Kansas Administrative Regulations

State Board of Pharmacy

Article 20.—Controlled Substances

68-20-18. Information concerning prescriptions.

(a) Any prescription for a controlled substance may be filled by a pharmacist if the prescription has been issued by a prescriber who meets the following requirements:

(1) Is legally authorized to prescribe controlled substances in Kansas or is authorized by the laws of another state; and

(2) is either registered or exempted from registration under K.S.A. 65-4116 or K.S.A. 65-4117 and amendments thereto.

(b)(1) To be valid, a prescription for a controlled substance shall be issued for a legitimate medical purpose by a prescriber acting in the usual course of professional practice. The responsibility for the proper prescribing and dispensing of controlled substances shall rest with the prescriber, but a corresponding responsibility shall rest with the pharmacist who fills the prescription. The individual filling an unlawful prescription, as well as the individual issuing it, shall be subject to the penalties provided for violations of the provisions of the act.

(2) A pharmacist shall not fill a prescription for a controlled substance or drug of concern for office use. However, any pharmacist may document on an invoice any distribution of controlled substances or drugs of concern made to a registrant.

(3) A prescription shall not be issued for the dispensing of narcotic drugs listed in any schedule to a narcotic drug-dependent individual for the purpose of continuing dependence upon these drugs, except as allowed by 21 C.F.R. 1306.07(d), as in effect on November 2, 2020, or in the course of conducting an authorized clinical investigation in the development of a narcotic addict rehabilitation program.

(c)(1) To be valid, a prescription for a controlled substance shall not be issued on a prescription blank that is preprinted or rubber-stamped with the name of a propriety preparation or with the strength, quantity, or directions.

(2) Each prescription for a controlled substance shall meet the following requirements:

(A) Be dated and signed on the date issued;

(B) bear the following information:

(i) The full name, address, and DEA registration number of the prescriber;

(ii) the name and address of the patient;

(iii) the drug name, strength, dosage form, quantity prescribed, and directions for use; and

(iv) if applicable, the identification number issued by the DEA or a written notice of action under the good faith exception pursuant to 21 C.F.R. 1301.28(e), as in effect on November 2, 2020, for a prescription for a schedule III, IV, or V narcotic drug approved by the FDA specifically for detoxification or maintenance treatment; and

(C) be written with ink, indelible pencil, or typewriter or be printed on a computer printer.

(3) A prescriber shall manually sign a paper prescription in the same manner as that individual would sign a check or legal document. Each electronic prescription shall be issued and signed in accordance with 21 C.F.R. 1311.120(b)(9) and (b)(11), 21 C.F.R. 1311.135(a) and (c), 21 C.F.R. 1311.140, and 21 C.F.R. 1311.145, as in effect on February 1, 2022, which are hereby adopted by reference.

(4) Any prescription may be prepared by an agent for the signature of a prescriber, but the prescriber shall be responsible if the prescription does not conform in all essential respects to the state and federal law and regulations. A corresponding liability shall rest upon the pharmacist who fills a prescription that is not prepared in the form prescribed by this regulation.

(5) Each intern, resident, foreign physician, or foreign medical graduate exempted from registration under K.S.A. 65-4116, and amendments thereto, shall include on all prescriptions issued the registration number of the hospital or other institution and the special internal code number assigned to the intern, resident, foreign physician, or foreign medical graduate by the hospital or other institution as provided in K.A.R. 68-20-10. This requirement shall be in lieu of the registration number of the prescriber required by this subsection. Each prescription shall have the name of the intern, resident, foreign

physician, or foreign medical graduate stamped or printed on it, as well as the signature of the prescriber.

(6) Each official exempted from registration under K.A.R. 68-20-10 shall include on all prescriptions issued the official's branch of service or agency and the service identification number. This requirement shall be in lieu of the registration number of the prescriber otherwise required by this subsection. The service identification number for a public health service employee shall be that individual's social security identification number. Each prescription shall have the name of the officer stamped or printed on it, as well as the signature of the officer.

(7) Any controlled substance prescription in schedules III through V may be issued as a paper or electronic prescription or transmitted by a prescriber or the prescriber's designated agent to a pharmacy by oral or facsimile transmission. Except as authorized by K.A.R. 68-2-22, each nonpaper prescription order shall be reduced to hard copy as soon as the order is reviewed by the pharmacist. The hard copy reduction shall include all information required by this regulation, except for the signature of the prescriber in the case of an oral transmission, and, if transmitted by other than the prescriber, shall bear the first name and last name of the person so transmitting the prescription. Each prescription sent by facsimile transmission shall be transmitted directly from the prescriber or the prescriber's designated agent to the pharmacy and shall contain a header identifying the sender of the prescription.

(8) Any controlled substance prescription in schedule II may be issued as a paper or electronic prescription. Each prescription for a schedule II controlled substance transmitted to a pharmacy by oral or facsimile transmission shall be dispensed in accordance with 21 C.F.R. 1306.11 and K.A.R. 68-20-19. Each prescription sent by facsimile transmission shall be transmitted directly from the prescriber or the prescriber's designated agent to the pharmacy and shall contain a header identifying the sender of the prescription.

(9) Any pharmacist may fill multiple prescriptions issued by a prescriber authorizing the patient to receive up to a 90-day supply of a schedule II controlled substance if all of the following conditions are met:

(A) Each separate prescription is issued for a legitimate medical purpose by a prescriber acting in the usual course of professional practice.

(B) The prescriber provides written instructions on each prescription other than the first prescription, if the prescriber intends for the first prescription to be filled immediately, indicating the earliest date on which the prescription may be filled.

(C) The prescriber concludes that providing the patient with multiple prescriptions does not create an undue risk of diversion or abuse.

(D) Each separate prescription meets all requirements for a schedule II controlled substances prescription, including being dated and signed on the date issued.

(d) A prescription for controlled substances shall be filled only by the following individuals:

(1) A pharmacist acting in the usual course of professional practice in a registered pharmacy, hospital drug room, or other registered place of employment; or

(2) a pharmacist intern acting under the direct supervision of a pharmacist.

(Authorized by K.S.A. 65-4102; implementing K.S.A. 65-4123; effective, E-72-24, Aug. 25, 1972; effective Jan. 1, 1973; amended May 1, 1988; amended Sept. 9, 1991; amended March 29, 1993; amended March 20, 1995; amended Dec. 27, 1999; amended June 2, 2023.)