

INSTRUCTIONS FOR DISPOSAL/DESTRUCTION OF CONTROLLED SUBSTANCES

Read these instructions, the *Request for Approval of Disposal/Destruction of Controlled Substances (DOH-2340)* and the *Controlled Substance Inventory Form (DOH-166)* in their entirety before completing your request.

10 NYCRR Section 80.51 requires that DOH's Bureau of Narcotic Enforcement approve the manner and detail of all such disposal/destruction pursuant to a written request. In order to obtain approval of the disposal/destruction of controlled substances, you must submit a *Request for Approval of Disposal/Destruction of Controlled Substances (DOH-2340)* and a *Controlled Substance Inventory Form (DOH-166)* to the applicable Bureau of Narcotic Enforcement office (as shown on page 2 of these instructions). ***Emailed submissions are preferred.***

Part 80 and the forms associated with controlled substance disposal/destruction can be found on the DOH website at www.health.ny.gov/professionals/narcotic/.

Request for Approval of Disposal/ Destruction of Controlled Substances (DOH-2340)

Enter the information requested in Section I of the form. Please note the following specific information/instructions.

- ✓ The controlled substance license number of the facility/program or individual **must be current**
- ✓ Provide email address and fax number for the Class 3A facility
- ✓ Describe the proposed method of disposal/destruction.
 - If an off-site disposal is being proposed, all logistics associated with the disposal must be clearly outlined in the request.
 - Destruction of controlled substances must render them unrecoverable and beyond reclamation.
 - Disposal/destruction must be in accordance with applicable federal, state and local laws.
- ✓ The request must include the names of **two** individuals who will conduct the disposal/destruction. At least one of these individuals must be a New York State licensed practitioner, nurse, pharmacist or other person authorized by the Bureau of Narcotic Enforcement.
- ✓ The Requestor Affirmation must be completed by the person submitting the request.

Controlled Substances Inventory Form (DOH-166)

Conduct an inventory of all controlled substances to be disposed of/destroyed and record the information on DOH-166. Please note the following specific information/instructions.

- ✓ Enter the **Name** of the controlled substance (e.g., Lorazepam).
- ✓ Enter the **Strength and Dosage Form** of the controlled substance (e.g., 0.5 mg, tablet, capsule, liquid, patch).
- ✓ Enter the **Quantity or Liquid Amount**. If the controlled substance is a liquid, enter the total liquid amount (e.g., 2 ml).
- ✓ Enter the **Reason for Disposal/Destruction** (e.g. undesired, discontinued, expired).
- ✓ Enter the **Source of Controlled Substance** (e.g., pharmacy name).
- ✓ Class 3A facilities/programs must include the **Rx number** associated with the controlled substance. **Do not include patient names!**
- ✓ Do not skip lines. Cross out any remaining blank lines.
- ✓ Enter the page number on the lower right corner of the form.

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- ❖ Make a copy of the completed DOH-2340 and DOH-166 for your records and email or fax to the applicable Bureau of Narcotic Enforcement office (see listing below). Requests must be submitted at least **2 weeks prior** to the proposed date of disposal/destruction.
- ❖ The original DOH-2340 will be returned to you with a determination on the request. If the request is approved, you may proceed as proposed. If the request is partially approved or denied, you will be provided with instructions on how to proceed.
- ❖ Within 10 days after the disposal/destruction, the personnel approved to conduct the disposal/destruction must complete Section II (Statement of Disposal/Destruction) of DOH-2340 and email or fax to the applicable Bureau of Narcotic Enforcement office below.
- ❖ You must retain copies of DOH-2340 and DOH-166 for a period of five years.

DISPOSAL/DESTRUCTION MUST BE COMPLETED EXACTLY AS PROPOSED.

NO SUBSTITUTIONS OF DATE, TIME, LOCATION OR PERSONNEL WILL BE PERMITTED WITHOUT PRIOR APPROVAL BY THE BUREAU OF NARCOTIC ENFORCEMENT.

****DISPOSAL/DESTRUCTION ACTIVITIES MAY BE OBSERVED BY THE BUREAU OF NARCOTIC ENFORCEMENT. ALL CONTROLLED SUBSTANCES BEING DISPOSED OF OR DESTROYED ARE SUBJECT TO PHYSICAL INVENTORY.****

| BUREAU OF NARCOTIC ENFORCEMENT | | |
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| New York State Department of Health Bureau of Narcotic Enforcement Metropolitan Area Regional Office 90 Church Street, 4th Floor New York, New York 10007 Fax (212) 417-5515 E-mail: BNEdestruction@health.ny.gov | New York State Department of Health Bureau of Narcotic Enforcement Central Office Riverview Center 150 Broadway Albany, New York 12204 Fax (518) 402-0709 | E-mail Preferred: BNEdestruction@health.ny.gov |
| Bronx Kings Nassau New York | Queens Richmond Suffolk | All other counties |