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## Signed, Sealed, Delivered: DEA Opens a New Pathway for Controlled Substance Delivery

### Key Updates

- On Oct. 28, 2026, the Drug Enforcement Administration (DEA) published guidance clarifying when DEA-registered pharmacies may deliver patient-specific controlled substances directly to practitioners for administration to patients (rather than delivering the medications to the patients themselves).
- Under the guidance, a patient may execute a power of attorney (POA), consistent with state law, authorizing an administering practitioner to accept delivery of the patient's prescribed controlled substance on the patient's behalf. This option is limited to medications that must, under FDA requirements, or should, for quality control or other reasons, be delivered directly to a practitioner for administration in a health care setting.

### Why It Matters

- The guidance addresses a longstanding challenge for pharmacies and health care providers administering patient-specific controlled substances, particularly medications used in implanted intrathecal pumps, where sterility and appropriate handling are important considerations.
- The POA pathway may reduce logistical burdens and unnecessary patient handling of medications while supporting more direct pharmacy-to-practitioner delivery arrangements. It does not, however, eliminate existing controlled substance prescribing, dispensing, recordkeeping, security or diversion control obligations.

### Next Steps

- Pharmacies, prescribers and administering practitioners should evaluate whether their existing delivery arrangements could benefit from the POA pathway and assess the applicable state law requirements.
- Organizations considering implementation should review or develop procedures addressing POA execution and verification, prescription processing, delivery documentation, storage, record retention and disposal of unused medications.

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### Related Capabilities

- Pharmacy
- Food, Drug & Device
- Health Care

On Oct. 28, 2026, DEA published guidance titled *Delivery of a Prescribed Controlled Substance by a Drug Enforcement Administration (DEA)-Registered Pharmacy to a Practitioner for Direct Administration to the Patient under Power of Attorney (POA)* (EO-DEA315). The guidance addresses circumstances in which a DEA-registered pharmacy may deliver a prescribed controlled substance directly to a practitioner for administration to the patient when the patient has authorized the practitioner to accept delivery on the patient's behalf.

## Existing Controlled Substance Delivery Requirements and Challenges

Under the Controlled Substances Act (CSA), pharmacies generally must dispense controlled substances to the ultimate user, typically the patient or a member of the patient's household, rather than to the prescribing practitioner. Congress has established limited exceptions under 21 U.S.C. § 829a for certain Schedule III-V controlled substances administered by injection or implantation for maintenance or detoxification treatment and certain Schedule III-V medications that are subject to FDA risk evaluation and mitigation strategies (REMS) requiring patient monitoring during administration.

Outside these statutory exceptions, the direct-to-patient delivery framework has presented practical challenges for pharmacies and practitioners when medications require specialized handling or are intended exclusively for administration in a health care setting. DEA specifically identifies controlled substances delivered through implanted intrathecal pumps, often used to treat intractable pain, as an example of medications for which maintaining sterility is particularly important.

The new guidance provides an additional pathway for addressing these challenges.

## How Does the New POA Pathway Work?

Under the guidance, a patient who receives a prescription for an eligible controlled substance may execute a POA, consistent with applicable state law, designating the administering practitioner as the patient's agent for the limited purpose of accepting delivery of the prescribed medication from the dispensing pharmacy.

The pharmacy may then deliver the medication directly to the practitioner for administration to the named patient, subject to the conditions outlined in the guidance.

Importantly, DEA emphasizes several limitations:

- **Limited applicability.** The pathway applies only to prescribed controlled substances that must, pursuant to FDA requirements, or should, for quality control or other reasons, be delivered directly to the administering practitioner for administration in a health care setting. It is not a blanket authorization for delivery of all patient prescriptions to practitioners.
- **Limited agency authority.** The practitioner receives the medication solely as the patient's agent for purposes of accepting delivery, not as inventory acquired under the practitioner's DEA registration. The practitioner cannot redistribute the medication, incorporate it into office stock, administer it to another patient or otherwise act beyond the authority granted by the POA and applicable law.
- **Patient-specific administration.** The prescription should be for a dose intended for direct administration to the named patient. The medication cannot be used as a take-home supply or converted into office stock for administration to other patients.
- **State-law compliance.** DEA does not prescribe a particular form or structure for the POA, other than requiring compliance with applicable state law. Pharmacies and practitioners must therefore evaluate the relevant state's POA requirements before

relying on this delivery arrangement.

The pathway is not limited to intrathecal medications. However, organizations should assess whether the medication and circumstances of its delivery and administration satisfy DEA's criteria before implementing a POA-based delivery arrangement.

## Compliance Considerations for Pharmacies and Practitioners

Although the guidance provides additional flexibility, it does not relieve pharmacies or practitioners of their existing obligations under the CSA, DEA regulations or applicable state laws.

Several operational considerations warrant particular attention:

- **Prescription validity and corresponding responsibility.** Prescribing practitioners must continue to issue prescriptions for legitimate medical purposes in the usual course of professional practice, and dispensing pharmacies retain their corresponding responsibility under 21 CFR § 1306.04(a). A valid POA does not independently establish the validity of a controlled substance prescription.
- **POA verification and delivery documentation.** DEA recommends that pharmacies take steps to verify the existence and validity of the POA before dispensing medication for delivery to the practitioner, noting that inadequate verification may create diversion risks and potential regulatory exposure. Pharmacies must also maintain records documenting delivery to the practitioner, and DEA recommends that such records identify the practitioner's name and the delivery address. All deliveries should occur at the address specified in the POA.
- **Storage and diversion controls.** Administering practitioners must maintain medications received under a patient POA separately from controlled substances held under their DEA registrations. Practitioners also remain responsible for effective controls and procedures to prevent theft and diversion.
- **Record retention.** DEA recommends that both pharmacies and administering practitioners consider retaining copies of the POA for at least two years after the last delivery or administration under the POA, or longer if required by applicable law. The guidance presents this retention period as a recommended practice rather than a new mandatory federal POA retention requirement.
- **Unused medications and waste.** DEA emphasizes that once a controlled substance has been dispensed to the patient, it has left the CSA's closed system of distribution and generally cannot reenter that system. Under the POA pathway, unused or unwanted dispensed medication cannot be returned to a DEA registrant. Instead, DEA directs disposal by the ultimate user through an authorized mail-back package or collection receptacle. *Pharmacies and administering practitioners should establish procedures addressing unused, expired or otherwise unusable medications, including how patient-specific medications will be handled when administration does not occur, while ensuring that disposition remains consistent with the limited authority granted under the POA. Organizations should separately evaluate how to handle partial-dose wastage following administration because the guidance does not comprehensively address that situation.*

These considerations are especially relevant for specialty pharmacies, pain management practices and other providers administering patient-specific controlled substances in clinical settings.

## Important Limits on the Guidance

The new POA pathway does not replace existing delivery options or change the statutory exceptions under 21 U.S.C. § 829a.

DEA confirms that practitioners may continue to purchase controlled substances from DEA-registered distributors for use as office stock when the practitioner has the appropriate DEA registration at the location where the medications are stored and administered, and state law permits the arrangement. Similarly, a pharmacy may deliver a prescribed controlled substance to the practitioner's office when the patient is physically present to receive it. The guidance notes that neither the CSA nor DEA regulations specify where the ultimate user must be located to receive a prescribed controlled substance. The POA pathway offers an alternative for circumstances in which those arrangements may be impractical or present quality-control concerns.

Importantly, DEA characterizes the new guidance as nonbinding. Pharmacies and practitioners are not required to implement a POA program, and the guidance does not establish the POA pathway as a preferred or exclusive method for handling patient-specific controlled substances. State law requirements also remain applicable. Organizations should not assume that a delivery arrangement permissible under the DEA guidance will necessarily satisfy every state's requirements governing powers of attorney, controlled substance dispensing, pharmacy delivery or practitioner administration.

## Looking Ahead

DEA's guidance provides a potentially significant operational option for pharmacies and health care providers administering patient-specific controlled substances, particularly where direct delivery to a practitioner may better protect medication quality, support patient safety or reduce logistical barriers.

However, the guidance also introduces important implementation considerations. Pharmacies and practitioners considering the POA pathway should conduct a state-specific compliance assessment and establish appropriate procedures for verifying patient authorization, documenting medication delivery, maintaining patient-specific inventory, preventing diversion and addressing unused medications. Organizations should also consider whether existing pharmacy-provider agreements, clinical workflows and recordkeeping systems adequately address the distinction between controlled substances held as practitioner office stock and medications received by practitioners solely as agents of individual patients. Organizations should also verify that such delivery arrangements are consistent with applicable billing and reimbursement requirements and payor agreements.

For questions about the new DEA guidance, controlled substance delivery arrangements or applicable federal and state pharmacy requirements, please contact Josh McCann, Laura Pone, Mark Armstrong, David Bird or your regular Polsinelli attorney.