

Do I need a DEA number to prescribe controlled substances?

Yes. A 1997 letter to the AAPA from the DEA states "PAs must have their own individual DEA registrations if they write and sign a controlled substance prescription".

At one time, Chapter Med 8 contained language saying that either the MD's DEA number, or the PA's DEA number (if they had one), would suffice, but that language was removed from Med 8 several years ago. Now PAs have been added to both the state and federal controlled substance regulations as prescribers of these drugs.

If the PA sees the patient and writes and signs a prescription, it is still the PA's prescription even if the physician co-signs it. As you know, Wisconsin law requires co-signature and having the physician simply co-sign the script would not make that prescription the physician's prescription. Keep in mind that the physician could co-sign the clinic note instead of the prescription itself. In that case, if the PA does not have a DEA number, the prescription for a controlled substance was written without anyone with a DEA number included in the patient interaction. That would be clearly be a violation of federal regulations. The medical record still reflects that the patient saw the PA, not the physician, and does not reflect any input from the physician in the prescribing decision that was made.

The only option for a PA without a DEA number is to have the supervising physician write and sign the prescription so that it is clear that the physician is the actual prescriber of the drug. The PA should then document that he/she discussed the patient with the physician, and the physician made the decision to prescribe the controlled substance. Anything else raises serious compliance concerns.

Unfortunately, the DEA registration fee just went up from \$210 to \$390. I would encourage everyone to negotiate for this as an employer covered benefit. There is an incentive for employers to pay this. Pharmacies are increasingly tracking prescriptions (including non-controlled substances) using a DEA number. For those of us working in large health care systems, our prescribing profiles are tracked to assure that we are meeting the corporations "best practices". Insurers are also tracking prescribing profiles. If the pharmacist can't find a DEA number for you, they use the supervising physician's DEA. This really alters the profiles so that employer and insurer can't get any useful information on your prescribing habits.