



**Gurbir S. Grewal**, *Attorney General*

**Paul R. Rodríguez**, *Acting Director, Division of Consumer Affairs*

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

### **Frequently Asked Questions (FAQs) For Pharmacists**

**September 25, 2020**

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 an emergency 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. On September 1, 2020, the Division issued a [Frequently Asked Questions document for prescribers](#). Now, the Division is providing, below, answers to frequently asked questions to help *pharmacists* better understand their responsibilities under the emergency rule adopted in the Administrative Order.

### **1. What does the emergency rule require?**

The emergency 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 4 below.

### **2. Does the emergency rule apply to opioid medications in any Schedule, or only Schedule II opioid medications?**

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

### **3. What is “chronic pain”?**

“Chronic pain” is defined as pain that persists or recurs for more than three months.

### **4. 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.

#### **5. Does the rule apply to pharmacists?**

No. The emergency rule applies only to prescribers and does not apply to pharmacists.

#### **6. Do pharmacists have any obligations under the rule?**

No. The emergency rule does not impose any new obligations upon pharmacists.

However, pharmacists must continue to comply with the requirements of the Overdose Prevention Act (N.J.S.A. 24:6J-1 *et seq.*) when dispensing an opioid antidote, including by providing information on the proper use and administration of opioid antidotes (N.J.S.A. 24:6J-5). Pharmacists may choose to provide patients with a link to the Department of Health webpage, which contains instructions regarding the administration of opioid antidotes, as well as training videos. That webpage can be found [here](#).

Pharmacists must note in the patient profile that the required information was provided with the dispensing.

In addition, in accordance with Board of Pharmacy rule N.J.A.C. 13:39-7.13, pharmacists must continue to exercise professional judgment in filling prescriptions.

#### **7. Who is subject to the rule?**

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

- Physicians,
- Podiatrists,
- Physician Assistants,

- Certified Nurse Midwives,
- Dentists,
- Advanced Practice Nurses, and
- Optometrists.

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

If a patient 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).

**9. Are patients required to fill the opioid antidote prescription issued pursuant to the emergency rule's co-prescribing requirement?**

No. The emergency 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 other time.

**10. What should a pharmacist do if a patient presents an opioid prescription totaling 90 MME or greater per day or an opioid and a benzodiazepine, but does not present a prescription for an opioid antidote?**

The pharmacist should fill the opioid and/or benzodiazepine prescriptions and dispense the medication. The prescriber must co-prescribe an opioid antidote, but the patient is not required to fill the prescription for an opioid antidote.

Although the pharmacist is not required to contact the prescriber, the pharmacist may exercise their professional judgment to determine whether it is appropriate to contact the prescriber regarding the co-prescription of an opioid antidote, whether other practitioners are issuing prescriptions for opioids to the patient, or the prescribing of opioids to the patient generally.

Additionally, a pharmacist may use his or her professional judgment to determine whether to offer to a patient an opioid antidote pursuant to a standing order, and is required to comply with the provisions of the Overdose Prevention Act in dispensing an opioid antidote, as explained in the answer to question 6, above.

Guidance for Pharmacists Dispensing Opioid Antidotes pursuant to a standing order can be found [here](#).

**11. Is the pharmacist required to check the New Jersey Prescription Monitoring Program (PMP) to determine whether a co-prescription for an opioid antidote should have been prescribed?**

No. It is the prescriber's obligation to determine whether a patient meets the conditions that trigger the requirement to co-prescribe an opioid antidote, listed in the answer to question 1, above.

However, the pharmacist may utilize the patient profile information and the PMP to assess whether the conditions for issuing a co-prescription under the Administrative Order have been met, and exercise their professional judgment as to whether it is appropriate to contact the prescriber to ask about the co-prescription.

**12. What should a pharmacist do if he or she believes a patient is seeking CDS for a purpose other than treatment of a medical condition?**

Pharmacists are reminded that, pursuant to N.J.A.C. 13:45A-35.9, "if a pharmacist has a reasonable belief that a patient may be seeking a controlled dangerous substance for any purpose other than the treatment of an existing medical condition, such as for purposes of misuse, abuse, or diversion, the pharmacist shall not dispense a Schedule II controlled dangerous substance, any opioid, or a benzodiazepine drug that is a Schedule III or Schedule IV controlled dangerous substance to any person without first accessing the prescription monitoring information to determine if the person has received other prescriptions that indicate misuse, abuse, or diversion."

When pharmacists identify a patient as potentially having an issue of concern regarding drug use, they are encouraged to help the patient locate assistance and take any other action the pharmacist deems appropriate.

Additional information about the New Jersey Prescription Monitoring Program can be found [here](#).

**13. When is a pharmacist required to dispense an opioid antidote?**

The pharmacist is required to dispense an opioid antidote whenever a patient requests the opioid antidote either pursuant to a standing order or upon presentation of a prescription for the opioid antidote.

**14. Is the pharmacist required to train the patient on how to administer the opioid antidote?**

No. The pharmacist is not required to train the patient in the administration of an opioid antidote. There is a presumption that the individual is capable of administering the opioid antidote.

However, if the pharmacist is counseling the patient, and the patient asks questions about the proper administration of an opioid antidote the pharmacist should provide such instructions.

**15. How long will this emergency rule remain in effect?**

This rule will 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, or until the Division of Consumer Affairs amends or rescinds DCA Administrative Order No. 2020-08.