

DEA Prescription Requirements

A prescription for a controlled substance must be **dated and signed on the date when issued.**

The prescription must include the patient's full name and address.

A prescription for a controlled substance must be written in ink or indelible pencil or typewritten and must be manually signed by the practitioner on the date when issued.

Schedule II Substances

amphetamine/adderall
fentanyl/duragesic
hydromorphone/dilaudid

meperidine/demerol
methadone/dolophine
methylphenidate/ritalin

morphine/contin, IR
oxycodone/oxycotin, perc, roxi
oxymorphone/opana

There is no federal time limit within which a Schedule II prescription must be filled after being signed. While some states and many insurance carriers limit the quantity of controlled substance dispensed to a 30-day supply, there are no specific federal limits to quantities of drugs dispensed via a prescription. For Schedule II controlled substances, an oral order is only permitted in an emergency situation.

Refills

The refilling of a prescription for a controlled substance listed in Schedule II is prohibited.

Issuance of Multiple Prescriptions for Schedule II Substances

An individual practitioner may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a schedule II controlled substance provided the following conditions are met:

1. Each separate prescription is issued for a legitimate medical purpose.
2. The individual practitioner provides **written instructions on each prescription indicating the earliest date on which a pharmacy may fill each prescription.**
3. The individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse.
4. The issuance of multiple prescriptions is permissible under applicable state laws.
5. The individual practitioner complies fully with all other applicable requirements under the Controlled Substances Act and Code of Federal Regulations, as well as any additional requirements under state law.

The regulation should not be construed as encouraging individual practitioners to issue multiple prescriptions or to see their patients only once every 90 days when prescribing schedule II controlled substances. Rather, individual practitioners must determine on their own whether it is appropriate to issue multiple prescriptions and how often to see their patients when doing so.

Schedule III, IV, V Substances

III:
buprenorphine/was stadol
codeine+/ t3
hydrocodone+/vicodin, lortab,
norco, tussionex (+chlorphenir)
butalbital+/fiorinal, fioricet
dronabinol/marinol

IV:
alprazolam/xanax
butorphanol/stadol
carisoprodol/soma
clonazepam/klonopin
diazepam/valium
eszopiclone/lunesta

lorazepam/ativan
midazolam po/versed
modafenil/provigil
phenobarb/donnatal
sibutramine/meridia
temazepam/restoril
tramadol/ultram

triazolam/halcion
zaleplon/sonata
zolpidem/ambien

V:
codeine cough prep
pregabalin/lyrica

A prescription for controlled substances in Schedules III, IV, and V issued by a practitioner, may be communicated either **orally, in writing, or by facsimile** to the pharmacist.

Refills

Schedule III and IV controlled substances **may be refilled** if authorized on the prescription. However, the prescription may only be refilled **up to five times within six months** after the date on which the prescription was issued. After five refills or after six months, whichever occurs first, a new prescription is required.

Telephone Authorization for Schedule III-V Prescriptions

A pharmacist may dispense a controlled substance listed in Schedule III, IV, or V pursuant to an oral prescription made by an individual practitioner and promptly reduced to writing by the pharmacist.