



# *Prescribing and Dispensing Profile*

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## New York



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## Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II substances may only be dispensed on the written prescription of a practitioner

- May be dispensed on the oral prescription of a practitioner in an emergency provided:
  - It is promptly reduced to writing by the pharmacist
  - The pharmacist makes a good faith effort to verify the identity of the practitioner and the patient
  - No emergency oral prescription shall be filled for more than what would exceed a five day supply
  - Prescriber shall cause a written prescription to be delivered to the pharmacist within 72 hours
- Emergency means that the immediate administration of the drug is necessary for proper treatment, that no alternate treatment is available, and it is not possible for the practitioner to provide a written prescription before dispensing
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
  - Schedule II narcotic substances to be compounded for direct administration to a patient via certain methods
  - Patients enrolled in a hospice program or residential health care facility
  - Prescriber must cause a written prescription to be delivered to the dispenser within 72 hours

Practitioner may issue a prescription for up to a three month supply provided that the prescription has been issued for the treatment of:

- Panic disorders; ADD; chronic debilitating neurological conditions characterized as a movement disorder or exhibiting seizure, convulsive or spasm activity; relief of pain in patients suffering from conditions or diseases known to be chronic or incurable; narcolepsy; hormone deficiency states in males, gynecologic conditions that are responsive to treatment with anabolic steroids or chorionic gonadotropin, metastatic breast cancer in women, anemia and angioedema
- Such prescriptions shall state the name of the condition being treated on the face of the prescription

Schedule II prescriptions must be dispensed within 30 days of being issued

No additional prescriptions for a Schedule II substance may be issued by a practitioner to a patient within 30 days of the date of any prescription previously issued unless and until the patient has exhausted all but a seven days' supply of that controlled substance provided by any previously issued prescription

Schedule II prescriptions shall be kept separately from other prescriptions

Schedule II prescriptions shall not be refilled

## Schedule III, IV and V Prescribing Limitations (not related to pain clinics)

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## Schedule III, IV and V Prescribing Limitations (not related to pain clinics)

Schedule III – V substances may be dispensed on the written, oral, or electronic prescription of a practitioner

- No prescription may be written for a quantity of substances that would exceed a 30 day supply
- Practitioner may issue a prescription for up to a three month supply provided that the prescription has been issued for the treatment of:
  - Panic disorders; ADD; chronic debilitating neurological conditions characterized as a movement disorder or exhibiting seizure, convulsive or spasm activity; relief of pain in patients suffering from conditions or diseases known to be chronic or incurable; narcolepsy; hormone deficiency states in males, gynecologic conditions that are responsive to treatment with anabolic steroids or chorionic gonadotropin, metastatic breast cancer in women, anemia and angioedema
  - Such prescriptions shall state the name of the condition being treated on the face of the prescription

Schedule III and IV substances may be dispensed on the oral prescription of a practitioner

- So long as the pharmacist:
  - Reduces such prescription to writing
  - Makes a good faith effort to verify the identity of both the practitioner and patient
- No oral prescription shall be filled for a quantity of a controlled substance that would exceed a five day supply or, with respect to a Schedule IV substance, a 30 day supply or 100 dosage units, whichever is less
- Prescriber shall cause a written prescription to be delivered to the pharmacy within 72 hours

Certain Schedule III and IV substances may only be dispensed on the written prescription of a practitioner (see 10 ADC 80.67 for a complete list)

- May be dispensed on the oral prescription of a practitioner in an emergency provided:
  - It is promptly reduced to writing by the pharmacist
  - The pharmacist makes a good faith effort to verify the identity of the practitioner and the patient
  - No emergency oral prescription shall be filled for more than what would exceed a five day supply
  - Prescriber shall cause a written prescription to be delivered to the pharmacist within 72 hours
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
  - Patients enrolled in a hospice program or residential health care facility
  - Prescriber must cause a written prescription to be delivered to the dispenser within 72 hours

Schedule III – V prescriptions must be dispensed within 30 days of being issued

No additional prescriptions for certain Schedule III and IV substances as listed in 10 ADC 80.67 may be issued by a practitioner to a patient within 30 days of the date of any prescription previously issued unless and until the patient has exhausted all be a seven days' supply of that controlled substance provided by any previously issued prescription

- Certain Schedule III and IV substances listed in 10 ADC 80.67 shall not be refilled

Within seven days of faxing a prescription for a Schedule III – V substance, the prescriber shall deliver a written prescription to the pharmacist

Schedule III – V prescriptions shall not be filled or refilled more than six months after being issued or refilled more than five times

Schedule III – V prescriptions shall be maintained in a separate file

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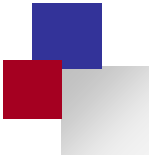
## Miscellaneous Prescribing/Dispensing Requirements

No controlled substance prescription shall be issued prior to the examination of the patient by the practitioner

- Once the initial examination has been completed, the frequency and necessity of future examinations prior to prescribing, either for the same acute or chronic condition, will be made by the practitioner utilizing generally accepted medical standards, including taking into account the drug to be prescribed and the patient's condition, history, and disposition toward the use of controlled substances
- In the temporary absence of the initial prescriber, an authorized practitioner may issue a controlled substance prescription for a patient as part of a continuing therapy if the practitioner:
  - Has direct access to the patient's medical record and such records warrant continued controlled substance prescribing
  - Had direct and adequate consultation with the initial prescriber, who assures the necessity of continued controlled substance prescribing and with which the practitioner concurs
- A practitioner may prescribe a controlled substance to his or her patient after review of the patient's record if the record contains the result of an examination performed by a consulting physician or hospital and such record warrants the prescribing
- If a patient develops a new condition that would warrant the issuance of a prescription for a controlled substance, a practitioner may issue the prescription prior to performing an examination if:
  - The prescriber has a previously established practitioner/patient relationship with the patient
  - An emergency exists
    - An emergency means that the immediate administration of the drug is necessary for the proper treatment of the patient and that no alternative treatment is available
  - The prescription does not exceed a five day supply

Practitioners, in good faith and in the course of their professional practice only, may prescribe, administer, and dispense Schedule II – V substances

- No more than a 30-day supply may be dispensed at any one time
  - No additional dispensing may be made by a practitioner to a patient within 30 days of the previous dispensing unless and until the patient has exhausted all but a seven days' supply of the controlled substance previously dispensed
  - Practitioner may dispense up to a three month supply of a controlled substance, including chorionic gonadotropin, or up to a six month supply of an anabolic steroid if used in accordance with the directions for use, provided that such supply has been dispensed for the treatment of the following conditions:
    - Panic disorders; ADD; chronic debilitating neurological conditions characterized as a movement disorder or exhibiting seizure, convulsive or spasm activity; relief of pain in patients suffering from conditions or diseases known to be chronic or incurable; narcolepsy; hormone deficiency states in males, gynecologic conditions that are responsive to treatment with anabolic steroids or chorionic gonadotropin, metastatic breast cancer in women, anemia and angioedema
- A practitioner may not prescribe, administer, or dispense anabolic steroids or chorionic gonadotropin for other than therapeutic purposes
  - A practitioner may not prescribe, administer, or dispense such substances without the informed consent of the patient



## Miscellaneous Prescribing/Dispensing Requirements, cont'd.

Prescriptions must contain the following information:

- Name, address, and age of the patient
- Name, address, telephone number, Federal registration number, and signature of prescriber
- Specific directions for use, including dosage and frequency of dosage and the maximum daily dosage
- Quantity of dosage units prescribed
- Number of refills, if any
- Date issued

### Prescribing/Dispensing Limitations for Dentists

No separate statutes or regulations related to prescribing and dispensing limitations for dentists.

### Prescribing/Dispensing Limitations for Optometrists

Optometrists may prescribe and use pharmaceutical agents once certified to do so, including the following:

- Diagnostic pharmaceuticals
  - Anesthetic agents, cycloplegics, mydriatics, miotics, disclosing agents and other substances used in conjunction with these drugs as part of a diagnostic procedure
- Pharmaceutical agents limited to topical application to the surface of the eye for therapeutic purposes, limited to:
  - Antibiotic/antimicrobials; decongestants/anti-allergens; non-steroidal anti-inflammatory agents; steroidal anti-inflammatory agents; antiviral agents; hyperosmotic/hypertonic agents; cycloplegics; artificial tears and lubricants
- Pharmaceutical agents limited to topical application to the surface of the eye, limited to:
  - Beta blockers, alpha agonists, direct acting cholinergic agents

### Pain Clinic/Pain Management Regulations

No specific statutes or regulations identified.

### Training or Education Requirements or Recommendations for Practitioners who Prescribe or Dispense Controlled Substances

No specific statutes or regulations identified.



## Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

This section deals only with the conditions that qualify a patient for the use of medical marijuana or a therapeutic research program and the attendant physician responsibilities. For complete information on state medical marijuana and therapeutic research programs, please visit the NAMSDL website at [www.namsdl.org](http://www.namsdl.org).

Serious condition means:

- Having one of the following several debilitating or life-threatening conditions:
  - Cancer, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, amyotrophic lateral sclerosis, Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity, epilepsy, inflammatory bowel disease, neuropathies, Huntington's disease, or as added by the commissioner
- Any of the following conditions where it is clinically associated with, or a complication of, a condition listed above or its treatment:
  - Cachexia or wasting syndrome; severe or chronic pain; severe nausea; seizures; severe or persistent muscle spasms; or such conditions as are added by the commissioner
- The commissioner shall determine whether to add the following conditions:
  - Alzheimer's, muscular dystrophy, dystonia, post-traumatic stress disorder and rheumatoid arthritis

Practitioner qualified to certify a patient for the use of medical marijuana must meet the following criteria:

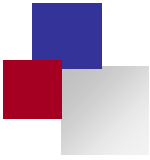
- Be a physician licensed in the state of New York and practice within the state
- Who by training or experience is qualified to treat a serious condition
- Has completed a two to four hour course as determined by the commissioner and registered with the department

Patient certification may only be issued if:

- A practitioner has registered with the department to issue a certification as determined by the commissioner
- The patient has a serious condition, which shall be specified in the patient's health care record
- The practitioner, by training or experience, is qualified to treat the serious condition
- The patient is under the practitioner's continuing care for the serious condition
- In the practitioner's professional opinion and review of past treatments, the patient is likely to receive therapeutic or palliative benefit from the primary or adjunctive treatment with medical use of marijuana for the serious condition

Certification shall include:

- Name, date of birth, and address of the patient
- A statement that the patient has a serious condition and is under the practitioner's care for that condition
- A statement attesting that all of the above requirements have been met
- The date
- The name, address, federal registration number, telephone number, and handwritten signature of the certifying practitioner
- Practitioner may include a statement that the patient will benefit from the use of medical marijuana only until a certain date
- Practitioner may include a statement that, in his/her professional opinion, the patient is terminally ill and that the certification shall not expire until the patient dies



## Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

In making a certification, the practitioner shall consider the form of the marijuana the patient should consume, including the method of consumption, and any particular strain, variety, and quantity or percentage of marijuana or particular active ingredient, and appropriate dosage and shall state his/her recommendation in the certification

Practitioners are not subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a professional licensing board solely for certifying the medical use of marijuana or for any other action in conformity with this law

Participation in the therapeutic research program is limited to patients with cancer, glaucoma, or other diseases as approved by the commissioner

- Physician certification and board or committee approval shall be limited to those patients who are involved in a life-threatening or sense-threatening situation

### PMP Requirements for Mandatory Registration and Access

Prior to prescribing or dispensing any controlled substance listed in Schedule II – IV, every practitioner shall consult the PMP

- Patient's report shall be reviewed no more than 24 hours prior to prescribing or dispensing the controlled substance to the patient
- Practitioner shall document the consultation in the patient's chart or shall document the reason such consultation was not performed

Every practitioner shall consult the PMP prior to making a certification for a patient to use medical marijuana for the purpose of reviewing the patient's controlled substance history

### Patient Referral to Treatment

No specific statutes or regulations identified.

### Board Guidelines

None.