How to Prescribe Controlled Substances to Patients During the COVID-19 Public Health Emergency

In response to the COVID-19 public health emergency declared by the Secretary of Health and Human Services, the Drug Enforcement Administration (DEA) has adopted policies to allow DEA-registered practitioners to prescribe controlled substances without having to interact in-person with their patients. This chart only addresses prescribing controlled substances and does not address administering or direct dispensing of controlled substances, including by narcotic treatment programs (OTPs) or hospitals. These policies are effective beginning March 31, 2020, and will remain in effect for the duration of the public health emergency, unless DEA specifies an earlier date.

This decision tree merely summarizes the policies for quick reference and does not provide a complete description of all requirements. Full details are on DEA's COVID-19 website (https://www.deadiversion.usdoj.gov/coronavirus.html), and codified in relevant law and regulations.

Under federal law, all controlled substance prescriptions must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his/her professional practice. 21 CFR 1306.04(a). In all circumstances when prescribing a controlled substance, including those summarized below, the practitioner must use his/her sound judgment to determine that s/he has sufficient information to conclude that the issuance of the prescription is for a bona fide medical purpose. Practitioners must also comply with applicable state law.

Part I: Evaluating the Patient

Has the prescriber previously examined the patient in person?

Yes

Practitioner may conduct any needed follow-up evaluation by any method: in person, telemedicine, telephone, email, etc.

Evaluate patient in one of the following ways: in person; by questioning the patient over the telephone; or via telemedicine using a real-time, two-way, audio-visual communications device

Issue any needed Rx directly to patient or to pharmacy by method in Part II

No

Practitioner must first evaluate the patient in the steps described in the following boxes prior to issuing Rx for CS

Is the prescription for buprenorphine* for maintenance or detoxification treatment of an opioid use disorder?

Yes

Prescribing practitioner must be DATA-waived

Evaluate patient in one of the following ways: in person; by questioning the patient over the telephone; or via telemedicine using a real-time, two-way, audio-visual communications device

Issue any needed Rx directly to patient or to pharmacy by method in Part II

No

Is the drug to be prescribed in C. II or C. III-V?

C. II

Is immediate administration of the C. II CS necessary for the proper treatment of the patient?

No

Is any appropriate alternative treatment available, including non-CS treatment?

No

Is it reasonably possible for the prescribing practitioner to provide a written Rx to the pharmacy prior to dispensing?

No

Confirm within 15 days by written Rx, EPCS, or scan or photograph of Rx

Yes

Call in Rx

Yes

Prescriber may call in Rx in an emergency situation as defined in 21 CFR 290.10 (follow next 3 questions)

Is it reasonably possible for the prescribing practitioner to provide a written Rx to the pharmacy prior to dispensing?

No

No

Call in Rx

Yes

Deliver written Rx to patient or pharmacy, or prescribe via EPCS

Emergency oral Rx not permitted

C. III-V

Call in Rx

List of abbreviations:
C. – Schedule (e.g. C. II, C. III)
CS – Controlled substance
EPCS – Electronic prescriptions for controlled substances
Rx – Prescription

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