

Partial Fills are OK for Schedule II Drugs

(If you follow
the DEA's rules)





PARTIAL FILLS OF SCHEDULE II CONTROLLED SUBSTANCES

21 CFR 1306.13 has been amended to align with CARA 2016; Kentucky's **902 KAR 55:095** contains similar provisions

PARTIAL FILL REQUESTS

A partial fill of a CII Rx may be requested by a:

- Patient, parent or legal guardian of a minor, or a caregiver with power of attorney; the request can be made in person, by phone, or in writing (must be signed)
- Prescriber by indicating the partial quantities to dispense on the prescription or in consultation with the pharmacist

PHARMACIST DOCUMENTATION

If not already indicated on the prescription, the pharmacist must note one of the following:

- The [patient, parent or legal guardian of a minor patient, or caregiver of an adult patient named in a medical power of attorney] requested partial fill on [date]

- “Authorized by Practitioner to Partial Fill,” the name of the practitioner, the date and time of the discussion, and the pharmacist's initials

Record all typical dispensing information with each partial fill, including quantity dispensed, date dispensed, and dispensing pharmacist

OTHER REQUIREMENTS

- Remaining portions must be filled no later than 30 days after the written date of the prescription
- An individual can request less medication than the prescriber's specified quantity but not more
- The total quantity dispensed in all partial fillings cannot exceed the total quantity prescribed
- The prescription must be written in accordance with all federal and state regulations

Notes: Information does not apply to partial fills related to product availability, hospice, or long-term care. This is not legal advice. Refer to state and federal law for details.

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