Edits and Updates to

Dr. C's Ultimate New York MPJE Review 2026

February 2026

Important Note: We have updated a few items that have changed since the review guide was printed, corrected some typos, and tried to clarify a few sections. You should make the following changes in the book:

New language is in underline format

Deleted language is in ~~strikethrough~~ format

Page 67

5. New York–Specific Schedule III Drugs
   a. Chorionic gonadotropin (also known as human chorionic gonadotropin or hCG).
   b. Mediatric®—Conjugated estrogen, methyltestosterone, and methamphetamine.
   c. ~~Dilantin~~ Phelantin-Kapseals® (phenytoin, phenobarbital, and methamphetamine)
   Note: Mediatric® and Phelantin-Kapseals® are no longer marketed, but are still listed as Schedule III controlled substances in New York.

Page 70

5. Morphine

a. Schedule V limit = ~~100 mg/100 ml.~~ None (no morphine products are Schedule V; they are either Schedule II or Schedule III)

b. Schedule III limit = 50mg/100 ml.

Page 77

Add the following to the chart:

Class 6	Class 6a	Class 6b
Narcotic Treatment Programs (Methadone)	Narcotic Treatment Programs (Methadone and other substances)	Hospital pharmacies – detoxification, temporary treatment

3. Institutional Dispensers (Class 3 and 3a).

a. The primary difference between an Institutional Class 3 and 3a facility is that Class ~~3a~~ 3 facilities, such as hospitals, have a pharmacy or limited pharmacy on the premises and can maintain institutional stock of controlled substances.

Page 83

BONUS STUDY TIP: Although New York treats benzodiazepines like Schedule II controlled substances for purposes of dispensing, for purposes of ordering, receipt and storage they are treated like other Schedule III–V products. A DEA Form 222 Form is not required to order benzodiazepines or anabolic steroids. ~~However, anabolic steroids do require a DEA Form 222 to be ordered since they are Schedule II under New York law.~~

Page 106

Note: This requirement became problematic during the COVID- 19 pandemic and DEA temporarily waived this requirement for all controlled substance prescriptions. This COVID- 19 telemedicine flexibility was scheduled to expire

on December 31, 2024, but DEA has extended this flexibility several times. It is now set to expire December 31, 2026, but may be extended again if new rules are not finalized. ~~Extended the flexibility until December 31, 2025. Readers should confirm if DEA extended this flexibility into 2026 or if new rules have been adopted~~.

Page 118

b. The emergency kit may contain up to a maximum of 10 controlled substances, each with no more than a 24-hour supply in unit- dose packaging; no more than 3 may be in injectable form.

Note: Adult care (assisted living) facilities are not permitted to have controlled substances in an emergency kit. ~~exempted from these limitations~~.

Page 125

C. Reporting Requirements

1. Dispensers, including pharmacies and dispensing prescribers, must submit ~~Schedules II, III, and IV controlled substance~~ dispensing information for all controlled substances via the PMP to the BNE no later than 24 hours aft er the medication was dispensed.

Page 151

8. *Required Notification to the Education Department (NYSED) Office of Professions ~~Department of Health~~*

Page 205

2. All (resident and nonresident) outsourcing facilities ~~pharmacies~~ must submit a report to the Secretary of the Board of Pharmacy: