# Schedule III and IV Refill Maximums

07/24/2024 8:20 pm EDT

Note: The effective date for controlled substances listed in Schdeule III or IV for New Rx cannot exceed 6 months. This include responses and change responses for Renewal, Replace, RxChange and Approved.

A text warning will display stating, "The DEA mandates an effective not exceeding six months from the written date.

When you are ordering a schedule III or IV medication, there is a maximum number of refills or total fills you are able to enter.

When ordering a schedule III or IV medication in the patient's chart, there is a limit to the number of refills you can order. If you exceed 5 refills, you will see an error message that the DEA does not allow more than 6 fills. You will need to change the refill number to 5 or less.

New Prescription Patient's Prescriptions +	New Prescription Patient's Prescriptions +
Medication Favorite medications 👻 💥	Medication Favorite medications v
The DEA does not allow more than 6 fills of schedule III-IV drugs, please reduce Refills to 5 or fewer.	The DEA does not allow more than 6 fills of schedule III-IV drugs, please reduce Refills to 5 or fewer.
Type* Medication Compound Supply	Type* Medication Compound Supply
Medication* A Controlled Substance Level 3	Medication* A Controlled Substance Level 4
ketamine 50 mg/mL injectable solution	Xanax 0.25 mg oral tablet
N/A: U Generic RX SIG* Instructions	N/A: U Brand RX SIG*  Effective Date Instructions
12 / 140	12 / 140
Dispense*     Dispense Unit*     DAW     Days Supply     Refills       Image: 30     Milliliter     Yes     No     6	Dispense* Dispense Unit* DAW Days Supply Refills           Image: Supply and Supply an
Add to Favorites Add to Medication List 0	Add to Favorites Add to Medication List
Notes to Pharmacist * Please do not enter SIG, Effective Date, Drug Name, Strength, Quantity or Dispense Unit in this field.	Notes to Pharmacist * Please do not enter SIG, Effective Date, Drug Name, Strength, Quantity or Dispense Unit in this field.

When you are refilling a prescription, there is an option for Total Fills. The maximum number of Total Fills for Schedule III and IV medications is 6. If this number is exceeded, the following message will be displayed. **The DEA does not allow more than 6 fills of schedule III-IV drugs, please reduce Total Fills to 6 or fewer**.

## & New eRx Renewal Request for Zachary De

From: Shollenberger Pharmacy Tuesday, March 22, 2022 4:58 PM

# **Request Log**

Original request: received on March 22, 2022 4:58 PM

# **Pharmacy Details**

Pharmacy Name: Shollenberger Pharmacy Address: 2002 S. McDowell Blvd Ext, Petaluma, CA 94954 Phone: 7079

# Patient Details View Patient Info

Name: Zachary Sex: M Date of Birth: 2010-12-01

Date of Birth: 2010-12-01 Address: 90 Phone: Not available on prescription

#### **Medication Prescribed Details**

Drug Description: tamoxifen 10 mg oral tablet Quantity Unit of Measure: Tablet Quantity Value: 2 SIG: Use as directed every 6 hours Days Supply: None Substitutions: Allowed Effective Date: Date Prescribed: 2022-03-22 Number of Refills Prescribed: 0 Note: TEST FOR AUDIT, PLEAE NOT PRESCRIBE

#### **Renewal Request Details**

Total Fills Requested: 2 Note from Pharmacy: TEST FOR AUDIT, PLEAE NOT PRESCRIBE

#### **Your Response**

Response	
Approve	
Replace	
ODeny	
Total Fills	

2

#### Note for Pharmacy

Approve

0/70				
🗹 Update Pat	ient Medic	cations		

### Prescriber Details

Prescriber Name: Address: 2222, EPCS Lane, Irvine, CA 92618 Phone: :

Weight: 62.00 LBS recorded on 24 day(s) ago Height: 4'3" recorded on 24 day(s) ago Last Appointment Date: Upcoming Appointment Date: 2022-02-26

## **Medication Dispensed Details**

Drug Description: tamoxifen 10 mg oral tablet Quantity Unit of Measure: Tablet Quantity Value: 2 SIG: Use as directed every 6 hours Days Supply: None Substitutions: Allowed Effective Date: Date Requested: 2022-03-22 Note: TEST FOR AUDIT, PLEAE NOT PRESCRIBE

# Your Response

# Response

- Approve
- Replace
- ODeny

0----

#### Total Fills

2

