optometrists may prescribe oral analgesic controlled substances in Schedule IV and V only

Optometrists can prescribe and use therapeutic pharmaceutical agents in their professional practice after being authorized to use such agents by the board

Pain Clinic/Pain Management Regulations

Physicians may prescribe, administer, or dispense controlled substances in Schedules II – V, or other drugs have addiction-forming and addiction-sustaining liability to a person in the usual course of treatment of that person for a diagnosed condition causing chronic pain

- Chronic pain is a condition in which the cause of pain cannot be removed or otherwise treated and which, in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible and one or more physicians specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain
- Use of said medication should be used with caution and physician may prescribe, administer, or dispense said medications for the treatment of pain provided the following conditions are met:
 - Physician shall conduct a risk/benefit analysis by reviewing his/her own records or other records of prior treatment, that there is an indicated need for long term controlled substance therapy
 - Determination shall take into account the specifics of each patient's diagnosis, past treatments and suitability for long-term controlled substance use either alone or in combination with other indicated modalities for the treatment of chronic pain
 - Shall be clearly entered in the patient's medical record and shall include consultation/referral reports to determine the underlying pathology or cause of the chronic pain
 - Documentation in the patient record shall include a complete medical history and physical examination that indicates the presence of one or more recognized medical indications for the use of controlled substances
 - Written treatment plan that contains the stated objectives as a measure of successful treatment and planned diagnostic evaluations
 - Should include an informed consent agreement for treatment that details the relative risks and benefits of the treatment
 - Should also include specific requirements of the patient, such as using one prescriber and one pharmacy if possible, and drug screens
 - Periodic review and documentation of the treatment course is conducted at reasonable intervals (no more than every six months) with modification of therapy dependent on the physician's evaluation of progress toward the treatment objectives
 - Should include referrals and consultations as necessary

Pain management medical practice is defined as a public or privately owned medical practice that provides pain management services to patients, a majority (more than 50%) of whom are issued prescriptions for, or are dispensed, opiates, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol for more than 180 days in a twelve month period

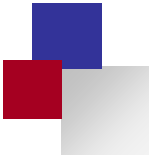
- Does not include licensed hospitals, state health department facilities, federally qualified community health clinics, volunteer clinics, hospice services, outpatient surgical clinics or physician/clinic practices at which the majority of the patients are treated for pain as a result of a terminal illness



Pain Clinic/Pain Management Regulations, cont'd.

Physician must possess and maintain a majority ownership (more than 50%) of a pain management medical practice and shall register the practice with the board

- No physician may practice in a pain management medical practice unless said practice is majority owned (over 50%) by a physician or physicians unless otherwise exempt
- Physician or medical director who owns, operates, or is employed in a pain management medical practice must meet the following requirements:
 - Physician owner/operator must submit apply for initial registration and renewal
 - Must have a certificate from the Mississippi Board of Medical Licensure for each practice
 - Valid for one year and must be renewed
 - Physician owner/operators may not operate in Mississippi unless the practice is owned or operated by a hospital or medical director who:
 - Is a physician who practice full-time in Mississippi (full-time is defined as at least 20 hours per week of direct patient care)
 - Holds an active unrestricted license
 - Holds a certificate of registration for that pain management practice
 - Physicians must meet one of the following qualifications or, if they have not met one of these qualifications, must have successfully completed a pain residency fellowship or pain medicine residency:
 - Board certification by a specialty board and hold a subspecialty certification in pain medicine
 - Board certification in pain management
 - Board certification in pain medicine by the American Board of Pain Medicine
 - Successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery
 - Successful completion of 100 hours of in-person, live participatory AMA or AOA Category I continuing medical education courses in pain management
 - Must also have 15 hours of live lecture format, Category I continuing medical education courses in pain management for every year the physician is practicing pain management
- Physicians must be registered with the PMP
- Physicians shall obtain a PMP report on the initial visit of the patient to the practice and at intervals deemed to be appropriate for good patient care for every patient receiving controlled substances



Training or Education Requirements or Recommendations for Practitioners who Prescribe or Dispense Controlled Substances

Every Mississippi licensee with an active DEA certificate must obtain five hours of continuing education related to the prescribing of medications with an emphasis on controlled substances

Physicians practicing in a pain management medical practice must have 15 hours of live lecture format, Category I CME in pain management for every year the physician is practicing pain management

Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

No specific statutes or regulations identified.

PMP Requirements for Mandatory Registration and Access

Physicians practicing in a pain management medical practice must be registered with the PMP

Physicians practicing in a pain management medical practice must check the PMP at the initial visit of a patient to the practice and at appropriate intervals thereafter for every patient receiving controlled substances at the practice

Each individual in an opioid treatment program must be reviewed prior to admission and annually thereafter in the MS PMP and the PMPs of nearby states for which access is available to assess for appropriateness of opiate treatment services

Patient Referral to Treatment

No specific statutes or regulations identified.

Board Guidelines

None.

