Prescription Refills during an Emergency

Many people depend on prescription medications as part of their daily routine. During an emergency, routines are frequently interrupted and people often face unusually stressful situations. Following these simple steps may help ease some of the stress and allow prescription medication users to increase their chances of survivability. These steps generally apply to non-controlled medications. Special arrangements must be made to refill a prescription listed as a Schedule II controlled substance. A list of laws, rules and regulations is attached for reference.

- Have the name, address, phone number, and picture identification of the prescription user
- If possible, have the prescribing health professional’s prescription (the “scrip”)
- Have the bottle in which the prescription was last filled, which will include the name, address and phone number of the pharmacy that filled that prescription
- Have the name, address and phone number of the prescribing health care professional
- If the prescription is a Schedule II controlled substance, the pharmacy will need to contact the prescribing physician
- Have the name, address and phone number of the insurance provider (if appropriate)

Next is a compilation of rules, regulations and statutes.
465.0275 Emergency prescription refill.--In the event a pharmacist receives a request for a prescription refill and the pharmacist is unable to readily obtain refill authorization from the prescriber, the pharmacist may dispense a one-time emergency refill of up to a 72-hour supply of the prescribed medication, with the exception of those areas or counties included in an emergency order or proclamation of a state of emergency declared by the Governor, in which the executive order may authorize the pharmacist to dispense up to a 30-day supply, providing that:

(1) The prescription is not for a medicinal drug listed in Schedule II appearing in chapter 893.

(2) The medication is essential to the maintenance of life or to the continuation of therapy in a chronic condition.

(3) In the pharmacist's professional judgment, the interruption of therapy might reasonably produce undesirable health consequences or may cause physical or mental discomfort.

(4) The dispensing pharmacist creates a written order containing all of the prescription information required by this chapter and chapters 499 and 893 and signs that order.

(5) The dispensing pharmacist notifies the prescriber of the emergency dispensing within a reasonable time after such dispensing.
Florida Executive Order 08-170 – Threat of Tropical Storm Fay

D. In accordance with 465.0275, Florida Statutes, any pharmacist in the areas or counties covered under this Executive Order are authorized to dispense up to a 30-day emergency prescription refill.

This is typical language in an executive order triggering the emergency refill stipulation.

Chapter 64B16-27, Florida Administrative Code

**Rule 64B16-27.211, F.A.C** Prescription Refills- No prescription may be filled or refilled in excess of one (1) year from the date of the original prescription was written. No prescription for a controlled substances listed in Schedule II may be refilled. No prescription for a controlled substance listed in Schedules III, IV, or V may be filled or refilled more than five (5) times within a period of six (6) months after the date on which the prescription was written.
Title 21 Code of Federal Regulations

Part 1306.12 Refilling prescriptions; Issuance of multiple prescriptions.

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

(b)(1) 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:

(i) Each separate prescription is issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice;

(ii) The individual practitioner provides written instructions on each prescription (other than the first prescription, if the prescribing practitioner intends for that prescription to be filled immediately) indicating the earliest date on which a pharmacy may fill each prescription;

(iii) The individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse;

(iv) The issuance of multiple prescriptions as described in this section is permissible under the applicable state laws; and

(v) The individual practitioner complies fully with all other applicable requirements under the Act and these regulations as well as any additional requirements under state law.

(2) Nothing in this paragraph (b) shall be construed as mandating or 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, based on sound medical judgment, and in accordance with established medical standards, whether it is appropriate to issue multiple prescriptions and how often to see their patients when doing so.

[72 FR 64929, Nov. 19, 2007]
2) SCHEDULE II.--A substance in Schedule II has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of the substance may lead to severe psychological or physical dependence. The following substances are controlled in Schedule II:

(a) Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis:

1. Opium and any salt, compound, derivative, or preparation of opium, except nalmefene or isoquinoline alkaloids of opium, including, but not limited to the following:

   a. Raw opium.
   b. Opium extracts.
   c. Opium fluid extracts.
   d. Powdered opium.
   e. Granulated opium.
   f. Tincture of opium.
   g. Codeine.
   h. Ethylmorphine.
   i. Etorphine hydrochloride.
   j. Hydrocodone.
   k. Hydromorphone.

l. Levo-alphacetylmethadol (also known as levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM).
m. Metopon (methyldihydromorphinone).

n. Morphine.

o. Oxycodone.

p. Oxymorphone.

q. Thebaine.

2. Any salt, compound, derivative, or preparation of a substance which is chemically equivalent to or identical with any of the substances referred to in subparagraph 1., except that these substances shall not include the isoquinoline alkaloids of opium.

3. Any part of the plant of the species *Papaver somniferum, L.*

4. Cocaine or ecgonine, including any of their stereoisomers, and any salt, compound, derivative, or preparation of cocaine or ecgonine.

(b) Unless specifically excepted or unless listed in another schedule, any of the following substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

1. Alfentanil.

2. Alphaprodine.

3. Anileridine.


5. Bulk propoxyphene (nondosage forms).

6. Carfentanil.

7. Dihydrocodeine.

8. Diphenoxylate.

10. Isomethadone.
11. Levomethorphan.
12. Levorphanol.
15. Methadone-Intermediate, 4-cyano-2-dimethylamino-4,4-diphenylbutane.
17. Nabilone.
18. Pethidine (meperidine).
19. Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine.
20. Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate.
22. Phenazocine.
23. Phencyclidine.
24. 1-Phenylcyclohexylamine.
25. Piminodine.
26. 1-Piperidinocyclohexanecarbonitrile.
27. Racemethorphan.
28. Racemorphan.
29. Sufentanil.

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including their salts, isomers, optical isomers, salts of their isomers, and salts of their optical isomers:

1. Amobarbital.

2. Amphetamine.


4. Methamphetamine.

5. Methylphenidate.

6. Pentobarbital.

7. Phenmetrazine.

8. Phenylacetone.