

## **Guidance to Opioid Treatment Providers**

### **NYS Prescription Monitoring Programs and Coordination of Care**

This guidance is intended to remind OASAS certified Opioid Treatment Providers (OTP) of their obligations to comply with New York State Public Health Law §3343-a and OASAS regulations at 14 NYCRR Part 815.9.

Effective August 27, 2013 New York State implemented an electronic prescription monitoring program (PMP) known as “I-STOP.” I-STOP provides authorized users with direct, secure access to view controlled substance prescription and dispensing histories for their patients. The PMP is available 24 hours a day/7 days a week via an application on the Health Commerce System (HCS) at <https://commerce.health.state.ny.us>. Patient reports will include all controlled substances that were dispensed by a pharmacy in New York State and reported by the pharmacy/dispenser for up to the past five years. The purpose of the registry is to allow practitioners to better evaluate their patients' treatment with controlled substances and determine whether there may be abuse or non-medical use.

Consistent with federal SUD confidentiality laws, I-STOP does not require OTPs to report information into I-STOP about the patients receiving treatment in their programs. However, Public Health Law requires OTPs to consult I-STOP prior to dispensing take home medication. This NYS obligation must be reconciled with federal guidelines issued by SAMHSA in January 2015 (<https://store.samhsa.gov/system/files/pep15-fedguideotp.pdf>) and with that in mind and recognizing good clinical practice, OASAS recommends OTPs consult I-STOP when a patient becomes eligible for take home medication, whenever a patient on take home medication has a dosage change, and as otherwise clinically appropriate. Although OTPs are not required to consult the registry for patients who are being administered opioids at the OTP, OASAS recommends OTPs consult I-STOP for all patients upon admission, at regular intervals during their treatment and as otherwise clinically appropriate.

OASAS patient rights regulations (Part 815) permit patients in OASAS treatment programs the right to use lawfully prescribed and properly monitored medications, including controlled substances. Given the nature of medication assisted treatment, it is essential that OTPs coordinate care with their patient's other prescribers to ensure a full understanding of a patient's history and to enable communication about the risks and consequences of any concurrent treatment. In fact, Part 815.9 requires all OASAS providers to attempt to obtain legal consent from patients to consult with prescribing practitioners regarding the possible effects of concurrent treatment and available options. OASAS expects OTPs to make diligent efforts to obtain consent, regularly discuss other medications and prescriptions taken by their patients, coordinate with other prescribers where clinically indicated and document this practice in the patients record.

Any questions related to this guidance can be directed to: [legal@oasas.ny.gov](mailto:legal@oasas.ny.gov).