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.
  - 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
    - Evaluate patient in one of the following ways: in person, 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

*Methadone cannot be prescribed for maintenance or detoxification treatment and must be administered or dispensed directly to the patient for that purpose. 21 CFR 1306.07(a).

**Part II: Delivering the Rx to the Pharmacy**

- **Can the prescriber currently deliver a written Rx to the patient or pharmacy, or prescribe via EPCS?**
  - Yes
    - Deliver written Rx to patient or pharmacy, or prescribe via EPCS
  - No
    - **Is the drug to be prescribed in C. II or C. III-V?**
      - Yes
        - Call in Rx
      - No
        - **Is immediate administration of the C. II CS necessary for the proper treatment of the patient?**
          - Yes
            - Call in Rx
          - No
            - **Is any appropriate alternative treatment available, including non-CS treatment?**
              - Yes
                - Confirm within 15 days by written Rx, EPCS, or scan or photograph of Rx
              - No
                - Call in Rx

- **Is it reasonably possible for the prescribing practitioner to provide a written Rx to the pharmacy prior to dispensing?**
  - Yes
    - Issue any needed Rx directly to patient or to pharmacy by method in Part II
  - No
    - Emergency oral Rx not permitted

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