South Dakota
Board of Pharmacy
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SD Board of Pharmacy Policy Statement

What information may be added or modified on a controlled substance (CS) prescription whether prescribed in writing or via electronic prescribing of controlled substances (EPCS)?

Understanding what may or may not be changed on a CS prescription is confusing but is one of the many ways to continue to combat drug diversion while helping patients obtain their medications expeditiously. The rules regarding what can be modified apply to both written prescriptions and electronically prescribed prescriptions. The following summarizes changes that may be made to a prescription for a CII – CV without consulting or after consulting with the prescribing practitioner and what changes may never be made.

The following may be added or modified **without consulting** the practitioner if information can be reliably obtained:

- **Patient's address**
- **Practitioner's address**
- **Practitioners telephone number**
- [1]**Quantity** may be modified ONLY in conjunction with change of **Strength.** The total quantity dispensed cannot exceed the total dosage initially authorized.

  Example: A prescription is written for methylphenidate HCl with directions 5mg (5 ml) by mouth twice daily and a quantity of 300 mL to be dispensed. The pharmacy carries 10 mg/5ml strength. The pharmacy **may** fill the prescription using the 10 mg/5ml methylphenidate HCl and change the dose and quantity accordingly. In this example, the pharmacist may change the dose to 2.5 ml (twice daily) and the quantity dispensed to 150 ml.
  - ✓ The pharmacist must **document** the **new quantity, strength, date** and **pharmacist initials** on the *face of the prescription*
- **Practitioners DEA number** may be **added**. However, do not add a DEA number when the legitimacy of the prescription (i.e., prescriber or DEA number) is in question. Only add the DEA number when it can be obtained from a validated source.

The following may be added or modified **after consulting** with a practitioner (may not be an agent of the practitioner). The pharmacist should document all consultations and note any changes on the face of the prescription.

- **Date of issue** may be added but not changed. A pharmacist may **not change** a "do not fill until date" even if the provider is consulted. A pharmacist may fill prior to a "do not fill until" date in extenuating circumstances **and** after consulting the provider.

  Example: A prescription bears a "do not fill until 3/29" notation. Today's date is 3/26. The patient is leaving for a two week vacation and requests that it be filled. After obtaining approval by the provider, you may fill the prescription.
  - ✓ The pharmacist must **document** the **date**, **reason for early fill, "prescriber consulted"**, and **pharmacist initials** on the *face of the prescription*
- **Drug Quantity and Strength** *unless it falls under the example previously discussed*[1]
  - Includes situations where the acetaminophen strength is missing or incorrect in hydrocodone combination products. The prescriber should be contacted to verify strength of acetaminophen.
- **Directions** for use *unless it falls under the example previously discussed*[1]
- **Dosage form** (capsules and tablets are not interchangeable)
- **Refill instructions** for controlled substances III-IV
- Practitioners **printed** name (NOT practitioners signature)
- **Indication** on prescription for buprenorphine containing products

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A pharmacist **may never change:**

- **Patient's name**
- **Name of controlled substance** *(except where generic substitution permitted)*
- **Signature** of the practitioner

Finally, a pharmacist is expected to use their professional judgment and knowledge to determine when it is appropriate to make changes to any prescription including a prescription for a controlled substance.

Approved by SD Board of Pharmacy 6/9/17, last edited 6/2/17

What information may be added or modified on a controlled substance prescription whether prescribed in writing or via electronic prescribing of controlled substances (EPCS)?

May be added or modified **without consulting** the practitioner	May be added or modified **after consulting** the practitioner	May **never be modified**
• **Patient's address** • **Practitioner's address** • **Practitioners telephone number** • [1]**Quantity** may be modified ONLY in conjunction with change of **Strength.** The total quantity dispensed cannot exceed the total dosage initially authorized. ***Example:*** A prescription is written for methylphenidate HCl with directions 5mg (5 ml) by mouth twice daily and a quantity of 300 mL to be dispensed. The pharmacy stocks the 10 mg/5ml concentration. The pharmacy **may** fill the prescription using the 10 mg/5ml methylphenidate HCl and change the dose and quantity to dispense accordingly. In this example, the pharmacist may change the dose to 2.5 ml (twice daily) and the quantity dispensed to 150 ml. ✓ The pharmacist must **document** the **new quantity, strength, date** and **pharmacist initials** on the *face of the prescription* • **Practitioners DEA number** may be **added**. However, do not add a DEA number when the legitimacy of the prescription (ie. prescriber or DEA number) is in question. Only add the DEA number when it can be obtained from a validated source.	• **Date of issue** may be added but not changed. A pharmacist may **not change** a "do not fill until date" even if the provider is consulted. A pharmacist may fill prior to a "do not fill until" date in extenuating circumstances **and** after consulting the provider. ***Example:*** A prescription bears a "do not fill until 3/29" notation. Today's date is 3/26. The patient is leaving for a two week vacation tomorrow and requests that it be filled today. After obtaining approval by the provider, you may fill the prescription. ✓ The pharmacist must **document** the **date**, **reason for early fill, "prescriber consulted"**, and **pharmacist initials** on the *face of the prescription* • **Drug Quantity and Strength** *unless it falls under the example previously discussed*[1] ✓ Includes situations where the acetaminophen strength is incorrect or missing in hydrocodone combination products. The prescriber should be contacted to verify strength of acetaminophen. • **Directions** for use *unless it falls under the example previously discussed*[1] • **Dosage form** (capsules and tablets are not interchangeable) • **Refill instructions** for controlled substances III-V • Practitioners **printed** name (NOT practitioners signature) • **Indication** on prescription for buprenorphine containing products	• **Patient's name** • **Name of controlled substance** *(except where generic substitution permitted)* • **Signature** of the practitioner

A pharmacist is expected to use professional judgment and knowledge to determine when it is appropriate to make changes to any prescription including a prescription for a controlled substance. Last Edited 6/2/17

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