

Prescribing Checklist for Controlled Substances

Updated January 2019

BEFORE PRESCRIBING	WHILE PRESCRIBING	AFTER PRESCRIBING
<ul style="list-style-type: none"> <input type="checkbox"/> Obtain a valid Michigan Controlled Substance License (physicians and physician assistants). <input type="checkbox"/> Obtain a valid DEA Registration (All health professionals). <input type="checkbox"/> If dispensing controlled substance, obtain a valid Michigan Drug Control License (unless exception applies, e.g., dispensing within emergency department, etc.). <input type="checkbox"/> Register with MAPS. <input type="checkbox"/> If delegating prescribing authority to an eligible APRN, execute a collaborative agreement or other written authorization; written practice agreement if a physician's assistant will be prescribing. <input type="checkbox"/> Have a bona fide prescriber-patient relationship (unless an exception applies¹) <input type="checkbox"/> Conduct at least one in-person medical examination if prescribing through the Internet as required by federal law². <input type="checkbox"/> Ask the patient about other controlled substances the patient may be using. Record the patient's response in the patient's medical record. <input type="checkbox"/> If prescribing buprenorphine or a drug containing buprenorphine or methadone to a patient in a substance abuse disorder program, obtain and review the patient's MAPS report. <input type="checkbox"/> Obtain and review patient's MAPS report if prescribing a quantity that exceeds a 3-day supply, unless dispensing and administering to patient within hospital or freestanding surgical outpatient facility. <input type="checkbox"/> If prescribing an opioid, provide the patient with statutorily required information (e.g., dangers of opioid addiction, etc.) and obtain signed acknowledgment on the MDHHS Opioid Start Talking form³ and include the signed form in the patient's medical record. <input type="checkbox"/> If prescribing opioid to a minor, discuss additional statutorily required information (e.g., risks of addiction and overdose associated with a controlled substance, etc.) with the minor and the minor's parent, guardian or another adult authorized to consent to the minor's medical treatment, and obtain the signature of the minor's parent, guardian or authorized adult on a start talking consent form.³ Include the signed form in the minor patient's medical record. 	<p style="text-align: center;">1</p> <p>If prescribing an opioid to a minor and the start talking consent form is signed by another adult authorized to consent to the minor's medical treatment, must limit prescription to no more than 72-hour supply.</p> <p style="text-align: center;">2</p> <p>If treating a patient for acute pain, must not prescribe patient more than a 7-day supply of an opioid within a 7-day period.</p> <p style="text-align: center;">3</p> <p>A physician may not authorize an APRN to issue a prescription for a schedule 2 controlled substance with a quantity greater than a 30-day supply.</p> <p style="text-align: center;">4</p> <p>Comply with all applicable state and federal laws regarding contents and transmission of prescription.</p>	<p style="text-align: center;">1</p> <p>If dispensing controlled substances, MAPS reporting is required unless an exception applies (.e.g., dispensing to inpatient at hospital, etc.).</p> <p style="text-align: center;">2</p> <p>If prescribing a controlled substance, provide follow-up care to patient (e.g., schedule a follow-up appointment) or refer patient to his or her primary care provider or another geographically accessible provider if the patient does not have a primary care provider for such follow-up care.</p> <div style="text-align: right; margin-top: 20px;">  </div>

1. Michigan Administrative Code Rule 338-3161a.

2. Federal law requires an in-person medical examination before prescribing a controlled substance by means of the Internet. Notwithstanding, federal guidance suggests that the lack of an in-person medical examination before prescribing a controlled substance (even by written prescription) raises a "red flag" for potential diversion. MSMS recommends that non-covering practitioners perform at least one in-person medical examination on a non-covering practitioner regardless of the means of prescribing (e.g., e-prescribing or written prescription).

3. MDHHS has combined these requirements into one form which is available at msms.org/BeAWARE.