



Prescribing controlled substances in long-term care: Tips for practicing clinicians on the go

Physicians, nursing homes, and pharmacists have been experiencing aggressive enforcement action by agents of the Drug Enforcement Administration (DEA). We in long-term care have had to modify longstanding procedures in an effort to ensure compliance with DEA rules. The changes forced upon us have delayed dispensing of controlled substances to patients in long-term care facilities who urgently need them.

The AMDA-Dedicated to Long Term Care Medicine, the American Academy of Family Physicians, the American Academy of Hospice and Palliative Medicine, the American Geriatrics Society, the American Medical Association, and other organizations are working together to strongly advocate that Congress and the DEA change the rules to allow for the longstanding practice of having nurses act as the physician's agent. Changing laws and regulations is a long and complex process; however, and our patients cannot wait. This "tip sheet" has been developed to help you comply with current law in a manner that will smooth the way for more expeditious dispensing of the controlled substances you prescribe for your patients.

Legal requirement

Federal regulations require prescriptions for Schedule II controlled substances to be made in writing and signed by a DEA-registered practitioner. If the prescribing physician determines that the situation is an emergency, a pharmacist may dispense a Schedule II drug **after receiving oral authorization directly from the physician**. If the physician calls in an emergency prescription, the prescribing physician must still follow up with a written prescription within 7 days of that verbal order.

To expedite filling of a controlled substance prescription:

DO:

- Always carry a prescription pad that meets your state's requirements.
- Know what information is required for a controlled substance prescription to be legal. The required elements are:
 - Date of issue
 - Patient's name and address (a nursing facility is the address for the resident)
 - Practitioner's name, address and DEA registration number
 - Drug name
 - Drug strength
 - Dosage form
 - Quantity prescribed
 - Directions for use
 - Number of refills (if any) authorized
 - Manual signature of prescriber
- Write your prescriptions at a facility with a fax machine and fax the prescription to the provider pharmacy rather than calling it in. (Facilities will supply you with the pharmacy fax number.)
- Purchase a home fax for after-hour and weekend calls.
- In emergency situations when you are unable to fax a script, or do not have a prescription pad available, call the pharmacist directly and provide him or her with the order, in addition to providing it to the nurse.

DON'T:

- Give a verbal order to a nurse when you are onsite at a local facility. Write the prescription when you are still in the facility and have it faxed to the pharmacy.

Become a local change agent

DO:

- Reach out to your local hospitals to educate hospital staff so that patients who require controlled substances are discharged with a hard copy prescription for several days' worth of their needed medication. The prescription should specify the drug, but also say "or formulary equivalent."

AMDA—Dedicated to Long Term Care Medicine

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