New York State Board of Medicine
September 9, 2022

John J. Heaphy, R.Ph.
Mary K. Sutphen, R.Ph.
Pharmacy Consultants
NYS Bureau of Narcotic Enforcement (BNE)
OBJECTIVES

- Updates on the Prescription Monitoring Program (PMP) as a prescribing tool
- Discuss Opioid Legislation Initiatives
- Review Controlled Substance Prescribing Requirements
Prescribing Requirements
Initial Physical Examination

10 NYCRR §80.62 and §80.63 require that:

- No controlled substance prescription shall be issued prior to the physical examination of the patient by the practitioner under most circumstances.

- The parameters for the examination may vary “as indicated” to conform to 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.

- Once the initial examination has been completed, the frequency and necessity for future examinations prior to prescribing, either for the same acute or chronic condition, will be made by the practitioner.
Initial Physical Examination

A practitioner may rely on a record of a physical examination of the patient under certain conditions:

- A practitioner may prescribe a controlled substance to his or her own patient after a review of the patient’s record if the record contains the results of a physical examination performed by a consulting physician or hospital and such record warrants the prescribing.
Initial Physical Examination

The examination of record must have been performed specific to the diagnosis for which the prescription is being considered, and a new diagnosis may necessitate a new physical examination. Both practitioners must be licensed to practice in New York State (NYS).
Initial Physical Examination

➢ If a patient develops a new condition that would warrant the issuance of a prescription for a controlled substance, a practitioner may issue such prescription prior to performing an examination if:

(i) the prescribing practitioner has a previously established practitioner/patient relationship with the patient; and
(ii) an emergency exists; and
(iii) the prescription does not exceed a 5 day supply
Initial Physical Examination

- 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:

  (i) had direct access to the patient's medical records and such records warrant continued controlled substance prescribing; or

  (ii) had direct and adequate consultation with the initial prescriber, who assures the necessity of continued controlled substance prescribing and with which the practitioner concurs.
Prescription Drug Reform Act 2012

Part A: I-STOP/PMP
Part B: Electronic Prescribing
Part C: Controlled Substance Schedule Changes
Part D: Prescription Pain Medication Awareness Work Group
Part E: Safe Disposal Program
Drugs added or clarified in schedules:

- Carisoprodol added to Schedule IV
- Tramadol added to Schedule IV
- Hydrocodone Schedule III to Schedule II
Prescription Monitoring Program (PMP)
Accessing the PMP

➢ On August 27, 2013, the updated PMP and the mandatory duty to consult for practitioners was officially implemented.

➢ Practitioners must consult the registry in most cases prior to prescribing or dispensing any controlled substance listed in Schedule II, III, or IV.

➢ The data considered by the practitioner must be obtained from the PMP Registry no more than 24 hours before the prescription is issued.

➢ Practitioners do not need to include a reference that they checked the PMP on the prescription.

➢ Pharmacists are encouraged but not mandated to consult the PMP Registry.
Accessing the PMP

For patient confidentiality, NYS law authorizes a practitioner to search a patient’s drug utilization history in the registry only in relation to the treatment of the patient.
An MME Calculator is now available by clicking the MME tab on the purple task bar. An informational sheet detailing this enhancement may be found by clicking ‘MME Calculator Help’ on the MME Calculator page. This informational tool is a resource and is not meant for direct clinical application.

Want to search for more than one patient? Use the Multi-Patient Search page.

First Name: 
Last Name: 
Birth Date: 

Please ensure that the patient information entered above is correct.

Do you attest to abide by the guidelines as specified? Yes

Instructions
1. Enter the required patient information in the fields indicated above.
2. Confirm your submission and that the patient information is correct by clicking the “Next” button.
3. On the following page, click the “Continue” button.
   a. If the indicated patient has filled one or more controlled substance prescriptions within the last twelve months, a report will be generated detailing those prescriptions.
   b. If the indicated patient has not filled any controlled substance prescriptions within the last twelve months, a report will be generated indicating that fact.
Accessing the PMP

The user of this registry attests that:

He or she is a practitioner, pharmacist, or designee authorized to request from or provide to the New York State Department of Health confidential prescription information and will ensure that the information is only used in relation to treatment of a person or dispensing of a controlled substance to a person who comes before the practitioner, pharmacist, or designator in his or her professional capacity; and he or she agrees to undertake adequate safeguards to secure the confidential prescription information from inappropriate disclosures.
Reporting Suspicious Activity
### Others' Prescriptions

**Patient Name:** Sample Patient  
**Address:** 00-00 1st Ave Somewhere, NY 99999  
**Birth Date:** 08/08/1980  
**Sex:** Male

<table>
<thead>
<tr>
<th>Rx Written</th>
<th>Rx Dispensed</th>
<th>Drug</th>
<th>Quantity</th>
<th>Days Supply</th>
<th>Prescriber Name</th>
<th>Payment Method</th>
<th>Dispenser</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/09/2020</td>
<td>10/09/2020</td>
<td>Alprazolam 1mg</td>
<td>90</td>
<td>30</td>
<td>Care, Yes I MD</td>
<td>Cash</td>
<td>Wehaverno Drugs</td>
</tr>
<tr>
<td>10/04/2020</td>
<td>10/04/2020</td>
<td>Hydromorphone/APAP 5/325</td>
<td>28</td>
<td>7</td>
<td>Oncall, Im MD</td>
<td>Cash</td>
<td>Samestreet Pharmacy</td>
</tr>
<tr>
<td>09/12/2020</td>
<td>09/12/2020</td>
<td>Alprazolam 0.5mg</td>
<td>45</td>
<td>15</td>
<td>Oncall, Im MD</td>
<td>Cash</td>
<td>Samestreet Pharmacy</td>
</tr>
</tbody>
</table>

**Patient Name:** Sample Patient  
**Address:** 1234 Anywhere Ave Nowhere, NY 99999  
**Birth Date:** 08/08/1980  
**Sex:** Male

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>10/10/2020</td>
<td>OxyIR 5mg</td>
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<tr>
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**Patient Name:** Sample Patient  
**Address:** 00-00 1st Ave Somewhere, NY 99999  
**Birth Date:** 08/08/1982  
**Sex:** Male

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</table>

*Drugs marked with an asterisk are compounded drugs. If the compound does not have a label provided, each controlled substance will be a separate row in the table.
<table>
<thead>
<tr>
<th>Quantity</th>
<th>Days Supply</th>
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</thead>
<tbody>
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<td>30</td>
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<tr>
<td>28</td>
<td>7</td>
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<tbody>
<tr>
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*Drugs marked with an asterisk are compound drugs. If the compound drug is made up of more than one controlled substance, then each controlled substance is listed separately.*
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<td>Insurance</td>
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</table>

*Drugs marked with an asterisk are compound drugs. If the compound drug is made up of more than one controlled substance, then all substances in the drug are controlled.*
<table>
<thead>
<tr>
<th>Rx Written</th>
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<td>Alprazolam 0.5mg</td>
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</tbody>
</table>

**Dispenser**

- Wehaveno Drugs
- Samstreet Pharmacy
- Samstreet Pharmacy
- Notareal Pharmacy
- Notareal Pharmacy
- Notareal Pharmacy
- Next town Pharmacy
- Next town Pharmacy

*Drugs marked with an asterisk are compound drugs. If the compound drug is made up of multiple ingredients, it will be a separate row in the table.*
<table>
<thead>
<tr>
<th>Rx Written</th>
<th>Rx Dispensed</th>
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<td>Cash</td>
<td>Semstreet Pharmacy</td>
</tr>
</tbody>
</table>

*The compound drug is made up of more than one controlled substance, then each controlled substance will be a separate row in the table.*

**Report Suspicious Activity**

*Click the ‘Report Suspicious Activity’ button to report suspicious activity.*

**Search Other States**

**Report Suspicious Activity**

**Send Questions/Comments**

**Substance Use Disorder Treatment**
Questions / Comments / Suggestions

Please fill in, or change, the following information so that we may respond. Fields in RED are required.

Name: Yes I Care
Phone Number: 
E-mail Address: 
Organization: Test Hospital (PFI)
Application: Prescription Monitoring Program Registry
Program: BNE: Suspicious Activity Report:41448
Subject:

Use this area for any questions, comments, or suggestions:

Press Send to mail or Reset to clear form or Go back to previous page.
<table>
<thead>
<tr>
<th>Rx Written</th>
<th>Rx Dispensed</th>
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*Drugs marked with an asterisk are controlled substances.*

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**Send Questions/Comments**

**Substance Use Disorder Treatment**

**Search Other States**

**Report Suspicious Activity**

**Send Questions/Comments**

**Substance Use Disorder Treatment**

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[New York State Department of Health Logo]
Doctor Shopping Activity in New York

![Graph showing the decline in doctor shopping activity in New York from 2012 to 2020. The x-axis represents the years from 2012 to 2020, and the y-axis represents the crude prescription rate. The rate starts at 27.0 in 2012 and decreases to 0.8 in 2020.]
Prescription Monitoring Program Webinars/Enhancements
Enhancements- MME Calculator

Patient Search

Want to search for more than one patient? Use the Multi-Patient Search page.

First Name: 
Last Name: 
Birth Date: 01 01 1970

Please ensure that the patient information entered above is correct.

Do you attest to abide by the guidelines as specified? Yes

By clicking "Yes", you attest that you will abide by the guidelines for use of this registry in accordance with the New York State Public Health Law. Click here to review these guidelines.
Enhancements- MME Calculator

Morphine Milligram Equivalent (MME) calculator tool within the Prescription Monitoring Program Registry
The New York State Prescription Monitoring Program - School of Pharmacy and Pharmaceutical Sciences - University at Buffalo
I-STOP/PMP - Internet System for Tracking Over-Prescribing - Prescription Monitoring Program

Prescription Monitoring Program Registry

Effective August 27, 2013, most prescribers are required to consult the Prescription Monitoring Program (PMP) Registry when writing prescriptions for Schedule II, III, and IV controlled substances. The PMP Registry provides practitioners with direct, secure access to view dispensed controlled substance prescription histories for their patients. The PMP is available 24 hours a day, 7 days a week via an application on the Health Commerce System (HCS) at https://commerce.health.state.ny.us. Patient reports will include all controlled substances that were dispensed in New York State and reported by the pharmacy/dispenser for the past year. This information will allow practitioners to better evaluate their patients’ treatment with controlled substances and determine whether there may be abuse or non-medical use.

NYS Prescription Monitoring Program (PMP) Instructional Videos

New July 2021

Instructional videos for New York State Prescription Monitoring Program (PMP) users are available for several NYS PMP topics. These videos give on-line guidance in the use of various features and functions of the PMP. The training may also be accessed from within the PMP Help area. An HCS account is necessary for viewing:

- NYS Prescription Monitoring Program (PMP) Practitioner Reports: This video provides a demonstration for practitioners on how to use search tools to review practitioner history.
- NYS Prescription Monitoring Program (PMP) Assigning a Designee: This video provides a demonstration for practitioners on how to make designee assignments.
- NYS Prescription Monitoring Program (PMP) Reporting Suspicious Activity: This video provides a demonstration for practitioners on how to report suspicious activity.
- NYS Prescription Monitoring Program (PMP) Requirements for New to Practice Residents and Interns: This training reviews requirements and process for using the Prescription Monitoring Program (PMP) Registry for new to practice residents and interns in medical teaching facilities.

NYS Prescription Monitoring Program (PMP) Instructional Webinar

An on-line instructional webinar is available which covers a variety of topics associated with the New York State Prescription Monitoring Program Registry (PMP) including the use of the PMP registry search and use of the PMP Data Collection Tool.

Prescribers and pharmacists can earn 1.0 hour of free ACCME or ACPE continuing education for completing this program. The webinar, done in collaboration with the University at Buffalo, can be accessed at PMP Instructional Webinar.

PMP for Practitioners
Topic Webinars

- Reporting Suspicious Activity
- Practitioner Reports
- Assigning a Designee
- New to Practice- Medical Residents and Interns
PMP Data

New York State - Opioid analgesics prescription, age-adjusted rate per 1,000 population

NYS PMP June 2021
Opioid Data Statistics

Opioid-related Data in New York State

In response to the growing opioid public health crisis and recommendations to improve the timeliness of reporting opioid-related data, the New York State Department of Health (NYSDOH) Opioid Prevention Program provides opioid-related data to support statewide prevention efforts. These efforts include improving timely opioid overdose reporting to key stakeholders. This information is a valuable tool for planning and can help identify where problem areas are growing, help target interventions, and show improvements.

This section is designed to provide comprehensive and timely data and information regarding opioid use and misuse. New resources will be added often. Please check back frequently.

New York State Opioid Dashboard

The New York State Opioid Dashboard is an interactive visual presentation of indicators tracking opioid data at state and county levels. It is a key resource for monitoring fatal and nonfatal opioid overdose, opioid prescribing, opioid use disorder treatment, and the overall opioid overdose burden. The data dashboard homepage displays a pulse view of the most current data for all opioid-related indicators, and compares them with data from previous time periods to assess performance. Historical (time) data can be easily accessed, and county data (visualized as maps and bar charts) are also available for many opioid tracking indicators. The county dashboard homepage includes the most current data available for all opioid-related indicators. Each county in the state has its own dashboard.

New York State Opioid Summary Reports

In accordance with the requirements of the New York State Report and Opioid Task Force and 2018 legislation, the NYSDOH is providing opioid overdose information (deaths, emergency department (ED) visits, and hospitalizations) by county in quarterly reports. The reports are based on the county of residence. Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine, and non-opioids, as well as tetrahydrocannabinol. These reports do not fully capture the burden of opioid abuse and dependence in New York State. Furthermore, the reports are not considered complete by the NYSDOH and should be used and interpreted with caution, as subsequent reports may contain revisions for a quarter which differ from the previous report as they reflect additional confirmations and updates.

New York State Opioid Quarterly Reports

- County Opioid Quarterly Report for New York State Counties - Published July 2020 (PDF) - Data in spreadsheet
- Annual New York State County Opioid Quarterly Reports

New York State Opioid Data to Action Reports

The Data to Action Reports are short presentations on important topics that provide specific opioid-related data to mobilize public health action. Reports include key messages, quick facts describing the topic, figures illustrating relevant data, language describing recommendations, evidence-based approaches, and suggested actions and resources.

Technical Assistance for Opioid Data Indicators

This section contains resources to help users navigate the data website, understand the indicators, and interpret the data. Additional resources will be added periodically.

- Clinical data resources and indicators
- Opioid monitoring data technical assistance webinar recording
Opioid Legislation
2016
Opioid Legislation 2016

Part A: Mandatory Prescriber Education

Part B: Treatment Coverage by Insurance Companies

Part C: Prescribing for Acute Pain

Part D: Controlled Substance Handouts and Pharmacy Services
Opioid Legislation 2016

Initial Opioid Prescribing for Acute Pain is Limited to a 7- Day Supply

- A practitioner may **not** initially prescribe more than a 7-day supply of an opioid medication for acute pain.
- *Acute pain* is defined as pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time.
- This rule **SHALL NOT** include prescribing for chronic pain, pain being treated as a part of cancer care, hospice or other end-of-life care, or pain being treated as part of palliative care practices.
- Upon any subsequent consultations for the same pain, the practitioner may issue, in accordance with existing rules and regulations, any appropriate renewal, refill, or new prescription for an opioid.

PHL §3331(5)
Initial Opioid Rx for Acute Pain Limited to 7- Day Supply

New York State - Percentage of incidents when patients were opioid naïve and received an opioid prescription of more than seven days.
Mandatory Prescriber Education

- NYS Public Health Law §3309-a(3) signed June 22, 2016

- **Prescriber Education** - requires prescribers to attest that they have completed a course in pain management, palliative care and addiction every three years
Mandatory Prescriber Education Requirements

➢ Prescribers licensed under Title 8 of the Education Law in NY to treat humans, who also,

➢ Have a DEA # in any state to prescribe controlled substances, and

➢ Medical residents who prescribe controlled substances under a facility DEA #
Mandatory Prescriber Education Guidelines

Course work or training **must:**

- Be accredited for the continuing education of any licensees under Title 8 of the NYS Education Law who treat humans.
- Accredited course work or training can be live or online
- Include 8 required topics
- The topics may be covered by a single, comprehensive presentation or by multiple individual presentation for a total of at least 3 hours
- Be completed once every 3 years
Mandatory Prescriber Education Requirements

Course work or training **must:**

Include **all** of the following eight (8) topics:

- NYS and federal requirements for prescribing controlled substances
- Pain management
- Appropriate prescribing
- Managing acute pain
- Palliative medicine
- Prevention, screening and signs of addiction
- Responses to abuse and addiction
- End of life care
# Health Commerce System Applications

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Mandatory Prescriber Education Attestation

Narcotic Education Attestation Tracker (NEAT):

https://www.health.ny.gov/professionals/narcotic/mandatory_prescriber_education/neat.htm
CDC Guidelines
CDC Guidelines

CDC Guideline for Prescribing Opioids for Chronic Pain 2016:
https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf

CDC Advises Against Misapplication of the Guideline for Prescribing Opioids for Chronic Pain 2019

Draft_CDC Clinical Practice Guideline for Prescribing Opioids Posted by the Centers for Disease Control and Prevention on Feb 10, 2022
Opioid Legislation
2018
Written Treatment Plan

No opioids shall be prescribed to a patient initiating or being maintained on opioid treatment for pain which has lasted more than three months or past the time of normal tissue healing, unless the medical record contains a written treatment plan that follows generally accepted national professional or governmental guidelines.

The requirements of this paragraph shall not apply in the case of patients who are being treated for cancer that is not in remission, who are in hospice or other end-of-life care, or whose pain is being treated as part of palliative care practices.

PHL §3331(8)
Written Treatment Plan

The treatment plan must follow generally accepted national professional or governmental guidelines, and shall include (but is not limited to) the documentation and discussion of the following clinical criteria within the medical record:

- Goals for pain management and functional improvement based on diagnosis, and a discussion on how opioid therapy would be tapered to lower dosages or tapered and discontinued if benefits do not outweigh risks;
- A review with the patient of the risks of and alternatives to opioid treatment; and
- An evaluation of risk factors for opioid-related harms.

At a minimum, on an annual basis.
Written Treatment Plan

For an example of a generally accepted national governmental guideline for prescribing opioids for chronic pain from the federal Centers for Disease Control and Prevention (CDC), visit:

Opioid Legislation
2021
Opioid Antagonists

Effective June 28, 2022, a practitioner must prescribe an opioid antagonist with the first opioid prescription to a particular patient each year, when any of the following are present:

- History of substance use disorder (SUD)
- High dose or cumulative prescriptions that result in 90 morphine milligram equivalents or higher per day
- Concurrent use of opioids and benzodiazepine or nonbenzodiazepine sedatives

PHL Article 33 §3309(7)
Opioid Antagonists

This requirement shall not apply to prescriptions written in the following settings:

- General hospitals or nursing homes
- Mental health facility
- Hospice

PHL Article 33 §3309(7)
Take Away Messages
Take Away Messages

1. Utilize the Prescription Monitoring Program Registry
2. 7-day limit on Initial Opioid Prescription
3. Mandatory Opioid Prescriber Education
4. Written Treatment Plan
5. Annual Opioid Antagonist Prescribing
Bureau of Narcotic Enforcement

Riverview Center
150 Broadway
Albany, NY 12204
Phone: (866) - 811-7957
www.nyhealth.gov/professionals/narcotic/
E-mail: narcotic@health.ny.gov

Regional Offices:
NYC: (212) 417-4103
Buffalo: (716) 847-4532
Syracuse: (315) 477-8459
Rochester: (585) 423-8043
Resources

10 NYCRR Part 80 Rules
Article 33 PHL
http://www.health.ny.gov/professionals/narcotic/laws_and_regulations/

Controlled Substance Frequently Asked Questions
http://www.health.ny.gov/professionals/narcotic/faq/

State Education Department Office of the Professions
http://www.op.nysed.gov/prof/
Resources

➢ Drug Enforcement Administration (DEA)
  http://www.deadiversion.usdoj.gov/
  877-883-5789

➢ NYS Office of Addiction Services and Supports (OASAS)
  www.oasas.ny.gov
  1-877-8 HOPENY (1-877-846-7369)

➢ Substance Abuse and Mental Health Services Administration (SAMHSA)
  http://www.samhsa.gov/
  866-287-2728