

## Example Syringe Prescription

DEA# BH8888888-123 License # 123456 NPI # 1234567891

Unlicensed Residents use Institutional DEA # with your unique hospital issued 3 digit suffix attached

**Resident Physician M.D.**  
Prime Example Hospital  
1 Main Street  
NY, NY 10000  
(888) 888-8888

or  
Attending physician's name, license, NPI

Name: JOHN SMITH DOB: 9/12/1985  
Address: 2 Main Street, NY 10000 Age: 24  
Sex: Male  
Date: 4/15/10

# R<sub>x</sub>

Volume: 1ml syringes  
Diameter: 31 Gauge  
Length: 5/16" needle  
Qty: 100 syringes

Sig: Use syringe to inject insulin subcutaneously TID

Indication: Insulin dosing

*Resident Physician*

(Signature)

THIS PRESCRIPTION WILL BE FILLED  
GENERALLY UNLESS PRESCRIBER WRITES  
"d a w" IN THE BOX BELOW

Refills: 5 "Five"

Dispense as written

\*0-write out "zero"  
\*1-11: write ("one",  
"two", etc.)  
\*PRN=1 Refill

"DAW" in box if brand desired. Must also include statement "Brand Medically Necessary" if brand desired for Medicaid.

NOTES: Expanded Syringe Access Program (ESAP) allows adults (18+) to purchase up to 10 syringes without prescription. See link on front panel.

### Pre-Filled Syringes

When prescribing pre-filled drug syringes (e.g. insulin pens, etc) refer to product package insert to obtain information on available dosage forms, concentrations, package sizes, and administration instructions.

## Example Pediatric Prescription

DEA# BH8888888-123 License # 123456 NPI # 1234567891

Unlicensed Residents use Institutional DEA # with your unique hospital issued 3 digit suffix attached

**Resident Physician M.D.**  
Prime Example Hospital  
1 Main Street  
NY, NY 10000  
(888) 888-8888

or  
Attending physician's name, license, NPI

Name: MIKE SMITH DOB: 9/15/2003  
Address: 2 Main Street, NY 10000 Age: 6  
Allergies: NKDA Sex: Male  
Weight: 25kg Date: 4/15/10

# R<sub>x</sub>

Drug: Amoxicillin  
Strength/Dosage form: 250mg/5ml Suspension  
Sig: Take 1 tsp po bid x 5 days  
Qty: 50ml

Indication: acute otitis media

Dosing calculation used: (10mg/kg)(25kg)=250mg

*Resident Physician*

(Signature)

THIS PRESCRIPTION WILL BE FILLED  
GENERALLY UNLESS PRESCRIBER WRITES  
"d a w" IN THE BOX BELOW

Refills: 0 "zero"

Dispense as written

\*0-write out "zero"  
\*1-11: write ("one",  
"two", etc.)  
\*PRN=1 Refill

"DAW" in box if brand desired. Must also include statement "Brand Medically Necessary" if brand desired for Medicaid.

These illustrations are for educational purposes only. Official New York State prescription pads appear with slightly different formatting.

### NOTES:

1 lb = 0.45 kg

1 kg = 2.2 lbs

## Medical Abbreviations to Avoid

DO NOT USE	POTENTIAL PROBLEMS/ MISTAKEN FOR:	WRITE THIS INSTEAD:
U (unit)	Zero, "4," or "cc"	"unit"
IU (international unit)	IV or "10"	"international unit"
QD (daily) QOD (every other day)	Confused for one another	"daily" or "every other day"
Trailing zero (X.0mg) Lacking of leading zero (.Xmg)	Decimal point is missed	Never write a zero by itself after a decimal point (4 mg) and always use a zero before decimal point (0.4 mg)
MS MSO <sub>4</sub> and M <sub>g</sub> SO <sub>4</sub>	Confused for one another Morphine sulfate or magnesium sulfate	"morphine sulfate" "magnesium sulfate"
HS (half strength or bedtime)	Confused for one another	"half strength" "bedtime"
TIW (for three times weekly)	Three times a day or twice weekly	"3 times weekly"
SC or SQ (for subcutaneous)	SL for sublingual or 5 every	"Sub-Q" or "subcutaneously"
D/C (for discharge)	Interpreted as discontinue	"discharge"
CC (for cubic centimeter)	U (units) when poorly written	"ml" or "milliliters"
AS/AD/AU (for left, right, both ears)	OS, OD, OU, etc.	"left," "right," or "both" ears
> (Greater than) < (Less than)	"7" or "L"	"greater than" "less than"
Abbreviations for drug names	Similar drug	entire drug name
@ (at)	"2"	"at"

<http://www.jointcommission.org/PatientSafety/DoNotUseList> – Updated 3/5/09

Follow us on: [health.ny.gov](http://health.ny.gov) | [facebook.com/NYSDOH](https://www.facebook.com/NYSDOH) | [twitter.com/HealthNYGov](https://twitter.com/HealthNYGov) | [youtube.com/NYSDOH](https://www.youtube.com/NYSDOH)  
1418 New York State Department of Health 8/11

## Preventing Prescribing Errors: A Guide to Writing Safe and Complete Prescriptions

This pocket card includes examples of complete prescriptions for commonly prescribed drugs and devices. To meet all regulatory requirements and avoid pharmacy call-backs, be sure that prescriptions include all items in red. Handwritten prescriptions are prone to error and misinterpretation – consider utilizing electronic prescribing systems when available.

Note: Contents current through May 2010. For the most current information on prescribing regulations and processes visit:

- Drug Enforcement Agency  
<http://www.deadiversion.usdoj.gov>; (800) 882-9539
- Expanded Syringe Access Program, NYSDOH  
[http://www.health.ny.gov/diseases/aids/harm\\_reduction/needles\\_syringes](http://www.health.ny.gov/diseases/aids/harm_reduction/needles_syringes); (518) 402-0707
- Medicaid, NY  
[http://www.health.ny.gov/health\\_care/medicaid/program/pharmacy.htm](http://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm); (518) 486-3209
- Narcotic Enforcement, NYSDOH  
<http://www.health.ny.gov/professionals/narcotic>; (518) 402-0708
- Office of Professions, NYSED  
<http://www.op.nysed.gov/prof/pharm/>; (518) 474-3817
- NYS Medicaid Manual for Pharmacy Providers  
<http://www.emedny.org/ProviderManuals/Pharmacy/index.html>

This guide was created by IPRO for the New York State Department of Health as a result of a project funded by a grant from HRI. The grant was a part of a settlement by the NYS Attorney General and Cardinal Health.

## Example Non-Controlled Substances Prescription

DEA# BH88888888-123 License # 123456 NPI # 1234567891

Unlicensed Residents use Institutional DEA # with your unique hospital issued 3 digit suffix attached

**Resident Physician M.D.**  
Prime Example Hospital  
1 Main Street  
NY, NY 10000  
(888) 888-8888

or  
Attending physician's name, license, NPI

Name: JOHN SMITH DOB: 9/12/1985  
Address: 2 Main Street, NY 10000 Age: 24  
Allergies: NKDA Sex: Male  
Weight: 165 lbs Date: 4/15/10

# R<sub>x</sub>

Drug: **Lisinopril**  
Strength/Dosage form: **10mg tablet**  
Sig: **Take 1 tab po daily**  
Qty: **30 tabs**  
Indication: **Hypertension**

*Resident Physician*

(Signature)

THIS PRESCRIPTION WILL BE FILLED  
GENERALLY UNLESS PRESCRIBER WRITES  
"d a w" IN THE BOX BELOW

Refills: 5 "Five"

"DAW" in box if brand desired. Must also include statement "Brand Medically Necessary" if brand desired for Medicaid.

Dispense as written

\*0-write out "zero"  
\*1-11: write ("one", "two", etc.)  
\*PRN=1 Refill

## Example Controlled Substances (CII-CV) Prescription

DEA# BH88888888-123 License # 123456 NPI # 1234567891

Unlicensed Residents use Institutional DEA # with your unique hospital issued 3 digit suffix attached

**Resident Physician M.D.**  
Prime Example Hospital  
1 Main Street  
NY, NY 10000  
(888) 888-8888

or  
Attending physician's name, license, NPI

Name: JOHN SMITH DOB: 9/12/1985  
Address: 2 Main Street, NY 10000 Age: 24  
Allergies: NKDA Sex: Male  
Weight: 165 lbs Date: 4/15/10

# R<sub>x</sub>

Drug: **oxycodone/acetaminophen**  
Strength/Dosage form: **2.5mg/325mg tab**  
Sig: **Take 1 tab po q6hrs prn pain**  
Qty: **360 "three hundred sixty"**  
MDD: **4 tabs**  
Days Supply: **90 days**  
Code: **D**  
Indication: **Pain**

\*No pre/post dating allowed - date must reflect date signed

Code required if >30 day supply. See next page

*Resident Physician*

(Signature)

THIS PRESCRIPTION WILL BE FILLED  
GENERALLY UNLESS PRESCRIBER WRITES  
"d a w" IN THE BOX BELOW

Refills: 0 "zero"

"DAW" in box if brand desired. Must also include statement "Brand Medically Necessary" if brand desired for Medicaid.

Dispense as written

\* PRN Refills= Not Allowed  
\* CII, Benzo, Anabolic Steroids- no refills allowed, write "zero"  
\* CIII, IV, V-max 5 refills, write as "one", "five", etc.

## Medicaid Requirements/Restrictions

- NPI – NPI is needed for prescription claims
- DMEPOS Claims – NY Medicaid requires diagnosis code to be present on all durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) claims
- Date written – Prescriptions expire 180 days from date written (i.e. 6 mos)
- Quantity – 90 day quantity is allowed for many chronic medications (with 1 refill, total 6 months of therapy)
- Refills – 5 refill maximum for other prescriptions (total 6 months of therapy)

## Controlled Substance Instructions

- Rx CANNOT be written if patient has >7 day supply of drug from any previous fill of the same strength & dosage
- Rx is only valid for 30 days from the date written
- MDD = Max Daily Dose
- Without code/condition, limited to a 30 day supply
- With code/condition
  - Can write for >30 day supply, but only 1 refill is allowed
    - Except CII/Benzo – no refills allowed
  - Up to 3 month supply allowed (6 months for anabolic steroids)

## Codes Required for >30 Day Supply of Controlled Substances

Code A – Panic Disorders

Code B – Minimal brain dysfunction or ADHD

Code C – Chronic, debilitating neurological condition

Code D – Pain from conditions or diseases chronic or incurable

Code E – Narcolepsy

Code F – Hormone Deficiency

## Oral Order Instructions

ORAL ORDERS	QUANTITY ALLOWED	COMMENTS
CII/Benzo	5 Days	Pharmacist must notify NYSDOH within 7 days of dispensing if no cover on oral order
CIV	30 Days or 100 doses (whichever is less)	Pharmacist must note lack of cover on oral order
CIII/CV	5 Days	Pharmacist must note lack of cover on oral order
Syringes and Needles	100 Units	Pharmacist must note lack of cover on oral order

## For All the Above

- The pharmacy must receive a hard copy of the prescription within 72 hours of oral order
- Refills are NOT allowed on oral orders for the items addressed above
- Faxed orders for controlled substances follow the same rules as oral orders and are allowed for emergency supply only, unless recipient is in a qualified hospice program or residential healthcare facility.

This pocket card includes examples of complete prescriptions for commonly prescribed drugs and devices. To meet all regulatory requirements and avoid pharmacy call-backs, be sure that prescriptions **include all items in red**.

These illustrations are for educational purposes only. Official New York State prescription pads appear with slightly different formatting.