

Revised October 2021

FAQs: NC Controlled Substances Reporting System

Q: I need assistance using NC CSRS to complete patient queries. Is personalized help available and how do I request it?

A: Yes, NC CSRS has obtained grant funding to provide one-on-one technical assistance to prescribers upon request. To request assistance, email CSRS.Utilization@dhhs.nc.gov.

Q: How can I learn more about using NC CSRS to query patient prescription histories?

NC CSRS has developed a video training that may be helpful. Find it [here](#).

Q: How will prescribers manage the additional work involved with conducting NC CSRS queries and reviewing results in order to comply with the STOP Act provisions related to mandatory use of the prescription monitoring system?

A: Integrating your EHR system with NC CSRS greatly increases the ease of conducting 12-month prescription history reviews. For prescribers who access NC CSRS directly to conduct manual patient queries, remember that NC CSRS allows prescribers to register delegates (nurses, non-clinician medical office staff) who can run queries on behalf of the prescriber. Delegates must have their own registration (prescribers are not allowed to let a delegate login using his or her credentials) and must be assigned to each of the prescribers he or she is to run patient queries for.

Q: Are Ritalin and other medications used to treat Attention Deficit Hyperactivity Disorder (ADHD) considered “targeted controlled substances” and, thus included in the mandatory CSRS use provision of the STOP Act?

A: No. Targeted controlled substances are Schedule II and III opioids and narcotics per the North Carolina Controlled Substances Act, specifically those listed in N.C. Gen. Stat. § 90-90(1), (2) or 90-91(d). Ritalin and other stimulants are listed in N.C. Gen. Stat. § 90-90 (3) and, thus, are not considered targeted controlled substances under the STOP Act. Therefore, it is not required under the law to check the patient’s 12-month controlled substances prescription history before prescribing Ritalin or another stimulant medication.

Q: What medications are subject to the “mandatory use” provisions of the STOP Act and require a check of the patient’s 12-month prescription history before prescribing?

A: The STOP Act applies to all “targeted controlled substances”. This is a term coined by the law to indicate all **Schedule II and Schedule III opioids or narcotics**, specifically those listed in N.C. Gen. Stat. § 90-90(1), (2) and 90-91(d). Find a complete list of affected medications [here](#).

Q: Should electronic or paper copies of the patient’s 12-month prescription histories be retained in the patient’s medical record?

A: The fact that the 12-month prescription history was obtained and reviewed should be documented in the record, but it is not necessary to retain a copy of the actual prescription history report in the medical record.

Q: How can I get my practice EHR system approved for integration with NC CSRS, since this is the preferred route?

A: It is necessary to apply to NC DHHS for approval to integrate with the NC CSRS system. There are four forms to submit to complete an integration request.

1. Complete the [Integration Request Form](#). Be sure to identify the primary contact as the person who is championing the effort on your organization's behalf, as well as a contact for your software vendor. **Note: Only authorized decision makers should fill out the form.**
2. A Terms and Conditions Agreement will be emailed to the primary contact within 24-48 hours of receipt of the Request Form. Review and electronically sign the Agreement.
3. Complete the [Prescriber List](#) and email to NCCSRS.Gateway.Integration@dhhs.nc.gov.
4. Complete the [Gateway Licensee Questionnaire](#) for requesting CSRS data from other approving states.

ALL documents before NC DHHS will review your request. Once approved, Appriss Health, the vendor, will contact you to discuss next steps.

Q: How does a prescriber get access NC CSRS to review a patient's prescription history?

A: Prescribers, practices or health care facilities that use electronic health records systems should inquire about integrating their EHR system with NC CSRS, as this is the most efficient way of using the system. Prescribers who are not able to integrate should register for access [here](#) and use the system to look up individual patient histories.

Q: What does the "mandatory use" provision of the STOP Act require of controlled substances prescribers?

A: Prior to initially prescribing any "targeted controlled substance" (Schedule II or Schedule III opioid or narcotics) practitioners are required to review a patient's 12-month prescription history in the NC Controlled Substances Reporting System (NC CSRS). For every subsequent three-month period that the Schedule II or Schedule III opioid or narcotic remains part of the patient's medical care, practitioners are required to review the patient's 12-month history in the NC CSRS.

Q: Are any prescribers exempt from the requirement to check NC CSRS before prescribing a Schedule II/III opioid?

A: Yes. In accordance with statute, clinicians who issue prescriptions in any of the following situations may but are not required to check a patient's 12-month prescription history with NC CSRS:

- Controlled substances administered in a health care setting, hospital, nursing home, outpatient dialysis facility or residential care facility.
- Controlled substances prescribed for the treatment of cancer or another condition associated with cancer.
- Controlled substances prescribed to patients in hospice care or palliative care.