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## MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

TO: Mississippi Secretary of State

From: Mississippi State Board of Medical Licensure

Date: May 16, 2008

Subject: Notice of Proposed Rule Adoption - Final Rule

Mississippi Code §73-43-11 gives the Mississippi State Board of Medical Licensure the power to promulgate and publish reasonable rules and regulations necessary to enable it to discharge its functions and to enforce the provisions of law regulating the practice of medicine.

This rule as adopted differs from the proposed rule. The differences however are:

Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and the Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

This is an amendment to Board regulation, Chapter 25, Section 1000, Regulations Pertaining to Prescribing, Administering and Dispensing of Medication, Prescription Guidelines - All Medications. It amends the current regulation to clarify the requirements for electronic prescription transmissions.

## Chapter 25 Regulations Pertaining to Prescribing, Administering and Dispensing of Medication

### Prescription Guidelines - All Medications

- 1000 In addition to any other requirements set forth in these regulations pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:
1. Electronic prescription transmissions are allowed using standards established and approved by the United States Department of Health and Human Services - Agency for Healthcare Research and Quality (HHS-AHRQ). E-prescribing is the electronic entry of a prescription by a practitioner, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner. Electronic transmissions may be computer to computer or computer to facsimile.
  2. Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by the physician. This does not prohibit, however, the transmission of electronic prescriptions and telefaxed prescriptions (but not e-mail) for non-controlled drugs to the pharmacy of the patient's choice. Such telefaxed or electronic prescriptions shall be authorized by a written or electronic signature and shall be issued in accordance with all other provisions of this section. No prescriptions for brand name or generic equivalents of Nalbuphine Hcl, Carisoprodol, Butalbital compounds, or Tramadol Hcl shall be telefaxed or electronically transmitted.
  3. All written prescriptions shall be on forms containing two lines for the physician's signature. There shall be a signature line in the lower right-hand corner of the prescription form beneath which shall be clearly imprinted the words "substitution permissible." There shall be a signature line in the lower left corner of the prescription form beneath which shall be clearly imprinted the words "dispense as written." The physician's signature on either signature line shall validate the prescription and designate approval or disapproval of product selection. ~~The~~Each prescription form shall bear the pre-printed name of the physician, or the physician shall clearly print his or her name on the prescription form, in addition to the physician's original signature. In the event that the prescription form bears the pre-printed name of more than one physician, the physician shall clearly indicate the name of the physician writing the prescription. In the case of a prescription that is electronically generated and transmitted, the physician must make an overt act when transmitting the prescription to indicate either "dispense as written" or "substitution permissible". When done in conjunction with the electronic transmission of the prescription, the prescriber's overt act indicates to the pharmacist that the brand name drug prescribed is medically necessary.

4. If a prescription form which does not contain two signature lines required in Section 1000.2 of this Chapter is utilized by the physician, he or she shall write in his or her own handwriting the words "dispense as written" thereupon to prevent product selection.
5. Every written prescription issued by a physician for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. Physicians should avoid issuing prescriptions refillable on "prn" basis. If a physician chooses to issue a prescription refillable "prn", the life of the prescription or time limitation must clearly be set forth on the prescription. In no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one (1) year, a prescription becomes invalid, regardless of the number of refills indicated or "prn" designation. Thereafter, a new prescription, if indicated, must be issued.

Every written prescription issued by a physician, bearing more than one non-controlled medication, shall clearly indicate the intended refill instructions for each medication. Lack of clearly indicated refill instructions prohibit the refilling of the medications. All unused lines on a multi-line prescription blank shall be clearly voided by the issuing physician.

6. A prescription shall no longer be valid after the occurrence of any one of the following events:
  - a. Thirty (30) days after the death of the issuing physician.
  - b. Thirty (30) days after the issuing physician has moved or otherwise changed the location of his or her practice so as to terminate the doctor/patient relationship. Termination of the doctor/patient relationship results when a patient is no longer able to seek personal consultation or treatment from the issuing physician.
  - c. Insofar as controlled substances are concerned, immediately after loss of DEA Controlled Substances Privilege by the issuing physician.
  - d. Immediately after revocation, suspension or surrender of the physician's license.

Amended May 15, 2008.