Frequently Asked Questions
Limited Initial Opioid Prescribing

Q. Are all opioid prescriptions limited to a seven-day supply?

A. No. Effective July 22, 2016, the 7-day supply limit applies to opioid prescriptions at an initial consultation or treatment for acute pain. 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.

Q. How is acute pain defined?

A. 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. Such term shall not include chronic pain, pain being treated as part of cancer care, hospice or other end-of-life care, or pain being treated as part of palliative care practices.”

Q. Does the 7-day supply opioid prescribing limit apply to patients suffering from chronic pain?

A. No. The limited quantity for opioid prescribing affects acute pain not chronic pain.

Q. Can a pharmacist dispense/fill a prescription for a 30-day supply of an opioid?

A. Yes. Although pharmacists may continue to use all of the tools at their disposal when dispensing opioid prescriptions, pharmacists are not required to verify with the prescriber whether an opioid prescription written for greater than a 7-day supply is in accordance with statutory requirements. Pharmacists may continue to dispense opioids as prescribed, consistent with current laws and regulations.

Within the scope of the practitioner’s professional opinion or discretion, the limited quantity for opioid prescribing affects the initial consultation or treatment for acute pain only. Upon any subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill or new prescription for the opioid or any other drug.

Q. How will a pharmacist know that a 30-day supply opioid prescription is not for initial treatment of acute pain?

A. The pharmacist may not know. It is within the scope of the practitioner’s professional opinion or discretion to prescribe a limited quantity of an opioid for the initial consultation or treatment for acute pain. Upon any subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill or new prescription for the opioid or any other drug.
Q. Is it necessary for the patient to visit the practitioner after receiving the initial 7-day supply for acute pain, if an additional prescription is necessary to continue treatment?

A. No. After the initial examination of the patient 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 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.

Q. Are refills allowed on the initial 7-day supply prescription for a schedule CIII, CIV or CV opioid that was issued for acute pain?

A. Yes. The new legislation does not prohibit refills for the initial prescription for schedules CIII, CIV or CV.

Q. Where does a pharmacist obtain educational material regarding the dangers of misuse, and the potential for addiction to prescription controlled substances, treatment resources available, and the proper way to dispose of unused prescription controlled substances to provide to the patient?

A. This section of the law becomes effective October 20, 2016 (120 days), please monitor the Bureau’s web page for updates.

Q. Where should questions regarding insurance co-payments pertaining to follow-up prescriptions for the initial 7-day supply be directed?

A. Questions regarding commercial insurance should be referred to the New York State Department of Financial Services (DFS) at 1-800-342-3736 or http://www.dfs.ny.gov/about/contactus.htm