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Co-Prescribing Naloxone to Patients with Heightened Risk of Opioid Overdose

Frequently Asked Questions (FAQs) for Prescribers

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Providers are encouraged to check the Division of Consumer Affairs website for additional information.

The State of New Jersey COVID-19 Information Hub can be found here.

The NJ Department of Health COVID-19 Information Hub for Health Care Providers can be found here.

In response to coronavirus disease 2019 (COVID-19), New Jersey has taken a number of steps to protect the public health. That includes adopting a temporary rule, which requires the co-prescription of an opioid antidote in certain circumstances to ensure that at-risk patients are protected from overdose during the COVID-19 crisis.

On May 21, 2020, the Division of Consumer Affairs issued Administrative Order No. 2020-08 to promote access to the opioid antidote naloxone and reduce the number of overdose deaths during the COVID-19 emergency. This document answers some Frequently Asked Questions to help prescribers better understand their responsibilities under the temporary rule adopted in the Administrative Order.

1. **What does the temporary rule require?**

   The temporary rule requires prescribers to co-prescribe (i.e., concurrently prescribe) an opioid antidote (e.g., naloxone) to patients when continuously prescribing controlled dangerous substances for management of *chronic pain* under the following conditions:

   1) If the patient has one or more prescriptions totaling 90 morphine milligram equivalents (MME) or more per day; or

   2) If the patient is concurrently obtaining an opioid and a benzodiazepine.

   There are certain limited exceptions to these requirements, as described in Question 2 below.

2. **Are there any exemptions from the requirement to co-prescribe an opioid antidote set forth in the answer to question 1, above?**

   Yes. Prescribers do not need to co-prescribe an opioid antidote to a patient who is currently:

   - actively being treated for cancer,
   - receiving hospice care from a licensed hospice,
   - receiving palliative care, or
   - residing in a long-term care facility.

   Additionally, prescribers do not need to co-prescribe an opioid antidote when prescribing medication for treatment of substance abuse or opioid dependence, and the requirement does not apply to medications being administered pursuant to medication orders in in-patient facilities.

3. **Who is subject to the rule?**

   The temporary rule applies to the following licensees with authority to prescribe:

   - Physicians,
   - Podiatrists,
   - Physician Assistants,
   - Certified Nurse Midwives,
   - Dentists,
   - Advanced Practice Nurses, and
   - Optometrists.

4. **Does the rule apply to acute and chronic pain patients?**

   No. The rule applies only to patients who are continuously prescribed controlled dangerous substances for the management of *chronic pain*. "Chronic pain" is defined as pain that persists or recurs for more than three months.

5. **Under what circumstances is a patient considered to be concurrently obtaining an opioid and a benzodiazepine?**

   If a patient in treatment for chronic pain is prescribed both an opioid and a benzodiazepine, by one or more prescribers, such that both prescriptions are valid during the same time period, then the patient is considered to be concurrently obtaining an opioid and a benzodiazepine. In that case, the prescriber who prescribes the opioid must co-prescribe an opioid antidote (e.g., naloxone).

6. **Does the temporary rule apply to opioid medications in any Schedule, or only Schedule II opioid medications?**

   The temporary rule applies to all opioid medications, regardless of Schedule, that are continuously prescribed for management of chronic pain.

7. **Does the temporary rule apply to non-opioid controlled dangerous substances or combinations of non-opioids and benzodiazepine?**

   No. The temporary rule applies only to opioid medications that are continuously prescribed for management of chronic pain, or when the patient is concurrently obtaining an opioid and a benzodiazepine.

8. **Which guideline for conversion to MME do I utilize to determine whether my patient has one or more prescriptions totaling 90 MME or more per day?**

   Information regarding how to calculate daily morphine milligram equivalents can be found at: https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

9. **Are patients required to fill the opioid antidote prescription?**

   No. The temporary rule requires prescribers to co-prescribe an opioid antidote. The patient is not required to present or fill a co-prescription for an opioid antidote at the time the opioid or the opioid and benzodiazepine are dispensed, or at any time.

10. **If my patient sees more than one prescriber, who is required to co-prescribe an opioid antidote?**

    It is the responsibility of each prescriber treating a patient who meets the conditions that trigger the requirement to co-prescribe an opioid antidote to the patient. Although a patient may receive multiple co-prescriptions, the patient is not required to present any of them to be filled.

11. **How do I know if my patient is receiving a prescription for an opioid medication or benzodiazepine from another prescriber?**

    You should elicit information from the patient concerning his or her medication history, review prescription monitoring information available in the New Jersey Prescription Monitoring Program (NJPMP), and, to the extent available, review the patient's medical record to determine whether the patient is being prescribed an opioid medication or benzodiazepine.

    Prescribers are required to look up patients' prescription histories in the NJPMP on a quarterly basis (every three months) when prescribing a Schedule II controlled dangerous

substance or opioid drug for acute or chronic pain, or a Schedule III or IV benzodiazepine. More information about the NJPMP is available here: https://www.njconsumeraffairs.gov/pmp/Pages/default.aspx.

12. How long will this temporary rule remain in effect?

This temporary rule may remain in effect for the duration of the state of emergency or the public health emergency declared by Governor Murphy in Executive Order 103, whichever is longer.