



Prescription Drug Monitoring Program Training and Technical Assistance Center

New York

PDMP name: I-STOP
Agency Responsible: New York State Department of Health/Bureau of Narcotic Enforcement
Agency Type: Department of Health
PDMP Website: <http://www.health.state.ny.us/professionals/narcotic/>
PDMP Email: narcotic@health.state.ny.us PDMP region: East

Contact Information

Murray, Anita L., R.Ph. - Deputy Director
150 Broadway, Riverview Center
Albany NY 12204
Office: (518) 408-0248
Fax: (518) 402-0709
Email: narcotic@health.ny.gov

Vinciguerra, Joshua - Director
150 Broadway, Riverview Center
Albany NY 12204
Office: (518) 408-0248
Fax: (518) 402-0709
Email: narcotic@health.ny.gov

Statistics

Statistics Year: 2015
State population: 19,795,791

DEA Registered Prescribers: 89,401
DEA Registered Dispensers: 5,225

Technological Capabilities

ASAP Versions Accepted

- | | |
|--------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> ASAP 1995 | <input type="checkbox"/> ASAP 4/2007 |
| <input type="checkbox"/> ASAP 1997 | <input type="checkbox"/> ASAP 4-1/2010 |
| <input type="checkbox"/> ASAP 3/2005 | <input checked="" type="checkbox"/> ASAP 4-2/2011 |

Data Transmission Methods Allowed

- | | |
|------------------------------------------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Electronic data transmission | <input type="checkbox"/> Mail data transmission |
| <input type="checkbox"/> Fax data transmission | <input type="checkbox"/> Media data transmission |
| <input type="checkbox"/> Other | |

Required Data Transmitters

- | | | | |
|-------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Pharmacy in-state | <input checked="" type="checkbox"/> Pharmacy out-state/mail order | <input checked="" type="checkbox"/> Pharmacy out-state other | <input checked="" type="checkbox"/> Dispensing doctor |
| <input checked="" type="checkbox"/> Veterinarian | <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Indian Health Services | |

Other:

Data Collection, Storage, Generation and Access

Data Collection Entity:	In-House	Vendor name:	In-House
Data Storage Entity:	In-House	Vendor name:	In-House
Report Generation Entity:	In-House	Vendor name:	In-House
Data Access Entity:	In-House	Vendor name:	In-House
Data Access Method:	Web Portal/On-Line		

Data Sharing

- ☒ PMPi Hub
☐ RxCheck Hub
☐ HIE method
- List of states involved in sharing:
[CT, NJ, VT](#)

Data Access

- ☒ via Health Information Exchange
☒ via Electronic Health Record
☐ via Pharmacy Dispensing System

Patient Matching

- ☐ Exact Match
☐ Probabilistic Match
☐ Probabilistic/Manual Match
☒ Other Match for queries
- A patient key is created using phonetic first and last names and other patient identifiers. All patients with the same key are considered a match. Different patient keys are considered as matching if associated patient info matches on street address and other patient identifiers. Patient keys are maintained and allow for indexed searches and a rapid response time.

Policies and Procedures

Controlled Schedules Monitored

- ☒ Schedule II monitored
☒ Schedule III monitored
☒ Schedule IV monitored
☒ Schedule V monitored

Other Substances Monitored

- ☐ Monitor other authority
Chorionic Gonadotropin (HCG)
☐ Remove from Monitoring

Data Collection and Pertinent Dates

Legislation enacted: [1972](#) PDMP operational: [04-01-1973](#)
Collection frequency: [1](#) Require zero-reporting? ☒ Zero-reporting frequency: [er from the req](#)

Relevant Statutes and Rules

Law/Rule Website: http://www.health.ny.gov/professionals/narcotic/laws_and_regulations/
Law/Statute citation: [NY Public Health Law §§ 12-b; 3309-a; 3331 to 3334; 3337 to 3338; 3343; 3343a; 3370, 3371 to 3373; 3385; 3396](#)
Regulation/Rule citation: [NY Code Regs Title 10 §§ 80.67 to - .74; .78; .107; .108; .123](#)
Dr Shopper law/statute:
Pill Mill law/statute:
Pain Clinic law/statute:
Disclosure law/statute: [NY Public Health Law § 12-b; 3371](#)

Data Retention

Data Retention Time: [50 months after re](#)

- ☒ Data Retention Policy ☐ Prescriber Information Purged ☒ Patient Information Purged ☒ Retain De-Identified Data
☐ All Information Purged ☐ Dispenser Information Purged ☐ Drug Information Purged

Select Data Fields Available

- ☒ Payment method captured
☐ Patient Identification captured
☐ Person dropping off captured
☐ Person picking up captured
☐ Ability to id prescriber specialty

Miscellaneous Capabilities and Policies

- ☒ Authority to release de-identified data
☒ Ability to de-identified data
☐ Authority to release for epidemiological or educational purposes
☐ Engaged in release for epidemiological or educational purposes
☐ Required Notification to consumers
☒ Mandated Use of Advisory Group
☐ Patient Access to Query List
☐ Collection of naloxone prescriptions

PDMP Required Enrollment and Patient Query

- ☐ Required Enrollment - Prescriber ☐ Required Enrollment - Dispenser
- ☒ Required Patient Query - Prescriber ☐ Required Patient Query - Dispenser

Effective 8-27-13. Exceptions to the duty to consult prior to writing a controlled substance prescription in Schedules II-IV are: Practitioner administering a controlled substance; For use within an institutional dispenser; Emergency Department (if limited to a 5 day supply); Practitioner is unable to access in a timely manner (5 day supply); Consultation would adversely impact a patient's medical condition; Hospice; Methadone programs; Technological failure of PMP or practitioner's hardware; Practitioner has been granted a waiver by DOH based on technological limitations or exceptional circumstances not within practitioner's control. Requires practitioners to consult the PMP prior to making or issuing a certification of a serious condition requiring the use of medical marijuana; Requires dispensers to check the PMP to ensure that a patient is not receiving greater than a 30 day supply. Effective 11-20-15, Residential treatment programs for individuals with substance use disorders must query the PDMP prior to admitting the patient to determine any and all medications which may be prescribed to the patient or prospective patient; requires chemical dependence outpatient and opioid treatment programs to query the PDMP prior to admitting a new patient to determine any and all medications which may be prescribed to a patient or prospective patient and requires that patients admitted to opioid medical maintenance have verified stability in the PDMP and that PDMP checks be performed as clinically indicated.

PDMP Requestor Training

Training Website:

Available Training

- | | |
|------------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Research |
| <input type="checkbox"/> Regulatory Board | |

Training Required Before PDMP Use

- | | |
|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Prescriber | <input type="checkbox"/> Attorney General |
| <input type="checkbox"/> Dispenser | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Regulatory Board | <input type="checkbox"/> Other |

Obtaining PDMP Account

Automatic PDMP Enrollment with License Application or Renewal? ☐

Prescriber: **Must have an individual Health Commerce System (HCS) account to gain access to the PMP**

Dispenser: **Must have an individual Health Commerce System (HCS) account to gain access to the PMP**

PDMP Available Reports

Available Reports to Selected Requestors

- | | |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Prescriber Access to Patient History | <input checked="" type="checkbox"/> Licensing Board Access to Patient History |
| <input checked="" type="checkbox"/> Prescriber Access to Own History | <input checked="" type="checkbox"/> Licensing Board Access to Licensee History |
| <input checked="" type="checkbox"/> Dispenser Access to Patient History | <input checked="" type="checkbox"/> Law Enforcement Access to Patient History |
| <input type="checkbox"/> Dispenser Access to Own History | <input checked="" type="checkbox"/> Law Enforcement Access to Prescriber History |
| | <input checked="" type="checkbox"/> Law Enforcement Access to Dispenser History |

Requestors and Reports Authorized to Generate

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input checked="" type="checkbox"/>		<input type="checkbox"/>
employees of medical marijuana disp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Requestors and Reports Being Generated

<u>Requestor Type</u>	<u>Solicited Reports</u>		<u>Unsolicited Reports</u>	
	<u>In-State</u>	<u>Out-of-State</u>	<u>In-State</u>	<u>Out-of-State</u>
Prescriber	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Business (i.e., pharmacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser/Person (i.e., pharmacist)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Physician Assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midlevel - Nurse Practitioner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (licensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dispenser Delegate (unlicensed)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Federal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement - Local	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutorial Authority	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correctional Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Examiner/Coroner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing/Regulatory Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Fraud and Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid Drug Utilization and Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation - Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Treatment Provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third-party Payer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Researchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other PDMP		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>