

Prescribing Controlled Substances in Georgia for the Treatment of Pain or Chronic Pain

When initially prescribing a controlled substance, the physician must:

- Obtain a **medical history**
- Conduct a **physical examination** (in a documented emergency can prescribe an amount to cover less than 72 hours without the physical exam)
- Obtain **informed consent**
- Make a diligent effort to obtain **prior diagnostic records** related to the condition for which the controlled substances are being prescribed and **prior pain treatment records** and document such efforts (not applicable if the condition is terminal)

When prescribing Schedule II or III controlled substances for 90 consecutive days or more for a non-terminal condition and for patients who are not in a nursing home or hospice, the physician must:

- Have a written **treatment agreement** with the patient
- Require the patient to have a **clinical visit at least every 3 months** to evaluate response to treatment, compliance with therapeutic regimen and any new condition that may have developed and be masked by controlled substances
- Perform **drug screens at least 4 times per year**
- The requirements for a clinical visit and drug screen every 3 months can be reduced to only once per year if the physician determines there is a substantial hardship and documents the hardship in the record or the morphine equivalent daily dose is 30mg or less

Georgia PDMP

All prescribers with a DEA number must register with the PDMP. All Georgia physicians who prescribe controlled substances must complete, one time, three hours of CME courses that are designed to specifically address controlled substance prescribing. Beginning July 1, 2018, prescribers:

- Must check the PDMP the first time an opioid or benzodiazepine is prescribed and at least once every 90 days thereafter**
- May **delegate authority to check the PDMP to 2 staff members** per shift or rotation provided that the staff members are properly licensed or they submit to the annual registration process
- Inquiries to the PDMP must be **noted in the medical record along with the date and time and the name of the individual doing the search**
- For opioid prescriptions, the patient must be given written and/or verbal information on the addictive risks of using opioids and options available for the safe disposal of unused drugs
- May use information obtained from the PDMP for treatment decisions, to communicate concerns about potential misuse, abuse, or underutilization with other prescribers and dispensers involved in the patient's healthcare or to report potential violations to the Department of Public Health

These rules do NOT apply when:

- The prescription is for no more than a **3-day (72 hour) supply of a covered substance and no more than 26 pills**
- The patient is in a hospital or health care facility, including a nursing home, an intermediate care home, a personal care home, or a hospice program** that provides patient care and the prescriptions are administered and used by a patient on the premises of the facility
- The patient has had **outpatient surgery** at a hospital or ambulatory surgical center and the prescription is for **no more than a 10-day supply and no more than 40 pills**
- The patient is **terminally ill or under the supervised care of an outpatient hospice program**
- The patient is receiving treatment for cancer**