



## New Legislation Enacted to Limit Initial Opioid Prescribing to a 7 Day Supply for Acute Pain

**TO FURTHER REDUCE OVERPRESCRIBING OF OPIOID MEDICATIONS, EFFECTIVE JULY 22, 2016, INITIAL OPIOID PRESCRIBING FOR ACUTE PAIN IS LIMITED TO A 7 DAY SUPPLY PER NEW YORK STATE PUBLIC HEALTH LAW SECTION 3331, 5. (b), (c).** A practitioner may not initially prescribe more than a 7-day supply of an opioid medication for acute pain. Acute pain is defined as pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time. This rule SHALL NOT include prescribing for chronic pain, pain being treated as a part of cancer care, hospice or other end-of-life care, or pain being treated as part of palliative care practices. Upon any subsequent consultations for the same pain, the practitioner may issue, in accordance with existing rules and regulations, any appropriate renewal, refill, or new prescription for an opioid.

The Department of Health (DOH) will communicate a date in the near future when this will be systematically enforced by the Medicaid Fee-for-Service Program.

The following procedure is being put in place until such time that DOH is able to implement an automated solution to exempt copayments for such subsequent opioid prescriptions.

If a prescriber initiates a subsequent prescription for the same pain medication within 30 days of the initial 7-day supply, and the pharmacist is notified and/or confirms this upon reviewing the patient's prescription history or utilizing ProDUR editing, the following may be used to exempt the copayment for the subsequent prescription.

- In NCPDP field 461-EU, enter a value "04" (Exempt Copay and/or Coinsurance)
- Please refer to the NCPDP Companion Guide at [https://www.emedny.org/HIPAA/5010/transactions/NCPDP\\_D.0\\_Companion\\_Guide.pdf](https://www.emedny.org/HIPAA/5010/transactions/NCPDP_D.0_Companion_Guide.pdf) and the Pro DUR Manual for further information at: [https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-D.0-ECCA\\_Provider\\_Manual/Pro%20DUR%20ECCA%20Provider%20Manual%20\(D.0\).pdf](https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-D.0-ECCA_Provider_Manual/Pro%20DUR%20ECCA%20Provider%20Manual%20(D.0).pdf)

Although pharmacists should continue to use all of the tools at their disposal when dispensing opioid prescriptions, pharmacists are **NOT** required to verify with the prescriber whether an opioid prescription written for greater than a 7-day supply is in accordance with the above-referenced statutory requirements. Pharmacists may



## Department of Health

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Executive Deputy Commissioner

continue to dispense opioids as prescribed, consistent with current laws, regulations, and Medicaid policies.

For guidance regarding a pharmacist's ability to add/change information on a controlled substance prescription, see [10 NYCRR 80.67](#) and 80.69 or [http://www.health.ny.gov/professionals/narcotic/laws\\_and\\_regulations/](http://www.health.ny.gov/professionals/narcotic/laws_and_regulations/)

Additional information on opioids and this legislation can be found at the Bureau of Narcotic Enforcement website at: <https://www.health.ny.gov/professionals/narcotic/> or by contacting the Bureau of Narcotic Enforcement at **1-866-811-7957**.

For billing questions please contact CSC at **1-800-343-9000**.

Questions specific to Medicaid FFS policy can be directed to [ppno@health.ny.gov](mailto:ppno@health.ny.gov) or call **518-486-3209**.