FREQUENTLY ASKED QUESTIONS

For Practitioners Licensed by the Board of Medical Examiners.

State law **makes it unlawful for a prescriber to issue an initial prescription for acute pain for more than a five-day supply. In addition, the dosage authorized by initial prescriptions for acute pain is to be limited to the lowest effective dose of an immediate–release opioid drug. To better understand how to comply with this limitation and other rule changes, the Board offers the following guidance.**

1. Q: Who is subject to the new rule?

A: *The new* rule applies to licensed physicians, podiatrists, physician assistants, and certified nurse midwives, all of whom are authorized to prescribe drugs in the course of professional practice. Advanced practice nurses, dentists, and optometrists are also covered by the law, but regulated by other licensing boards.

2. Q: What is acute pain?

A: "Acute pain" is defined to mean the "pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time." Post-operative pain is considered acute. "Acute pain" is distinguishable from chronic pain, pain being treated as part of cancer care, hospice or other end of life care, or pain being treated as part of palliative care.

3. Q: What is meant by the "initial prescription?"

A: A prescription is considered to be an "initial prescription" if it is written for a specific drug or that drug's pharmaceutical equivalent and has not been issued within the last year.

4. Q: How do I determine whether a patient was previously issued a prescription for a drug or its pharmaceutical equivalent?

A: 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 the patient's medical record to determine whether the patient has been prescribed the medication or its pharmaceutical equivalent in the last year. To the extent feasible, the practitioner may want to reach out to prior-treating prescribers or an identified pharmacy to confirm prior prescribing. Remember that the NJPMP may not include prescription information if prescriptions were filled in another state. Because the patient may have an immediate need, it is not necessary for the practitioner to await the production of a medical record from prior-treating healthcare professionals, but those undertaking to provide ongoing care to the patient should make efforts to incorporate relevant treatment records into their medical record and coordinate with other healthcare professionals who had treated the patient previously or are treating the patient concurrently.

5. Q: What determines the five-day supply?

A: The quantity is determined by the directed dose and the frequency of the dose that you authorize.

6. Q: What is meant by the lowest effective dose?

A: When opioids are started, practitioners should prescribe the lowest effective dosage, especially when prescribing to opioid naive patients. According to the March 2016 *CDC Guidelines*, practitioners should: (1) use caution when prescribing opioids at any dosage; (2) carefully reassess evidence of individual benefits and risks when considering increasing dosage to =50 morphine milligram equivalents (MME)/day; and (3) avoid increasing dosage to =90 MME/day or carefully justify a decision to titrate dosage to =90 MME/day. The CDC Guidelines define (MME)/day as the amount of morphine an opioid dose is equal to when prescribed. It is often used as a gauge of the abuse and overdose potential of the amount of opioid that is being given at a particular time. Although neither the rule nor the statute reference MME, practitioners may find it helpful in assessing the dosages given, particularly when the patient may be taking more than one opioid. The CDC website includes information to assist in calculating MMEs.

7. Q: What are immediate-release opioids?

A: *Immediate-release opioids* are faster acting medications with a shorter duration of pain-relieving action.

8. Q: Do I need to use a special prescription?

A: No, but if you are issuing an initial prescription for acute pain, you should note that on the prescription, as there may be an impact on the patient's co-payment obligation.

9. Q: What if my patient is still experiencing severe pain on the fifth day; can I issue another prescription?

A: Yes, but you should advise your patient that the initial prescription is not refillable, unless and until you and the patient have a follow-up consultation, so that you can assess the ongoing needs of the patient and whether alternative treatments or medications would be more appropriate. That consultation need not be an in-person visit, but can be accomplished via a telephone call. The consultation, however, must be with you or a covering prescriber, not office staff. In determining whether to issue another prescription, the prescriber, in the exercise of his or her professional judgment, is obligated to consider and document the following factors in the patient record:

(1) That additional "days' supply" of the prescribed opioid drug is necessary and appropriate to the patient's treatment needs, and

(2) Does not present an undue risk of abuse, addiction, or diversion.

A practitioner should always limit the quantity to the "days' supply" that he or she considers necessary to meet the patient's treatment needs and avoid providing medication "just in case." The second prescription, issued after the expiration of the initial prescription, can be issued for an additional "days' supply," not to exceed 30 days. As a result, the maximum allowable "days' supply" for the first two prescriptions would be a 35-day supply, but prescribers should make every effort to limit the second prescription to the patient's actual needs and avoid providing more than is reasonably expected to be needed at that stage of recovery.

10. Q: What if I expect to be unavailable on the day the patients supply expires because I will not be on call?

A: You can authorize the second prescription to treat acute pain associated with the condition that necessitated the initial prescription on the fourth day, just as you would on the fifth day, so long as you consult with the patient and, in the exercise of your professional judgment, determine that an additional "days' supply" is needed and there is no undue risk of abuse, addiction or diversion. There may be some circumstances, for example, after major surgery or major traumatic injuries, including long bone fractures and severe burns, where the practitioner should plan ahead and make arrangements to consult with the patient on the fourth or fifth day following the initial prescription to assure that the patient has a sufficient supply of medication to meet his or her specific needs. If the prescriber issuing the initial prescription knows that he or she will be unavailable on the fourth or fifth day, he or she may deem it appropriate to alert a covering prescriber that the patient may need an additional limited supply that will provide pain relief until the original prescriber is available.

11. Q: How will I be able to get the second prescription to the patient so that he or she can fill the prescription at the pharmacy?

A: If you and the patient's pharmacy are able to engage in e-prescribing, the patient will not have to physically obtain the prescription from you. The patient or someone authorized by the patient, of course, will still need to pick up the medication, but the patient will be relieved of the need to physically obtain the prescription. If you or the pharmacy do not have the ability to engage in e-prescribing, and after the requisite consultation, you conclude that the patient's needs can be met by a medication that is classified as a Schedule III controlled substance, you can call in that prescription. If you conclude that the patient has an emergency need for a Schedule II controlled substance, you can call in a *72-hour emergency supply*, for which the pharmacist will generate a prescription with all the pertinent information, except your signature. You will need to follow-up with a written prescription within seven days.

Neither the five-day supply limit, nor the requirement to access New Jersey Prescription Monitoring Program (NJPMP) information apply when treating a patient for chronic pain associated with active treatment for cancer, or with respect to a patient in a licensed hospice or long term care facility or receiving palliative care. While the statute does not require a discussion of risks of opioids with respect to patients being actively treated for cancer, or in a licensed hospice, or long term care facility, or receiving palliative care, or treatment for substance abuse, the general standard of medical care entails a discussion of treatment goals and the risks and benefits of therapeutic options.

12. Q: What is chronic pain?

A: "Chronic pain" means pain that persists for three or more consecutive months and after reasonable medical efforts have been made to relieve the pain or its cause, it continues, either continuously or episodically.

13. Q: What is "palliative care?"

A: "Palliative care" means care provided to an individual suffering from an incurable progressive illness that is expected to end in death, which is designed to decrease the severity of pain, suffering, and other distressing symptoms, and the expected outcome of which is to enable the individual to experience an improved quality of life.

14. Q: What exactly am I required to discuss with my patient when prescribing controlled substances?

A: You must *discuss* the following information:

- the reasons why the medication is being prescribed,
- the possible alternative treatments, and
- the risks associated with the medication.

Patients, adults and *minors*, should be made aware of all of the risks and benefits of treatment with Schedule II controlled substances or any opioids for acute or chronic pain.[7]

15. Q: Is there anything else I need to discuss with my patients specifically regarding opioid drugs?

A: Yes, with respect to opioid drugs, you must also discuss the following:

- that opioids are highly addictive, even when taken as prescribed;
- the risks of developing addiction, physical or psychological dependence, and overdose associated with opioid drugs;
- the risks associated with taking more opioids than prescribed, including excess sedation, respiratory depression and death;
- the danger of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants; and
- the requirements for *proper storage and disposal*.

16. Q: What are the side effects of opioid treatment and withdrawal that I should discuss with the patient at the outset of treatment?

A: You should discuss the possible side effects that the patient may experience to include: nausea, vomiting, constipation, dry mouth, fluid retention, weight gain, weight loss, suppression of the immune system, suppression of thyroid function, suppression of menstrual cycle, suppression of male hormone, sleeping abnormalities, sweating, edema sedation, confusion, depression, itching, and allergic reaction. If addiction or physical dependence develops and the patient stops taking opioids, withdrawal symptoms may include abdominal and muscle cramps, irritability, nausea, vomiting, sweating, body aches, runny nose, yawning, anxiety, and sleep problems. If the patient is pregnant or becomes pregnant while taking opioids, the baby may be physically dependent on the opioids and withdrawal can be life threatening to the baby.

17. Q: At what point in time do I need to have these discussions with my patient?

A: If the patient is an adult, you must have these discussions BOTH **prior** to issuing an initial prescription for a Schedule II CDS for pain or ANY opioid drug AND **prior** to issuing the 3rd prescription of the course of treatment.

18. Q: With whom do I have these discussions if my patient is a minor?

A: If the patient is under 18 years of age and is not an emancipated minor, you are required to have these discussions with the patient's parent or guardian. However, given the risks of abuse and overdose associated with opioid treatment, you should consider whether the minor should be included in the discussion, depending on his or her age and level of maturity. If the patient is an emancipated minor, you should have the conversation with the minor.

19. Q: How frequently must I have these discussions if my patient is a minor?

A: You need to have a discussion with the patient's parent or guardian or emancipated minor concerning the risks of opioid treatment prior to the issuance of EVERY prescription. However, given the risks of abuse and overdose associated with opioid treatment, you should consider whether the minor should be included in the discussion, depending on his or her age and level of maturity. If the patient is an emancipated minor, you should have the conversation with the minor.

20. Q: Once I have these required discussions with my patients, is there anything else that I am required to do?

A: Yes, you must include a note in the patient record documenting that the discussions took place.

21. Q: Can I just give my patient a handout with information about opioids?

A: No. Although you may give your patient a handout as a supplement to the discussion, you must discuss the risks and benefits of opioid therapy.

Good medical practice, and the Board's prior rule, always have required practitioners to thoroughly assess patient needs before prescribing controlled substances. The new rule, and the newly enacted statute, are clearer with respect to the general standard of care, and more explicit about the need for, and content of, the discussion that should take place in advance of, and during the course of treatment, and the requirements of ongoing monitoring, including the mandatory use of pain management agreements.

22. Q: Does the new rule set forth the steps I need to take when I initiate the prescribing, dispensing, or administering of controlled substances?

A: Yes, whenever you initiate the prescribing of a controlled substance -- any controlled substance -- for whatever purpose, whether for acute or chronic pain, anxiety or ADHD, you must perform 5 mandatory steps.

STEP 1: Take a thorough medical history, including the patient's history of substance use or abuse, and, if the presenting complaint involves pain, the history should also address:

- the nature, frequency, and severity of any pain; and
- the patient's experience with non-opioid medication and non-pharmacological pain management approaches.

STEP 2: Conduct a physical examination ***appropriate*** to your specialty, to include an assessment of physical and psychological function, and an evaluation of underlying or coexisting diseases or conditions. As this section of the rule applies to all controlled substances, including those prescribed for conditions other than pain, it is recognized that the type of examination conducted by physicians in certain specialties, like evaluations of psychiatric disorders by psychiatrists, may differ markedly from those undertaken by internists.

STEP 3: Check the information regarding your patient on the NJPMP and consider that information when prescribing controlled substances for acute or chronic pain. Although *N.J.S.A. 45:1-46.1, the NJPMP statute*, requires prescribers to access NJPMP information only when prescribing Schedule II controlled substances, information about other controlled substances, such as stimulants or benzodiazepines, may have bearing on the treatment decisions to be made.

If you are exempted from the mandatory look-up provisions under N.J.A.C. 13:45A-35.9(c) -- for example, if you are seeing the patient in an emergency department of a hospital, and providing no more than a five-day supply -- you should still consider accessing NJPMP information to better inform your treatment decisions, even though you are not required to do so. When prescribing controlled substance for purposes other than for the treatment of pain -- for example for ADHD, you should also consider accessing the NJPMP.

STEP 4: Develop a treatment plan, which identifies the objectives by which treatment success is to be evaluated, such as pain relief and improved physical and psychological function. With respect to patients presenting with pain, you should focus on determining the cause of the patient's pain and identify further diagnostic evaluations to be undertaken and any other treatments planned.

STEP 5: Prepare a detailed medical record which includes the following information:

- the patient's medical history;
- your findings on examination;
- any relevant NJPMP data;
- your recommended treatment plan;
- the complete name of the controlled substance the dosage; strength and quantity of the controlled substance; and
- the instructions as to frequency of use.

23. Q: Are there restrictions on the days' supply that can be prescribed?

A: Other than for initial prescriptions for acute pain, the rule provides that a practitioner may authorize a quantity at the lowest effective dose in an amount that shall not exceed a 30-day supply.

24. Q: Are there any exceptions to the 30-day supply limitation?

A: As with the prior Board rule, a practitioner may issue up to three separate prescriptions authorizing a patient to receive a total of up to a 90-day supply of a Schedule II controlled dangerous substance provided that:

- Each separate prescription is issued for a legitimate medical purpose by the practitioner acting in the usual course of professional practice;
- 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;
- The practitioner determines that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse; and
- The practitioner complies with all other applicable State and Federal laws and regulations.

There is also an exception for the prescription of an implantable infusion pump that is utilized to achieve pain management for patients suffering from cancer, intractable pain,

or terminal illness. A prescription for such an implantable infusion pump may provide up to a 90-day supply, as long as the physician evaluates and documents the patient's continued need at least every 30 days.

25. Q: If I am continuing to prescribe Schedule II controlled substance or an opioid of any schedule for pain continuously for three months or more for chronic pain, do I have to go through the five steps described above every time I issue a prescription?

A: While your ongoing treatment would not require you to conduct as comprehensive of a history or examination of your patient with chronic pain on every visit, you are required to:

- Conduct a review of the treatment plan every 3 months to determine if there is any new information about the etiology of the patient's pain and whether treatment goals are being met.
- Assess the patient prior to issuing each renewal to determine whether the patient is experiencing any problems such as physical or psychological dependence.
- Make periodic reasonable efforts, unless clinically contraindicated to either stop the use of the CDS, taper its dosage or try other medications or alternative treatment modalities. For guidance to assist you in identifying techniques to taper use, attempt alternative treatments or make referrals, see the following:

  - www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf
  - www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
  - www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Pain_Opioid_Taper_Tool_IB_10_939_P96820.pdf.

These steps should be taken in an effort to reduce the potential for abuse or dependence.

- Access PMP and consider the PMP information in your treatment of the patient.
- Monitor your patient's compliance with the pain management agreement and discuss any breaches that reflect that the patient is not taking the prescribed medications as instructed or is taking other drugs – illicit or prescribed by other practitioners.
- Conduct random urine screens at least once every 12 months.
- Advise your patients, or the patient's parent or guardian, of the availability of an opioid antidote if you have prescribed them an opioid drug to treat chronic pain.
- Refer your patient to a pain management or addiction specialist for independent treatment and evaluation or treatment if you deem necessary in order to achieve treatment objectives.
- Carefully document, with specificity, all of the steps outlined above, including discussions that you have had with your patient about alternative treatments and compliance with the treatment regimen.

26. Q: What is a pain management agreement and at what point am I required to enter into a pain management agreement with my patient?

A: A pain management agreement is a written contract or agreement that is executed by both you and your patient. It must be signed and dated prior to the issuance of the 3rd prescription for the ongoing treatment of pain using a Schedule II controlled dangerous substance or any opioid drug. If a practitioner has entered into a pain management agreement with a patient prior to the issuance of the third prescription, it is not necessary to enter into an additional pain management agreement.

The Division/Board has provided an example of a *pain management agreement*. You are not required to use this specific model, although it includes all the requisite elements.

27. Q: What must the pain management agreement contain?

A: The pain management agreement must:

- Document the understanding of both you and your patient regarding the patient's pain management plan.
- Establish your patient's rights with respect to treatment and his/her obligation concerning his/her responsible use, discontinuation of use, storage and disposal of all controlled substances, refills, and acceptance of similar prescriptions from other prescribers.
- Identify the specific medications being prescribed at the time that it is executed, noting that change in medication may occur during the course of treatment and alternative modes of treatment may be part of the treatment plan.
- Specify the steps you may take to monitor the patient's compliance, including random specimen screens and pill counts.
- Delineate the process for terminating the agreement, including the steps that you can take should the patient fail to comply with the terms of the agreement. For guidance on terminating treatment, see:

  - www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Pain_Opioid_Taper_Tool_IB_10_939_P96820.pdf
  - www.oregonpainguidance.org/wp-content/uploads/2014/04/OPG_Guidelines.pdf.

Please note that these requirements do not apply to a prescription for a patient who is currently in active treatment for cancer, receiving hospice care from a licensed hospice, is receiving palliative care, is a resident of a long term care facility or to any medications that are being prescribed for the treatment of opioid use disorder (for example, methadone, suboxone).

28. Q: What should I advise my patient about storage and disposal of their medications?

A: You should counsel your patients to store their medications securely, never share with others, and properly dispose of unused and expired medications. You can alert your patients to Take Back days or the locations of Project Medicine Drop or advise them to use a drug disposal pouch. See: www.njconsumeraffairs.gov/meddrop/Pages/Safety.aspx

Under the law, practitioners will be required to obtain one credit of continuing education on topics relating to opioid prescribing, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion. The Board will advise you when you must demonstrate compliance with this requirement.

29. Q: Will there be a specific continuing education course that I must take or will the Board be approving courses?

A: No specific course is mandated and the Board will not be approving courses. Amendment to the Board's continuing education rules has not been pursued at this time, but will be advanced well before the next renewal cycle.

Additional information regarding the New Jersey Prescription Monitoring Program (NJPMP) is provided below.

30. Q: Who can access the data in the NJPMP?

A: Pursuant to *N.J.S.A. 45:1-45 et seq.*, direct access to the NJPMP is limited to prescribers, delegates and pharmacists who are licensed by the State of New Jersey, are in good standing with their respective licensing boards, and who have registered with Appriss, the private vendor contracted to maintain the NJPMP, via the *NJPMP site*; the NJPMP Administrator and certain other authorized personnel of the Division, including designated

representatives of the State licensing boards that regulate the practice of persons authorized to prescribe or dispense CDS or HGH; and authorized representatives of Appriss.

The Division may grant access to data from the NJPMP to Federal, State, municipal law enforcement officers, designated representatives of a State Medicaid program, the State Medical Examiner, or county medical examiner who are acting pursuant to a court order and who certify they are engaged in a bona fide investigation of a designated practitioner, pharmacist or a patient. The Division may also grant access to NJPMP data if required by a grand jury subpoena.

The Division is required to provide certain NJPMP data, including prescriber-, delegate-, pharmacist-, and/or patient-identifying information, to law enforcement agencies or professional licensing boards, if the Division determines a prescriber, delegate, pharmacist, or patient may have violated the law or committed a breach of prescriber's, delegate's, or pharmacist's standards of practice. The Division also may provide NJPMP data – not including patient-identifying information – to public or private entities for statistical, research, or educational purposes. For further information, visit www.njconsumeraffairs.gov/pmp/Pages/FAQ.aspx. See also *N.J.A.C. 13:45A-35.1*.

31. Q: How do I access the NJPMP to look up my patient?

A: Access to the New Jersey Prescription Monitoring Program (NJPMP) database at https://newjersey.pmpaware.net/ is granted to prescribers and pharmacists who are licensed by the State of New Jersey and are in good standing with their respective licensing boards. Registered prescribers may delegate authority to access the NJPMP to certain other healthcare professionals. To obtain access to the NJPMP, prescribers, delegates, and pharmacists must first register with PMP AWARxE by following the below steps:

1. Go to https://newjersey.pmpaware.net/, a secure website maintained by Appriss, the vendor contracted by the State to manage the NJPMP.

2. Click on the "Create an Account" link to register. The user ID will be your unique email address, which may not be a shared email address.

3. Follow the instructions, which may include entering your full professional license number, Federal DEA number, NJ State CDS Registration number, full name as it appears on your professional license, and other information. Pharmacists will be required to enter their pharmacy's Federal DEA number. PMP AWARxE utilizes an auto-validation process, which requires complete and accurate data.

4. Certified Medical Assistants (CMA) will be required to print out, complete and upload a notarized "request for access" form and a copy of their State-accepted Certified Medical Assistant certificate.

    - CMA registrations require review and approval by the NJPMP administrator.

5. If your account fails to auto-validate, it will remain in pending status, requiring NJPMP administrator review.

6. Following approval of your account, you will be prompted to complete a mandatory, brief tutorial about the NJPMP.

    For technical assistance, please contact the Appriss help desk at (844) 464-4767. For questions or issues related to your user registration or account, please email NJPMP@dca.lps.state.nj.us or call (973) 273-8010.

    For further information regarding the NJPMP, visit www.njconsumeraffairs.gov/pmp/Pages/FAQ.aspx.

32. Q: *What is a delegate account?*

A: Prescribers registered with the NJPMP may delegate their authority to access the NJPMP to healthcare professionals who meet certain criteria and who must also register with the NJPMP. For further information, visit www.njconsumeraffairs.gov/pmp/Pages/FAQ.aspx.

33. Q: *What are the criteria for a delegate?*

A: Delegates are required to be licensed in the State of New Jersey as a registered nurse, licensed practical nurse, advanced practice nurse without prescriptive authority, physician assistant without prescriptive authority, dental hygienist, or registered dental assistant who has completed the requirements set forth at *N.J.A.C. 13:45A-35.8*. Medical and dental residents authorized by a faculty member from a medical or dental teaching facility may also be delegates.

Certified medical assistants (CMA) who meet requirements set forth at *N.J.S.A. 45:1-44* may register as an unlicensed delegate. In order to register as an unlicensed delegate, CMAs must meet all requirements, as defined in *N.J.S.A. 45:1-44*, certify that they have completed the necessary training and provide a copy of the certificate of completion from a State-approved program. In order to register as an unlicensed delegate, CMAs must meet all requirements, as defined in *N.J.S.A. 45:1-44*, and certify that they have completed the necessary training and provide a copy of the certificate of completion from a State-approved program. The State currently recognizes the Certifying Board of the American Association of Medical Assistants (AAMA), the National Center for Competency Testing (NCCT), or the American Medical Technologists (AMT), as valid for registering as a delegate.

Before delegates are able to access NJPMP data, they must register and be linked to a prescriber who is registered with the NJPMP. The prescriber will be responsible for supervising his or her delegate's activities.

For further information, visit www.njconsumeraffairs.gov/pmp/Pages/FAQ.aspx.

34. Q: *How do delegates register with the NJPMP?*

A: Delegates may register with the New Jersey Prescription Monitoring Program at https://newjersey.pmpaware.net/login. By clicking "Create an Account", the delegate may begin the registration process.

Delegates licensed in the State of New Jersey as a registered nurse, licensed practical nurse, advanced practice nurse without prescriptive authority, physician assistant without prescriptive authority, dental hygienist, or registered dental assistant may register with the NJPMP as a licensed delegate. Delegates registered with the State of New Jersey as a medical or dental resident will register with the NJPMP as a licensed delegate. Licensed delegates' credentials will be verified by comparison with information maintained by their licensing boards.

Delegates who are not licensed in the State of New Jersey, such as CMAs, will receive an email with a link to create a password and they will receive a registration form which will need to be verified, completed, signed, notarized, and uploaded to the NJPMP by the delegate. Instructions and reminders will be provided throughout this process. In order to register as an unlicensed delegate, CMAs must meet all requirements, as defined in *N.J.S.A. 45:1-44*, and certify that they have completed the necessary training and provide a copy of the certificate of completion from a State-approved program. The State currently recognizes the Certifying Board of the American Association of Medical Assistants (AAMA), the National Center for Competency Testing (NCCT), or the American Medical Technologists (AMT), as valid for registering as a delegate.

Following completion of the initial process, an email will be sent to the delegate's supervising prescriber. The supervisor is required to review the information and any associated documents for completeness and approve the delegate's account. Delegates will not be able to access NJPMP data until they are approved by an active NJPMP prescriber.

For technical assistance, please contact the Appriss help desk at (844) 464-4767. For questions or issues related to your user registration or account, please email NJPMP@dca.lps.state.nj.us or call (973) 273-8010. For further information regarding the New Jersey Prescription Monitoring Program, visit www.njconsumeraffairs.gov/pmp/Pages/FAQ.aspx.

35. Q: As a supervisor of a delegate, what are my responsibilities?

A: Under *N.J.S.A. 45:1-46*, supervisors are responsible for their delegates' use or misuse of the NJPMP by, and are responsible for providing oversight, of their delegates. The supervisor is responsible for ensuring compliance with the recordkeeping requirements, conducting a bi-annual audit, and verifying the education, training, licensure, or certification requirements for each delegate. The supervisor is also responsible for ensuring the delegate understands the limitations on disclosure of the prescription monitoring information, and the Federal and State laws, rules, and regulations concerning the confidentiality of patient information.

The supervisor who designates a delegate shall terminate the delegate's access to the NJPMP when a delegate, for any reason, is no longer authorized to be a delegate and notify the Division within five business days and submit supporting evidentiary documentation when he/she learns of any potential unauthorized use by a delegate of the NJPMP or prescription monitoring information.

Supervisors may manage their delegates from the 'User Profile' tab located in the top right of the menu bar next to the 'Help' button within the NJPMP.

For further information, visit www.njconsumeraffairs.gov/pmp/Pages/FAQ.aspx.