§ 3331. Scheduled substances administering and dispensing by practitioners. 1. Except as provided in titles III or V of this article, no substance in schedules II, III, IV, or V may be prescribed for or dispensed or administered to a person with substance use disorder or habitual user.

2. A practitioner, in good faith, and in the course of his or her professional practice only, may prescribe, administer and dispense substances listed in schedules II, III, IV, and V, or he or she may cause the same to be administered by a designated agent under his or her direction and supervision.

3. A veterinarian, in good faith, and in the course of the practice of veterinary medicine only, may prescribe, administer and dispense substances listed in schedules II, III, IV, and V or he may cause them to be administered by a designated agent under his direction and supervision.

4. No such substance may be dispensed unless it is enclosed within a suitable and durable container, and:

(a) Affixed to such container is a label upon which is indelibly typed, printed or otherwise legibly written the following:

(i) the name and address of the ultimate user for whom the substance is intended, or, if intended for use upon an animal, the species of such animal and the name and address of the owner or person in custody of such animal;

(ii) the name, address, and telephone number of the dispensing practitioner;

(iii) specific directions for use, including but not limited to the dosage and frequency of dosage, and the maximum daily dosage;

(iv) the legend, prominently marked or printed in either boldface or upper case lettering: "CONTROLLED SUBSTANCE, DANGEROUS UNLESS USED AS DIRECTED";

(v) the date of dispensing;

(vi) either the name of the substance or such code number assigned by the department for the particular substance pursuant to section thirty-three hundred eighteen of this article;

(b) Such container shall be identified as a controlled substance by either:

(i) an orange label;

(ii) a label of another color over which is superimposed an orange transparent adhesive tape; or

(iii) an auxiliary orange label affixed to the front of such container and bearing the legend, prominently marked or printed "Controlled Substance, Dangerous Unless Used As Directed";

(c) Any label, transparency, or auxiliary label shall be applied in a manner which would inhibit its removal.

5. (a) No more than a thirty day supply or, pursuant to regulations of the commissioner enumerating conditions warranting specified greater supplies, no more than a three month supply of a schedule II, III or IV substance, as determined by the directed dosage and frequency of dosage, may be dispensed by an authorized practitioner at one time.

(b) Notwithstanding the provisions of paragraph (a) of this subdivision, a practitioner, within the scope of his or her professional opinion or discretion, may not prescribe more than a seven-day supply of any schedule II, III, or IV opioid to an ultimate user upon the initial consultation or treatment of such user for acute pain. Upon any subsequent consultations for the same pain, the practitioner may issue, in accordance with paragraph (a) of this subdivision, any appropriate renewal, refill, or new prescription for the opioid or any other drug.

(c) For the purposes of this subdivision, "acute pain" shall mean 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. Such term shall not include chronic pain, pain being treated as part of cancer care, hospice or other end-of-life care, or pain being treated as part of palliative care practices.

6. A practitioner dispensing a controlled substance shall file information pursuant to such dispensing with the department by electronic means in such manner and detail as the commissioner shall, by regulation, require. This requirement shall not apply to the dispensing by a practitioner pursuant to subdivision six of section thirty-three hundred fifty-one of this article.

7. A practitioner may not administer, prescribe or dispense any substance referred to in subdivision (h) of Schedule II, and subdivision (g) of Schedule III, of section three thousand three hundred six of this article for other than therapeutic purposes. A practitioner may not administer, prescribe or dispense any such substance to any individual without first obtaining the informed consent of such individual, or where the individual lacks capacity to give such consent, a person legally authorized to consent on his or her behalf.

8. No opioids shall be prescribed to a patient initiating or being maintained on opioid treatment for pain which has lasted more than three months or past the time of normal tissue healing, unless the medical record contains a written treatment plan that follows generally accepted national professional or governmental guidelines. The requirements of this paragraph shall not apply in the case of patients who are being treated for cancer that is not in remission, who are in hospice or other end-of-life care, or whose pain is being treated as part of palliative care practices.

9. (a) When a patient seeks treatment for any neuromusculoskeletal condition that causes pain, where a practitioner considers an opioid treatment, the practitioner shall consider, discuss with the patient, and, as appropriate, refer or prescribe non-opioid treatment alternatives, based on the practitioner's clinical judgment and following generally accepted national professional or treatment guidelines, and consistent with patient preference and consent, before starting a patient on opioid treatment. For the purposes of this subdivision, non-opioid treatment alternatives include, but are not limited to: acupuncture, chiropractic, massage therapy, physical therapy, occupational therapy, cognitive behavioral therapy, non-opioid medications, interventional treatments and non-clinical activities such as exercise. The practitioner shall inform the patient that some treatments may not be covered by the patient's health coverage.

(b) The requirements of this subdivision shall not apply for patients being treated under any of the following circumstances: treatment of cancer; hospice or other end-of-life care; post-surgery treatment

immediately following a surgical procedure; or in a medical emergency. For purposes of this subdivision, "medical emergency" means an acute injury or illness that poses an immediate risk to a person's life or health.