

1 STATE OF OKLAHOMA

2 2nd Session of the 56th Legislature (2018)

3 SENATE BILL 1075

By: Griffin

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5
6 AS INTRODUCED

7 An Act relating to controlled dangerous substances;
8 amending 63 O.S. 2011, Section 2-309, as last amended
9 by Section 1, Chapter 323, O.S.L. 2013 (63 O.S. Supp.
10 2017, Section 2-309), which relates to the Uniform
11 Controlled Dangerous Substances Act; limiting initial
12 opioid prescriptions for certain persons; providing
13 definition; and providing an effective date.

14 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

15 SECTION 1. AMENDATORY 63 O.S. 2011, Section 2-309, as
16 last amended by Section 1, Chapter 323, O.S.L. 2013 (63 O.S. Supp.
17 2017, Section 2-309), is amended to read as follows:

18 Section 2-309. A. 1. Except for dosages medically required
19 for a period not to exceed forty-eight (48) hours which are
20 administered by or on direction of a practitioner, other than a
21 pharmacist, or medication dispensed directly by a practitioner,
22 other than a pharmacist, to an ultimate user, no controlled
23 dangerous substance included in Schedule II, which is a prescription
24 drug as determined under regulation promulgated by the Board of
Pharmacy, may be dispensed without the written prescription of a

1 practitioner; provided, that in emergency situations, as prescribed
2 by the Board of Pharmacy by regulation, such drug may be dispensed
3 upon oral prescription reduced promptly to writing and filed by the
4 pharmacist in a manner to be prescribed by rules and regulations of
5 the Director of the Oklahoma State Bureau of Narcotics and Dangerous
6 Drugs Control.

7 2. Electronic prescribing may be utilized for Schedules II,
8 III, IV, and V, subject to the requirements set forth in 21 CFR,
9 Section 1311 et seq.

10 3. The transmission of written prescription by practitioner to
11 dispensing pharmacy by facsimile or electronic transmission with
12 electronic signature is permitted only under the following
13 conditions:

14 a. for Schedule II drugs, the original prescription must
15 be presented and verified against the facsimile at the
16 time the substances are actually dispensed, and the
17 original document must be properly annotated and
18 retained for filing, except:

19 (1) home infusion pharmacy may consider the facsimile
20 to be a "written prescription" as required by
21 Section 2-101 et seq. of this title and as
22 required by Title 21 U.S.C., Section 829(a). The
23 facsimile copy of the prescription shall be
24 retained as an original prescription, and it must

1 contain all the information required by Section
2 2-101 et seq. of this title and 21 CFR, Section
3 1306.05(a), including date issued, the patient's
4 full name and address, and the practitioner's
5 name, address, DEA registration number, and
6 signature. The exception to the regulations for
7 home infusion/IV therapy is intended to
8 facilitate the means by which home infusion
9 pharmacies obtain prescriptions for patients
10 requiring the frequently modified parenteral
11 controlled release administration of narcotic
12 substances, but does not extend to the dispensing
13 of oral dosage units of controlled substances,

14 (2) the same exception is granted to patients in Long
15 Term Care facilities (LTCF), which are filled by
16 and delivered to the facility by a dispensing
17 pharmacy, and

18 (3) an electronic prescription with electronic
19 signature may serve as an original prescription,
20 subject to the requirements set forth in 21 CFR,
21 Section 1311 et seq., and

22 b. for drugs in Schedules III and IV, a facsimile copy of
23 a written, signed prescription transmitted directly by
24 the prescribing practitioner to the pharmacy can serve

1 as an original prescription. Electronic prescribing
2 may be utilized for Schedules III and IV subject to
3 the same requirements as set forth in 21 CFR, Section
4 1311 et seq.

5 4. Prescriptions shall be retained in conformity with the
6 requirements of this section and Section 2-307 of this title. No
7 prescription for a Schedule II substance may be refilled.

8 5. If the person is being prescribed a Schedule II, III, or IV
9 opioid for acute pain, as defined in subsection G of this section,
10 for the first time by the prescriber, the initial prescription for
11 the opioid shall not exceed a seven-day supply and shall be
12 accompanied by an explanation of the risks associated with opiate
13 use and the reasons explaining why the prescription is necessary.

14 B. 1. Except for dosages medically required for a period not
15 to exceed forty-eight (48) hours which are administered by or on
16 direction of a practitioner, other than a pharmacist, or medication
17 dispensed directly by a practitioner, other than a pharmacist, to an
18 ultimate user, no controlled dangerous substance included in
19 Schedule III or IV, which is a prescription drug as determined under
20 regulation promulgated by the Board of Pharmacy, may be dispensed
21 without a written or oral prescription.

22 2. A written or oral prescription for a controlled dangerous
23 substance in Schedule III or IV may not be filled or refilled more
24 than six (6) months after the date thereof or be refilled more than

1 five times after the date of the prescription, unless renewed by the
2 practitioner.

3 3. A written or oral prescription for any product containing
4 hydrocodone with another active ingredient shall not be refilled.

5 C. No controlled dangerous substance included in Schedule V may
6 be distributed or dispensed other than for a legitimate medical or
7 scientific purpose.

8 D. Except for dosages medically required for a period not to
9 exceed forty-eight (48) hours which are administered by or on
10 direction of a practitioner, other than a pharmacist, or medication
11 dispensed directly by a practitioner, other than a pharmacist, to an
12 ultimate user, tincture opium camphorated, commonly known as
13 paregoric, may not be dispensed without a written or oral
14 prescription. The refilling of a prescription for paregoric shall
15 be unlawful unless permission is granted by the prescriber, either
16 written or oral.

17 E. Whenever it appears to the Director that a drug not
18 considered to be a prescription drug under existing state law or
19 regulation of the Board of Pharmacy should be so considered because
20 of its abuse potential, the Director shall so advise the Board of
21 Pharmacy and furnish to the Board all available data relevant
22 thereto.

23 F. "Prescription", as used herein, means a written or oral
24 order by a practitioner to a pharmacist for a controlled dangerous

1 substance for a particular patient, which specifies the date of its
2 issue, and the full name and address of the patient; if the
3 controlled dangerous substance is prescribed for an animal, the
4 species of the animal; the name and quantity of the controlled
5 dangerous substance prescribed; the directions for use; the name and
6 address of the owner of the animal and, if written, the signature of
7 the practitioner.

8 G. For purposes of this section, "acute pain" shall mean pain,
9 whether resulting from disease, accidental or intentional trauma or
10 other cause that the practitioner expects to last only a short
11 period of time. Such term shall not include chronic pain, pain
12 being treated as part of cancer care, hospice or other end-of-life
13 care or pain being treated as part of palliative care practice.

14 H. No person shall solicit, dispense, receive or deliver any
15 controlled dangerous substance through the mail, unless the ultimate
16 user is personally known to the practitioner and circumstances
17 clearly indicate such method of delivery is in the best interest of
18 the health and welfare of the ultimate user.

19 SECTION 2. This act shall become effective November 1, 2018.

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