



DEA Registration & Telemedicine Prescribing Requirements Refresh

DEA Registration

Without Flexibilities:

 Practitioners must have a separate DEA registration in each state in which a telemedicine patient is located.

With Flexibilities:

 Practitioners only need a registration in one state – the state in which they are located.

Telemedicine Prescribing

General Rule

 No prescribing of controlled substances without at least one in-person evaluation.

Exception: "Practice of Telemedicine"

- Defined as communicating with a patient via a telecommunications system.
 - Includes two-way, real-time:
 - Audio-video
- Audio-only*

^{*} If the practitioner has the capability to use audio-video, but the patient is either unable to use video or does not consent to it.



"Practice of Telemedicine" Exceptions

There are seven specific cases where a practitioner can prescribe via telemedicine without an in-person exam:

- Hospital or Clinic
 Patient is treated by and physically located in a hospital or clinic.
- With Another Practitioner

 Patient is treated by and in the physical presence of another practitioner.
- Indian Health Services

 Patient is treated by an employee of the Indian Health Services.
- Public Health Emergency
 Treatment occurs during a PHE declared by HHS.

Special registration proposed rule establishes this process

- **Special Registration**Practitioner holds a special registration.
- Patient is treated for a medical emergency by a Veterans Health Administration employee.
- Other Regulations

 Patient is treated under other circumstances permitted by HHS regulations.

Current DEA telemedicine flexibilities and the buprenorphine final rule fall under this exception



Special Registration Proposed Rule

Comment Period Closed March 18, 2025

To prescribe controlled substances via telemedicine using the Special Registration pathway, the following must occur:



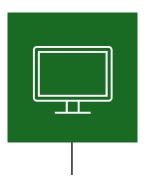
Special Registration

Each practitioner and telemedicine platform must obtain a Special Registration



State Telemedicine Registration

Each practitioner and telemedicine platform must also obtain a State Telemedicine Registration in each state they prescribe or dispense



PDMP Check

Practitioners must check the PDMP of the state where they are located, the state where the patient is located, and any state that has a reciprocity agreement with these states



Telehealth Modality

Prescriptions must be issued via an audiovideo visit

except

buprenorphine may be prescribed via an audio-only visit in certain circumstances



Schedule II

Practitioners must be located in the same state as the patient and prescribe less than 50% of Schedule II prescriptions via telemedicine



Buprenorphine Final Rule

Implementation Delayed to December 31, 2025

Before prescribing via telemedicine and dispensing buprenorphine for OUD treatment, the following must occur:

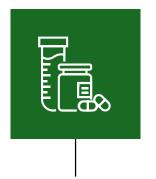


Check PDMP of state where the patient is located



Scope of PDMP Review

Prescription history for the past year or whatever is available

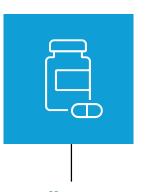


Initial Prescriptions

Issue up to a sixmonth supply if able to review PDMP data

or

Issue up to a 7-day supply if *not* able to review PDMP data



Follow-Up Prescriptions

Conduct an inperson visit

or

Meet one of the seven Ryan Haight Act exceptions to prescribe via telemedicine



Pharmacist Verification

Verify the identity of the patient using acceptable documentation



The Future for DEA Telemedicine Prescribing

Our Predictions

Special Registration Proposed Rule

Likely to be shelved or revamped

- Burdensome requirements
- Unworkable Schedule II restrictions
- Current DEA will likely want to write their own rule

Buprenorphine Final Rule

Likely to be delayed further or to be rescinded

- Delayed twice already
- Second delay was to review 32 comments
- Current DEA will likely want to write their own rule

Current Telemedicine Prescribing Flexibilities

Likely to be extended another year

- No other viable alternative to continue prescribing via telemedicine to avoid interruptions in patient care and patient harm
- Pressure from stakeholders will be important



Thank You! Contact Us



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