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.

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).

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.

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This course was updated in August 2006 by **Ellen Brickman, MPH, MS, RN, NP**.

Introduction

The State of New York authorizes a number of professions to prescribe medications; among them are: Dentistry, Medicine, Midwifery, Nurse Practitioners, Optometry, Physician Assistants, and Podiatry. In New York State, nurse practitioners and nurse midwives have independent prescriptive privilege. This means that no co-signature of a collaborating physician is required for medication prescription, including controlled substances.

New York State requires that nurse practitioners 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. However, some nurse practitioners have completed education programs that are not registered by the New York State Education Department (if, for example, they went to school in another state). In such cases, in order to become certified in New York State, the nurse practitioner must possess 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 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.

***Although the term *nurse practitioner* has been used throughout this course, application extends to *nurse midwives* as well.**

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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.
- Describe the components of a prescription.
- Delineate which medications can be prescribed on a regular prescription and which need to be on official New York State Prescriptions.
- Identify the information that is required by law to be present on an official New York State Prescription.
- Discuss verbal orders for controlled substances and the process required for verbal prescriptions.
- Discuss the record keeping required for prescriptions.
- Describe the New York State Substitution Law.

Professions with Prescriptive Authority in NYS

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. A brief overview of the practices of Dentistry, Medicine, Midwifery, Optometry, Physician's Assistants, and Podiatry are provided below, prior to addressing Nurse Practitioner practice.

Dentistry

The practice of dentistry is addressed in Title VIII, Article 133, Section 6601 of the Education Law:

> "The practice of dentistry is defined as diagnosing, treating, operating, or prescribing for any disease, pain, injury, deficiency, deformity, or physical condition of the human mouth, including the teeth, alveolar process, gums, or jaws, and adjacent tissues; or, except by the use of impressions or casts made by a licensed dentist and on his written dental laboratory prescription, furnishing, supplying, constructing, reproducing, or repairing prosthetic dentures, bridge, appliances or other structures to be used and worn as substitutes for natural teeth, or in the treatment of abnormal conditions of the teeth or jaws or adjacent tissues; or, placing such devices in the mouth or adjusting the same. The practice of dentistry may include performing physical evaluations in conjunction with the provision of dental treatment."

Medicine

The practice of medicine is addressed in Title VIII, Article 131, Section 6521 of the Education Law:

> "The practice of the profession of medicine is defined as diagnosing, treating, operating or prescribing for any human disease, pain, injury, deformity or physical condition."

Midwifery

The practice of midwifery is addressed in 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 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."

Optometry

The practice of optometry is addressed in Title VIII, Article 143, Section 7101 and 7l0l:

> "The practice of the profession of optometry is defined as diagnosing and treating optical deficiency, optical deformity, visual anomaly, muscular anomaly or disease of the human eye and adjacent tissue by prescribing, providing, adapting or fitting lenses, or by prescribing or providing orthoptics or vision training, or by prescribing and using drugs. The practice of optometry shall not include any injection or invasive modality. For purposes of this section invasive modality means any procedure in which human tissue is cut, altered, or otherwise infiltrated by mechanical or other means. Invasive modality

includes surgery, lasers, ionizing radiation, therapeutic ultrasound and the removal of foreign bodies from within the tissue of the eye."

Additionally, the optometry practice act includes the following certification to use therapeutic drugs:

"…Diagnostic pharmaceutics shall mean those drugs which shall be limited to topical applications to the surface of the eye for the purpose of diagnostic examination of the eye and shall be limited to:

- Anesthetic agents;
- Mydriatics;
- Cycloplegics;
- Miotics;
- Disclosing agents and other substances used in conjunction with these drugs as part of a diagnostic procedure."

"Phase one therapeutics pharmaceutical agents shall mean those drugs which shall be limited to topical application to the surface of the eye for therapeutic purposes and shall be limited to:

- Antibiotics/antimicrobials
- Decongestants/anti-allergenics;
- Non-steroidal anti-inflammatory agents;
- Steroidal anti-inflammatory agents;
- Antiviral agents;
- Hyperosmotic/hypertonic agents
- Cycloplegics;
- Artificial tears and lubricants."

"Phase two therapeutic pharmaceutical agents shall mean those drugs which shall be limited to topical application to the surface of the eye and shall be limited to:

- Beta blockers;
- Alpha agonists;
- Direct acting cholinergic agents."

Regulations of the Commissioner, Title VIII Education, Section 66.5 also includes:

- Carbonic anhydrase inhibitors;
- Prostaglandin analogs.

The optometry practice act includes provisions outlining educational requirements in order to prescribe phase one and phase two therapeutic pharmaceutical agents. Practice requirements involving the diagnosis of glaucoma and ocular hypertension which include consultation with a licensed physician specializing in diseases of they eye, for a period of time are also included. Additionally, "in the event an optometrist treats a patient with topical antiviral or steroidal drugs and the patient's condition either fails to improve or worsens within five (5) days, the optometrist shall notify a physician designated by the patient or, if none, by the treating optometrist" (Regulations of the Commissioner, 1999).

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. However, Title VIII, 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 her/his practice.

Podiatry

The practice of podiatry is addressed in Title VIII, Article 141, Section 7001 of the Education Law:

> "The practice of the profession of podiatry is defined as diagnosing, treating, operating and prescribing for any disease, injury, deformity or other condition of the foot, and may include performing physical evaluations in conjunction with the provision of podiatric treatment. Podiatrists may treat traumatic open wound fractures only in hospitals…"
>
> "The practice of podiatry shall not include treating any part of the human body other than the foot, nor treating fractures of the malleoli or cutting operations upon the malleoli. …The practice of podiatry shall include administering only local anesthetics for therapeutic purposes as well as for anesthesia and treatment under general anesthesia administered by authorized persons."

Podiatrists, in New York State are authorized to prescribe medications, including narcotics (as long as they have graduated since 1972, or if they graduated prior to 1972, a specific 12 hour study of narcotics approved by the Podiatry Board must have been successfully completed).

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 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…" (www.nysed.gov).

Since 1992, the Nurse Practice Act has contained a special section describing the practice of certified Nurse Practitioners. In New York State the nurse practitioner does not hold a separate license; the registered professional nurse license is required for nurse practitioner practice. The nurse practitioner receives certification (rather than licensure) from the New York State Education Department (NYSED), 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. 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. A NYS Board of Nursing opinion rendered in 1994 stated 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.

What about other types of advanced practice nurses? Although there are four categories of 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 Law (midwifery practice was detailed in the previous section of this course). A person using the title "nurse midwife" must be licensed as *both* a Registered Professional Nurse and as a Midwife.

The practice of Certified Registered Nurse Anesthetists is not codified, that is, their practice does not appear in New York State law. Certified Registered Nurse Anesthetists are defined, however, in Hospital Code regulations promulgated by the state's 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. In New York State, clinical nurse specialists **do not** have prescriptive authority.

Prescribing Medications

Governor Pataki signed a law that will effectively combat 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. The new law, 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 goes into full effect on April 19, 2006. To read the letter to practitioners from the New York State Commissioner of health go to: http://www.health.state.ny.us/professionals/narcotic/letter_fraud.htm

After April 19, 2006, pharmacies will not fill ***any*** prescriptions on non-official prescription pads. All practitioners must register with the Department's Official Prescription Program to receive official prescriptions free of charge. If you have not yet registered for this new program, you may obtain a registration packet by calling the Official Prescription Program toll free at 1-866-811-7957 or on-line at: http://www.nyhealth.gov/professionals/narcotic/ordering.htm

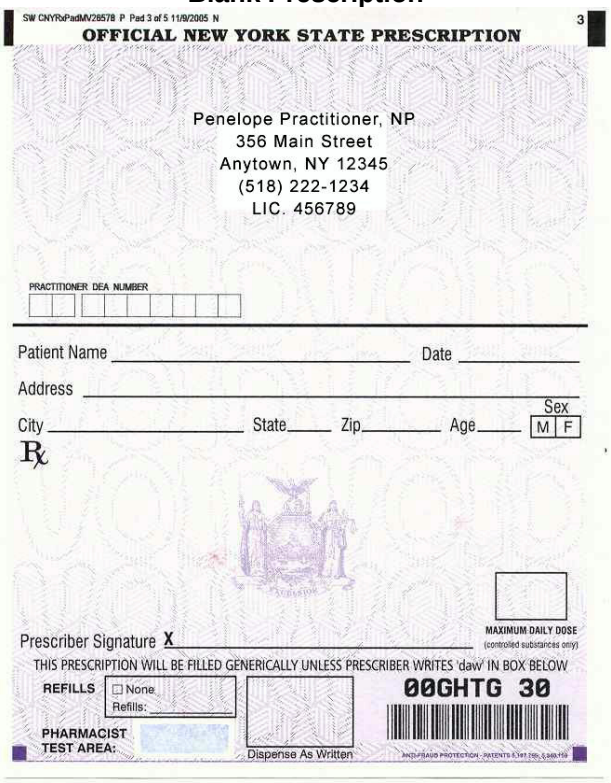
Because the new official prescriptions can be used for prescribing all medications, the new design includes indications for refills. However, schedule II controlled substances and benzodiazepines can ***not*** be refilled. The new design also includes the addition of a bar-coded prescription serial number to facilitate entry into pharmacy systems. The location of the "Pharmacist Test Area" to confirm the official prescription's authenticity is now located at the bottom left of the new prescription.

Because the new law no longer requires pharmacists to record the DEA registration number of the pharmacy on the prescription, that area has been removed from the back of the prescription. A Pharmacist must still record his or her signature, the pharmacy prescription number, and the date of dispensing on the prescription.

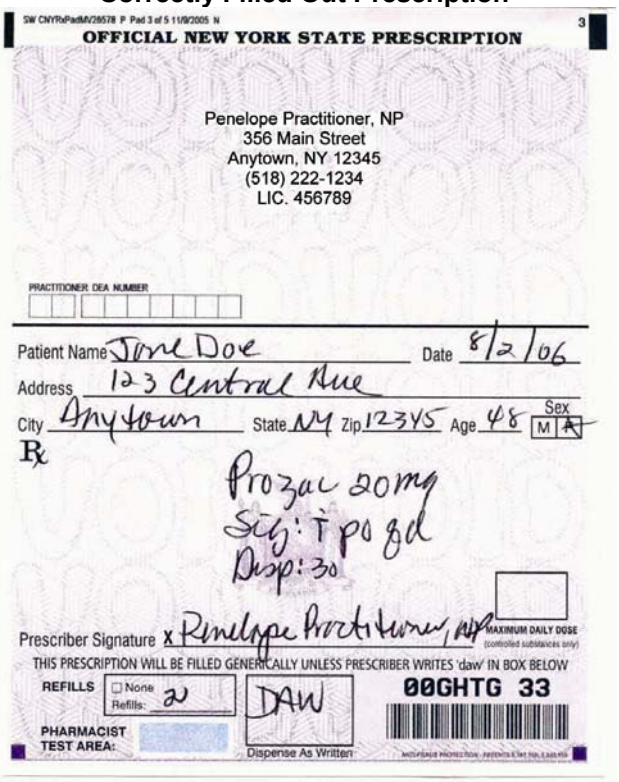
In New York State, nurse practitioners have their own independent prescription forms. Information that must be included on the prescription blank:

- 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;
- Permission or prohibition regarding generic substitution;
- Refill directions.

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. As a general rule, avoid abbreviations, and ambiguous language. When writing prescriptions, only one medication, at only 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. Therefore, 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 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.

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 intern. It must contain all of the information that is required on a written prescription. The pharmacist must examine each prescription, whether the prescription document, or the telephone prescription, for omissions, ambiguity, completeness, potential unsafe use, 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.

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: NR indicates "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.

Child Resistant Packaging

Federal law requires that all prescription be filled utilizing child resistant packaging. The following are 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 (defined as 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, they will indicate that in their records.

In 2001, New York State authorized The Expanded Syringe Access Demonstration Program. This allows persons over the age of 18 to access 10 or less hypodermic needles and/or syringes from authorized providers, 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 form 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; and
- A statement that it is legal for persons to possess syringes and needles obtained through the Expanded Syringe Access Demonstration Program.

Copies of Prescriptions

Copies of prescriptions for non-controlled medications may be furnished to patients for informational purposes only. The copy must indicate on it that it is for informational purposes only.

Copies of prescriptions for controlled medications may only be furnished to practitioners who are authorized to write these prescriptions.

Prescription of Controlled Medications

The prescribing of controlled substances in New York State can be found in Title 10, Administrative Rules and Regulations, Part 80, Controlled Substances. The controlled substance schedule includes medications with a high abuse, misuse or addiction potential. They are divided into five categories as follow:

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.

Prescriptions for Schedule II medications can be issued for a 30 day supply only, except under the conditions listed below:

Table 2. Medical Conditions/Codes for which an Extended Controlled Substance Supply May be Prescribed (greater than 30 days)

CODE	SUPPLY LIMITS	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 above medical conditions must specify the condition being treated on the face of the prescription, or identify the medical condition by the code letter identified above.

Practitioners who stop prescribing Schedule II medications, or in the case of those who are deceased, must return unused prescription forms to the Bureau of Controlled Substances, NYS Department of Health, Corning Tower, ESP, Albany, NY 12237.

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 and;
- 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 NYS 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 NYS 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. The prescription must include the specific medication, and specific directions for use including dosage and the 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 3-month supply of a controlled substance or up to a six month supply of an anabolic steroid or chorionic gonadotrophin if used in the treatment of the conditions identified in Table 3 above.
As in the case of schedule II medications when prescribing for one of the conditions listed in Table 3, 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 code above.

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. This cannot be done if the following information is missing:

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

In cases where the prescription is incomplete, the pharmacist will then write the date her or him received authorization from the practitioner on the back of the prescription form, and will 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;
- When the date is missing;
- When the name of the medication is missing;
- When 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 can be made in NYS. 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 need not report the practitioner to the NYS Department of Health.

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

<u>Additional Information about Controlled Substance Laws</u>

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 NYS law.

Errors in Written Prescriptions

Recently, there has been considerable focus in the media on the alarming rate of medical and nursing errors. Errors occur in every health care setting. According to JCAHO (2000) up to 7,000 deaths can be attributed to mistakes made in prescribing or dispensing medications. The costs of medical errors, of which medication errors are a part, are estimated to be between $17 and $29 billion nationally in lost income, disability and health care expenses.

The Institute of Medicine (IOM) report To Err is Human: Building a Safer Health System, released in December, 1999 attributed approximately 100,000 hospital deaths to medical error.

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, 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 vs. 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 wording 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 everyday; ordering calcium gluconate one amp IV everday 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, incorrect times.
    - Medication names that are similar contribute to the problem of illegible orders, for example: Inderal 40 mg po q 6h vs. Isordil 40 mg po q 6h. (See Appendix A for more examples of look-alike and sound-alike medication names.)

4. Abbreviations

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

The 2004 National Patient Safety Goals of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) include new documentation guidelines (effective as of January 1, 2004). These guidelines include the elimination, for all accredited organizations, of the use of some abbreviations, symbols and acronyms, long a tradition in healthcare documentation. They 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 JCAHO, then the following are applicable. However, even if the nurse practitioner is employed in a setting that is not accredited by JCAHO, utilizing these changes should help to clarify written communication, including on prescriptions.

Table 4. JCAHO's Problem Abbreviations, Symbols and Acronyms, Minimum List

Abbreviation/Acronym/Symbol	Potential problem	Preferred term
"U" (unit)	Can be mistaken as a zero or the number "4" or "cc."	Write out "unit"
IU (for International unit)	Can be mistaken for "IV" Intravenous) or the number "10"	Write out "International Unit"
Q.D. or Q.O.D	Mistaken for each other; the "O" or the period can be mistaken for an "I," making it "QID" (four times daily)	Write out "daily" or "every other day"
X.0 mg (trailing zero) or .X mg (lack of leading zero)	The decimal point can be overlooked.	Always use a zero before a decimal point (0.X mg); never write a single zero after a decimal point (X mg)
MS, MSO4, MgSO4	Mistaken for one another; can mean morphine sulfate or magnesium sulfate	Write out "morphine sulfate" or "magnesium sulfate"

Table 5. JCAHO's "Do Not Use" list (JCAHO, 2004)

µg (for micrograms)	Can be mistaken for "mg" (milligrams) leading to a critical overdose	Write "mcg"
H.S. (for half-strength or the Latin abbreviation for hour of sleep)	Can be mistaken for one another; Q HS can be mistaken for "every hour"	Write out "half-strength" or "hour of sleep" or "bedtime"
T.I.W. (for three times weekly)	Can be mistaken for "three times a day," or "twice weekly"	Write out "3 times weekly" or "Three times weekly"
S.C or S.Q. (for subcutaneous)	Can be mistaken for "SL" (sublingual); or "5 every"	Write "Sub-Q," "subQ" or "subcutaneously"
D/C (for discharge)	Can be mistaken for "discontinue …. (including the medications that follow, as in discharge medications)	Write out "discharge"
c.c. (for cubic centimeter)	Can be mistaken for "U" (units)	Write "ml" for milliliters
A.S., A.D, A.U. (Latin abbreviations for left ear, right ear and both ears); O.S., O.D., O.U. (Latin abbreviation for left eye, right eye and both eyes)	Mistaken for each other	Write out "left ear," "right ear," "both ears," "left eye," "right eye" or "both eyes" as applicable

5. Decimal errors

    - This includes accidental misplacement, calculation errors, writing lightly and faint reproduction on multiple copies of prescriptions
    - A general rule to follow is to always place a zero before a decimal point and never use a zero after a decimal point. For example: Risperdal 0.5 mg po at bedtime instead of Risperdal .5 mg po at bedtime; Haldol 1 mg po at bedtime instead of Haldol 1.0 mg po at bedtime. This rule is part of the documentation guidelines relevant to the 2004 JCAHO Patient Safety Goals.

6. Ambiguous orders

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

New York State Substitution Law

NYS law requires generic prescribing unless the prescriber writes “DAW” (Dispense as written) in the box provided on the prescription form. This requirement to substitute cannot be rescinded by the pharmacist or the patient, only the prescriber.

Substitution is required whenever the brand name is prescribed and the generic equivalent is commercially available. If the pharmacy does not have the generic medication, the brand name product may be dispensed, but sold at the generic price. In a medical emergency, the brand name may be dispensed at the regular price.

Recordkeeping

As stated previously, unused official NYS prescription forms must be safeguarded against loss or theft. Copies of the previously used Official NYS prescription forms, the "triplicate forms," must be kept for a period of 5 years from the date of the prescription. These records must be made available to authorized representatives of the Bureau of Narcotic Control, NYS Department of Health on request.

Conclusion

The State of New York authorizes multiple professionals to prescribe medications. Nurse Practitioners are among those professionals who may prescribe medications, including controlled substances. This course has provided the information that nurse practitioners need in order to prescribe medications in New York State in a lawful manner.

Appendix A

Look alike/Sound alike Medication Names

The Physician's Desk Reference 2001 (55th Edition) identifies multiple medication names that can be problematic and contribute to errors because of the confusion over the similarity of names, either when written or spoken. They report that this confusion accounts for approximately 25% of all reports to the USP Medications Errors Reporting Program. They also identify that that this confusion is compounded by illegible handwriting.

Medication	Sound-Alike Medication		Medication	Sound-Alike Medication
Accupril	Accutane		Azithromycin	Erythromycin
Accupril	Monopril		Benadryl	Benylin
Acetazolamide	Acetohexamide		Benylin	Ventolin
Acular	Ocular		Bepridil	Prepidil
Adderall	Inderal		Betagan	Betagen
Adenosine	Adenosine Phosphate		Betagan	Betoptic
Adriamycin	Aredia		Betoptic	Betoptic S
Adriamycin	Idamycin		Brevibloc	Brevital
Akarpine	Atropine		Bumex	Buprenex
Aldara	Alora		Bumex	Permax
Allegra	Viagra		Busirone	Bupropion
Allopurinol	Apresoline		Cafergot	Carafate
Alora	Aldara		Calan	Colace
Alprazolam	Lorazepam		Calciferol	Calcitriol
Altace	Amaryl		Captopril	Carvedilo
Altace	Artane		Carboplatin	Cisplatin
Alupent	Atrovent		Cardene	Cardizem
Amantadine	Ranitidine		Cardene	Cardura
Amantadine	Rimantadine		Cardene	Codeine
Amaryl	Altace		Cardene SR	Cardizem SR
Ambien	Amen		Cardiem	Cardizem
Amicar	Amikin		Cardizem CD	Cardizem SR
Amiloride	Amlodipine		Cardura	Coumadin
Amiodarone	Amrinone		Cardura	Ridaura
Amoxicillin	Amoxil		Carteolol	Carvedilol
Amonxicillin	Atarax		Cataflam	Catapres
Amrinone	Amiodarone		Cefaclor	Cephalexin
Anaspaz	Antispas		Cefazolin	Cefprozil
Ansaid	Asacol		Cefol	Cefzil
Anusol	Anusol-HC		Cefotan	Ceftin
Asacol	Os-Cal		Cefotaxime	Cefuroxime
Asparaginase	Pegaspargase		Cefprozil	Cefuroxime
Atarax	Ativan		Ceftazidime	Ceftizoxime
Attenuvax	Meruvax		Ceftin	Cefotan
Ceftin	Cefzil		Dicyclomine	Diphenhydramine
Ceftin	Cipro		Diflucan	Diprivan
Cefuroxime	Deferoxamine		Diovan	Dioval
Cefzil	Cefol		Diolvan	Zyban
Cefzil	Kefzol		Diphenatol	Diphenidol
Celebrex	Celexa		Ditropan	Diazepam
Celebrex	Cerebyx		Dobutamine	Dopamine
Celexa	Cerebyx		Dobutrex	Diamox

Medication	Sound-Alike Medication		Medication	Sound-Alike Medication
Celexa	Zyprexa		Dolobid	Slo-bid
Centoxin	Cytoxan		Doxepin	Doxycycline
Cephalexin	Cefaclor		Doxorubicin	Doxorubicin Liposomal
Cephalexin	Ciprofloxacin		Doxorubicin	Idarubicin
Chlorpromazine	Chlorpropamide		Dynabac	DynaCirc
Chlorpromazine	Prochlorperazine		Dynacin	DynaCirc
Claritin-D	Claritin-D 24 hour		Dynacin	Dynabac
Clinoril	Clozoril		Edecrin	Eulexin
Clinoril	Oruvail		Efudex	Eurax
Clomiphene	Clomipramine		Elavil	Oruvail
Clomipramine	Desipramine		Elavil	Plavix
Clonazepam	Clonidine		Eldepryl	Enalapril
Clonazepam	Clorazepate		Elmiron	Imuran
Clonidine	Klonopin		Gemzar	Zinecard
Clonidine	Clonazepam		Glipizide	Glyburide
Codeine	Iodine		Glucophage	Glutofac
Codeine	Lodine		Clucotrol	Glucotrol XL
Cognex	Corgard		Glucotrol	Glyburide
Cortef	Lortab		Granulex	Regranex
Covera	Provera		Haldol	Stadol
Cozaar	Zocor		Halperidol	Halotestin
Cyclobenzaprine	Cyproheptadine		Hemoccult	Seracult
Cyclophosphamide	Cyclosporine		Heparin	Hespan
Cycloserine	Cyclosporine		Humalog	Humulin
Cytarabine	Cytosar		Hydralazine	Hydroxyzine
Cytarabine	Cytoxan		Hydrocodone	Hydrocortisone
CytoGam	Gamimune N		Hydromorphone	Morphine
Cytosar	Cytovene		IMDUR	Imuran
Cytosar	Cytoxan		IMDUR	Inderal LA
Cytosar-U	Neosar		IMDUR	K-Dur
Cytotec	Cytoxan		Imipenem	Omnipen
Danazol	Dantrium		Imovax	Imovax ID
Darvon	Diovan		Imuran	Tenormin
Daunorubicin	Doxorubicin		Inderal	Isordil
Daypro	Diupres		Inderal	Toradol
Demerol	Desyrel		Iodine	Lodine
Denavir	Indinavir		K-Phos Neutral	Neutra-Phos-K
Depakote	Senokot		Lamictal	Lamisil
Depo-Estradiol	Depo-Testadiol		Lamictal	Lomotil
Desferal	DexFerrum		Lamictal	Ludiolmil
Desipramine	Imipramine		Lamisil	Lomotil
Desimpramine	Nortriptyline		Lamivudine	Lamotrigine
DiaBeta	Zebeta		Lanoxin	Lasix
Diamox	Dobutrex		Lanoxin	Lomotil
Diazepam	Lorazepam		Lanoxin	Levoxine
Equagesic	EquiGesic		Lanoxin	Levoxyl
Erex	Urex		Lanoxin	Lonox
Erythrocin	Ethmozine		Lanoxin	Xanax
Eskalith	Estratest		Lasix	Lomotil
Estraderm	Testoderm		Lasix	Luvox
Estratab	Estratest		L-Dopa	Levodopa

Medication	Sound-Alike Medication		Medication	Sound-Alike Medication
Estratest	Estratest HS		L-Dopa	Methyldopa
Etidronate	Etomidate		Leucovorin	Leukine
Etidronate	Etretinate		Leucovorin	Leukeran
Eulexin	Edecrin		Leukine	Leukeran
Fam-Pren Forte	Parafon Forte		Levbid	Lithobid
Fentanyl Citrate	Sufentanil Citrate		Levbid	Lopid
Fioricet	Fiorinal		Levbid	Lorabid
Flomax	Fosamax		Levobunolol	Levocabastine
Flomax	Volmax		Levodopa	Methyldopa
Flucytosine	Fluorouracil		Levoxine	Levsin
Fludara	FUDR		Levoxyl	Luvox
Fludarabine	Flumadine		Librax	Librium
Flurazepam	Temazepam		Lioresal	Lotensin
Folic Acid	Folinic Acid		Lisinopril	Risperdal
Furosemide	Torsemide		Lithobid	Lithostat
Loniten	Lotensin		Nicoderm	Nitroderm
Lopid	Lorabid		Nimbex	Revex
Lopid	Slo-bid		Noroxin	Norfloxacin
Lorabid	Lortab		Noroxin	Neurontin
Lorabid	Slo-bid		Norpramin	Nortriptyline
Lortab	Luride		Nortriptyline	Desipramine
Losartan	Valsartan		Ocufen	Ocuflox
Lotensin	Lovastatin		Ocufen	Occupress
Lotrimin	Lotrisone		Ocu-Mycin	Ocumycin
Loxitane	Soriatane		Omnipen	Imipenem
Ludiomil	Lamictal		Ortho-Cept	Ortho-Cyclen
Luride	Lortab		Oxycodone	OxyContin
Luvox	Lasix		Paclitaxel	Paroxetine
Luvox	Levoxyl		Paclitaxel	Paxil
Medi-Gesic	Medigesic		Parafon Forte	Fam-Pren Forte
Medrol ADT	Medrol Dosepak		Paraplatin	Platinol
Medroxy-progesterone	Methyl-prednisolone		Parlodel	Pindalol
Megace	Reglan		Paxil	Taxol
Mepron (Atovaquone in US)	Mepro (Meprobamate in Australia)		Pediapred	Pediazole
Meruvax	Attenuvax		Pegaspargase	Aspargase
Methadone	Methylphenidate		Penicillamine	Penicillin
Methotrexate	Metolazone		Penicillin	Penicillin G
Methylphenidate	Methotrexate		Pentobarbital	Phenobarbital
Methyldopa	L-Dopa, Levodopa		Perative	Periactin
Methylprednisolone	Prednisone		Percocet	Percodan
Metoclopramide	Metolazone		Pindolol	Plendil
Metoprolol	Misoprostol		Pitocin	Pitresin
Micro-K	Micronase		Plendil	Prilosec
Minoxidil	Monopril		Plendil	Prinivil
Mitomycin	Mitoxantrone		Pondimin	Prednisone
Monoket	Monopril		Potassium Phosphates	Sodium Phosphates
Murocel	Murocoll-2		Pravachol	Prevacid

Medication	Sound-Alike Medication		Medication	Sound-Alike Medication
Naprelan	Naprosyn		Pravachol	Propranolol
Narcan	Norcuron		Precare	Precose
Nasalcrom	Nasalide		Prednisone	Pondimin
Nasarel	Nizoral		Prednisone	Prilosec
Navane	Norvasc		Prednisone	Primidone
Nebcin	Nubain		Premarin	Primaxin
Nelfinavir	Nevirapine		Premarin	Provera
Neocare	Neocate		Prevacid	Prinivil
Neorol	Nizoral		Prilosec	Prinivil
Neosar	Cytosar-U		Prilosec	Prozac
Nephrox	Niferex		Prinivil	Proventil
Neumega	Neupogen		Prochlorperazine	Chlorpromazine
Neurontin	Noroxin		Proctocort	Proctocream HC
Neutra-Phos-K	K-Phos Neutral		Profen	Profen II
Niacin	Nispan		Profen II	Profen LA
Nicardipine	Nifedipine		Prometazine	Promethazine w/Codeine
Nicardipine	Nimodipine		Propranolol	Propulsid
Proscar	ProSom			
Proscar	Prozac			
ProSom	Prozac		Verelan	Virilon
Quinidine	Quinine		Versed	Vistaril
Rantidine	Rimantidine		Vexol	VoSol
ReFresh (breath drops)	ReFresh (Lubricant eye drops)		Vinblastine	Vincristine
Relafen	Rezulin		Viracept	Viramune
Remeron	Zemuron		Vistaril	Zestril
Reno-M-60	Renografin-60		VoSol	Vexal
Reserpine	Risperdal		Xanax	Zantac
Reserpine	Risperidone		Xanax	Zyrtec
Retrovir	Ritonavir		Yocon	Zocor
Revex	ReVia		Zagam	Zyban
Rifabutin	Rifampin		Zantac	Zofran
Roxanol	Roxicet		Zantac	Zyrtec
Rynatan	Rynatuss		Zinacef	Zithromax
Salbutamol	Salmeterol		Zocor	Zoloft
Selegiline	Serentil		Zofran	Zantac
Selegiline	Sertraline		Zofran	Zosyn
Serentil	Serzone		Zolomitriptan	Sumatriptan
Seroquel	Serzone		Zonalon	Zone A Forte
Serzone	Selegiline		Zyban	Zagam
Sinequan	Serentil		Zyprexa	Celexa
Soma	Soma Compound		Zyprexa	Zyrtec
Sulfadiazine	Sulfasalazine			
Sulfasalazine	Sulfisoxazole			
Sumatriptan	Zolmitriptan			
Symmetrel	Synthroid			
Synagis	Synvisc			
Tegretol	Toradol			
Tenormin	Thiamine			
Tenormin	Trovan			
Tetracycline	Tetradecyl Sulfate			

Medication	Sound-Alike Medication		Medication	Sound-Alike Medication
Tigabine	Tizanidine			
Tiazac	Ziac			
Tobradex	Tobrex			
Tolazamide	Tolbutamide			
Toradol	Torcan			
Toradol	Tramadol			
Tramadol	Voltaren			
Trandate	Tridrate			
Triad (Butalbital/ Acetaminophen/C affeine)	Triad (topical)			
Trifluoperazine	Trihexyphenidyl			
Tri-Norinyl	Triphasil			
Ultane	Ultram			
Ultram	Voltaren			
Uricit-K	Urised			
Uridon	Vicodin			
Vancenase	Vanceril			
Vancomycin	Vecuronium			
Vantin	Ventolin			
Vepesid	Versed			
Verapamil	Verelan			

Resources

New York State, Department of Health
Bureau of Controlled Substances
433 River Street, 5th Floor
Troy, NY 12180
518.402.0708

For change of address, contact:

US Drug Enforcement Administration
Attn: Registration Unit
99 10th Avenue
New York, NY 10011
212.337.1593

New York State Education Department
Office of the Professions
State Education Building - 2nd floor
89 Washington Avenue
Albany, New York 12234
518-474-3817
op4info@mail.nysed.gov
http://www.op.nysed.gov/

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NYS Prescribing Information for Nurse Practitioners

Course Exam

***NOTE:** 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 Web site, **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.

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

    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 New York State prescription form

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

4. It is acceptable in New York State to omit information on the official New York State prescription form.

    A. True.
    B. False.

5. In relation to the oral prescription of Schedule II medications, New York State Law states that an emergency is defined as any life threatening situation.

    A. True.
    B. False.

6. The official New York State prescription can be transferred from one patient to another without legal penalty.

    A. True.
    B. False.

7. If the pharmacist does not receive a follow-up written prescription from the practitioner within 72 hours after a telephone prescription for a benzodiazipine was called in, the pharmacist will

    A. Document that the prescription is missing and file it for the required 5 years.
    B. Immediately contact the Commissioner of Health to investigate.
    C. Fill in a prescription blank to cover for the missing prescription.
    D. Document that the prescription has not been received and notify the Department of Health.

8. The New York State Substitution Law requires that a brand name medication can be substituted for brand name medication, regardless of generic equivalent, as long as the cost is lower.

    A. True.
    B. False

9. In order to prescribe a brand name medication, as opposed to the generic equivalent, the practitioner must write “DAW” in the box on the prescription form, which indicates dispense as written.

    A. True.
    B. False.

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

    A. True.
    B. False.