

## CONTROLLED PRESCRIPTION DRUGS

---

### 1.0. CONTROLLED PRESCRIPTION DRUG SCHEDULES

The Controlled Substances Act of 1970 (Public Law 91-513) classifies drugs covered by the law in five schedules according to their potential for abuse and risk of bodily harm. The schedules follow:

#### 1.1. Schedule I

Substances with a high potential for abuse and that have no current accepted medical use in treatment. These drugs circulate through, and are available through, illegal channels.

#### 1.2. Schedule II

Drugs which have a high abuse potential and a current acceptable medical use in treatment. This schedule includes the narcotics, stimulants and depressants that are commonly obtained through legal channels but have high potential for drug dependency. The following control measures prevail that affect prescribing and dispensing of the drugs in this schedule:

- Prescription must be signed by the prescribing physician.
- Prescriptions are nonrefillable.

#### 1.3. Schedule III And IV

The drugs or other substances in Schedules III or IV have less potential for abuse than the drugs or other substances in Schedules I and II. The drugs have currently acceptable medical use in treatment in the United States. Abuse of the drugs or other substances may lead to moderate or low physical dependence or high psychological dependence:

- Drugs may be prescribed orally (by phone) or written.
- Prescriptions may be refilled up to five times within six months of initial issuance if authorized by the prescribing physician and if state law permits. After the five or less authorized refills are received or after the expiration of six months from date of issuance (whichever comes first), the prescription is nonrefillable and a new and separate written prescription, or an oral prescription if state law permits, is required. (Additional refill authorization cannot be added to the prescription. A new prescription must be developed.)

#### **1.4. Schedule V**

Includes certain narcotic drugs containing nonnarcotic active medical ingredients. The Schedule V drugs have less potential for concern of abuse than drugs in Schedule IV and use in treatment.

#### **2.0. CONTROLLED PRESCRIPTION DRUG SYMBOLS**

Controlled drugs are identified in the American Druggist Blue Book or Drug Topics Red Book by the following symbols:

- Schedule II: C-II
- Schedule III: C-III
- Schedule IV: C-IV
- Schedule V: C-V

#### **3.0. UTILIZATION REVIEW CRITERIA AND PROCEDURES**

Prescription drug claims will be developed for medical necessity prior to payment if the claim contains at least one controlled drug and exceeds one or more of the prepayment utilization review screening criteria developed by the contractor.

##### **3.1. Claims For Controlled Drugs**

Claims for controlled drugs that fail any prepayment screening criterion will be subjected to special review. Subsequent drug claims should be suspended pending completion of the review.

##### **3.2. Claims History**

The claims history, particularly claims for services performed by the prescribing physician, should be reviewed. This review may demonstrate that the drugs are medically necessary and that drug abuse is unlikely, particularly in terminal patients. In that event, the drug claim(s) may be paid. If the claim history review does not resolve the question of possible abuse, submit the case to professional review.

##### **3.3. Medical Review**

If medical review determines that care is appropriate, the claim may be paid. If drug abuse is confirmed, the abused drugs will be denied. The beneficiary is to be notified that no payment will be made and that the decision is based on lack of medical necessity. If there is a documented diagnosis of a morbid addictive state (rather than abuse), all narcotics shall be denied. The beneficiary is to be offered appeal rights and informed that his/her attending physician may discuss the case with the contractor's medical advisor or pharmacy consultant. For a period of six months, all drug claims for this beneficiary must be reviewed by a professional advisor before payment. The professional advisor may extend the period of review.

**3.4.** If the record indicates previously paid drug benefits, the prior claims for that beneficiary and/or provider will be reopened and the circumstances reviewed to determine

whether or not a drug abuse situation also existed at the time the earlier claims were adjudicated. If drug abuse is subsequently ascertained, benefit payments previously made will be considered to have been extended in error and the amounts so paid recouped.

**3.5.** If controlled drugs are prescribed or administered concurrently by multiple (two or more) physicians or hospitals for a period exceeding six weeks, the beneficiary should be notified that payment in the future will be limited to a designated physician or hospital, unless it is established that no abuse exists. These case files should be appropriately flagged for monitoring.

**3.6.** If controlled drugs are dispensed concurrently by multiple pharmacies for any period exceeding six weeks, the beneficiary should be notified that payment will be limited to one specific designated pharmacy unless it is established that no abuse exists. The utilization of the National Mail Order Pharmacy (NMOP) shall be subject to limitations that will be detailed in the letter to the beneficiary. The limitations shall be consistent with the management plan designated for the patient. (i.e., The actual limitation of controlled drugs will be at the discretion of the PCM who is familiar with the patient's needs.) The MCSC shall forward a copy of this letter to the Director, DoD Pharmacy, TMA/MHSO, 5111 Leesburg Pike, Suite 810, Falls Church, VA 22041-3206. The Director of DoD Pharmacy shall notify the NMOP of any limitations placed on a beneficiary. Case files should be appropriately flagged for monitoring.

