

Pharmacy EPCS Registration

Amendments to Title 10 NYCRR Part 80 Rules and Regulations on Controlled Substances, adopted on March 27, 2013, authorize pharmacies in New York State to accept, annotate, dispense and electronically archive electronic prescriptions for controlled substances (EPCS) in Schedules II through V received from practitioners. Pursuant to 10 NYCRR §§80.73(p) and 80.74(m), a pharmacy shall use a pharmacy computer application that meets the federal security requirements to process electronic prescriptions for controlled substances and shall register such pharmacy computer application with the New York State Department of Health (Department), Bureau of Narcotic Enforcement. The federal security requirements regarding Electronic Prescriptions for Controlled Substances are included in the Drug Enforcement Administration Interim Final Rule, 21 CFR 1300 et seq., and can be accessed via the following link: http://www.deadiversion.usdoj.gov/ecommm/e_rx/. To receive electronic prescriptions in compliance with New York State rules and regulations, this Pharmacy EPCS Registration form and the attestation herein must be completed and returned to the email address provided below. A copy of your DEA certification or third party audit approving your pharmacy software application must be available for inspection by Department personnel.

Section 3333 of the Public Health Law requires all pharmacies registered with New York State to electronically submit information regarding controlled substance dispensed data to the Bureau. **To meet the New York State Public Health Law data submission requirements for electronic prescribing of controlled substances, the pharmacy must submit controlled substance dispensing data to the Bureau using the American Society for Automation in Pharmacy (ASAP) format Version 4.2 or greater since additional data elements compatible with electronic prescribing are included.**

Pharmacy Name _____

Pharmacy NCPDP/NABP* _____ NYS License Number _____

**For chain pharmacies, please attach a list of NCPDP/NABP numbers with the corresponding NYS license number for those stores registered with the NYS Board of Pharmacy.*

ASAP Version for Data Submissions _____

Contact Name _____

Contact Email Address _____ Contact Phone _____

Name of Certified Pharmacy Software Application _____ Software Version Certified _____

Name of Software Application Provider (Company Name) _____

Attestation: I affirm that I am duly authorized to subscribe and submit this registration and attest on behalf of the above-named pharmacy and that the pharmacy listed above has received a DEA certification or third party audit that the pharmacy software application listed above meets federal security requirements for processing electronic prescriptions for controlled substances.

If the pharmacy becomes aware or is notified of any issues which render the software application non-compliant with federal regulations or if the pharmacy is switching to a different software application, the application will not be used to process electronic prescriptions for controlled substances until the application meets federal requirements and is registered. When the software is once again compliant, the pharmacy will register the new certification with the Bureau of Narcotic Enforcement.

Signature _____ Date ____/____/____
(Chain/Franchise/Store Owner/Representative's signature)

Print Name _____ Title _____

Please email the completed form to narcotic@health.state.ny.us with "Pharmacy EPCS Registration" in the subject line.

**NYSDOH/Bureau of Narcotic Enforcement
Pharmacy EPCS Registration
Riverview Center
150 Broadway
Albany, NY 12204**