



Prescribing and Dispensing Profile

Missouri



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Schedule II Prescribing Limitations (not related to pain clinics)

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

- May dispense a Schedule II substance on the oral prescription of a practitioner in an emergency situation
 - Emergency situation is a situation in which the prescriber determines that:
 - Immediate administration of the controlled substance is necessary for the proper treatment of the patient
 - No appropriate alternative treatment is available, including administration of a drug which is not a Schedule II
 - It is not reasonably possible for the prescriber to provide a written prescription prior to dispensing
 - Quantity must be limited to an amount adequate to treat the patient during the emergency period
 - Must be immediately reduced to writing
 - If the prescriber is not known to the pharmacist, s/he shall make reasonable effort to determine that the oral authorization came from a practitioner by verifying his or her phone number against that listed in the directory and other good faith efforts to insure his/her identity
 - Prescriber must deliver a written prescription to the pharmacy within seven days
- May dispense a Schedule II substance on the faxed prescription of a practitioner in the following circumstances:
 - For patients in a long term care facility or hospice
 - For a Schedule II substance to be compounded for direct administration to a patient by certain methods

May only dispense a 30 day supply of Schedule II substances

- May be increased up to three months if the physician describes on the prescription form or otherwise indicates the medical reason for requiring a larger supply

No prescription shall be filled more than six months after being issued

Records of Schedule II substances shall be kept separately from all other prescriptions

Schedule II prescriptions shall not be refilled

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

Schedule III – V substances may only be dispensed on the written, faxed, or oral prescription of a practitioner

- Oral prescriptions shall immediately be reduced to writing

The quantity of Schedule III – V substances dispensed shall be limited to a 90 day supply

- May be increased up to three months if the physician describes on the prescription form or otherwise indicates the medical reason for requiring a larger supply

Records of Schedule III – V substances shall be kept separately from other prescriptions or in a form that is readily retrievable from all other records

No prescription in Schedule III or IV shall be filled or refilled more than six months after the original date of the prescription or refilled more than five times unless renewed by the practitioner

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Miscellaneous Prescribing/Dispensing Requirements

Individual practitioners may dispense controlled substances to patients with whom the practitioner has established and documented a practitioner/patient relationship

- Physicians must provide patients with freedom of choice concerning the source of drugs and devices prescribed
 - May not require that patients only receive drugs dispensed directly from the physician's office or require any patient to use the services of a particular pharmacy
- Must maintain appropriate records that include the following:
 - Name of the patient
 - Name and strength of drug dispensed
 - Quantity and dose

Prescriptions must contain the following information:

- Date issued
- Full name and address of patient
- Full name, address, and registry number of prescriber
- Name, strength, and dosage of drug and directions for use
- Number of refills
- Quantity prescribed in weight, volume, or number of units

Prescribing/Dispensing Limitations for Dentists

Dentists may prescribe, administer, and dispense controlled substances in the course of his or her professional practice so long as:

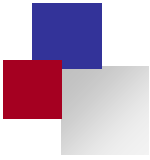
- The dentist possess the requisite federal and state registrations
- The dentist prescribes, administers, dispenses, or distributes controlled substances in the course of his professional practice and for no other reason
- A bona fide dentist-patient relationship exists

Prescribing/Dispensing Limitations for Optometrists

Optometrists certified to administer pharmaceutical agents may prescribe, administer, and dispense controlled substances in the course of his or her professional practice

Optometrists may use oral analgesics as follows:

- Prescription strength oral analgesics and particularly controlled substances are rarely required for the relief of pain in ocular conditions; therefore, they may only be used for ocular pain where the etiology can be clearly demonstrated and in which, in the judgment of the optometrist, sufficient relief would not be obtained with non-controlled substances
- When prescribing oral analgesics which are categorized as controlled substances, only scheduled oral agents that are appropriate for treatment of ocular pain may be prescribed
- Prescriptions for controlled substances may not be refilled without further examination and follow-up care
- Optometrists may not maintain inventories of controlled substances for dispensing or administration



Pain Clinic/Pain Management Regulations

Intractable pain is a pain state in which the cause of the 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 or none has been found after reasonable efforts that have been documented in the physician's medical records

Physician may prescribe, administer, or dispense controlled substances for the treatment of pain, if such diagnosis and treatment has been documented the patient's medical records

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

No specific statutes or regulations identified.

Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

No specific statutes or regulations identified.

PMP Requirements for Mandatory Registration and Access

Missouri has no prescription monitoring program.

Patient Referral to Treatment

No specific statutes or regulations identified.

Board Guidelines

None.