NYSNA Continuing Education

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This course has been awarded 2.5 contact hours and is intended for RN's and other healthcare professionals. In order to receive contact hours, participants must read the course material, pass an examination with at least 80%, and complete an evaluation. Contact hours will be awarded for this online course until May 1, 2015.

All American Nurses Credentialing Center (ANCC) accredited organizations' contact hours are recognized by all other ANCC accredited organizations. Most states with mandatory continuing education requirements recognize the ANCC accreditation/approval system. Questions about the acceptance of ANCC contact hours to meet mandatory regulations should be directed to the Professional licensing board within that state.

NYSNA has been granted provider status by the Florida State Board of Nursing as a provider of continuing education in nursing (Provider number 50-1437).

NYSNA wishes to disclose that no commercial support has been received.

How to Take This Course

Please take a look at the steps below; these will help you to progress through the course material, complete the course examination and receive your certificate of completion.

1. **REVIEW THE OBJECTIVES**

   The objectives provide an overview of the entire course and identify what information will be focused on. Objectives are stated in terms of what you, the learner, will know or be able to do upon successful completion of the course. They let you know what you should expect to learn by taking a particular course and can help focus your study.

2. **STUDY EACH SECTION IN ORDER**

   Keep your learning "programmed" by reviewing the materials in order. This will help you understand the sections that follow.

3. **COMPLETE THE COURSE EXAM**

   After studying the course, click on the "Course Exam" option located on the course navigation toolbar. Answer each question by clicking on the button corresponding to the correct answer. All questions must be answered before the test can be graded; there is only one correct answer per question. You may refer back to the course material by minimizing the course exam window.

4. **GRADE THE TEST**

   Next, click on "Submit Test." You will know immediately whether you passed or failed. If you do not successfully complete the exam on the first attempt, you may take the exam again. If you do not pass the exam on your second attempt, you will need to purchase the course again.

5. **FILL OUT THE EVALUATION FORM**

   Upon passing the course exam you will be prompted to complete a course evaluation. You will have access to the certificate of completion **after you complete the evaluation**. At this point, you should print the certificate and keep it for your records.

About the Author

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Ms. Beaupre is a board certified psychiatric nurse practitioner in private practice. Ms. Beaupre has worked in a variety of clinical settings, treating a range of psychiatric illness, from the chronically and persistently mentally ill in inpatient settings to treating adult patients in private out-patient settings. Her specialty area of focus is mood disorders in women. She has been an educator in the classroom and in the clinical setting for nursing students at associate's, bachelor's and master's degree levels. She also has extensive experience in staff development and clinical supervision.

Ms. Beaupre received a baccalaureate in nursing from DePaul University in Chicago, a master's degree in Psychiatric-Community Mental Health Nursing from the University of Illinois at Chicago and a Post Master's Certificate in Nursing, Psychiatric Nurse Practitioner from The Sage Colleges in Troy, NY. Ms. Beaupre has many years of clinical experience as a psychiatric clinical nurse specialist and psychiatric nurse practitioner, functioning as an educator, administrator, therapist, consultant and psychopharmacologist.

This course was updated in August 2006 by **Ellen Brickman, MPH, MS, RN, NP**. Ms. Brickman is the Director of the Statewide Peer Assistance for Nurses Program.

The 2011 course updates were completed by **Barbara Fane, MS, RN, APRN-BC**. Ms. Fane is a board-certified Advanced Practice Registered Nurse in Adult Health who serves as clinical advisor and preceptor to graduate and post-graduate nursing students pursuing advanced practice in the roles of Nurse Practitioner or Clinical Nurse Specialist. Her previous role was that of Clinical Nurse Specialist for Critical Care at Northeast Health in Upstate New York. Currently Ms. Fane is an Associate Director for the Education, Practice and Research Program at the New York State Nurses Association where she is a lead nurse planner for continuing education.

In April 2012 a pilot study was conducted, changing the Contact Hours and in turn this course was renamed and is presented with the most current evidence in conjunction with New York State Board of Nursing requirements.

The authors declare they have no vested interest.

Introduction

The State of New York grants prescriptive privileges to a number of professions including Dentistry, Medicine, Midwifery, Nurse Practitioners, Optometry, Physician Assistants, and Podiatry. In New York State, nurse practitioners and nurse midwives have independent prescriptive privilege. The word "independent" means that although the nurse practitioner or midwife are required to enter into a "collaborative agreement" with one physician, the prescription is written only under the nurse practitioner's or midwife's name, and only the nurse practitioner's or midwife's name needs to appear on the prescription. By contrast, the physician assistant is considered a "dependent" practitioner who works under the "supervision" of a licensed physician responsible for the actions of the physician assistant. In the case of physician assistants, the *name* of the supervising physician must appear on the prescription in addition to that of the physician assistant. No co-*signature* of a collaborating physician is required for medication prescription, including controlled substances, for nurse practitioners, midwives or physician assistants.

New York State requires that nurse practitioners and midwives meet specific educational and practice requirements. A core requirement is the completion of an educational program that is registered by the New York State Education Department and that is designed and conducted to prepare graduates to practice as nurse practitioners. This requirement includes course work in pharmacology that meets minimum New York State requirements. If the nurse practitioner completed education in a program not registered by the New York State Education Department, for example, if they went to school in another state, the nurse practitioner or midwife must verify that they have obtained certification as a nurse practitioner from a national certifying body that is acceptable to the New York State Education Department **AND** have completed not less than 3 semester hours of coursework in pharmacology.

The content of the pharmacology coursework must include instruction in medication management of patients in the nurse practitioner's specialty area of practice. An additional requirement is instruction in New York State and Federal laws and regulations relating to prescriptions and recordkeeping.

This course discusses the scope of prescriptive privilege practice for nurse practitioners and midwives, including how to write a prescription, New York State prescription law, types of prescriptions (written, oral, faxed), and how to obtain official New York State prescription pads. ***Although the term *nurse practitioner* has been used throughout this course, application extends to *nurse midwives* as well.**

This course has been approved by the New York State Department of Education for nurse practitioners and nurse midwives who otherwise meet educational, practice, licensure and certification requirements, to meet the additional pharmacology coursework requirement.

Course Objectives:

Upon completion of this course, participants will be able to:

- State the scope of practice related to prescription of medications by nurse practitioners in New York State.
- Identify the components of a prescription.
- List the information that is required by law to be present on an official New York State Prescription.
- Discuss the processes required for verbal (oral) orders, written prescriptions, and faxed orders for controlled substances.
- Describe the New York State Substitution Law.

Prescriptive Authority in New York State

The laws that pertain to prescription writing in New York State can be found in Education Law, Public health Law, Administrative Rules and Regulations, and Regulations of the Commissioner. Additionally, the professions that are authorized to prescribe medications have laws or regulations that codify their practice.

Prescriptive authority as it relates to the nurse practitioner or midwife is the focus of this course. Prescription privileges, as it relates to the physician assistant or specialist assistant, are described next for comparison. In practice, the roles may appear to be similar but are actually licensed somewhat differently. The practices of Dentistry, Medicine, Midwifery, Optometry and Physician Assistants can be found by accessing the New York State Office of the Professions website at www.op.nysed.gov.

Physician Assistants and Specialist Assistants

The practice of physician assistants and specialist assistants is not defined in a practice act in New York State law. Currently, orthopedic specialist assistants, urologic specialist assistants and radiologic specialist assistants are licensed by the New York State Education Department.

Title VIII – The Professions, Article 131B, Section 6542 of Education Law indicates that

> "…a physician assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are within the scope of practice of such supervising physician."
>
> "…A specialist assistant may perform medical services, but only when under the supervision of a physician and only when such acts and duties as are assigned to him are related to the designated medical specialty for which he is registered and are within the scope of practice of his supervising physician."

The law further states that

> "…supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed. No physician shall employ or supervise more than two physician assistants and two specialist assistants in his private practice."

A physician supervising physician assistants or specialist assistants working in a hospital has no numerical limitation of the number of physician assistants or specialist assistants that can be supervised by the physician. However, in the New York State Department of Correctional Services, a physician is able to supervise no more than four physician assistants or specialist assistants in his or her practice.

Nurse Practitioners and the New York State Nurse Practice Act

The current Nurse Practice Act, signed into law in 1972 by then governor Nelson Rockefeller, specifically addresses registered professional nurses, licensed practical nurses and nurse practitioners. The Nurse Practice Act appears in Title VIII of New York State Education Law, Article 139.

The scope of practice for a **nurse practitioner** is defined in the Nurse Practice Act as:

> "The practice of registered professional nursing by a nurse practitioner…may include the diagnosis of illness and physical conditions and the performance of therapeutic and corrective measures within a specialty area of practice…in collaboration with a licensed physician…in accordance with written practice agreement and written protocols… Prescriptions for drugs, devices and immunizing agents may be issued by a nurse practitioner…in accordance with the practice agreement and practice protocols…"

Since 1992, the Nurse Practice Act has contained a special section describing the practice of certified Nurse Practitioners. The nurse practitioner in New York State does not hold a separate license; the registered professional nurse license is required for nurse practitioner practice. The nurse practitioner then receives certification (rather than licensure) from the New York State Education Department Board for Nursing to practice as a nurse practitioner, after completing educational and practice requirements.

In New York State, certified nurse practitioners have **independent prescriptive privilege**. Nurse practitioners in New York State must apply for prescriptive privileges through the Commissioner of Education of the State of New York. Collaboration with a physician is required, along with a practice agreement and practice protocols; however, when it comes to writing prescriptions, nurse practitioners in New York State can do so without any co-signature of the collaborating physician. The Nurse Practice Act specifies that the nurse practitioner *collaborates* with the physician. This is different than working under the *supervision* of a physician. The New York State Board for Nursing has opined that nurse practitioners are independent healthcare providers and work collaboratively with the collaborating physician. There is no requirement for physician supervision or for a co-signature by the collaborating physician on prescriptions or patient records.

<u>Position Statement on Nurse Practitioner Prescriptive Privilege</u>

The American Academy of Nurse Practitioners (AANP) advocates unlimited prescriptive authority for nurse practitioners in that they are licensed independently and have completed required advanced education. Four decades of research shows that nurse practitioners provide safe, cost-effective, high-quality health care (AANP, 2010). The Office of Professions under the New York State Education Department agrees with this position statement.

<u>What about other types of advanced practice nurses?</u>

There are four categories of registered nurses (RNs) in advanced practice: nurse practitioners, nurse midwives, certified registered nurse anesthetists and clinical nurse specialists. Only nurse practitioners are specifically recognized in the New York State Nurse Practice Act.

In New York State, there is a separate Midwifery Practice Act, Title VIII, Article 140 of State Education. A person using the title "nurse midwife" must be licensed as *both* a registered professional nurse and as a midwife. According to Title VIII, Article 140, Section 6951 of the Education Law:

> "A licensed midwife shall have the authority, as necessary, and limited to the practice of midwifery, and subject to limitations in the written collaborative agreement, to prescribe and administer drugs, immunizing agents, diagnostic tests and devices, and to order laboratory tests, as established by the board in accordance with the commissioner's regulations. A midwife shall obtain a certificate from the department upon successfully completing a program including a

pharmacology component, or its equivalent, as established by the commissioner's regulations prior to prescribing under this section."

The practice of certified registered nurse anesthetists is not codified; that is, their practice does not appear in New York State law. However, certified registered nurse anesthetists are defined in Hospital Code regulations promulgated by the New York State Department of Health.

Clinical nurse specialists are registered professional nurses who have a master's degree in a nursing specialty. They can be certified by national certifying associations, such as the American Nurses Credentialing Center (ANCC). They are not addressed specifically in New York State law. Clinical nurse specialists **do not** have prescriptive authority in New York.

Prescribing Medications

Former Governor George Pataki signed a law aimed at effectively combating prescription fraud, an ever-increasing problem that drives up healthcare costs and threatens the safety of New York's citizens by diverting drugs from legitimate medical use. Article 1, Section 21 of the Public Health Law, requires that ***all*** prescriptions written in New York (for both controlled and non-controlled substances) be issued on an official New York State prescription form; the same form that has been required for prescribing and dispensing Schedule II and benzodiazepine controlled substances. The new law went into full effect on April 19, 2006. Practitioners seeking additional information about this law should visit the New York State Department of Health *Questions and Answers for Practitioners Regarding the New Official Prescription Program* at: http://www.health.state.ny.us/professionals/narcotic/official_prescription_program/questions_and_answers_for_practitioners.htm.

Since the law took effect in 2006, pharmacies have not filled any prescriptions on non-official prescription pads. All practitioners must register with the New York State Department of Health's Official Prescription Program to receive official prescriptions free of charge. Nurse practitioners must register online for this program by going to http://www.health.ny.gov/professionals/narcotic/official_prescription_program/order/.

These official prescriptions are to be used for prescribing all medications. The design includes indications for refills for Schedule III-V medications. Schedule II controlled substances and benzodiazepines ***cannot*** be refilled. The prescription pad's design also includes a bar-coded prescription serial number to facilitate entry into pharmacy systems. The location of the "Pharmacist Test Area" to confirm the official prescription's authenticity is located at the bottom left of the prescription. The pharmacist must record his or her signature, pharmacy prescription number, and the date of dispensing.

A Word about National Provider Identifier (NPI) Numbers

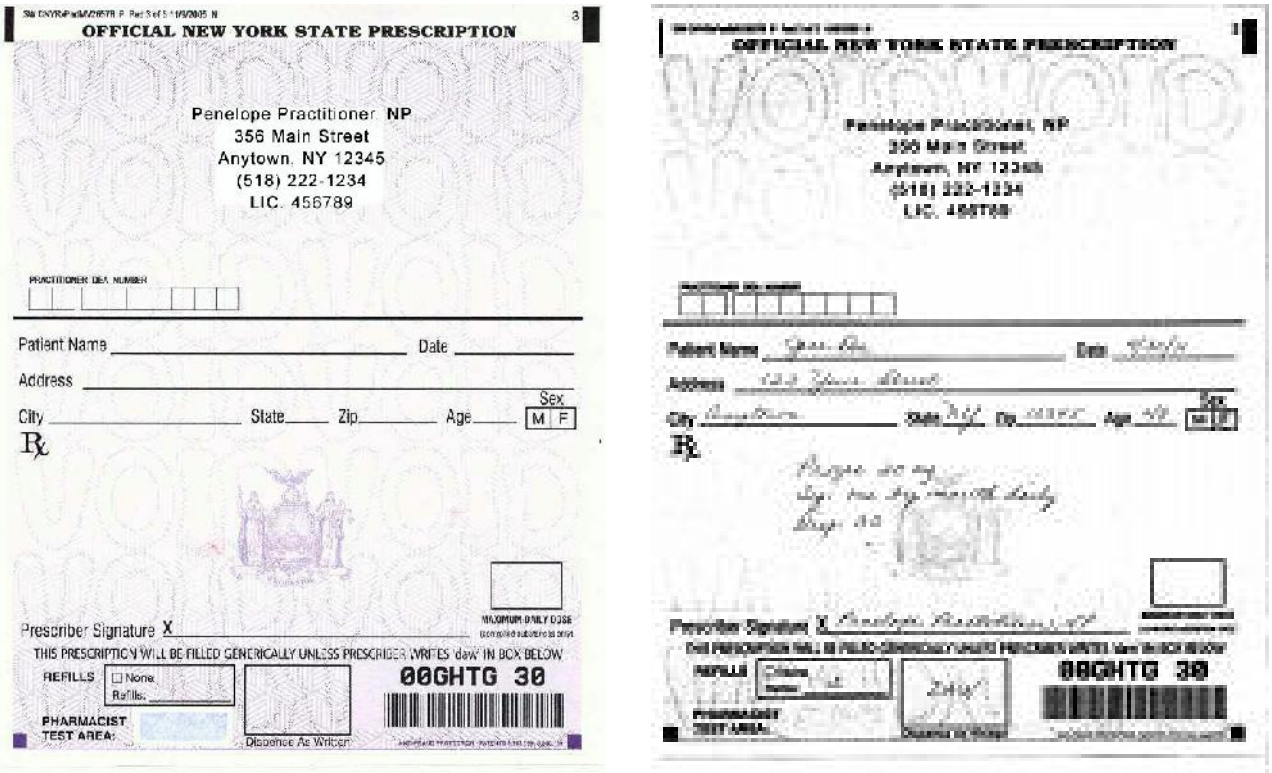
Healthcare providers have several different identification numbers, among them is one for each insurance company they bill. Part of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) provisions include the need for a single standard healthcare provider identifier that would lead to simplification of this process ("HIPAA Administrative," 2004). The intent is to help reduce fraud, transaction errors, and cost. To this end, the National Provider Identifier (NPI) system assigns a unique number to every Medicare provider, including nurse practitioners. The plan is for a single identification number, the NPI, to replace all other numbers for a single provider, presumably including the Drug Enforcement Administration (DEA) number. Pharmacies would eventually no longer fill prescriptions without the NPI of the referring provider; there is a national database where a registry search can be done. For further information about NPI, go to www.aanp.org.

How to Write a Prescription

In New York State, nurse practitioners have their own independent prescription forms. As a reminder, the name of the collaborating physician is not required to be on the nurse practitioner's prescription pad. Section 6810(6) of the New York State Education Law requires all prescriptions to include the following:

- The patient's name, address and age.
- The date the prescription was written.
- The name of the medication, dosage form and strength.
- Directions regarding the quantity to be dispensed or directions for compounding the medications.
- Directions to the patient regarding frequency and any conditions for taking the medication.
- The nurse practitioner's legal signature.
- Refill directions.
- This statement: "THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw' IN THE BOX BELOW".

Blank Prescription **Correctly Filled Out Prescription**



***Note: These prescriptions are for demonstration purposes only. Anyone reproducing these prescriptions to gain access to medication will be prosecuted.**

It is important to remember that the prescription is a legal document; therefore, caution must be used in preparing the prescription. It must be written in ink. There should be no alterations. Legibility is critical, particularly because so many medications have very similar names. Avoid abbreviations and ambiguous language. When writing prescriptions, **only** one medication at one dosage can be prescribed per prescription blank.

Take for example, the medication Effexor XR. It is manufactured in 150 mg capsules and 75 mg capsules. If the patient requires Effexor XR 375 mg every morning, the nurse practitioner would have to complete one prescription for Effexor XR 150 mg, take 2 by mouth every morning and then complete a separate prescription for Effexor XR 75 mg, take 1 by mouth every morning, for a total daily dose of 375 mg. Alternatively, the nurse practitioner can prescribe Effexor XR 75 mg; take 5 by mouth every morning for a total daily dosage of 375 mg. See Figure 1 for a visual example.

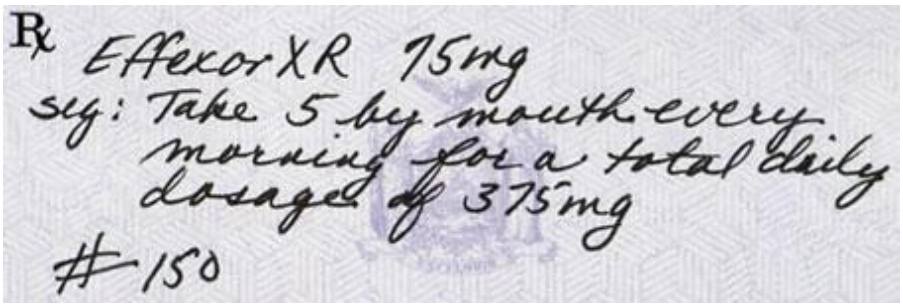


Figure 1. Sample Prescription for Effexor XR 75 mg

Prescription Refills

In New York State any person authorized to prescribe may authorize a refill on a **non-controlled** prescription. The specific number of refills should be indicated on the prescription blank. Consider indicating the number of refills by writing out the words, rather than placing the Arabic number on the prescription. This may help to prevent possible alterations. Some prescription blanks contain a series of numbers, for example 1, 2, 3, 4, 5, NR. The prescriber can merely circle the correct number, with NR indicating "no refills." Prescription refills should be limited to a reasonable number, thereby allowing the nurse practitioner to more closely manage the patient's target symptoms. Refills can be given orally on the telephone and will be discussed further in another section of this course.

Child Resistant Packaging

Federal law requires that all prescriptions be filled utilizing child resistant packaging (U.S. Consumer Product Safety Commission, 2005). The following are some examples of exemptions:

- Nitroglycerin sublingual tablets
- Isosorbide dinitrate sublingual chewable tablets
- Pancrealipase
- Steroid dose packs
- Certain package sizes as designated by the manufacturer

Patients and prescribers may request that medications not be filled in child resistant packaging. For some persons, particularly the elderly, or those individuals who may have difficulty with this packaging, the nurse practitioner may provide the following direction to the pharmacist: "Dispense in non-tamper proof container."

Prescriptions for Hypodermic Needles and Syringes

In New York State, a prescription is required in order to obtain hypodermic needles and syringes. The prescription must be written; it cannot be phoned in. Refills are written for the quantity necessary. Prescriptions are valid for up to two years.

The exception to the above is in an emergency situation where the prescription is immediately needed, with no alternative treatment available and it is not possible to provide a written prescription. In those cases an emergency 10 day supply of needles or syringes can be phoned in, with a written follow-up prescription submitted to the pharmacy within 72 hours. If the pharmacy does not receive the hard copy of the prescription, the pharmacy will indicate that in their records (Public Health Law, Article 33, Part 80, § 80.68, 2009).

The Expanded Syringe Access Program (ESAP) became effective in New York State in January 2001 and is now a permanent program as of summer 2009 (New York State Department of Health, n.d.). This program allows persons over the age of 18 to access 10 or less hypodermic needles and/or syringes from authorized providers *without* a prescription, when disposing of used needles and syringes at registered sites.

Accompanying the clean needles and syringes must be a Safety Insert, which includes the following information:

- The proper use of hypodermic syringes and needles.
- The risk of blood-borne diseases that may result from the use of hypodermic syringes and needles.
- Methods for preventing the transmission or contraction of blood-borne diseases.
- Proper disposal practices for hypodermic syringes and needles.

- The dangers of injection drug use and how to access drug treatment.
- A toll-free number for information on the human immunodeficiency virus.
- A statement that it is legal for persons to possess syringes and needles obtained through the Expanded Syringe Access Demonstration Program.

The ESAP pamphlet may be viewed from: http://www.health.state.ny.us/publications/9359.pdf.

Copies of Prescriptions

Copies of prescriptions for non-controlled medications may be furnished to patients for informational purposes only. The copy must indicate it is for informational purposes only. Copies of prescriptions for controlled medications may only be furnished to practitioners authorized to write these prescriptions.

Telephone (oral) Prescriptions

Telephone prescriptions may be made by authorized prescribers. The federal government allows for an agent of the prescriber to phone in a prescription; however, in New York State only employees of the prescriber may make a telephone prescription.

The phoned-in prescription:

- Must be transmitted to a registered pharmacist or a registered pharmacy intern.
- Must contain all of the information that is required on a written prescription.
- Each prescription document or telephone prescription must be examined by a pharmacist and for omissions, ambiguity, completeness, potential unsafe use, and interaction with other medications and contraindications. Where any doubt exists, the pharmacist must contact the prescriber.

The federal Omnibus Budget Reconciliation Act (OBRA) of 1990 placed additional requirements on pharmacists: they must counsel patients regarding medications. This includes information about how the medication is taken, what it interacts with, etc.

Faxed Prescriptions

The Department of Health advised that faxed orders, including prescriptions, are permitted. Effective January 2005, faxed prescriptions must be on official New York State prescription forms. Each faxed page must contain only one medication and the prescriber's stamp and signature (Tengeler, 2007).

The Generic Drug Substitution Law

Generic drug substitution offers consumers the ability to cut their prescription drug costs by more than 50 percent by automatically filling the prescription with a suitable generic. Every pharmacy has a list of safe, effective, interchangeable drugs. In some states, the consumer must give permission to substitute, whereas a law exists in other states that make substitution mandatory unless the prescriber indicates Dispense as Written or "DAW" on the prescription.

The following states have mandatory substitution of generic medications (Shrank et al., 2010):

1. Florida
2. Hawaii
3. Kentucky
4. Maine
5. Massachusetts
6. Minnesota
7. Nevada
8. New Jersey
9. New York
10. Rhode Island
11. Tennessee
12. Vermont
13. Washington
14. West Virginia

Be aware that state laws change regularly and to check each state's current law.

Prescription of Controlled Medications

The prescribing of controlled substances in New York State can be found in Public Health Law, Article 33, Title 10, Administrative Rules and Regulations, Part 80 – Rules and Regulations on Controlled Substances. The controlled substance schedule includes medications with a high abuse, misuse or addiction potential. They are divided into five categories that are outlined in Table 1.

Table 1. Schedule of Controlled Substances	
SCHEDULE	**MEDICATIONS**
I.	These are medications that have no accepted therapeutic use, such as heroin, cannabis, etc. They may be medications that are under investigation. These medications cannot be prescribed, except in research situations.
II.	These medications include narcotics, amphetamines, barbiturates, stimulants and anabolic steroids. Schedule II medications have the highest potential for abuse/misuse/addiction.
III.	These medications are combinations of schedule II and non-controlled medications, also includes certain barbiturates.
IV.	These medications include long acting barbiturates, such as phenobarbital, some analgesics and benzodiazepines.
V.	These medications include syrups such as narcotic antitussives.

In order to prescribe controlled substances, the nurse practitioner must be registered with the Federal Drug Enforcement Agency (DEA) and have obtained a DEA number. These medications must be prescribed for legitimate medical purposes only, in dosages that are therapeutically sound and recognized as sufficient for proper treatment. They must not be prescribed prior to examination of the patient. Practitioners are not allowed to prescribe controlled substances for themselves.

By law, no prescriptions are allowed to be written or filled for controlled substances in Schedule I.

Schedule II

Prescriptions for Schedule II medications can be issued for a 30-day supply only, except under the conditions listed in Table 2. **Important note**: Since benzodiazepines (Schedule IV medications) are hypnotics when taken in higher doses, they are to be prescribed according to Schedule II rules.

Table 2. Medical Conditions/Codes for Extended Controlled Substance Supply		
CODE	**SUPPLY LIMIT**	**MEDICAL CONDITION**
A	3 months	Panic Disorders
B	3 months	Attention Deficit Hyperactivity Disorder
C	3 months	Chronic debilitating neurological conditions characterized as a movement disorder or exhibiting seizure, convulsive or spasm activity
D	3 months	Relief of pain in patients suffering from diseases known to be chronic and incurable
E	3 months	Narcolepsy
F	6 months	Hormone deficiency states in males, gynecologic conditions that are responsive to treatment with anabolic steroids, metastatic breast cancer in women, anemia and angioedema

Prescriptions are written for a 30-day supply and cannot be refilled until the patient has exhausted all but a seven day supply of the controlled substance. The written prescription may be refilled, as written by the practitioner, **up to 2 times**. The "refill 7 days early" applies over the entire life of the prescription; the patient cannot refill the prescription 7 days early with every refill. If the patient continues to need the medication for treatment, the practitioner must issue a new prescription.

Prescriptions for the medical conditions detailed in Table 2 must specify the condition being treated on the face of the prescription, or identify the medical condition by the appropriate code letter.

Emergency Oral Prescriptions for Schedule II Medications

An emergency is defined as occurring when:

- The immediate administration of the drug is necessary for proper treatment.
- No alternative treatment is available.
- It is not possible for the practitioner to provide a written prescription for the drug at the time.

In an emergency, as defined above, a practitioner may orally prescribe a Schedule II medication with the following conditions:

- The quantity prescribed and dispensed cannot exceed a 5-day supply of the medication.
- A written official New York State prescription is delivered to the pharmacist within 72 hours.
- The follow-up prescription contains the words: "Authorization for Emergency Dispensing" in addition to all of the other required information.

> The pharmacist must notify the New York State Department of Health if the follow-up prescription is not received within seven days of dispensing the medication.

<u>Schedule III, IV and V Medications</u>

The following information applies to all Schedule III, IV and V medications EXCEPT for Schedule IV benzodiazepines, which were covered above under Schedule II.

Schedule III, IV, and V medications should be written on the official New York State prescription form. Information that must be included on the prescription form includes:

- The patient's name, address and age
- The prescriber's printed name, address, telephone number
- Date and handwritten signature
- Specific medication, directions for use, as well as dosage and maximum daily dosage

Prescriptions are written for a 30-day supply and cannot be refilled until the patient has exhausted all but a seven day supply of the controlled substance. The written prescription may be refilled, as written by the practitioner**, up to 5 times**. The "refill 7 days early" applies over the entire life of the prescription; the patient cannot refill the prescription 7 days early with every refill. The prescription is not valid after 6 months from the date the prescription is signed. If the patient continues to need the medication for treatment, the practitioner must issue a new prescription.

As in the case of Schedule II medications, the practitioner may prescribe up to a three month supply of a controlled substance or up to a six month supply of an anabolic steroid or chorionic gonadotropin if used in the treatment of the conditions identified in Table 2.

As in the case of Schedule II medications when prescribing for one of the conditions listed in Table 2, the practitioner must indicate the medical condition being treated on the face of the prescription, either by writing the name of the condition or by using the appropriate code.

If the prescription prepared by the practitioner is incomplete, the practitioner may provide the missing information to the pharmacist and authorize the pharmacist to enter the missing information onto the prescription. The pharmacist cannot complete missing information under the following conditions when:

- The prescription is not signed by the prescriber.
- The prescription is missing the date.
- The name of the controlled substance is not specified.
- The quantity of controlled substance is not specified.
- The name and address of the patient is missing.

In cases where the prescription is incomplete, the pharmacist will then write the date she or he received authorization from the practitioner on the back of the prescription form and then sign it.

When the practitioner wishes to change information on the prescription, the practitioner may authorize the pharmacist to change information on a controlled substance prescription. Changes to the prescription cannot occur under the following conditions when:

- The practitioner's signature is missing.
- The date is missing.
- The name of the medication is missing.
- The name of the patient is missing.

In cases of changes to a prescription, the pharmacist receiving the information will write the date the information change was received on the back of the prescription, the reason for the change and will sign her or his name. The change will be made on the face of the prescription by the pharmacist, who will then initial the change.

Oral prescriptions for Schedule III, IV and V Medications

Telephone orders for prescriptions for Schedule III, IV (**except** benzodiazepines) and V medications are acceptable in New York State. The receiving pharmacist must put the oral prescription into written format and include the name and address of the prescriber, the patient's name and address, date on which the controlled substance was ordered, the name and quantity of controlled substance prescribed, directions for use, and the fact that it is a telephone order.

The quantity prescribed orally cannot exceed a five day supply of Schedule III and V medications. Schedule IV medications cannot exceed a 30-day supply or 100 dosage units, whichever is less.

A written prescription must follow the oral prescription with 72 hours.

If the pharmacist fails to receive the prescription, she or he will record on the written notation of the oral prescription: "Written prescription not received," then sign and date it. The pharmacist does **not** need to report the practitioner to the New York State Department of Health.

When the written prescription is received as follow-up to an oral prescription, the pharmacist will indicate that it is a follow-up prescription.

Additional Information about Controlled Substance Laws

Part 80 of the Controlled Substance Law also includes information on the manufacturing and dispensing of controlled substances, as well as dispensing to addicts and habitual users as in treatment programs. For more information regarding these issues, consult New York State law.

According to the New York State Department of Health (2010), the March 31, 2010 Federal Register contained a DEA Interim Final Rule with Request for Comment regarding Electronic Prescriptions for Controlled Substances. The DEA revised its regulations to provide practitioners with the option of writing prescriptions for controlled substances electronically, which became effective June 1, 2010. The regulations also permit pharmacies to receive, dispense and archive these electronic prescriptions.

The Department of Health has been working to update its regulations to allow for electronic prescribing of controlled substances in New York State. However, until the corresponding state regulations are adopted, electronic prescribing of *controlled* substances is **not** permissible in New York State.

Under current parameters established by the New York State Board of Pharmacy, prescriptions for non-controlled substances may continue to be transmitted to a pharmacy. At this time, an official prescription is not utilized for electronic prescribing of non-controlled substances and a serial number is not needed (New York State Department of Health, 2010).

Safe Prescribing & Preventing Errors in Written Prescriptions

There continues to be considerable focus in the media on the alarming rate of medical and nursing errors. Errors occur in every healthcare setting. According to a classic study released by the Institute of Medicine (IOM) in 1999, *To Err is Human: Building a Safer Health System*, up to 7,000 deaths per year can be attributed to mistakes made in prescribing or dispensing medications. Medication errors cost the nation billions of dollars in lost income, disability, and healthcare expenses.

The same 1999 IOM report attributed approximately 100,000 hospital deaths per year to medical errors. Over the past decade, these numbers have not greatly improved.

Multiple errors can occur in writing prescriptions. Some of the common errors include:

1. Errors of omission

    - Incomplete information can take many forms. Missing information can include the date, the patient's name, address, age, the quantity of medication to be dispensed, the strength of dose, or failure to provide complete directions to the patient.

    - Medication nomenclature contributes to omissions such as prefixes or suffixes that describe a brand name medication, for example: Wellbutrin SR versus Wellbutrin.

    - Frequency of administration may be missing, particularly with prn medications. For example, an incorrect prescription would be for Tylenol 325 mg po prn pain; the correct prescription is Tylenol 325 mg q 4h prn pain.

    - Failing to prescribe in specific units of measurement is another omission. For example, it is correct to prescribe or order calcium gluconate 4.8 mEq IV every day; ordering calcium gluconate one amp IV every day is incorrect.

2. Inappropriate dose

    - While under-dosing perpetuates the patient's health problems that necessitated treatment, and leads to needless suffering, expense and time, it is overdosing that is more dangerous.

3. Illegibility

    - This can be especially dangerous since illegibility can lead to misinterpretation and non-compliance.
    - Misinterpretation can occur related to directions for taking the medication, incorrect dose, taking a medication for the incorrect indication or incorrect times.
    - Medication names that are similar contribute to the problem of illegible orders. For example: Inderal 40 mg po q 6h versus Isordil 40 mg po q 6h.

    Note: Visit the Institute for Safe Medication Practices for more examples of look-alike and sound-alike medication names at: http://www.ismp.org/Tools/confuseddrugnames.pdf.

4. Abbreviations

    Especially when combined with illegible handwriting, abbreviations are often a source of errors.

    The 2011 National Patient Safety Goals of The Joint Commission include new documentation guidelines (The Joint Commission, 2011). These guidelines include the elimination of the use of some abbreviations, symbols and acronyms that have been traditionally used healthcare documentation. The guidelines apply to all handwritten clinical documentation related to a specific patient, including

progress notes, consultation reports, operative reports, order forms, and documentation. Upper and lower case formats and specific punctuation are not relevant in these new guidelines; this new list should be used.

If the nurse practitioner is employed in a setting that is accredited by The Joint Commission, then the information provided in Tables 3 and 4 are applicable. However, even if the nurse practitioner is employed in a setting that is not accredited by The Joint Commission, utilizing these changes should help to clarify written communication, including on prescriptions.

It is important to check The Joint Commission website (www.jointcommission.org) *frequently* for the most up-to-date list of acceptable abbreviations, symbols and acronyms. These lists are continuously being updated and changed so referring to the website is beneficial for your practice.

Table 3. The Joint Commission's Official "Do Not Use" List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for "0" (zero), the number "4" (four), or "cc"	Write "unit"
IU (International Unit)	Mistaken for "IV" (intravenous) or the number "10" (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other Period after the "Q" mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write "X mg" Write "0.X mg"
MS MSO_4, $MgSO_4$	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

Note: This list applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

***Exception:** A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Source: The Joint Commission (2011)

Table 4. Additional Abbreviations, Acronyms and Symbols
(For ***possible*** future inclusion in the Official "Do Not Use" List)

Do Not Use	Potential Problem	Use Instead
> (greater than) < (less than)	Misinterpreted as the number 7 (seven) or the letter "L"; confused for one another	Write "greater than" Write "less than"
Abbreviations for drug names	Misinterpreted due to similar abbreviations for multiple drugs	Write drug names in full
Apothecary units	Unfamiliar to many practitioners; confused with metric units	Use metric units
@	Mistaken for the number 2 (two)	Write "at"

cc (cubic centimeter)	Mistaken for U (units) when poorly written	Write “mL” or “ml” or “milliliters” (mL is preferred)
µg (micrograms)	Mistaken for “mg” (milligrams) resulting in one thousand-fold overdose	Write “mcg” or “micrograms”
Source: The Joint Commission (2011)		

5. Decimal errors

   - This includes accidental misplacement, calculation errors, writing lightly and faint reproduction on multiple copies of prescriptions.

   - **Always place a zero before a decimal point** and never use a zero after a decimal point. For example, a prescriber intends for a pediatric patient to receive one-half milligram of morphine for pain relief. The pharmacist could easily misread the order as “5mg” if written as “.5mg”. Write the **correct** manner of “**0.5mg**”.

   - Another safeguard, especially in pediatrics, is to list the dose in both milligrams and micrograms, such as: 0.5mg (500 mcg).

6. Ambiguous orders

   - Orders must be written to avoid more than one interpretation. For example: Zoloft ½ tab 50 mg po every day. Does this mean ½ of a 100 mg tablet resulting in 50 mg or ½ of a 50 mg tablet, resulting in 25 mg?

Tall Man Lettering: Help for Look-Alike/Sound-Alike Medications

There are several medications with names that look alike when written, and sound alike when spoken. This is an area of concern when writing, faxing, or phoning in prescriptions. Most of the drug reference books published today have lists of sound-alike/look-alike drug names.

The Food and Drug Administration (FDA) and Institute for Safe Medication Practices (ISMP) have been promoting the use of new labeling to decrease confusion when reading drug names (ISMP, 2008). The use of “tall man” lettering helps to reduce confusion of look-alike/sound-alike drugs by using a combination of lower-case and upper-case lettering. This manner of lettering draws attention to otherwise similar drug names thereby helping to avoid dispensing the wrong drug. This is not mandated when writing a prescription, but it is useful.

For example, under the FDA’s system, to reduce the confusion between chlorproMAZINE (a tranquilizer) and chlorproPAMIDE (an antidiabetic medication), the last six letters of the word are capitalized. Cohen (2009) also discusses the following examples:

LamICTAL (anti-epileptic) versus **LamISAL** (antifungal)

HumaLOG (insulin) versus **HumuLIN** (insulin)

The ISMP website includes a listing of FDA-approved generic drug names with tall man letters at: http://www.ismp.org/Tools/tallmanletters.pdf. You can also access a complete listing of look-alike/sound-alike drug names at: http://www.ismp.org/Tools/confuseddrugnames.pdf.

Conclusion

The State of New York authorizes multiple professionals to prescribe medications. Nurse practitioners and midwives are among those professionals with “full prescriptive authority” who may prescribe medications including controlled substances. Nurse practitioners and midwives practice independently under his or her license and are responsible for balancing quality of care with cost of drugs.

This course has provided the information that nurse practitioners need in order to prescribe medications in New York State in a lawful manner. It is advisable to incorporate evidence-based treatments when prescribing cost-effective medications. Nurse practitioners and midwives should acquire the knowledge of prescription drug costs in their geographic region of practice in order to ensure cost-efficient care and to encourage patient compliance with their medication regimen.

Resources

American College of Nurse Practitioners
A national, non-profit membership organization that supports nurse practitioners to provide accessible, high quality healthcare to the nation.
www.acnpweb.org

Bureau of Narcotic Enforcement (BNE)
Responsible for protecting the public health by combating the illegal use and trafficking of prescription controlled substances. The Bureau provides millions of secure official New York State prescriptions annually to over 95,000 prescribing practitioners across the state.
http://www.health.state.ny.us/professionals/narcotic/

Drug Enforcement Administration (DEA)
Grants licenses to physicians, nurse practitioners and other medical professionals that allow them to prescribe and dispense medication to individuals who need it. Each person is given a unique number. To apply, look for Form 222a on their website.
www.deadiversion.usdoj.gov

Food and Drug Administration
Find drug safety and medication error information.
www.FDA.gov/drugs/drugsafety/medicationerrors/ucm164587.htm

Institute for Safe Medication Practices (ISMP)
A non-profit organization educating the healthcare community and consumers about safe medication practices. A listing of FDA-approved generic drug names with tall man letters is available from their website: www.ismp.org.

Also, find a complete list of look-alike/sound-alike drug names available from ISMP at:
http://www.ismp.org/Tools/confuseddrugnames.pdf.

Institute of Medicine (IOM)
The institute provides information and advice concerning health and science policy. Find “the five rights”, high alert medications, and tall man lettering.
www.iom.edu/

Monthly Prescribing Reference (MPR)
Take a free tour; subscription is $98 per year.
http://www.empr.com/nurse-practitioner-edition/section/1257/

National Provider Identifier Database NPI Registry Search
www.hmedata.com/npi.asp

New York State Association of Licensed Midwives
An organization that speaks with one voice to legislators, to managed care organizations, and to other professionals dealing with the issues which are unique to midwives in New York.
http://www.nysalm.org/

New York State Department of Health
Find form DOH-250 and how to apply for official prescription program order forms.
www.health.state.ny.us/

New York State Education Department
Title VIII Education Law can be found here.
www.nysed.gov

New York State Office of the Professions
Operates under the New York State Education Department under Regents direction. Administers professional regulation and is assisted by the twenty-nine State Boards for the Professions.
www.op.nysed.gov

Prescription Price Checker!
www.drugstore.com

The Joint Commission
Find up-to-date national patient safety goals.
http://www.jointcommission.org/standards_information/npsgs.aspx

The Nurse Practitioner Association New York State
Find Scope of Practice, Title VIII Education Law, and how to apply for prescriptive privileges.
http://thenpa.org

U.S. Nurse Practitioner Prescribing Law
Find nurse practitioner prescribing laws for every state in the United States.
www.medscape.com

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NYS Nurse Practitioners and Midwives - Prescribing Information

Course Exam

After studying the downloaded course and completing the exam, you need to enter your exam answers ONLINE; answers cannot be answered and graded on this downloadable version of the course. To enter your answers return to e-leaRN's website, **www.elearnonline.net** and click on the Login/My Account button. Next, login using your username and password, follow the prompts to access the course material, and proceed to the course exam.

Note: Contact hours will be awarded for this online course until **May 1, 2015**.

1. Nurse Practitioners in New York State are able to independently prescribe medication, including controlled substances.

    A. True
    B. False

2. All of the following must be included on a written prescription EXCEPT:

    A. Name of the nurse practitioner
    B. Address of the nurse practitioner
    C. Name of the collaborating physician
    D. New York State nurse practitioner certification number

3. New York State law requires the following medications to be prescribed utilizing the official NYS Prescription form:

    A. Schedule I medications only
    B. Schedule II medications and benzodiazepines from Schedule IV
    C. Schedule II, III, IV, and V medications
    D. All prescription medications

4. By New York State law, no prescriptions are allowed to be written or filled for controlled substances in "Schedule I" category.

    A. True
    B. False

5. You initially write a prescription to read "**Hydrochlorothiazide** ½ tab 50mg po everyday". The patient asks you: "Does this mean one-half of a 100mg tabled to yield 50mg, or do you mean one-half of a 50mg tablet to yield 25mg?" Assuming that you mean for the patient to have 25mg daily, and the tablet comes in 50mg, how could you re-write the prescription to clarify this ambiguous order?

    A. Hydrochlorothiazide ½ 50mg po everyday
    B. Hydrochlorothiazide 25mg po qd
    C. Hydrochlorothiazide 50mg tab, ½ tab (25mg), po daily
    D. Hydrochlorothiazide ½ tab QD

6. You are writing a prescription for chlorproMAZINE, a tranquilizer. The manner in which the drug name is written is an example of using:

    A. Lettering emphasis
    B. Drug name call out
    C. Incorrect formatting
    D. Tall man lettering

7. You are the nurse practitioner working in a busy cardiology practice late on Friday afternoon. A patient phones your office asking for a renewal of his water pill. A review of his medical record shows that he has been on furosemide 20mg daily but that he has not been seen or examined by a provider in the practice for over a year. You advise the patient that:

    A. You will phone in the prescription right away.
    B. NYS law advises that you are unable to prescribe the renewal until he is examined.
    C. He must stop by the office to pick up the prescription in person, since phoned or faxed prescriptions are illegal.
    D. You are not able to prescribe medication without a physician's authorization.

8. You are a new nurse practitioner who just phoned in a prescription to the pharmacist for a patient to receive a benzodiazepine. This prescription may be filled, but if the pharmacist does not receive a follow-up written prescription from you within 72 hours, the pharmacist must:

    A. Document that the prescription is missing and file it for five years.
    B. Immediately contact the Commissioner of Health to investigate.
    C. Fill in a prescription blank to cover the missing prescription.
    D. Document that the prescription was not received and notify the Department of Health.

9. Federal law requires that all prescriptions be filled in tamper-proof packaging, other than for selected exemptions and when a specific request is made by the patient or prescriber for non-tamper proof packaging.

    A. True
    B. False

10. In New York State, the nurse practitioner must apply for prescriptive privileges through the:

    A. Department of Health
    B. American Academy of Nurse Practitioners
    C. Commissioner of Education
    D. Attorney General's Office