

IB2: CONTROLLED SUBSTANCE PRESCRIPTIONS

Policy

Before a controlled drug can be dispensed, the pharmacy must be in receipt of a clear, complete, and signed written prescription from a person lawfully authorized to prescribe. A chart order is not equivalent to a prescription for controlled drugs. Therefore the prescriber issuing the chart order must also provide the pharmacist with a valid prescription. The written prescription may be faxed to the pharmacy for long-term care facility residents.

Verbal orders for controlled medications are permitted for CII controlled drugs only in emergency situations. Verbal orders for controlled medications received by facility nursing staff should be noted in the resident's medical record and nursing facility staff must confirm that the prescriber or the prescriber's employee has communicated the order to the pharmacy. **Verbal orders received by pharmacists from prescribers must also be communicated to the facility before authorized nursing facility staff may access any controlled substances from the emergency supply** located in the facility. This may be done either by the prescriber directly or via telephone order from the pharmacist to the facility. Incomplete prescriptions and verbal orders for controlled substances may not be edited or changed by facility nursing staff. Controlled substance prescriptions from physician assistants, nurse practitioners, and agent of the physician who are authorized to prescribe controlled drugs are valid if they comply with the requirements listed below, are in accordance with state law, and comply with applicable formularies or prescribing protocols that have been provided to the facility by the responsible physician.

To facilitate effective communication, documentation, and aid in prevention of medication errors, medication orders should be clear and concise and free of potentially dangerous abbreviations (See APPENDIX 1: FACILITY MEDICAL ABBREVIATIONS, APPENDIX 2 FACILITY MEDICAL ABBREVIATIONS DO NOT USE **APPENDIX: AGENT OF THE PHYSICIAN FORM**).

Procedures

A. Elements of a controlled substance prescription:

- 1) Date the prescription is issued or verbal order taken.* ^
- 2) Full name and address of the resident, including street address of the facility * ^
- 3) Name of medication * ^
- 4) Strength of medication.
- 5) Dose and dosage form, cream, ointment, tablet or capsule
- 6) Quantity prescribed.
- 7) Route of administration.
- 8) Dose and frequency (or time) of administration.
- 9) Duration (length) of therapy or number of refills (for CIII-Vs), not to exceed 6 month supply or total doses not to exceed a 30 day supply for CIIs
- 10) Diagnosis or indication for use.

- 11) Name, address, and DEA registration number of prescriber.
 - 12) Manual signature of prescriber.* ^
 - 13) PRN (as needed) orders clearly delineate the frequency and condition for which they are being administered, for example, "every 4 hours as needed for severe pain (pain scale 7-10)," or "at bedtime as needed for sleep."
- * These are components of a CII prescription deemed "essential elements" according to the Drug Enforcement Administration (DEA) that may not be modified by a pharmacist upon oral directions from a prescriber.¹
- ^ These are components of a CIII-V prescription that may not be modified by a pharmacist.²
- B. The prescriber is contacted to verify or clarify a prescription when needed (e.g., when the resident has allergies to the medication, there are contraindications to the medication, significant drug interactions are present, the administration directions are confusing, or the prescription is incomplete). If changes to a controlled substance prescription are necessary, the prescriber (or prescriber's employee/agent) must communicate the new order to the facility nursing staff for documentation in the chart and communicate or transmit the new prescription to the pharmacy prior to dispensing.
 - C. The prescriber and/or nurse are contacted for direction when delivery of a medication will be delayed or the medication is not or will not be available.
 - D. Documentation of the Controlled Substance Prescription
 - 1) Each controlled substance prescription is documented in the resident's medical record with the date, time, and signature of the person receiving the prescription. The prescription is recorded on (the physician order sheet (See Forms: PHYSICIAN ORDER) or the telephone order sheet (See Forms: PHYSICIAN TELEPHONE ORDERS) or posted elsewhere in the record), and recorded on the Medication Administration Record (MAR) (See Forms: MEDICATION RECORD).
 - E. New Controlled Substance Prescriptions
 - 1) **For emergency controlled substance orders, the nurse will review the Emergency Kit list for available medications prior to contacting the prescriber. The nurse will communicate to the prescriber the emergency medications available to provide appropriate care to the patient.**
 - 2) If prescriptions are written by the prescriber while present in the facility or sent with the resident from an office visit, emergency room visit, or upon hospital discharge, the prescriber is encouraged to document on separate paperwork the fact that a prescription has been provided to ensure accountability on the receiving end. For written prescriptions received by the facility:
 - a. If the prescription is from a prescriber other than the attending physician, the order is verified with the current attending physician.

The nurse communicates that verification to the pharmacy prior to dispensing.

- b. The prescription is faxed to the pharmacy by the prescriber or prescriber's agent.
 1. If this is not possible, the facility nurse on duty faxes the prescription to the pharmacy with a notation of his/her name and the facility name on the cover sheet or order as the sender. After faxing to the pharmacy, the nurse on duty should deface the written prescription to prevent diversion by writing "Faxed to pharmacy" with the date, time and his/her initials. A copy of the defaced prescription should also be placed in the resident's medical record for future reference.
 2. The pharmacy prepares the medications based on the faxed copy of the prescription and the pharmacy representative may request to pick up the original, written prescription (with the nurse's notation above) prior to handing off the dispensed controlled substance.
 - c. Written transfer orders can only be accepted if they contain all components of a legal, complete prescription as outlined above (including prescriber signature) and if the transfer orders are transmitted to the pharmacy by the prescriber or authorized prescriber's agent. **Only controlled substance prescriptions from the attending physician or physician's authorized representative overseeing the care of the resident at the nursing facility are allowed.**
- 3) New orders for controlled substances communicated to the nurse on duty verbally or orally by the prescriber, including emergency medications:
- a. If the prescriber is present in the facility, all new orders for controlled substances must be written, contain all required elements and be signed by the prescriber before leaving the facility.
 - b. New orders for controlled substances communicated to the nurse verbally or orally by the prescriber via telephone are entered onto the physician order sheet/telephone order sheet or entered into the electronic medical records system and noted as follows: ["T.O., noted 3:00 p.m. 5/17/2011, M. Jones, R.N."]. To ensure the pharmacy has a complete, valid prescription from which to dispense the medication, the facility requests that:
 1. The prescriber or prescriber's employee or agent prepares a written prescription and faxes the complete prescription (containing all required elements) to the pharmacist directly, OR
 2. In instances of an emergency situation, the prescriber orally/verbally communicates the order directly to the pharmacist for a quantity sufficient for the emergency situation.

- 4) In order to communicate CII orders orally/verbally between the prescriber and pharmacist, the prescription must meet DEA's criteria of an "emergency situation." Conformance with such criteria must be discussed between the prescriber and pharmacist and documented on the prescription:
 - a. Immediate administration of the controlled substance is necessary for proper treatment of the intended ultimate user;
 - b. No appropriate alternative treatment is available, including administration of a drug which is not a controlled substance under Schedule II; AND
 - c. It is not reasonably possible for the prescribing practitioner to provide a written prescription to be presented to the person dispensing the substance prior to dispensing.
- 4) Only after verifying that the above communication has occurred and the pharmacy and facility receive a complete prescription, **the nurse reviews the Emergency Kit List to assess the contents.** After finding the medication on the list, the nurse unlocks the container, or enters the secured cabinet, or breaks the container seal, and removes the required medication if it is available in the emergency kit. If the medication is not available in the emergency kit, the nurse contacts the pharmacy using the after-hours emergency number(s) if necessary. (See IC5: EMERGENCY PHARMACY SERVICE AND EMERGENCY KITS)
- 5) Within seven (7) days of dispensing an orally/verbally communicated emergency prescription for a CII medication, the prescriber must prepare and send a written confirmation of the verbal prescription to the pharmacy. The written authorization must include the words, "Authorization for Emergency dispensing" and the date of the written authorization. It is the pharmacy's responsibility to follow-up with the prescriber to ensure a written authorization is received. However, the pharmacy may seek the facility's help to obtain the prescription from the prescriber in a timely manner. If a written authorization is not received within seven (7) days, the pharmacy must report the practitioner to the regional DEA office and/or Board of Pharmacy. If the pharmacist has not received written authorization and has not reported the practitioner to the DEA, the pharmacy no longer is authorized to fill emergency CII oral/verbal orders.

F. Refill Requests for CIII-CV, and Partial Fill Requests for CII

- 1) If one or more refills (CIII-Vs) or a partial fill quantity (CII) remains and medications are not automatically refilled by the pharmacy, refills are:
 - a. **Written on a medication order form or ordered by peeling the reorder tab from the label and placing it in the appropriate area on the order form provided by the pharmacy for that purpose,** and requested from the pharmacy **four (4)** days in advance of need to assure an adequate supply is on hand.

- 2) If only one refill remains (CIII-Vs) or only a partial fill quantity remains (CII), the pharmacy will simultaneously dispense the remaining refill, contact the facility to verify continuation of the medication is necessary, and, if necessary proactively seek out a new, complete prescription from the prescriber for future use. If a new prescription is not obtained by the pharmacy before the medication would be "due" again, the facility is notified. In this situation, the facility may be asked to contact the prescriber for a new prescription prior to the medication running out.
- G. When accessing medications from the facility's emergency kit, refer to IC5: EMERGENCY PHARMACY SERVICE AND EMERGENCY KITS.
- H. Scheduling Orders for New Controlled Substance Prescriptions on the Medication Administration Record (MAR).
- 1) Non-Emergency Medication Order
 - a. The first dose of the medication is scheduled to be given after the next regularly scheduled pharmacy delivery to the facility.
 - 2) Emergency/STAT Medication Order (Medication contained in Emergency Supply/Kit)
 - a. Schedule the appropriate number of doses to be administered after notification is received from the pharmacy that the prescription has been received and prior to the regularly scheduled pharmacy delivery. Thereafter, doses are scheduled according to facility policy (See IIA2: MEDICATION ADMINISTRATION-GENERAL GUIDELINES).
 - 3) Emergency/STAT Medication Order (Medication not contained in Emergency Medication Supply)
 - a. **An emergency/STAT order is placed and validated** with MAC Rx and the medication is scheduled to be given as soon as received or within **four (4)** hours, whichever is sooner. Subsequent doses are scheduled according to facility policy (See IIA2: MEDICATION ADMINISTRATION-GENERAL GUIDELINES).
- I. Receipt of Orders from Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, and Pharmacists.
- 1) Orders may be accepted from non-physician personnel licensed to work with the resident's physician, if state law permits and the practitioner has a DEA number.
 - 2) The orders must comply with all the legal requirements for a controlled substance prescription.
 - 3) The responsible physician countersigns the orders
 - 4) Applicable formularies, protocols, or prescribing guidelines are kept on file in the facility and are followed closely.

References:

¹ Issuance of Multiple Prescriptions for Schedule II Controlled Substances, 72 Fed. Reg. 64926, Preamble to Final Rule, available at http://www.deadiversion.usdoj.gov/fed_regs/rules/2007/fr1119.htm

² DEA General Questions and Answers, Page 3, available at www.deadiversion.usdoj.gov/faq/general.htm#rx-8