

Colorado Medical Society
Schedule II Controlled Substance Partial Fills: Background and initial draft legislative specifications

Basis for recommendation: Approximately 70 percent of people who misuse opioids report obtaining them from family, friends or on the street – commonly referred to as “diversion.”

- a. One of the strategies to reduce diversion is to ensure that patients are prescribed the lowest effective dose for the shortest expected duration for expected pain following an acute injury or medical procedure.
- b. Some patients, however, may not require medication for the full duration of expected pain.
- c. Rather than rely on individuals to safely store and dispose of unwanted and unused medication, patients and prescribers can be empowered to request a partial fill of a Schedule II controlled substance, such as Hydrocodone, Morphine and Oxycodone.

Under Section 702 of the federal Comprehensive Addiction and Recovery Act, a pharmacist may partially fill a prescription for a schedule II controlled substance (such as an opioid) if: (1) such partial fills are not prohibited by state law, (2) a partial fill is requested by the patient or prescribing practitioner, and (3) the total quantity dispensed in partial fillings does not exceed the quantity prescribed.

Background: The federal, bipartisan Comprehensive Addiction and Recovery Act (CARA) was enacted in 2016 includes:

- Authorizing state grants to increase access to naloxone
- Authorizing state grants to expand the availability of medication-assisted treatment (MAT)
- Expands the total number of patients that physicians can treat with in-office buprenorphine from 100 to 275
- Allows nurse practitioners and PAs to treat patients with buprenorphine for substance use disorders (with additional training)
- Authorizes a grant program to help treat pregnant and post-partum women who have an opioid use disorder
- Authorizes state grants to enhance a state-based PDMP
- Other provisions to help states to fight the opioid epidemic.

The following proposal can serve as a starting point for the Council on Legislation to consider transitioning the concept to a legislative reality.

Legalize authorization for Schedule II Partial Fill:

- a. Authorize prescriptions for a Schedule II controlled substance to be partially filled if—

- i. The partial fill is requested by the patient or the practitioner who wrote the prescription; and
 - ii. The total quantity dispensed in all partial fillings does not exceed the total quantity prescribed.
- b. Require the pharmacist to retain the original prescription at the pharmacy where the prescription was first presented and the partially filled prescription dispensed.
- c. Require that any subsequent fills occur at the pharmacy that initially dispensed the partial fill subject to the following:
 - i. Any subsequent amount shall be filled within 30 days after the date on which the prescription is written
 - ii. The original prescription becomes null and void 30 days after the date on which the prescription is written.

Notification to the Prescriber of a Partial Fill:

- a. The pharmacist shall only record in the state prescription drug monitoring program the partial fill actually dispensed.
- b. The pharmacist shall notify the prescribing practitioner of the partial fill and of the amount actually dispensed by one of the following:
 - i. A notation in the interoperable electronic health record of the patient;
 - ii. Electronic or facsimile transmission;
 - iii. A notation in the patient's record maintained by the pharmacy which shall be accessible to the practitioner upon request.

Insurance Coverage (this starting point should be worked out with assistance of pharmacy and health plans):

- a. A person who presents a prescription for a partial fill pursuant to this Act shall be required to pay the required cost sharing and/or co-pay as required by the person's insurance coverage for the first partial fill.
- b. A health plan or other payer shall not require the patient to pay any additional cost-sharing for subsequent partial fills of the original prescription.
- c. Under no circumstances shall a person be required to pay more in total cost-sharing for partial fills than would be required to pay for the original prescription.