



Policy Title:	Prescription Writing
Owner:	
Department:	GME
Origination Date:	12/15/2017
Last approved date:	4/19/2024
Approved By:	Graduate Medical Education Committee

I. Scope

This policy was developed for SIU Medicine. SIU Medicine collectively applies to the SIU School of Medicine (SIU SOM), including the Federally Qualified Health Center (FQHC), and SIU HealthCare (SIU HC). These entities are collectively referred to as SIU in this document.

This document applies to SIU staff, faculty, trainees, agents, officers, directors, interns, volunteers, contractors, and any other individual or entity engaged in providing teaching, research and health care items and services at SIU. These individuals are collectively referred to as SIU personnel in this document.

II. Definitions

The term “resident” is inclusive of all trainees at SIU SOM, whether training in a residency or fellowship program. The term “program” is inclusive of all SIU residency or fellowship programs, whether accredited or non-accredited.

III. Purpose

IV. Procedure

Residents should not evaluate or treat conditions or illness in themselves or other persons, except where the other person presents as a patient in the resident’s training program or in officially approved moonlighting settings. To be authorized to treat or prescribe, a physician-patient relationship must exist and a record of the history, physical treatment and/or drug prescribed must exist and be maintained as a medical record.

Specifically, a resident shall not prescribe any medication (including controlled and non-controlled substances), pharmaceutical, or medical device or equipment for 1) themselves, spouses, relatives or other family members; 2) for other residents and their families; 3) for other hospital staff including nursing and attending staff and their family members, unless a bonafide physician-patient relationship exists.

Failure to comply with these policies may result in discipline up to and including termination of the resident’s training.

Prescriptions for Schedule III – V drugs and drugs that are not controlled substances may be written by a resident as long as such prescriptions are called for and incidental to their residency training.

Some Affiliated Hospitals of Southern Illinois University School of Medicine have developed a program to assign residents a temporary DEA number. This number can be used only to prescribe controlled substances that are appropriate and incidental to the resident’s training in the hospital setting and only by residents who are employed by an SIU affiliated hospital.

Prescriptions for Schedule II controlled substances, whether written in an outpatient clinic or when discharging hospitalized patients, require the attending physician’s DEA number and signature. It is not appropriate to use a hospital assigned DEA number or a personal DEA number in these instances. Please note that effective January 1, 2024, Illinois requires all

prescriptions for controlled substances to be provided electronically unless eligible for a waiver and / or exemption.

V. References

For further information about the Illinois law effective January 1, 2024, please refer to the IL General Assembly document: [720 ILCS 570/311.6 \(ilga.gov\)](https://www.ilga.gov/legislation/ilcs/ilcs5.htm?amc=0&act=U&sl=0&sc=0&sd=0&sd2=0&sd3=0&sd4=0&sd5=0&sd6=0&sd7=0&sd8=0&sd9=0&sd10=0&sd11=0&sd12=0&sd13=0&sd14=0&sd15=0&sd16=0&sd17=0&sd18=0&sd19=0&sd20=0&sd21=0&sd22=0&sd23=0&sd24=0&sd25=0&sd26=0&sd27=0&sd28=0&sd29=0&sd30=0&sd31=0&sd32=0&sd33=0&sd34=0&sd35=0&sd36=0&sd37=0&sd38=0&sd39=0&sd40=0&sd41=0&sd42=0&sd43=0&sd44=0&sd45=0&sd46=0&sd47=0&sd48=0&sd49=0&sd50=0&sd51=0&sd52=0&sd53=0&sd54=0&sd55=0&sd56=0&sd57=0&sd58=0&sd59=0&sd60=0&sd61=0&sd62=0&sd63=0&sd64=0&sd65=0&sd66=0&sd67=0&sd68=0&sd69=0&sd70=0&sd71=0&sd72=0&sd73=0&sd74=0&sd75=0&sd76=0&sd77=0&sd78=0&sd79=0&sd80=0&sd81=0&sd82=0&sd83=0&sd84=0&sd85=0&sd86=0&sd87=0&sd88=0&sd89=0&sd90=0&sd91=0&sd92=0&sd93=0&sd94=0&sd95=0&sd96=0&sd97=0&sd98=0&sd99=0&sd100=0)

VI. Attachments

Definition of Controlled Substance Schedules

VII. Periodic Review

VIII. Reviewed by

Graduate Medical Education Committee

IX. Office of Responsibility

GME

Definition of Controlled Substance Schedules

Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in **Title 21 Code of Federal Regulations (C.F.R.) §§1308.11 through 1308.15**. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused. Some examples of the drugs in each schedule are listed below.

Schedule I Controlled Substances

Substances in this schedule have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.

Some examples of substances listed in Schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), gamma hydroxybutyric acid (GHB), and methaqualone.

Schedule II/IIIN Controlled Substances (2/2N)

Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence. These substances have a currently accepted medical use in treatment in the United States with restrictions.

Some examples of substances listed in Schedule II are: morphine, phencyclidine (PCP), cocaine, methadone, hydrocodone, fentanyl, and methamphetamine.

Schedule III/IIIN Controlled Substances (3/3N)

Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence. These substances have accepted medical use in treatment in the United States.

Some examples of substances listed in Schedule III are: anabolic steroids, codeine products with aspirin or acetaminophen, and some barbiturates.

Schedule IV Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances in Schedule III and abuse may lead to limited physical dependence or psychological dependence. These substances have a currently accepted medical use in the United States.

Some examples of substances listed in Schedule IV are: alprazolam, clonazepam, and diazepam.

Schedule V Controlled Substances

Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and abuse may lead to limited physical dependence or psychological dependence. These substances have a currently accepted medical use in treatment in the United States.

Some examples of substances listed in Schedule V are: cough medications with codeine.