

What Every  
Practitioner Needs  
to Know About

Controlled  
Substance  
Prescribing



## **Use of Controlled Substances**

Controlled substances can be effective in the treatment of illness, pain, and disease and must, therefore, be accessible to persons who medically need them. These same drugs, however, have the capacity to cause addiction, injury, impairment, and death when abused, misused or diverted to illegal use.

## **Prescribing Controlled Substances**

Practitioners in good faith and in the course of their professional practice are encouraged to prescribe controlled substances for legitimate medical purposes, including pain management, when appropriate. Practitioners are expected to regulate the dosage and prescribe a quantity of such drugs that ordinarily are recognized by members of their profession as sufficient for the proper treatment or medical purpose.

## **Record Keeping**

Practitioners must maintain a written record of the prescribing of all controlled substances. The patient record must contain sufficient information to justify the diagnosis that warrants controlled substance treatment. The record shall include, among other information, the drug name, amount, strength, and directions for use of the controlled substance.

## **Practitioner Notification of “Doctor Shopping”**

Under the Official Prescription Program, the Department of Health will notify a practitioner when prescription data analysis indicates that a patient under his or her treatment with a controlled substance is also obtaining controlled substances from other practitioners, which is unlawful unless the patient informs each practitioner. The Department’s notification will include a drug utilization review and information on rehabilitation treatment if the practitioner deems it necessary for the patient.

## Test Your Knowledge of Controlled Substance Prescribing

- 1 A practitioner must examine a patient every time he/she prescribes controlled substances.**

**FALSE:** Once the initial examination has been made, the necessity for future examinations, and their frequency, is a matter of clinical judgment based on generally accepted medical standards.

- 2 A practitioner can mail an official prescription to the patient or to the patient's pharmacy.**

**TRUE:** The patient does not have to physically pick up the prescription at the practitioner's office.

- 3 When a practitioner prescribes a large quantity of controlled substances, the practitioner's name is flagged in the state's monitoring system.**

**FALSE:** The state does not monitor controlled substance prescribing solely based upon the quantity prescribed. A practitioner should utilize sound professional judgment when prescribing controlled substances and must maintain a patient record containing sufficient information to justify the diagnosis and warrant the treatment. Such information shall include at least:

- patient identification data;
- chief complaint;
- patient condition; and
- the prescribed amount, strength and directions for use.

The record need not be distinct from the patient's medical record.

**4 Controlled substances may only be prescribed in a maximum thirty-day supply.**

**FALSE:** A practitioner may issue a prescription for up to a three-month supply of a controlled substance, including chorionic gonadotropin, or up to a six-month supply of an anabolic steroid by writing on the face of the prescription either the diagnosis or code for the treatment of the following conditions:

**Code      Diagnosis**

- A**      Panic Disorder
- B**      Attention Deficit Disorder
- C**      Chronic debilitating neurological conditions characterized as a movement disorder or exhibiting seizure, convulsive or spasm activity
- D**      Relief of pain in patients suffering from conditions or diseases known to be chronic or incurable
- E**      Narcolepsy
- F**      Hormone deficiency states in males; gynecologic conditions that are responsive with anabolic steroids or chorionic gonadotropin; metastatic breast cancer in women; anemia and angioedema

- 5 If a practitioner would like to obtain a stock of controlled substances for office administration he/she can write a prescription labeled “For Office Use” and have the prescription filled at a pharmacy.**

**FALSE:** Controlled substance prescriptions must be patient-specific. Prescriptions for office use are prohibited. Practitioners must order controlled substances intended for office administration directly from a licensed distributor or manufacturer.

- 6 If a practitioner makes a mistake on an official prescription form, he/she can cross out and initial the error.**

**TRUE:** The practitioner is not required to issue a new official prescription form if he/she makes an error when writing the prescription. The practitioner should be aware that, in most situations, the pharmacist will call the practitioner to verify the alteration. Should the situation arise, a practitioner can authorize the pharmacist to change all prescription information except for practitioner signature, date written, patient name, drug name and strength. A practitioner may authorize a pharmacist to change the prescribed quantity, but may not authorize a pharmacist to add a quantity if it is missing from the prescription.

- 7 Long-term opioid use is limited to the treatment of cancer pain.**

**FALSE:** There are no such limits to long-term opioid prescribing. Current statutory amendments are meant to encourage the use of controlled substances in treating patients with a legitimate complaint of pain. A practitioner should utilize generally accepted medical standards and his or her professional judgment when treating any patient with controlled substances.

**8 An official New York State prescription is required only when a practitioner writes a prescription for a controlled substance.**

**FALSE:** Effective April 19, 2006, an official prescription is required for **every** prescription written in New York, for both controlled **and** non-controlled substances.

**9 Physician assistants are authorized to prescribe Schedule II controlled substances in an outpatient setting.**

**TRUE:** Under the Public Health Law, physician assistants are authorized to prescribe Schedule II controlled substances in an outpatient setting beginning December 13, 2007. (Physician assistants' prescribing authority previously extended only to Schedule III, IV, and V controlled substances.) The law also requires the prescribing of controlled substances to be:

- In good faith and in the physician assistant's lawful scope of practice;
- Authorized by the physician assistant's supervising physician;
- For patients under the care of a supervising physician.

Physician assistants also must be authorized by the DEA to prescribe controlled substances. Physician assistants wishing to prescribe Schedule II controlled substances must contact DEA to amend their registration to include Schedule II prescribing authority, if necessary.

**10 A practitioner may phone in a controlled substance prescription to the patient's pharmacy.**

**TRUE:** A practitioner may orally prescribe up to a five-day supply of Schedule II, III and V controlled substances, as well as benzodiazepines. Practitioners may orally prescribe up to a 30-day supply or 100 dosage units, whichever is less, of Schedule IV (non-benzodiazepines) controlled substances.

**NOTE:** The controlled substance law and regulations authorize a practitioner to orally prescribe a controlled substance to a pharmacist. To be valid for dispensing, oral prescriptions for controlled substances must be phoned in by the prescribing practitioner him or herself. Nurses or other office personnel are not authorized to phone in a controlled substance prescription to a pharmacist.

Within 72 hours after authorizing an oral prescription for controlled substances, the practitioner must furnish the pharmacist with the written follow-up prescription. Prescriptions for Schedule II controlled substances and benzodiazepines may only be orally prescribed in an emergency situation. These follow-up prescriptions must also have written or typed on the face the words: "Authorization for Emergency Dispensing," in addition to the information otherwise required.

**11 Practitioners must date controlled substance prescriptions on the day that they sign the prescription.**

**TRUE:** The date on a controlled substance prescription must be the date the prescription was actually signed by the practitioner. Controlled substance prescriptions can not be pre-dated or post-dated.

**12 Official prescriptions for controlled substances must indicate the drug quantity and refills in numerical and written word form.**

**TRUE:** Regulations require official prescriptions for controlled substances to indicate the quantity of drug prescribed and the number of refills authorized by the practitioner in both **numerical and written word form**. Because drug-seekers often alter these numbers in an attempt to divert controlled substances, this requirement helps detect and prevent such illegal activity.

**13 Only prescriptions for Schedule II controlled substances and benzodiazepines must indicate the maximum daily dose of the prescribed drug.**

**FALSE:** In addition to containing the specific directions for use and all other information required by the controlled substance law and regulations, all prescriptions for controlled substances must indicate the maximum daily dose (MDD) of the prescribed drug.

**14 Anabolic steroids, including testosterone, are Schedule III controlled substances and may have refills.**

**FALSE:** New York State Public Health Law, Section 3306, classifies all anabolic steroids, including testosterone, as Schedule II controlled substances. As with all Schedule II controlled substances, prescriptions for anabolic steroids cannot be refilled.

**15 All staff practitioners in hospitals, clinics, and residential healthcare facilities can use the institution official New York State prescription forms when prescribing for outpatient use.**

**TRUE:** In addition to information required by controlled substance law and regulations, institution official prescriptions must also contain the practitioner's stamped or typed name, and his or her personal DEA registration number.

Only unlicensed interns, residents, and foreign physicians may prescribe under a hospital's DEA registration, provided they are authorized by the hospital to do so and are assigned a suffix that must be indicated on the prescription.

**16 Practitioners must safeguard their official New York State prescription forms.**

**TRUE:** Practitioners are required to undertake adequate security measures to safeguard official prescriptions against loss, destruction, theft, or unauthorized use. Practitioners are also required to maintain a sufficient but not excessive supply of official prescriptions in reserve.



## How To Reach Us

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