

DRUG UPDATE

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SPECIAL ISSUE

PRESCRIBING CONTROLLED SUBSTANCES

The Drug Enforcement Administration (DEA) is the federal agency responsible for the Federal Controlled Substances Act (CSA). The CSA is the principal federal law regulating the manufacture, distribution, dispensing, and delivery of drugs which have the potential for abuse or dependence. All drugs or substances that fall under the jurisdiction of the CSA are designated as “controlled substances” and are classified into five schedules primarily depending on their abuse potential (Table 1).

Who May Prescribe Controlled Substances?

Federal law states that a prescription for a controlled substance may be issued only by individual practitioners who are authorized to prescribe controlled substances by the DEA in the jurisdiction where they are licensed to practice their profession. The term “individual practitioner” includes physicians (MD and DO), dentists (DDS), veterinarians (DVM), and podiatrists (DPM). In the state of Florida, mid-level practitioners such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and physician assistants are not authorized to prescribe controlled substances.

Hospital Medication Orders

Hospitals must register with the DEA as institutional providers. A hospital’s DEA registration will permit its employed interns and residents to dispense, administer or prescribe controlled substances for hospital inpatients. However, a physician may not order “take-home” controlled drugs via a chart order. Medication orders for controlled drugs should be for medications

dispensed for immediate administration, not for a supply of take-home medications, which should be written via an outpatient prescription.

Outpatient Controlled Substance Prescriptions

Medical residents may prescribe outpatient controlled drug prescriptions if they have a valid individual DEA registration number **and** medical license

OR if they are appropriately registered with the Board of Medicine or Osteopathy as an unlicensed physician in a training program **and** use the institution’s DEA number with a unique suffix. Outpatient prescriptions for controlled drugs must be written on individualized blanks which contain the prescriber’s name, department or resi-

dency program name, DEA number, license (eg., ME, OS TRN or UO number) and Shands Jacksonville computer number. Individual physicians can obtain these prescription

blanks from the Department of Pharmacy with proper documentation. To obtain a DEA registration number, physicians can write to or call the Miami DEA Division Office at 8400 NW 53rd Street, Miami, FL 33166, (305) 590-4870 or visit www.deadiversion.usdoj.gov.

All outpatient prescriptions for controlled substances must be dated and signed on the day written and must bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address, and DEA number of the prescriber. Written prescriptions for controlled substances will not be filled unless the

“Under Florida state law, refills for Schedule II controlled substances are not permitted.”

REMEMBER

- **Treat prescription pads like a personal checkbook.**
- **Maintain adequate security for prescription pads.**
- **Stock only a minimum number of prescription pads.**
- **Do not leave prescription pads unattended.**
- **When not in use, store prescription pads in a secure area.**
- **Report any prescription pad theft.**

prescription is signed by a licensed physician and a valid DEA number is written on the prescription.

Oral prescriptions are permitted for drugs in Schedule III-IV, and therefore, do not require the actual signature of the prescribing physician. Oral prescriptions for Schedule II drugs are not permitted. A prescription for a Schedule II drug must be handwritten or typed and must be signed by the prescribing physician in the same way that he would sign a check or legal document (full name). Prescriptions for controlled substances, other than Schedule IIs, are valid

for six months from the date they were written and may be refilled, as prescribed, up to five times during the six month period. Under Florida state law, refills for Schedule IIs are not permitted.

Sources:

1. *Florida Pharmacy Law and Information Manual. Florida Pharmacy Association, February 1995, Tallahassee, Florida.*
2. *Pharmacy Law Digest. Facts and Comparisons Inc., November 1995, St. Louis, Missouri.*

Table 1: Classification of Controlled Substances

SCHEDULE	DESCRIPTION	EXAMPLES
I	<ul style="list-style-type: none"> • high potential for abuse • no currently accepted medical use • lack of accepted safety for use 	heroin lysergic acid diethylamide (LSD) marijuana tetrahydrocannabinol
II	<ul style="list-style-type: none"> • high potential for abuse • has a currently accepted but severely restricted medical use • severe psychological or physical dependence 	cocaine codeine fentanyl (Sublimaze, Duragesic®) hydromorphone (Dilaudid®) meperidine (Demerol®) methadone methylphenidate (Ritalin®) morphine oxycodone/acetaminophen (Tylox®) pentobarbital (Nembutal®)
III	<ul style="list-style-type: none"> • abuse potential less than that of drugs listed in Schedules I and II • has a currently accepted medical use • moderate or low physical dependence • high psychological dependence 	codeine/acetaminophen tabs (Tylenol #3®) hydrocodone 5/acetaminophen 500 (Lortab® 5/500, Vicodin®) hydrocodone 7.5/acetaminophen 500 (Lortab® 7.5/500) ketamine methyltestosterone paregoric testosterone
IV	<ul style="list-style-type: none"> • low potential for abuse relative to substances in Schedule III • has currently accepted medical use • limited physical or psychological dependence 	codeine/acetaminophen elixir (Tylenol #3®) alprazolam (Xanax®) carisoprodil (Soma®) chloral hydrate (Noctec®) chlordiazepoxide (Librium®) clonazepam (Klonopin®) diazepam (Valium®) flurazepam (Dalmane®) lorazepam (Ativan®) midazolam (Versed®) propoxyphene/acetaminophen (Darvocet®) triazolam (Halcion®)
V	<ul style="list-style-type: none"> • low potential for abuse relative to substances in Schedule IV • limited physical or psychological dependence 	diphenoxylate/atropine (Lomotil®) guaifenesin/codeine (Robitussin AC®)