



Department of Health

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Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

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Executive Deputy Commissioner

August 25, 2020

Dear Practitioners and Pharmacists:

This letter is to inform you of a blanket waiver of the electronic prescribing requirements of Public Health Law (PHL) § 281 and Education Law § 6810 for certain exceptional circumstances in which electronic prescribing cannot be performed due to limitations in software functionality. As of March 25, 2020, this letter replaces and supersedes my prior blanket waiver issued by letter dated February 21, 2019.

The Department recognizes that the standards developed by the National Council for Prescription Drug Programs (NCPDP), SCRIPT v10.6, do not address every prescribing scenario. This standard allows only a limited number of characters in the prescription directions to the patient, including, but not limited to, taper doses, insulin sliding scales, and alternating drug doses.

Similarly, for compound drugs, no unique identifier is available for the entire formulation. Typing the entire compound on one text line may lead to prescribing or dispensing errors, potentially compromising patient safety.

While a new version of the standard, NCPDP SCRIPT Standard v2017071, has been adopted by the Centers for Medicare and Medicaid Services, the Department recognizes that practitioners need time to transition and implement this new standard. This new version will address both the limited number of characters in the prescription directions and compounded prescriptions.

Further, the Department is mindful that practitioners must issue non-patient specific prescriptions in certain instances and that such prescriptions cannot be properly entered into the electronic prescription software.

For these reasons, pursuant to my authority in PHL § 281(3), I waive the requirements for electronic prescribing in the following exceptional circumstances:

1. Any practitioner prescribing a controlled or non-controlled substance, containing two (2) or more products, which is compounded by a pharmacist;

2. Any practitioner prescribing a controlled or non-controlled substance to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion;
3. Any practitioner prescribing a controlled or non-controlled substance that contains long or complicated directions;
4. Any practitioner prescribing a controlled or non-controlled substance that requires a prescription to contain certain elements required by the federal Food and Drug Administration (FDA) that are not able to be accomplished with electronic prescribing;
5. Any practitioner prescribing a controlled or non-controlled substance under approved protocols for expedited partner therapy, collaborative drug management or comprehensive medication management, or in response to a public health emergency that would allow a non-patient specific prescription;
6. Any practitioner issuing a non-patient specific prescription for an opioid antagonist;
7. Any practitioner prescribing a controlled or non-controlled substance under a research protocol;
8. A pharmacist dispensing controlled and non-controlled substance compounded prescriptions, prescriptions containing long or complicated directions, and prescriptions containing certain elements required by the FDA or any other governmental agency that are not able to be accomplished with electronic prescribing;
9. A pharmacist dispensing prescriptions issued under a research protocol, or under approved protocols for expedited partner therapy, or for collaborative drug management or comprehensive medication management; and
10. A pharmacist dispensing non-patient specific prescriptions, including opioid antagonists, or prescriptions issued in response to a declared public health emergency.

This waiver is hereby issued for the ten above-listed exceptional circumstances, and shall be effective from March 25, 2020 through March 24, 2021. Before March 25, 2021, I will determine whether the software available for electronic prescribing has sufficient functionality to accommodate each of these exceptional circumstances.

Practitioners issuing prescriptions in all the above-listed exceptional circumstances may use either the Official New York State Prescription Form or issue an oral prescription, provided, however, that oral prescriptions remain subject to PHL §§ 3334 and 3337, which provide for oral prescriptions of controlled substances in emergencies and for other limited purposes, and subject to section 6810 of the Education Law. Pharmacists may continue to dispense prescriptions issued on the Official New York State Prescription Form or oral prescriptions in all of the above-listed exceptional circumstances.

The above blanket waiver shall not affect other general waivers issued to practitioners pursuant to PHL § 281.

Sincerely,

Howard A. Zucker, M.D., J.D.
Commissioner of Health