



Frequently Asked Questions: Prescribing During Remote/Telemedicine Practice

Question 1: Can I prescribe a medication when caring for a patient via telemedicine?

Yes, it is possible to prescribe a medication when caring for a patient via telemedicine. Many of the same considerations apply as when prescribing for a person for whom you are providing in-person care. For example, the prescription must be issued in the usual course of a physician's professional practice, and within a physician-patient relationship that is for the purpose of maintaining the patient's well-being. In addition, the physician must conform to certain minimum standards of patient care, such as taking an adequate medical history, doing a physical and/or mental status examination and documenting the findings.

Note, the Board of Registration in Medicine recently clarified that the practice of medicine shall not require a face-to-face encounter between the physician and the patient prior to health care delivery via telemedicine.

Question 2(a): If I am practicing telemedicine and I cannot hand my patient a paper prescription, how do I go about prescribing a federally controlled substance? *[For further detail on what constitutes a federally controlled substances, please [go here](#). In Massachusetts, all other prescription drugs and devices are considered "Schedule VI".]*

In order to prescribe a federally controlled substance (Schedules II-V) electronically, a prescriber must use a DEA-compliant electronic prescribing system. Certain electronic health records have this capability imbedded. If you do not have access to an EHR with this functionality, there are stand-alone online prescribing platforms that can be acquired through third-party vendors. A list of such vendors can be found through an internet search of "DEA compliant electronic prescribing vendors."

Note, there is some initial set-up involved in these prescribing platforms due to federal security requirements, including identity verification and the set-up of a two-factor authentication platform.

Many of these systems are becoming lower in cost and can work through an application on a smart phone.

Question 2(b): If I do not have an electronic prescribing platform for federally controlled substances, can I call the prescription in to the pharmacy?

In the case of any oral prescription for a Schedule III-V substance, a physician may call a prescription into a pharmacy, and must follow-up any called-in prescription with a written prescription for the controlled substance within seven days or such shorter period required by Federal law.

In emergency situations, drugs in said Schedule II may be dispensed upon oral prescription of a physician, reduced promptly to writing and filed by the pharmacy, pursuant to the provisions of subsection (a) of section twenty of chapter 94C of the Massachusetts General Laws. *Please note, the MA*

DPH has indicated that the current state public health emergency qualifies for this schedule II exception, and physicians may call in a Schedule II prescription, but should notate "Authorization for Emergency Dispensing" on the follow up written prescription.

Pharmacists receiving such calls have a corresponding duty to verify that a prescription is authentic and valid and shall verify the prescription by telephonic or other means.

Prescriptions for Schedule II prescriptions cannot be refilled and prescriptions for Schedule II and III drugs cannot exceed a 30-day supply.

It is critical that all phoned-in federally-controlled substance prescriptions be followed up with an electronic or paper prescription: pharmacists are obligated to report any non-compliance to the DEA.

Question 3: If I am practicing telemedicine and I cannot hand my patient a paper prescription, how do I go about prescribing a non-federally controlled substance (known as Schedule VI in MA)?

Physicians can prescribe non-federally controlled substances via oral prescriptions, written prescriptions, or an electronic prescribing platform. Note, prescribing non-federally controlled substances (MA Schedule VI drugs) does not require the use of a DEA-compliant electronic prescribing system and can be called-in to a pharmacist. Physicians calling in a Schedule VI prescription do not need to follow up with written a prescription.

Question 4: What else should I consider when prescribing electronically or by phone?

Prescribers should continue to comply with all other prescribing laws and regulations, such as the prescription monitoring program and all requisite documentation and record retention laws, regulations, and best practices.

Question 5: Will this change in 2021?

Yes, beginning January 1, 2021, DPH's new electronic prescribing rules will take effect, requiring all prescriptions for federally controlled substances to be sent through a federally-compliant electronic prescribing system. DPH has provided certain exceptions to this requirement, which can be found [here](#) at 105 CMR 721.070, as well as time-limited waivers from these electronic prescribing requirements. The waiver process and applications can be found [here](#). The deadline for waiver applications to be processed before the January 1, 2021 deadline is October 1, 2020; however, the time-limited waivers will begin from the date that the waiver application is approved. Therefore, if you wish for your waiver not to begin until January 1, 2021, you must explicitly state that start date in your application for waiver.