

# Prescribing Opioids in New Jersey



**When prescribing controlled dangerous substances (CDS), including opioids in any schedule, providers must:**

- Take a thorough history, including any history of substance use disorder;
- Either:
  - › Conduct a physical exam in-person; or
  - › During the current COVID-19 public health emergency (PHE), conduct an exam by telemedicine. For prescribing at a first visit, this telemedicine exam must be conducted using real time, interactive, audio-visual methods. For subsequent visits, a phone encounter is permitted.
- Develop a treatment plan with identified goals.

**The following requirements also apply, unless the prescription is being issued to a patient being treated for cancer, receiving hospice care, or residing in long term care facility, or the prescription is for treatment of substance use disorder, or if medications are being administered pursuant to medication orders in in-patient facilities:**

**When issuing an initial prescription for a Schedule II CDS or any opioid for patients suffering from acute pain, the prescriber must:**

- Discuss the risks and benefits of opioid treatment and alternatives;
- Limit the prescription to *no more than a 5-day supply at the lowest effective dose* of an immediate-release formulation;

**If, after the initial 5-day prescription, the patient requests a subsequent opioid prescription, the prescriber must:**

- Wait until at least the 4th day from the date of the initial prescription;
- Determine, after a consultation, in-person or by telephone, that an additional supply is necessary and does not present a risk of abuse, addiction or diversion;
- Tailor the supply to the patient's need, and never provide more than 30 days.

**When prescribing opioids to a patient for chronic pain (pain beyond 3 months), every 3 months the prescriber must:**

- Reiterate the discussion of the risks of opioids;
- Enter into a pain management agreement with the patient;
- Reassess treatment goals and make a reasonable periodic effort to taper or stop the prescribing;
- During the current COVID-19 PHE, prescribers must also co-prescribe naloxone if the patient has one or more prescriptions totaling 90 MME or more each day, or is concurrently obtaining an opioid and a benzodiazepine.

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Additional information and a sample pain management agreement are available on the Prescribing for Pain webpage:  
[NJConsumerAffairs.gov/prescribing-for-pain/Pages/default.aspx](https://NJConsumerAffairs.gov/prescribing-for-pain/Pages/default.aspx)

# Accessing the New Jersey Prescription Monitoring Program (NJPMP)



Prescribers are encouraged to access the NJPMP prior to prescribing controlled dangerous substance (CDS) to review a patient's prescription history and risk alerts.

Prescribers are required to access the NJPMP for a patient:

- The **first time** they prescribe any Schedule II medication or opioid for acute or chronic pain, or a Schedule III or IV benzodiazepine;
- Every **3 months** thereafter, if continuing to prescribe one of the above; and
- **Any time** the patient appears to be seeking CDS for any purpose other than the treatment of an existing medical condition (e.g., misuse, abuse, or diversion).

Patient information in the NJPMP is intended to supplement a patient evaluation, confirm a patient's drug history, and document compliance with a therapeutic regimen. When prescribers 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 they deem appropriate.

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For additional information regarding the New Jersey Prescription Drug Monitoring Program, please visit:

**[NJConsumerAffairs.gov/pmp](http://NJConsumerAffairs.gov/pmp)**

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