



**Edward Vandenberg, MD, CMD ~ President**  
**233 South 13<sup>th</sup> Street, Ste 1200 ~ Lincoln, NE 68508 ~402-474-4472 (ph) ~ 402-474-2198 (fax)**

December 14, 2010

Mark W. Caverly  
Chief, Liaison and Policy Section  
Office of Diversion Control  
Drug Enforcement Administration  
8701 Morrisette Drive  
Springfield, VA 22152

Dear Mr. Caverly:

The Nebraska Medical Directors Association appreciates the opportunity to provide comments on the Drug Enforcement Administration's (DEA) October 6, 2010 Statement of Policy entitled "Role of Authorized Agents in Communicating Controlled Substance Prescriptions to Pharmacies." We support the November 5, 2010 from the American Medical Directors Association, American Academy of Family Physicians, American Academy of Hospice and Palliative Medicine, American College of Osteopathic Family Physicians, American Geriatrics Society, American Medical Association, American Osteopathic Association, and 33 state medical societies.

We appreciate that the policy intended to clarify rules on communicating controlled substance prescriptions to pharmacies, especially via agents of prescribing physicians, such as nurses. We further appreciate the DEA's exception of allowing an agent of the practitioner in a long-term care facility to transmit the prescriber-signed prescription to a pharmacy via facsimile. However, as stated in the November 5<sup>th</sup> letter from AMDA, we have serious concerns that it does not resolve the delays that physicians have experienced in providing Schedule II pain medications to some residents who urgently need them.

Specifically, the policy states "where a DEA-registered individual practitioner has made a valid oral prescription for a controlled substance in Schedules III-V by conveying all the

required prescription information to the practitioner's agent, that agent may telephone the pharmacy and convey that prescription information to the pharmacist...an agent may not call in an oral prescription for a Schedule II controlled substance on behalf of a practitioner even in an emergency circumstance."

The policy further specifies two circumstances in which a faxed Schedule II controlled substance prescription may serve as the original prescription: A practitioner or a practitioner's authorized agent may transmit a valid, physician-signed Schedule II prescription to a pharmacy via fax for a patient enrolled in a hospice program or residing in a long-term care facility.

**The Nebraska Medical Directors Association recommends that the agent be allowed to represent the prescriber for Schedule II controlled substances when transmitting the prescription orally.** Nebraska Medical Directors Association members participated in a survey AMDA conducted to develop comments on the DEA's June 29, 2010 Notice. Fifty percent of those who responded to the AMDA survey reported that they prescribe Schedule II substances daily. While 71 percent of respondents said that the delays in obtaining prescriptions for controlled substances apply to all schedules, respondents reported that the problem is worse for Schedule II controlled substances. This data points to the need for revised policy to resolve the delays that physicians have experienced in providing Schedule II pain medications to some residents who urgently need them

Should you have any questions regarding our comments please direct them to Jina Ragland, NMDA office, at 402-474-4472.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward Vandenberg", with a long, sweeping flourish extending to the right.

Edward Vandenberg, MD, CMD  
President  
Nebraska Medical Directors Association