



## **Controlled Substance Utilization Review and Evaluation System (CURES) Mandatory Consultation – Frequently Asked Questions**

### **1. What does ‘mandatory use of’ or ‘consultation of’ CURES mean?**

This requirement means that unless an exemption exists in law, a physician must query the CURES database and run a Patient Activity Report (PAR) on each patient the first time a patient is prescribed, ordered, or administered a Schedule II-IV controlled substance. The PAR must be run within twenty-four hours, or the previous business day, before prescribing, ordering, or administering the controlled substance. In addition, a physician must also query the database at least once every four months if the controlled substance remains a part of the patient’s treatment plan. Please go to the Board’s [website](#) for more information.

### **2. What does ‘first time’ mean?**

‘First time’ is defined as the initial occurrence in which a health care practitioner intends to prescribe, order, administer, or furnish a Schedule II-IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

### **3. What actions constitute successfully meeting the requirement to "consult CURES?" For example, can a staff member or other proxy consult CURES on behalf of the physician?**

Consulting CURES means the physician prescribing, ordering, administering, or furnishing the Schedule II-IV controlled substance has received a Patient Activity Report (PAR) and has reviewed the information on the document. While a physician can have a registered delegate request the CURES report, the report will go into the physician’s dashboard on CURES so the physician can review the PAR prior to prescribing, ordering, administering, or furnishing.

### **4. How do I document that I checked CURES prior to prescribing, is a note in the chart sufficient or do I print the CURES report and put it in the patient’s file?**

If a physician consults CURES, it is not required to note it in the patient’s file; however, the Board recommends the physician do so. It is up to the physician to determine how to document that he or she consulted CURES, e.g., document it in the chart or print the report and place it in the patient’s file.

### **5. How do I document I had an exemption and did not need to check CURES?**

Most exemptions do not require a physician to document that he or she did not consult CURES because an exemption applied; however, the Board still recommends that a physician document the patient’s record with the reason for not consulting CURES.

Documentation of an exemption **is required** if it is not reasonably possible for a physician to access the information in the CURES database in a timely manner, another physician, who can access the CURES database, is not reasonably available, and the quantity of the controlled substance does not exceed a non-refillable five-day supply of the controlled substance.

### **6. Can the Board audit CURES to determine physician compliance?**

Yes, the CURES Program has the ability to audit the activity of users within the system and the Board has access to this activity.

**7. How will the Board know that I did not check CURES and what are the consequences or administrative sanctions of non-compliance with mandatory use?**

The Board can receive information about non-compliance through a number of ways. The Board may receive a complaint from a patient, another licensee, or any other source that the physician is not consulting CURES as required. In addition, during the review of any investigation into a physician's care and treatment, the investigator, as part of the investigation process, will ensure CURES was consulted prior to prescribing, ordering, administering, or furnishing controlled substances as required by law.

Failing to consult CURES is a violation of the law and it could result in the issuance of a citation and fine, or could be a cause of action in an accusation that leads to disciplinary action. Disciplinary action could be a public reprimand, suspension, probation, or revocation. Each violation of the law is reviewed on a case-by-case basis.

**8. Can a medical assistant or nurse be a delegate as listed in the CURES Program?**

The law requires the prescribing physician consult the CURES database. Consistent with DOJ procedures pursuant to Business and Professions Code section 209, a physician may authorize a delegate to order reports from CURES. However, it is important to note that the delegate can only request the Patient Activity Report (PAR). The report will be sent to the physician's dashboard and only the physician can go in and review the PAR. Please remember that a physician may not provide his/her CURES password to anyone.

**9. We are "this type" of a facility. Do the physicians in our facility have to run a CURES report prior to prescribing?**

It is the Board's recommendation that you review the specific sections of law for each of the facility types and determine if your facility is exempt while the patient is admitted to your facility or if the patient is seen at your facility for a surgical procedure. You may choose to seek legal counsel to assist in your review of the appropriate sections of law.

To assist with your review, here are the specific links for each facility type where an exemption may apply:

Licensed clinic:

[http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=HSC&sectionNum=1200](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=1200)

Outpatient setting:

[http://leginfo.legislature.ca.gov/faces/codes\\_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=1.3.&article](http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=1.3.&article)

Health facility:

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=1250.&lawCode=HSC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1250.&lawCode=HSC)

County medical facility:

[https://leginfo.legislature.ca.gov/faces/codes\\_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=2.5.&article=1](https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=2.5.&article=1)

Place of practice:

[https://leginfo.legislature.ca.gov/faces/codes\\_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=4.&article=3.5](https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=4.&article=3.5)

- 10. In a teaching clinic, or similar setting, often providers have to write prescriptions for other providers who may be out. If I am writing a prescription for a Schedule II-IV controlled substance, which the record confirms the patient has previously received, will I have to check CURES?**

Yes, each physician is required to consult the CURES database prior to prescribing, ordering, or administering.

- 11. If I am covering for one of the other physician's in my practice and a patient requests a refill, and I fill it, do I need to consult CURES? What if the other physician consulted CURES recently?**

Yes, you must consult CURES unless one of the exemptions apply. Even if the other physician recently consulted CURES, if this is the first time you prescribed to the patient or is over four months from the last time you consulted CURES for this patient for this controlled substance, you must consult CURES.

- 12. If a patient is given a non-refillable 5-day prescription for a Schedule II-IV controlled substance from the surgical unit as part of a surgical procedure, the physician does not have to consult CURES as this is an exception. However, if the patient is seen in follow-up one week later and needs an additional refill of medication for pain control, does the physician have to consult CURES?**

Yes, the physician must consult CURES. The law states that a physician, who previously had an exemption, must consult the CURES database prior to subsequently prescribing a Schedule II-IV controlled substance to the patient and at least once every four months thereafter if the substance remains part of the treatment of the patient.

- 13. If my patient was admitted to a hospital for non-surgical treatment and was receiving a Schedule II-IV controlled substance in the hospital, do I have to consult CURES to prescribe a Schedule II-IV controlled substance at discharge from the hospital or am I exempt if I only prescribe a non-refillable seven-day supply?**

If you have not previously consulted CURES, you would be required to consult CURES at discharge no matter the number of days supplied. The exemption only pertains to controlled substances administered while the patient is admitted to or during emergency transfer between facilities specified in law.

- 14. I am a hospitalist at a facility specified in the law. Am I exempt from checking CURES if I am discharging a surgical patient and the prescription for the Schedule II-IV controlled substance is not more than a five-day supply?**

According to the law, if the prescription is part of the patient's treatment for the surgical procedure, the physician does not need to consult CURES as long as the supply does not exceed a non-refillable five-day supply.

**15. What actions should be taken if the physician recognizes excessive prescribing or that the patient may be abusing controlled substances?**

The physician needs to follow the standard of care when reviewing the patient's controlled substance history. It is important that the patient receive appropriate care, which could include substance abuse treatment, discussion regarding pain management, titration of controlled substances, etc., depending upon the circumstances.

In addition, if a physician believes another physician is excessively prescribing controlled substances to a patient, the Board recommends that you report that physician to the Board for appropriate action.

**16. What is the threshold for determining compliance with this statute? (Given the logistics of a typical practice, it will be impractical that 100% compliance will be achievable.)**

The law requires complete compliance unless there is an exemption. The Board will review each violation on a case-by-case basis and take action as appropriate.

**17. If a physician is titrating up a medication, for example starts with Oxycontin 5mg and then titrates up to 10mg, is this considered a 'new prescription' and is CURES consultation required with each titration?**

No, this is not a new 'controlled substance' as it is still the same drug, just a different dosage and therefore another check is not required for four months if that controlled substance remains a part of the patient's treatment.

**18. Some of our clinics are using pharmacists to assist with medication reconciliation and other functions at the time of outpatient visits. As part of this process, the pharmacist will print out a Patient Activity Report (PAR) from CURES (using their own log-on) for any patients that have controlled substances on their active medication list. These printouts are given to the physician for review during the appointment, saving time for the physician. Will this satisfy the "mandatory consultation requirement" and would the physician need to file the CURES report in the chart in case of audit?**

The law says the physician must consult the CURES database, which means the physician must log into the database to view a PAR. This is true even if the physician authorizes a delegate to request a PAR.

**19. I write less than ten Schedule II-IV controlled substances a year. Do I have to do anything with the CURES Program?**

While you may not prescribe that often, the law requires that if you have a DEA registration that authorizes you to prescribe Schedules II - IV controlled substances, you must be registered in CURES. Here is a link to a website regarding CURES registration  
<https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml>.

In addition, as of October 2, 2018, the first time you prescribe a Schedule II - IV controlled substance to a patient, you must consult the CURES database prior to prescribing, with limited exemptions. You must also consult CURES every 4 months thereafter if that controlled substance remains a part of the patient's treatment. Here is a link to the website with more information regarding that requirement

[http://www.mbc.ca.gov/Licensees/Prescribing/CURES/Mandatory\\_Use.aspx](http://www.mbc.ca.gov/Licensees/Prescribing/CURES/Mandatory_Use.aspx).

**20. I am a physician who holds a license in California but I also hold a license in Montana and practice in Montana. Do I have to be registered in CURES and do I have to consult CURES?**

If a physician holds a renewed and current license in California and is authorized to prescribe Schedules II-IV controlled substances in California, they must be registered in the CURES Program. In addition, if the physician is prescribing to a California patient (potentially via telemedicine), the physician would have to consult CURES unless one of the specified exemptions applied.