

GUIDELINES - - -

What Patients Should Ask Prescribers Before Taking Opioids.

Every patient should ask questions when getting a new prescription. This is especially important when your doctor, dentist, advanced practice nurse, physician assistant, certified nurse midwife, or optometrist prescribes you an opioid, such as hydrocodone, oxycodone, codeine, or morphine. What should you ask?

1. *Why do I need this medication – is it right for me?*

Your conversation could begin like this: “My condition is causing pain. How long do you expect it to last? What medication are you giving me? If it’s an opioid, what are the side effects? Are there other non-opioid options that could help with pain relief while I recover?”

If your prescriber thinks your pain is best managed with a prescription opioid, then ask:

2. *How long should I take this medication?*

Find out when and how to stop using, or taper off, opioids. Ask that your doctor prescribe the lowest dose and the smallest quantity you may need and find out when to call to follow up on how well it is working.

3. *How can I reduce the risk of potential side effects from this medication?*

Take your medicine exactly as prescribed by your prescriber. If you are still feeling pain, call your prescriber; do not take an extra dose. Learn to identify serious side effects (such as excessive sleepiness or a feeling of craving more of the medication) so you and your family will know when to call your prescriber or go to the hospital. Ask your pharmacist if your prescription comes with a Medication Guide (paper handouts that come with many prescription medicines) for more information.

4. *What if I have a history of addiction?*

Before your prescriber gives you a prescription be sure to tell your prescriber about any history you have had with substance misuse or addiction to drugs or alcohol, and if you have a history of smoking cigarettes. You should also tell your prescriber if anyone in your family has had a problem with substance misuse, alcoholism, or drug addiction.

5. *What about the other medications I’m taking?*

It is also very important that you tell your prescriber about all of the medicines you are taking, especially those prescribed to treat anxiety, sleeping problems, or seizure. Even medicines you take only occasionally could interact with the opioid pain medication. Ask your prescriber about possible interactions.

6. *How should I store my opioid medication?*

If you have children at home – from a toddler to a teenager – consider a lockbox for your medications. Even one accidental dose of an opioid pain medicine meant for an adult can cause a fatal overdose in a child. Also, teenagers and others in the home or who are visiting may seek out opioid pain medicines for non-medical use. They may look in bathroom medicine cabinets for a chance to steal these medicines. If you are selling your home or having work done in your home, make sure your medications are secure.

7. *What should I do with unused opioid medication?*

Don't store it in case you have more pain later. Your leftover opioids can be targeted by people who you'd never expect to take it: friends, relatives, and even your kids and their friends. Safely dispose of unused medications -- especially opioids and other drugs that are ripe for diversion -- by taking advantage of Project Medicine Drop¹ or other take-back programs near you. You can also dispose of unused opioids in a drug disposal pouch.

8. *Can I share this medication with someone else?*

No. Your prescription is for you. Your prescriber has considered many factors when prescribing opioids. What's safe for you might lead to an overdose for someone else.

9. *Can I have an Rx for naloxone?*

You should discuss with your prescriber whether you should also receive a prescription for naloxone, a drug that can reverse the effects of an opioid overdose and could save lives. In many cases, it makes sense to be prepared for potential problems by keeping naloxone in your home. Play it safe. It doesn't matter who is writing the prescription, ask these questions before taking opioids.

When prescribing opioid medication, what responsibilities does my prescriber have?

10. *Why is my prescriber giving me a prescription for opioids that will only last five days?*

If you are being prescribed an opioid drug for treatment of acute pain for the first time, your initial prescription cannot exceed a five-day supply, and it must be for the lowest effective dose of an immediate-release opioid drug. If you are already taking an opioid medication, or have taken one in the last year, you should tell your prescriber.

11. *If I am still in acute pain after 5 days may I ask for additional medication?*

On the 4th day after you received the prescription, if you are still in pain, you may ask your prescriber to issue a second prescription for the continued treatment of acute pain. Your prescriber may give you an additional prescription in an amount that is tailored to your needs for the continued treatment of acute pain associated with the condition that necessitated the initial prescription. However, there are certain requirements that your doctor must satisfy, including consulting with you, via telephone or other means of direct communication, to assess your needs and make a determination that an additional days' supply of the prescribed opioid drug is necessary and appropriate to your treatment needs, and does not present an undue risk of abuse, addiction, or diversion.

12. *Will I need to pay a co-payment for both the 5-day prescription and an additional prescription if I need one for acute pain?*

You will only be charged the full co-payment once during the first 30 days that you are taking the medication.

13. *Are there any additional limitations to the amount prescribed?*

Yes, your doctor may authorize a quantity, not to exceed a 30-day supply, which shall be at

¹ www.njconsumeraffairs.gov/meddrop/Pages/Safety.aspx.

the lowest effective dose as determined by the directed dosage and frequency of dosage. There are certain instances when a doctor may authorize a patient to receive a total of up to a 90-day supply of a Schedule II controlled dangerous substance.

14. *Can my doctor prescribe more than a 5-day supply of medication for chronic pain for which my doctor has been treating me?*

Yes, your doctor may authorize a quantity not to exceed a 30-day supply. See also response to Question 13.

15. *Are any conditions not covered in the pain medication prescribing limitations and if so what are they?*

The 5-day prescribing limitation does not apply to opioid prescriptions for a patient who is:

- currently in active treatment for cancer;
- receiving hospice care from a licensed hospice;
- receiving palliative care;
- residing in a long-term care facility; or
- being prescribed for use in the treatment of substance abuse or opioid dependence.

16. *Why is my doctor requiring me to sign a pain management agreement?*

To help monitor your use of opioid drugs for chronic pain, you will be asked to sign a “pain management contract” which will lay out the expectations that you and your prescriber will share to assure that you are safe. These agreements are intended to discourage people from taking too much medication, mixing medications, or sharing or selling them, among other things. These agreements may also require patients to agree to submit to blood or urine drug tests, fill their prescriptions at a single pharmacy or refuse to accept pain medication from any other prescribers. These agreements also spell out the consequences if patients don’t follow through on their commitments, including that the prescriber may refuse to continue prescribing opioids or to continue treating the patient.

17. *Why is the doctor requiring that I get my urine tested for drugs?*

In order to assess compliance with the pain management agreement, your doctor may look for the presence of other prescribed medications or illicit drugs in your urine as evidence of their use.

18. *Why is my doctor sending me for other treatment such as physical therapy?*

In response to a growing opioid epidemic, the Center for Disease Control (“CDC”) released opioid prescription guidelines in March 2016. The guidelines recognize that prescription opioids are appropriate in certain cases, including cancer treatment, palliative care, and end-of-life care, and also in certain acute care situations, if properly dosed. But for other pain management, the CDC recommends non-opioid approaches including physical therapy.

19. *Can my doctor tell me that he/she does not want to see me anymore as a patient?*

As long as you are not being treated under circumstances where your life or health may be threatened or compromised unless timely medical care is given, the doctor may terminate the relationship. The doctor must notify the patient, in writing, that he/she will no longer provide care as of a date certain, which cannot be less than thirty days prior to the termination date.

This letter must be sent by certified mail, return receipt requested. The doctor, however, is obligated to provide all necessary emergency care and services, including providing necessary prescriptions, until the date of termination. If requested by the patient, the doctor must make reasonable efforts to assist the patient in finding another provider and with the transfer of the medical records.

20. *Can the Board of Medical Examiners provide me with a physician referral?*

Unfortunately, the Board cannot provide you with a referral. You may wish to contact your county medical society or the Medical Society of the State of New Jersey at (609) 896-1766, any local hospital, or other physician referral services such as the American Medical Association at (800) 665-2882. You may also wish to check with your health insurance provider for other practitioners within your network. And, when considering a particular physician, you may wish to review the education, certification, hospital affiliation, and other information by reviewing his/her background on the New Jersey Healthcare Profile. If your prescriber will no longer provide medical services, ask for a referral to another health care professional.

21. *How can I get my medical records if my doctor does not want to see me as a patient anymore?*

In most instances, the patient has a right to receive a copy of his or her medical records, not the original. Although most patients assume that the records belong to them, the Board requires that the physician maintain the original to ensure that the patient's medical history is available to any subsequent treating physician or health care professional. Copies may be given to the patient, another doctor, your attorney, your insurance company, or another family member if the patient expressly authorizes it. If a patient is deceased, the duly appointed executor or administrator of the estate may also obtain copies. Medical records cannot be released to a spouse, family member (except in the case of a child), attorney, or any other person unless the patient gives his/her express consent to release them to that specific person.

A doctor has to keep a patient's medical records for seven years. After that, the physician can destroy them. There is no requirement in the law that requires the physician to notify a patient prior to destroying the records. It is recommended that you request a copy of your medical records when you are changing physicians.

22. *Do I need to pay for my medical records if my doctor does not want to see me as a patient anymore?*

No, your doctor shall not charge you for a copy of your patient record if your doctor affirmatively terminates you as a patient in accordance with the requirements of N.J.A.C. 13:35-6.22.

23. *How can I find another doctor if my doctor does not want to see me as a patient anymore?*

See response to Question 20 above.

24. *Is my doctor required to get education on treating pain?*

Yes, your doctor is required to take at least one credit of continuing medical education concerning the prescription of hydrocodone, or the prescription of opioid drugs in general, including responsible prescribing practices, the alternatives to the use of opioids for the management and treatment of pain, and the risks and signs of opioid abuse, addiction, and diversion.