

NYS Nurse Practitioners & Midwives - Prescribing Information

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 program has been awarded 2.5 CHs through the New York State Nurses Association Accredited Provider Unit.

The New York State Nurses Association is accredited by the International Association for Continuing Education and Training "IACET" and is authorized to issue the IACET CEU.

The New York State Nurses Association is authorized by IACET to offer 0.3 CEUs for this program.

This course is intended for RN's and other healthcare professionals. In order to receive contact hours/CEUs, participants must read the course material, pass an examination with at least 80%, and complete an evaluation. Contact hours/CEUs will be awarded for this online course until May 4, 2018.

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 or sponsorship 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.

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 2015 course updates were completed by **Carol Lynn Esposito, Ed.D., JD, MS, RN**. Dr. Esposito is the Director of Nursing Education and Practice for the New York State Nurses Association and lead nurse planner for continuing education in nursing.

Dr. Esposito and NYSNA's nursing education team design, develop, implement and evaluate the association's nursing practice and occupational health and safety law continuing education programs. Dr. Esposito has been adjunct faculty at Adelphi University, Hofstra University, Dowling College, and Excelsior College where she has taught courses on Contemporary Legal Issues in Healthcare, Collective Bargaining, Ethics, Policy and Politics in Nursing, Healthcare Management, Communications in Nursing, and Violence in the Healthcare Setting. She has also taught courses in Introduction to Law, Civil Litigation, Risk Management, Medical Malpractice, and Birth Injuries. An attorney with over 25 years of experience in the trial of medical and nursing malpractice cases, Dr. Esposito has worked for several medical malpractice and personal injury firms, and for the United States Attorney's Office in their civil litigation department.

Dr. Esposito has been an honorarium and keynote speaker for various schools of nursing and professional organizations. She has authored articles on Informed Consent, Malpractice Insurance, Transcultural Nursing, Nursing Ethics, Leadership, Patient Satisfaction, and has developed course and text materials for the New York State Nurses Association, Hofstra University, Dowling College, and the National Center of Professional Development.

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 (NPs), 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 newly licensed nurse practitioner in practice with less than 3,600 hours of actual practice (approximately two years) and/or midwife are required to enter into a “collaborative agreement” with one physician, there is no legal requirement for the expert NP to have a written practice agreement. In both instances, 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 three (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. The practice of Midwifery can be found by accessing the New York State Office of the Professions website at www.op.nysed.gov.

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:

(a)“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 qualified to collaborate in the specialty involved, provided such services are performed in accordance with a written practice agreement and written practice protocols **except as permitted by paragraph (b)** The written practice agreement shall include explicit provisions for the resolution of any disagreement between the collaborating physician and the nurse practitioner regarding a matter of diagnosis or treatment that is within the scope of practice of both. To the extent the practice agreement does not so provide, then the collaborating physician's diagnosis or treatment shall prevail. Prescriptions for drugs, devices and immunizing agents may be issued by a nurse practitioner... in accordance with the practice agreement and practice protocols except as permitted by paragraph (b) of this subdivision.

(b) ...[A], a nurse practitioner... practicing for more than three thousand six hundred hours may comply with this paragraph in lieu of complying with the requirements of paragraph (a) of this subdivision relating to collaboration with a physician, a written practice agreement and written practice protocols.

A nurse practitioner complying with this paragraph shall have collaborative relationships with one or more licensed physicians qualified to collaborate in the specialty involved or a hospital, ... that provides services through licensed physicians qualified to collaborate in the specialty involved and having privileges at such institution.... For purposes of this paragraph, "collaborative relationships" shall mean that the nurse practitioner shall communicate, whether in person, by telephone or through written (including electronic) means...for the purposes of exchanging information, as needed, in order to provide comprehensive patient care and to make referrals as necessary....The nurse practitioner shall maintain documentation that supports such collaborative relationships. Failure to comply with the requirements found in this paragraph by a nurse practitioner who is not complying with such provisions of paragraph (a) of this subdivision, shall be subject to professional misconduct provisions as set forth in article one hundred thirty of this title.

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 (NYSED) Board for Nursing (BON) to practice as a nurse practitioner, after completing educational and practice requirements. NYSED certifies NPs to practice in the following specialty practice areas: Acute Care, Adult Health, College Health, Community Health, Family Health, Gerontology, Holistic Care, Neonatology, Obstetrics/Gynecology, Oncology, Pediatrics, Palliative Care, Perinatology, Psychiatry, School Health, and Women's Health.

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. When it comes to writing prescriptions, nurse practitioners in New York State can do so without any co-signature of a collaborating physician. The Nurse Practice Act specifies that the newly certified 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.

Position Statement on Nurse Practitioner Prescriptive Privilege

Under New York State (NYS) law, an applicant who satisfies all requirements for certification as a nurse practitioner may be authorized to issue prescriptions pursuant to Section 6902(3)(b) of the Education Law after completing instruction, satisfactory to the department, in New York State and Federal laws and regulations relating to prescriptions and recordkeeping.

The American Association 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, 2013). The Office of Professions under the New York State Education Department agrees with this position statement.

What about other types of advanced practice nurses?

There are three categories of registered nurses (RNs) in New York State in advanced practice titles: nurse practitioners, certified registered nurse anesthetists and clinical nurse specialists. Nurse practitioners (NPs) and clinical nurse specialists (CNSs) are specifically recognized in the New York State Nurse Practice Act. In New York, midwifery is not considered a nursing profession. Midwifery is a separately licensed profession.

New York State certifies NPs to practice in one or more of the following specialty areas: Adult Health; Family Health; Gerontology; Neonatology; Obstetrics; Oncology; Pediatrics, Perinatology; Psychiatry; School Health; Women's Health; Holistic Care; and Palliative care.

New York State certifies CNSs to practice in one or more of the following specialty areas: Adult Health; Pediatrics; Psychiatric/Mental Health; and Oncology.

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). Clinical nurse specialists **do not** have prescriptive authority in New York. In New York State, Title VII of the New York State Education Law, Article 139, Section 6911 describes the qualifications for practice as a CNS.

For issuance of a certificate to practice as a clinical nurse specialist under section six thousand nine hundred two of this article, the applicant shall fulfill the following requirements:

- ✓ file an application with the department;
- ✓ be licensed as a registered professional nurse in this state;
- ✓ have satisfactorily completed an educational program registered by the department including a master's or doctoral degree, or a post-master's certificate from a program acceptable to the department which prepares graduates to practice as CNSs and which is accredited by a national nursing accredited body acceptable to the department, and
- ✓ meets all other requirements established by the department to practice as a clinical nurse specialist, or (iii) have received educational preparation determined by the department to be the substantial equivalent of subparagraphs (i) and (ii) of this paragraph; and
- ✓ pay a fee to the department of \$50.00 (fifty U.S. dollars) for each initial certificate authorizing clinical nurse specialist practice and a triennial registration fee of thirty dollars. Registration under this section shall be coterminous with the clinical nurse specialist's registration as a professional nurse.

Only a person certified under this section shall use the title "clinical nurse specialist" or the designation "CNS".

In New York State, there is a separate Midwifery Practice Act, Title VIII, Article 140 of State Education. Only a person licensed under both article one hundred forty and article one hundred thirty-nine may use the title "nurse-midwife". In other words, 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:

The practice of the profession of midwifery is defined as the management of normal pregnancies, child birth and postpartum care as well as primary preventive reproductive health care of essentially healthy women, and shall include newborn evaluation, resuscitation and referral for infants. A midwife shall have collaborative relationships with (i) a licensed physician who is board certified as an obstetrician-gynecologist by a national certifying body or (ii) a licensed physician who practices obstetrics and has obstetric privileges at a general hospital licensed under article twenty-eight of the public health law or (iii) a hospital, licensed under article twenty-eight of the public health law, that provides obstetrics through a licensed physician having obstetrical privileges at such institution, that provide for consultation, collaborative management and referral to address the health status and risks of his or her patients and that include plans for emergency medical gynecological and/or obstetrical coverage. A midwife shall maintain documentation of such collaborative relationships and shall make information about such collaborative relationships available to his or her patients. Failure to comply with the requirements found in this subdivision shall be subject to professional misconduct provisions as set forth in article one hundred thirty of this title.

A licensed midwife shall have the authority, as necessary, and limited to the practice of midwifery, 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 (CRNA) is not codified in the NYS Nurse Practice Act; 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. In order to practice as a CRNA in New York, candidates must hold a valid New York registered nursing license, have completed an accredited CRNA education program, and pass a national certification examination. To maintain certification, at least 40 hours of continuing education are required every two years.

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 new law went into full effect on April 19, 2006.

New York Public Health Law, Article 33, Title 2, section 21, Official New York State Prescription Forms requires:

In addition to the requirements of section sixty-eight hundred ten of the education law or article thirty-three of this chapter, all prescriptions written in this state by a person authorized by this state to issue such prescriptions shall be on serialized official New York state prescription forms provided by the department. Such forms shall be furnished to practitioners authorized to write prescriptions and to institutional dispensers, and shall be non-reproducible and non-transferable. The commissioner in consultation with the commissioner of education may promulgate emergency regulations for the electronic transmission of prescriptions from prescribers to pharmacists or for ordering and filling requirements of prescription drugs for prescriptions written for recipients eligible for medical assistance pursuant to title eleven of article five of the social services law, for participants in the program for elderly pharmaceutical insurance coverage pursuant to article nineteen-k of the executive law and for prescriptions written pursuant to article thirty-three of this chapter. Nothing in this section shall prohibit the commissioner in consultation with the commissioner of education from permitting, pursuant to emergency regulation, different formats of the prescription blank for different types of prescribers or from permitting the use of both the official New York state prescription form and prescriptions written pursuant to the requirements of section sixty-eight hundred ten of the education law or article thirty-three of this chapter for a period of eighteen months after the effective date of this section or from promulgating any additional emergency regulations in furtherance of this section.

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](https://www.health.ny.gov/professionals/narcotic/official_prescription_program/questions_and_answers_for_practitioners_regarding_the_new_official_prescription_program) at: https://www.health.ny.gov/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. Prescriptions for schedule II controlled substances cannot be refilled. A new prescription must be issued. Prescriptions for schedules III and IV controlled substances may be refilled up to five times in six months. Prescriptions for schedule V controlled substances may be refilled as authorized by the practitioner. 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 (HIPAA) provisions include the need for a single standard healthcare provider identifier that would lead to simplification of this process (Health and Human Services Department, 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 name, address, telephone number, profession, and DEA Number (if applicable) of the prescriber who has written or initiated the prescription.
- ✓ The nurse practitioner's legal signature.
- ✓ Refill directions.
- ✓ This statement: "THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw' IN THE BOX BELOW".

A prescription for a controlled substance must include the following information:

- ✓ Date of issue;
- ✓ Patient's name and address;
- ✓ Practitioner's name, address, and DEA registration number;
- ✓ Drug name;
- ✓ Drug strength;
- ✓ Dosage form;
- ✓ Quantity prescribed;
- ✓ Directions for use;
- ✓ Number of refills (if any) authorized; and
- ✓ Manual signature of prescriber.

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, Section 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 (ESAP).

Information on the ESAP may be viewed from:

https://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/esap/overview.htm.

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 of non-controlled substances 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 of a non-controlled substance.

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.

Telephone prescriptions of controlled substances may be made for up to a five-day supply of Schedule II, III and V controlled substances, as well as benzodiazepines. Nurse Practitioners may orally prescribe up to a 30-day supply or 100 dosage units, whichever is less, of Schedule IV (non-benzodiazepines) controlled substances. To be valid for dispensing, oral prescriptions for controlled substances must be phoned in by the prescribing practitioner him or herself. Other office personnel are not authorized to phone in a controlled substance prescription to a pharmacist.

Faxed Prescriptions

The Department of Health advised that faxed orders, including prescriptions, are permitted and must follow the rules and regulations for oral prescriptions. 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).

Faxed prescriptions must meet the following criteria:

- ✓ Must be an original hard copy prescription transmitted by facsimile from the prescriber to the pharmacy.
- ✓ Must be manually signed by the prescriber.
- ✓ And if issued in NY must be on an official New York State prescription form.

Note: Nurse Practitioners faxing official prescriptions for **controlled substances** are required to send the original official prescription to the dispensing pharmacy within 72 hours.

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

For more information view this Issue Brief produced by the Office of The Assistant Secretary for Planning and Evaluation, here: <http://aspe.hhs.gov/sp/reports/2010/genericdrugs/ib.shtml#apa>.

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

Electronic Prescribing of Non-Controlled and Controlled Substances (EPCS)

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.

EPCS became permissible, but not mandatory, in New York State on March 27, 2013. Practitioners can electronically prescribe controlled substances if:

- ✓ The EPCS software application meets all of the federal security requirements for EPCS, which can be found on the DEA's web site (http://www.deadiversion.usdoj.gov/ecommm/e_rx/);
 - Note that federal security requirements include a third party audit or DEA certification of the software.
- ✓ The practitioner has completed identity proofing as defined in the federal requirements; and
- ✓ The practitioner has obtained a two-factor authentication as defined in the federal requirements; and
- ✓ The practitioner has registered their DEA certified EPCS software application with the Bureau of Narcotic Enforcement (BNE).

As of March 27, 2016 it will be mandatory for nurse practitioners to issue electronic prescriptions for controlled and non-controlled substances.

After March 27, 2016 Official New York State Prescription forms may be used only in the event of a power outage or technical failure, or by practitioners who meet one of the exceptions listed in Article 2A - Section 281 or Title 10 Part 80 Section 80.64. To view more about the exceptions, visit:

https://www.health.ny.gov/regulations/recently_adopted/docs/2013-02-13_electronic_prescribing_dispensing_and_recordkeeping_of_controlled_substances.pdf.

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, and a high potential for abuse, such as Heroin, Mescaline, Ecstasy.
II.	These medications include narcotics, amphetamines, barbiturates, stimulants and anabolic steroids. Schedule II medications have the high potential for abuse, though less abuse potential than Schedule I drugs, with use potentially leading to severe psychological or physical dependence. Drugs such as Vicodin®, Methadone, Dilaudid®, Demerol®, Fentanyl, Ritalin®.
III.	These medications are combinations of schedule II and non-controlled medications, and also includes certain barbiturates. They are drugs that have moderate to low potential for physical and psychological dependence. Drugs such as Tylenol® with Codeine, Ketamine, anabolic steroids, testosterone.
IV.	These medications include long acting barbiturates, such as phenobarbital, some analgesics and benzodiazepines which have low potential for abuse and low risk of dependence. Examples are Xanax®, Darvon®, Valium®, Ativan®, Ambien®.
V.	These medications include syrups such as narcotic antitussives. Examples include Lomotil® and Lyrica®. These drugs have the lowest, of all scheduled drugs, potential for abuse and contain limited quantities of certain narcotics.

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 as well as benzodiazepines and benzodiazepine derivatives, **cannot be refilled**. **Important note:** Since benzodiazepines (Schedule IV medications) are hypnotics when taken in higher doses, they are to be prescribed according to Schedule II rules.

Schedule II medications can be issued for a 30-day supply **only**, except under the conditions listed in Table 2.

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 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.

Except as provided in table 2, no such prescription shall be made for a quantity of substances which would exceed a 30 day supply if the substance were used in accordance with the directions of use, specified on the prescription. No additional prescriptions for a controlled substance may be issued by a practitioner to an ultimate user within 30 days of the date of any prescription previously issued UNLESS AND UNTIL the ultimate user has exhausted all but a seven days' supply of that controlled substance provided by any previously issued prescription.

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.

Schedule III, IV and V Medications

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 name, address and age of the user the substance is intended for;

- The prescriber's printed name, address, telephone number (must be printed or stamped legibly and conspicuously on the prescription and shall not be entered in or upon the space or line reserved for the prescribers signature);
- DEA Enforcement Administration Registration Number;
- Date and **handwritten** signature or for electronic prescriptions an electronic signature;
- Specific medication, directions for use, as well as dosage and maximum daily dosage;
- The date upon which such prescription was actually signed by the prescribing practitioner;
- The quantity of dosage units prescribed and the number of times that the prescription may be refilled in both numerical and written word form;
- Electronic prescription signatures shall meet the signature requirements;
- In cases where the ultimate user is limited English proficient, indicate the preferred language of the patient. Failure to include such indication does not invalidate the prescription.

Supply and Refills

Prescriptions are written for a 30-day supply in accordance with the directions for use, 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, but not more than the number of times specifically authorized by the prescriber upon the prescription. **However, no such authorization shall be effective for longer than six months from the date the prescription is signed, and that not more than five refills are made.** When the initial prescription is issued for a quantity of substance in excess of a 30 day supply, the prescription may only be refilled once. 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.

When an Electronic Transmission Fails

When a practitioner is notified that an electronic prescription was not successfully delivered, the practitioner shall ensure that any written or oral prescription issues as a replacement of the original electronic prescription indicates that the prescription was originally transmitted electronically, shall indicate which pharmacy the prescription was originally transmitted to, and that the transmission failed.

If the Prescription is Incomplete:

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 a Practitioner wishes to change information on the Prescription

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, or to the extent authorized by federal requirements, to an electronic record, 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 if the substances were used in accordance with the directions for use.

A written prescription must follow the oral prescription with 72 hours either as a written or as an electronic prescription.

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

The New York State Department of Health, Bureau of Narcotic Enforcement booklet *What Every Practitioner Needs to Know About Controlled Substance Prescribing* (2009) states:

(...) 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 response.

(...) 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.

(...) 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.

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.

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)	Mistaken for each other	Write “daily”
Q.O.D., QOD, q.o.d., qod (every other day)	Period after the “Q” mistaken for “I” and the “O” mistaken for “I”	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	Can mean morphine sulfate or magnesium sulfate	Write “morphine sulfate” Write “magnesium sulfate”
M _{SO} ₄ , Mg _{SO} ₄	Confused for one another	
<p>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.</p> <p>*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.</p> <p>Source: The Joint Commission (2014)</p>		

Table 4. Additional Abbreviations, Acronyms and Symbols (For <i>possible</i> 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 **LamISIL** (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 and midwives 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 Department of Health

Part 80 – Rules and Regulations on Controlled Substances

www.health.ny.gov/regulations/controlled_substance/part/80/docs/80.pdf

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 & 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/CEUs will be awarded for this online course until **May 4, 2018**.

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 tablet 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