13:35-2A.13 Well woman care

(a) A certified nurse midwife or certified midwife may provide well woman care throughout the life cycle which shall include:

1. Gynecological and primary health care screening, assessment and treatment; and

2. Contraceptive services.

New Rule, R.2003 d.210, effective May 19, 2003.
See: 34 N.J.R. 3433(a), 35 N.J.R. 2227(a).

13:35-2A.14 Prescriptive authorization

(a) A CNM who is licensed with the Board of Medical Examiners may apply for authorization to prescribe drugs (as used within this section, the term "drugs" shall include drugs, medicine and devices). The CNM shall make application on forms prescribed by the Board and shall demonstrate:

1. Current registration with the Board;

2. A.C.N.M. or A.C.C. certification in good standing; and

3. Evidence of satisfactory completion of a minimum of 30 contact hours in pharmacology, which included instruction in fundamentals of pharmacology and therapeutics, including principles and terminology of pharmacodynamics and pharmaco-kinetics, which was either:

i. Part of the midwifery program the CNM completed pursuant to N.J.A.C. 13:35-2A.4(a)3; or

ii. A pharmacology course offered by, or affiliated with, a college or university accredited by an accrediting association recognized by the U.S. Department of Education.

(b) If the 30 contact hours in pharmacology required pursuant to (a)3 above was included as part of the midwifery program the CNM completed pursuant to N.J.A.C. 13:35-2A.4(a)3, the CNM shall have graduated from the midwifery program within the two years immediately preceding the date on which the application for prescriptive authority is made.

(c) If the 30 contact hours in pharmacology required pursuant to (a)3 above was not part of the midwifery program the CNM completed pursuant to N.J.A.C. 13:35-2A.4(a)3, the CNM shall have completed the pharmacology course within the two years immediately preceding the date on which the application for prescriptive authority is filed.

(d) Notwithstanding (a), (b) and (c) above, a CNM who holds prescriptive authorization in another state shall be authorized to prescribe drugs in New Jersey, if the CNM submits proof to the Committee that he or she:

1. Holds current prescriptive authorization, without disciplinary restrictions, in another state; and

2. Has completed 30 contact hours in pharmacology, which meets the requirements of (a)3 above.

(e) Notwithstanding (a), (b) and (c) above, a CNM who also holds certification as an advanced practice nurse from the New Jersey Board of Nursing shall be authorized to prescribe drugs pursuant to N.J.S.A. 45:10-17 et seq., if the CNM submits proof to the Committee that he or she:

1. Holds current, unencumbered certification as an advanced practice nurse from the New Jersey Board of Nursing; and

2. Has completed 30 contact hours in pharmacology, which meets the requirements of (a)3 above.

(f) A CNM who is authorized to prescribe drugs may prescribe only those drugs which are categorized in the formulary of drugs established in the clinical guidelines.

(g) A CNM's authorization to prescribe drugs, medicine, or devices may, upon notice and an opportunity for a hearing pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., be revoked or otherwise limited by the Board if the CNM:

1. Fails to maintain current licensure and registration with the Board;

2. Fails to maintain certification in good standing with the ACNM or ACC, or their successors;

3. Uses prescriptive authorization for other than therapeutic purposes; or

4. Uses prescriptive authorization to prescribe substances or devices not included in the formulary of drugs established in the CNM's clinical guidelines.

(h) Prescriptions written by a CNM shall conform to the dictates of N.J.S.A. 45:14-14 et seq. and N.J.A.C. 13:35-7.2.

(i) When prescribing controlled dangerous substances, a CNM shall comply with all of the requirements and limitations as set forth in N.J.A.C. 13:35-7.6 and 13:45H.

Recodified from N.J.A.C. 13:35-2A.11 and amended by R.2003 d.210, effective May 19, 2003.
See: 34 N.J.R. 3433(a), 35 N.J.R. 2227(a).
Rewrote the section.
Amended by R.2010 d.099, effective June 21, 2010.
See: 41 N.J.R. 2204(a), 42 N.J.R. 1214(a).
In the introductory paragraph of (a), substituted "licensed" for "currently registered"; rewrote the introductory paragraph of (a)3; added (a)3i and (a)3ii; added new (b) and (c); recodified former (b) as (d); deleted former (b)2 and (b)3; rewrote the introductory paragraph of (d); in (d)1, inserted "and" at the end; recodified former (b)4 as (d)2; rewrote (d)2; added new (e); and recodified former (c) through (e) as (f) through (h).
Emergency amendment, R.2017 d.051, effective March 1, 2017 (to expire April 30, 2017).
See: 49 N.J.R. 552(a).
Added (i).

13:35-2A.15 Limited ultrasound examination

(a) A licensee who has completed a course as required in (b) below may perform a limited ultrasound examination. For purposes of this section, "limited ultrasound" shall mean the use of ultrasound to assess any of the following: fetal number, fetal cardiac activity, fetal position and presentation, placental location, amniotic fluid parameters, biophysical profile parameters, uterine position, uterine size, the number and size of early gestational sac and the presence and length of embryonic poles.

(b) A licensee who wishes to perform limited ultrasound shall complete a 12-hour course given by a college or university accredited by an accrediting association recognized by the U.S. Department of Education or an organization which grants ACNM, American College of Obstetrics and Gynecology (ACOG), American Osteopathic Association (AOA) or American Medical Association-Physicians Recognition Award (AMA-PRA) category one continuing education credits.

(c) Limited ultrasound course instruction shall include:

1. Ultrasound instrumentation;

2. Accountability of the licensee;

3. Components of informed consent;

4. Principles of anatomy and physiology relevant to limited ultrasound examinations;

5. Elements of antepartum and intrapartum fetal surveillance;

6. Components of ultrasound examination:

i. Fetal number;

ii. Fetal cardiac activity;

iii. Fetal position and presentation;

iv. Placental location;

5. The supervisory ratio shall be no more than four physician assistants to one physician at any one time.

(c) Upon application to the Board, the Board may alter the supervisory ratios set forth in (b) above.

(d) A supervising physician may assign physician assistants under his or her supervision to a physician designee, who shall be responsible for the practice of the physician assistant during the assignment.

Amended by R.2000 d.349, effective August 21, 2000.
See: 31 N.J.R. 2132(a), 32 N.J.R. 3174(a).
In (b)4ii, inserted an exception.
Amended by R.2005 d.120, effective April 18, 2005.
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).
In (b), inserted "or physician designee" following "The supervising physician' in the introductory paragraph of 4; rewrote (d).
Petition for Rulemaking.
See: 42 N.J.R. 859(b), 1255(d), 2150(c).
Amended by R.2011 d.185, effective July 5, 2011.
See: 42 N.J.R. 2001(a), 43 N.J.R. 1539(b).
Rewrote (b)5.

13:35-2B.11 Recordkeeping

(a) Licensees shall make contemporaneous, permanent entries into professional treatment records which shall accurately reflect the treatment or services rendered. To the extent applicable, professional treatment records shall reflect:

1. The dates and times of all treatments;

2. The patient complaint;

3. The history;

4. Findings on appropriate examination;

5. Any orders for tests or consultations and the results thereof;

6. Diagnosis or medical impression; and

7. Treatment ordered. If medications are ordered, the patient record shall include:

i. Specific dosages, quantities and strengths of medications;

ii. A statement indicating whether the medication order is written pursuant to protocol or specific physician direction. Acceptable abbreviations are "prt" for protocol and "spd" for specific physician direction;

iii. The physician assistant's full name, printed or stamped, and the license number; and

iv. The supervising physician's full name, printed or stamped.

(b) If the information required pursuant to (a)8iii and iv appears at least once in the patient record, it need not be repeated each time a medication order is entered in the patient record.

(c) The physician assistant shall sign each entry in the patient record and record the designation "PA-C" following his or her signature.

(d) To the extent a physician assistant is charged with independent responsibility for the provision of information used to prepare bills and claims forms, such information shall accurately reflect the treatment or services rendered.

Amended by R.2005 d.120, effective April 18, 2005.
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).
In (a), deleted former 5 and recodified former 6 through 8 as 5 through 7.

13:35-2B.12 Requirements for issuing prescriptions for medications; special requirements for issuance of CDS

(a) A physician assistant may issue prescriptions for medications only in accordance with the requirements contained in this section.

(b) A physician assistant shall provide the following on all prescription blanks:

1. The physician assistant's full name, professional identification ("PA-C"), license number, address and telephone number. This information shall be printed on all prescription blanks;

2. The supervising physician's full name, printed or stamped;

3. A statement indicating whether the prescription is written pursuant to protocol or specific physician direction. Acceptable abbreviations are "prt" for protocol and "spd" for specific physician direction;

4. The full name, age and address of the patient;

5. The date of issuance of the prescription;

6. The name, strength and quantity of drug or drugs to be dispensed and route of administration;

7. Adequate instruction for the patient. A direction of "p.r.n." or "as directed" alone shall be deemed an insufficient direction;

8. The number of refills permitted or time limit for refills, or both;

9. The signature of the prescriber, hand-written;

10. The words "substitution permissible" and "do not substitute" and shall contain space for the physician assistant's initials next to the chosen option, in addition to the space required for the signature required by (b)9 above; and

11. The physician assistant's Drug Enforcement Administration (DEA) registration number, if the physician assistant is authorized to issue CDS.

(c) A physician assistant may order or prescribe controlled dangerous substances (CDS) if:

1. A supervising physician has authorized a physician assistant to order or prescribe Schedule II, III, IV, or V controlled dangerous substances in order to:

i. Continue or reissue an order or prescription for a controlled dangerous substance issued by the supervising physician;

ii. Adjust the dosage of an order or prescription for a controlled dangerous substance originally ordered or prescribed by the supervising physician, provided there is prior consultation with the supervising physician;

iii. Initiate an order or prescription for a controlled dangerous substance for a patient, provided there is prior consultation with the supervising physician if the order or prescription is not pursuant to iv below; or

iv. Initiate an order or prescription for a controlled dangerous substance as part of a treatment plan for a patient with a terminal illness, which for the purposes of this subparagraph means a medical condition that results in a patient's life expectancy being 12 months or less as determined by the supervising physician;

2. The physician assistant has registered with and obtained authorization to order or prescribe controlled dangerous substances from the appropriate State and Federal agencies; and

3. The physician assistant complies with all of the requirements and limitations as set forth in N.J.A.C. 13:35-7.6 and 13:45H.

(d) Only one controlled dangerous substance shall appear on a prescription blank.

(e) Written prescriptions shall be issued only on New Jersey Prescription Blanks (NJPB), secured from an approved vendor and subject to the required security mandates of the prescription blank program pursuant to N.J.S.A. 45:14-55.

Amended by R.1999 d.356, effective October 18, 1999.
See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).
In (a), deleted a former 1, and recodified former 2 and 3 as 1 and 2.
Amended by R.2005 d.120, effective April 18, 2005.
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).
In (a), added 3.
Amended by R.2008 d.135, effective June 2, 2008.
See: 39 N.J.R. 2201(a), 40 N.J.R. 3316(a).
Section was "Requirements for issuing prescriptions for medications; memorialization of verbal orders for CDS given by physicians". In the introductory paragraph of (a), inserted "for medications" and substituted "requirements contained in this section" for "following conditions:"; added (b); recodified former (a)1 as the introductory paragraph of (c) and rewrote (c); deleted former (a)2 through (a)3; and added (d) and (e).
Amended by R.2011 d.155, effective June 6, 2011.
See: 42 N.J.R. 1310(a), 43 N.J.R. 1359(b).
In (e), updated the N.J.S.A. reference.
Emergency amendment, R.2017 d.051, effective March 1, 2017 (to expire April 30, 2017).
See: 49 N.J.R. 552(a).
In the introductory paragraph of (c)1, inserted a comma following "IV"; in (c)1iv, deleted "and" from the end; in (c)2, substituted "; and" for a period; and added (c)3.

13:35-2B.13 Eligibility for temporary licensure

(a) An individual who has filed an application for licensure and is waiting to take the next scheduled examination administered by the National Commission on Certification of Physician Assistants (NCCPA) or awaiting the results of the examination may apply to the Board for a temporary license to be employed under the direct supervision of a physician, as defined in N.J.A.C. 13:35-2B.2 and 2B.15.

(b) An applicant for temporary licensure shall submit to the Board, with the completed application form, the documents required pursuant to N.J.A.C. 13:35-2B.5, the required fee, and evidence that the applicant has filed an application for the NCCPA examination.

New Rule, R.1995 d.423, effective August 7, 1995.
See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

13:35-2B.14 Temporary licensure; scope of practice

(a) A temporary license holder who has complied with the practice requirements set forth in N.J.A.C. 13:35-2B.3 may perform all of the procedures within the scope of practice of a physician assistant, as set forth in N.J.A.C. 13:35-2B.4(a) and (b) and subject to the limitations therein, except that a temporary license holder shall not issue prescriptions. A temporary license holder may write orders for medication, treatment, or testing consistent with the provisions of N.J.A.C. 13:35-2B.15.

(b) A temporary license holder shall engage in practice only under the direct supervision of a physician pursuant to the provisions of N.J.A.C. 13:35-2B.15.

New Rule, R.1995 d.423, effective August 7, 1995.
See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).
Amended by R.2005 d.120, effective April 18, 2005.
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).
In (a), added the last sentence.

13:35-2B.15 Supervision of temporary license holder

(a) A temporary license holder shall not render care unless the following conditions are met:

1. In any setting, the supervising physician, physician designee or a designated physician assistant:

i. Is continuously present on-site; and

ii. Countersigns, immediately after its entry in the chart, any order for medication, treatment, or testing written by the temporary license holder.

2. In the event that the countersignature in (a)1 above is that of a designated physician assistant, the supervising physician or physician designee, within the appropriate conditions set in N.J.A.C. 13:35-2B.10(b) 4, shall:

i. Personally review all charts and patient records and the temporary license holder's entry in the chart and record; and

ii. Countersign any order for medication, treatment, or testing written by the temporary licensee.

New Rule, R.1995 d.423, effective August 7, 1995.
See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).
Amended by R.2005 d.120, effective April 18, 2005.
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).
Rewrote (a).

13:35-2B.16 Expiration of temporary license; renewal

(a) A temporary license shall expire 30 days after the temporary license holder has received notification of successful completion of the examination or immediately upon the applicant's receipt of notification of failure to pass the examination referenced in N.J.A.C. 13:35-2B.13(a).

(b) An applicant who fails an examination shall cease and desist from the performance of his or her duties.

(c) Except in extenuating circumstances such as the applicant's critical illness or incapacitation, a temporary license may not be renewed. An applicant seeking to renew based upon extenuating circumstances shall be required to present to the Board satisfactory documentation of the basis for the renewal request.

New Rule, R.1995 d.423, effective August 7, 1995.
See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).
Amended by R.2005 d.120, effective April 18, 2005.
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).
In (a), inserted "referenced in N.J.A.C. 13:35-2B.13(a)" following "pass the examination".

ii. The practitioner provides written instructions on each prescription, other than the first prescription if it is to be filled immediately, indicating the earliest date on which a pharmacy may fill each prescription;

iii. The practitioner determines that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse; and

iv. The practitioner complies with all other applicable State and Federal laws and regulations.

(d) Prior to issuing the first prescription for a Schedule II controlled dangerous substance for pain or any opioid drug, a practitioner shall discuss with the patient, or the patient's parent or guardian if the patient is under 18 years of age and is not an emancipated minor, the reasons why the medication is being prescribed, the possible alternative treatments, and the risks associated with the medication. With respect to opioid drugs, the discussion shall include, but not be limited to, the risks of addiction, physical or psychological dependence, and overdose associated with opioid drugs and the danger of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants, and requirements for proper storage and disposal.

1. If the patient is under 18 years of age and is not an emancipated minor, the practitioner shall have the discussion required under (d) above prior to the issuance of each subsequent prescription for any opioid drug that is a Schedule II controlled dangerous substance.

2. In addition to the requirements of (i) below, the practitioner shall reiterate the discussion required in (d) above prior to issuing the third prescription of the course of treatment for a Schedule II controlled dangerous substance for pain or any opioid drug.

3. The practitioner shall include a note in the patient record that the required discussion(s) took place.

(e) At the time of issuance of the third prescription for a Schedule II controlled dangerous substance for pain or any opioid drug, the practitioner shall enter into a pain management agreement with the patient. The pain management agreement shall be a written contract or agreement that is executed between a practitioner and a patient, that is signed and dated prior to the issuance of the third prescription for the ongoing treatment of pain using a Schedule II controlled dangerous substance or any opioid drug, and which shall:

1. Document the understanding of both the practitioner and the patient regarding the patient's pain management plan;

2. Establish the patient's rights in association with treatment, and the patient's obligations in relation to the responsible use, discontinuation of use, and storage and disposal of Schedule II controlled dangerous substances and any opioid drugs, including any restrictions on the refill or acceptance of such prescriptions from practitioners and other prescribers;

3. Identify the specific medications and other modes of treatment, including physical therapy or exercise, relaxation, or psychological counseling, that are included as part of the treatment plan;

4. Specify the measures the practitioner may employ to monitor the patient's compliance including, but not limited to, random specimen screens and pill counts; and

5. Delineate the process for terminating the agreement, including the consequences if the practitioner has reason to believe that the patient is not complying with the terms of the agreement.

(f) When controlled dangerous substances are continuously prescribed for management of chronic pain, the practitioner shall:

1. Review, at a minimum of every three months, the course of treatment, any new information about the etiology of the pain and the patient's progress toward treatment objectives, and document the results of that review;

2. Assess the patient prior to issuing each prescription to determine whether the patient is experiencing problems associated with physical and psychological dependence, and document the results of that assessment;

3. Make periodic reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled dangerous substance, taper the dosage, try other drugs, such as nonsteroidal anti-inflammatories, or utilize alternative treatment modalities in an effort to reduce the potential for abuse or the development of physical or psychological dependence, and document, with specificity, the efforts undertaken;

4. Access relevant prescription monitoring information as maintained by the Prescription Monitoring Program (PMP) pursuant to section 8 of P.L. 2015, c. 74 (N.J.S.A. 45:1-46.1) and consider that information in accordance with N.J.A.C. 13:45A-35;

5. Monitor compliance with the pain management agreement and any recommendations that the patient seek a referral, and discuss with the patient any breaches that reflect that the patient is not taking the drugs prescribed or is taking drugs, illicit or prescribed by other practitioners or prescribers, and document within the patient record the plan after that discussion;

6. Conduct random urine screens at least once every 12 months;

7. For those patients being prescribed an opioid drug to treat chronic pain, advise the patient, or the patient's parent or guardian if the patient is under 18 years of age and is not an emancipated minor, of the availability of an opioid antidote; and

8. Refer the patient to a pain management or addiction specialist for independent evaluation or treatment in order to achieve treatment objectives, if those objectives are not being met.

(g) A practitioner shall not issue an initial prescription for an opioid drug for treatment of acute pain in a quantity exceeding a five-day supply as determined by the directed dosage and frequency of dosage. The initial prescription shall be for the lowest effective dose of an immediate-release opioid drug. A practitioner shall not issue an initial prescription for an opioid drug that is for an extended-release or long-acting opioid. No less than four days after issuing the initial prescription, upon request of the patient, a practitioner may issue a subsequent prescription for an opioid drug for the continued treatment of acute pain associated with the condition that necessitated the initial prescription provided the following conditions are met:

1. The practitioner consults (in person, via telephone, or other means of direct communication) with the patient;

2. After the consultation with the patient, the practitioner, in the exercise of his or her professional judgment, determines that an additional days' supply of the prescribed opioid drug is necessary and appropriate to the patient's treatment needs and does not present an undue risk of abuse, addiction, or diversion;

3. The practitioner documents the rationale for the authorization in the patient record;

4. The subsequent prescription for an additional days' supply of the prescribed opioid drug is tailored to the patient's expected need at the stage of recovery, as determined under (g)2 above and any subsequent prescription for an additional days' supply shall not exceed a 30-day supply, unless authorized pursuant to (c) above.

(h) When a practitioner issues an initial prescription for an opioid drug for the treatment of acute pain, the practitioner shall so indicate it on the prescription.

(i) The requirements for prescribing controlled dangerous substances set forth in (d) through (h) above shall not apply to a prescription for a patient who is currently in active treatment for cancer, receiving hospice care from a licensed hospice, receiving palliative care, or is a resident of a long-term care facility, or to any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.

(j) Nothing in (g) above shall be construed to limit a practitioner's professional judgment to authorize a subsequent prescription for an opioid drug in a quantity consistent with (g)4 above for the continued treatment of acute pain associated with the condition that necessitated the initial prescription.

Amended by R.2003 d.263, effective July 7, 2003.
See: 34 N.J.R. 3441(a), 35 N.J.R. 2935(a).
Rewrote (c).

Amended by R.2011 d.155, effective June 6, 2011.
See: 42 N.J.R. 1310(a), 43 N.J.R. 1359(b).
In (c)1, deleted "and" from the end; in (c)2, substituted "; and" for a period at the end; and added (c)3.
Emergency amendment, R.2017 d.051, effective March 1, 2017 (to expire April 30, 2017).
See: 49 N.J.R. 552(a).
Section was "Limitations on prescribing, administering or dispensing of controlled substances; special exceptions for management of pain". Rewrote the section.

Case Notes

Five-year revocation of a physician's license was appropriate where the physician fraudulently prescribed Percocet and deliberately falsified medical records to justify the issuance of those prescriptions. Two undercover officers testified that the physician prescribed the medication over a period of time without conducting a thorough physical examination and medical history and in spite of their statements that they were in no pain whatsoever. In re Costino License Revocation, OAL Dkt. No. BDS 736-08, 2009 N.J. AGEN LEXIS 276, Initial Decision (May 14, 2009), adopted (N.J. State Bd. of Medical Examiners June 8, 2009); aff'd per curiam, A-2348-09T2, 2010 N.J. Super. Unpub. LEXIS 2455 (App. Div. December 21, 2009).

Partial summary decision was warranted pursuant to N.J.A.C. 1:1-12.5(b) in a complaint filed by the Attorney General for the State of New Jersey for disciplinary action against a psychiatrist licensed by the State Medical Board based on evidence that the psychiatrist did not hold a valid Drug Enforcement Agency Controlled Dangerous Substance (CDS) license for a period exceeding four years, but the psychiatrist continued to issue CDS scheduled prescriptions on 23 separate occasions during the period at issue, and the psychiatrist further admitted under oath in an earlier proceeding that she had made illegal CDS prescriptions to two different patients. The N.J. Attorney General was also entitled to summary judgment on the issue of whether or not the psychiatrist had falsified medical records in violation of N.J.S.A. 45:1-21(b), N.J.A.C. 13:35-6.5(b) and N.J.A.C. 13:35-7.6(a) and (g) because the psychiatrist had originally submitted certified records dated June 1, 2004 and July 1, 2004 on the same page with no physical break as part of an earlier hearing, certifying that the records were true and complete, and then did not offer an explanation why handwritten notes dated June 22, 2004 and June 28, 2004 were not part of that earlier chronological record. In re the Suspension or Revocation of the License of Ilem, M.D. to Practice Medicine and Surgery in New Jersey, OAL DKT. NO. BDS01850-06. 2006 N.J. AGEN LEXIS 1174, Partial Summary Decision (August 29, 2006).

13:35-7.7 Prohibitions on prescribing, administering or dispensing of controlled substances for detoxification; limited exceptions

(a) A practitioner shall not issue a prescription for a narcotic drug or for a depressant drug listed in any schedule which drug is intended for the purpose of "detoxification" or "maintenance treatment."

(b) Unless registered with the Division of Consumer Affairs to conduct a narcotic treatment program pursuant to N.J.S.A. 24:21-10 and N.J.A.C. 13:45H-11.2, a practitioner shall not dispense or administer a narcotic drug or a depressant drug listed in any schedule which drug is intended for the purpose of "detoxification" or "maintenance treatment," except:

1. To relieve acute withdrawal symptoms, provided that:

i. Such treatment shall not exceed 72 hours;