

Legislative Analysis



SCHEDULE 2 DRUG PRESCRIPTION REVISIONS

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Senate Bill 689 (Substitute S-1)

Sponsor: Sen. Tom George

House Committee: Health Policy

Senate Committee: Health Policy

Complete to 10-19-09

A SUMMARY OF SENATE BILL 689 AS PASSED BY THE SENATE 9-17-09

The bill would allow a practitioner licensed to prescribe controlled substances to issue more than one prescription for a Schedule 2 controlled substance on a single prescription form. The bill would also allow a prescription for a Schedule 2 controlled substance to be filled up to 90 days from the date the prescription was issued.

Currently, if a patient needs more than one medication listed as a Schedule 2 controlled substance, or needs different dosage amounts of a single Schedule 2 drug, the doctor must write out a separate prescription form for each drug or for each different amount of the same drug. In addition, the patient must fill the prescription within 60 days or a pharmacist is prohibited from filling it.

Senate Bill 689 would amend the Public Health Code (MCL 333.7333) to instead allow a licensed practitioner to issue more than one prescription for a Schedule 2 controlled substance on a single prescription form. The bill would also extend the time period in which a pharmacist could fill a prescription for Schedule 2 drugs from 60 days to 90 days.

(Following federal law, the Public Health Code classifies controlled substances under one of five "schedules." Drugs included on Schedule 2 include opium and its derivatives, (e.g., codeine, morphine, and oxycodone, which is the active ingredient of Oxycontin), opium poppy and straw, other opiates (e.g., fentanyl, methadone, and pethidine), coca leaves and derivatives, such as cocaine, and methylphenidate -- the active ingredient of Ritalin. Schedule 2 also includes substances containing any quantity of such drugs as amphetamine and methamphetamine (also known as "speed"), methaqualone (known by its trade name Quaalude), and barbiturates, such as amobarbital, pentobarbital, and secobarbital (a.k.a. "downers").

FISCAL IMPACT:

A fiscal analysis is in process.

BACKGROUND INFORMATION:

In an attempt to discourage the illegal diversion of Schedule 2 controlled substances, the Public Health Code was amended by Public Act 231 of 2001 to, among other things, require a separate prescription form for each Schedule 2 drug prescribed. Such controls are not as necessary today as advances in technology have made it easier for pharmacists to verify the authenticity of a prescription for a controlled substance. Under the bill, a pharmacist could fill a single prescription listing multiple Schedule 2 drugs under scenarios such as the following:

- A physician wrote, on the same form, a prescription for more than one Schedule 2 drug.
- A prescription form contained a prescription for a short-lasting and a long-lasting version of the same Schedule 2 drug.
- A prescription form contained a prescription for the same Schedule 2 drug, but in different dosage amounts (e.g., one dose in the morning but a different dose in the evening).
- A prescription form contained more than one prescription for the same Schedule 2 drug but had different "to-be-filled-by" dates. For instance, some patients may not be able to afford the out-of-pocket cost of filling a 90-day prescription. However, unlike some prescription drugs, a prescription for a Schedule 2 drug cannot be refilled. A physician must therefore write for multiple fills on separate forms. The bill would thus allow a physician to write, and a pharmacist to fill, a prescription for a single drug with multiple fills on a single form.

Further, the bill would expand the time period in which a pharmacist could fill a prescription from 60 days to 90 days. This change would benefit patients with chronic conditions, or those who travel to out-of-state clinics for treatment, who would have an extra month in which to have a prescription filled before it expired and who could therefore receive prescriptions that would last for a six-month period. For example, the patient could receive a single prescription form with two prescriptions for the same drug written for a 90-day fill but with two different "to-be-filled-by" dates; or, the patient could receive two prescription forms, each written for the same drug with a 90-day fill; one could be filled immediately and the other could be filled shortly before the first one ran out.

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