



# *Prescribing and Dispensing Profile*

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## New Jersey



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## Schedule II Prescribing Limitations (not related to pain clinics)

Schedule II substances may only be dispensed on the written prescription of a practitioner

- May be dispensed on the oral prescription of a practitioner in emergency situations
  - Must be reduced promptly to writing
  - Quantity prescribed must be limited to an amount adequate to treat the patient during the emergency period not to exceed 72 hours
  - If the prescriber isn't known to the pharmacist, s/he must make a reasonable effort to determine that the oral authorization came from a registered practitioner, which may include a callback to the practitioner's telephone number as listed in the telephone directory and/or other good faith efforts to insure his identity
  - Prescriber shall cause a written prescription to be delivered to the pharmacy within 72 hours
- May be dispensed on the faxed prescription of a practitioner in the following circumstances:
  - Schedule II narcotics to be compounded for direct administration to a patient via certain methods
  - Patient in a long term care facility or hospice program

Prescriptions written for a Schedule II substance may not exceed a 30 day supply

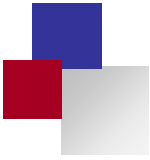
- Physician may issue multiple prescriptions authorizing a patient to receive up to a 90 day supply of a Schedule II substance as long as the following conditions are met:
  - Each prescription is issued for a legitimate medical purpose
  - The physician provides written instructions on each prescription indicating the earliest date on which it can be filled
  - The physician determines that providing the patient with multiple prescriptions doesn't create an undue risk of diversion or abuse
  - The first prescription shall not be filled more than 30 days after issued
  - Second and third prescriptions shall not be filled more than 30 days after the date indicated on the prescription as the earliest date on which the prescription may be filled

Physicians shall not prescribe more than 120 dosage units, or a 30 day supply, of any Schedule II substance unless certain exceptions are met (see pain management section)

Prescriptions must be filled within 30 days of being issued

Schedule II prescriptions shall be maintained in a separate prescription file

Schedule II prescriptions shall not be refilled



## Schedule III, IV and V Prescribing Limitations (not related to pain clinics)

Schedule III and IV substances may only be dispensed on the written or oral prescription of a practitioner

Schedule V substances may only be dispensed for a valid and accepted medical purpose

Prescriptions must be filled within 30 days of being issued

Schedule III – V prescriptions shall be maintained in a separate prescription file or in such form that they are readily retrievable from other prescription records of the pharmacy

Schedule III and IV substances may not be filled or refilled more than six months after the date of original issue or refilled more than five times unless renewed by the practitioner

### Miscellaneous Prescribing/Dispensing Requirements

Physician shall not dispense drugs or issue prescriptions to an individual without first having conducted an examination, which shall be appropriately documented in the patient record

- Examination shall include:
  - Appropriate history and physical examination
  - Diagnosis
  - Therapeutic plan
- Examination not required in the following circumstances:
  - Admission orders for newly hospitalized patient
  - For a patient of another physician for whom the practitioner is taking calls
  - For continuation medications on a short term basis for a new patient prior to the patient's first appointment
  - For an established patient who, based on sound medical practice, the physician believes does not require a new examination before issuing a new prescription
  - For a patient examined by a healthcare professional who is in collaborative practice with the physician
  - When treatment is provided for an emergency medical condition
    - Emergency medical condition means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could result in placing the health of the individual in jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part

Physician shall not dispense more than a 7 day supply of any medication to a patient

- Shall not dispense the same or substantially equivalent medication at a greater frequency than once every 30 days
- Shall assure that information is given to the patient regarding the alternative availability of the drug outside the practitioner's office
- Shall disclose to the patient in advance of purchase and again on the bill the actual acquisition cost of the drug
- Shall be dispensed at or below the cost to the physician plus an administrative cost not to exceed 10% of the cost of the drug or medicine



## Miscellaneous Prescribing/Dispensing Requirements, cont'd.

- Provisions do not apply to a physician:
  - Who dispenses drugs or medicines in a hospital emergency room, a student health center, or a publicly subsidized community health center, family planning clinic, or prenatal clinic, if the drugs dispensed are directly related to services provided at the facility
  - Whose practice is situated 10 or more miles from a pharmacy
  - When he dispenses allergenic extracts and injectables
  - When he dispenses drugs pursuant to an oncological or AIDS protocol
  - When he dispenses salves, ointments, or drops
  - When he dispenses a drug or medicine delivered to the eye through a contact lens
- Must provide patient with a copy of the notice regarding drug disposal with each prescription dispensed

When prescribing, administering, or dispensing controlled substances, a practitioner shall ensure that:

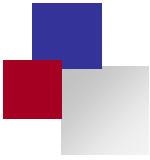
- A patient's medical history has been taken and physical exam accomplished, including an assessment of physical and psychological function, underlying or coexisting diseases or conditions, any history of substance abuse and the nature, frequency, and severity of any pain
- Medical record shall reflect:
  - A recognized medical indication for the use of the controlled substance
  - The complete name of the substance
  - The dosage, strength, and quantity
  - The instructions for frequency of use

Pharmacists may dispense an emergency supply of no more than a 72 hour quantity of a chronic maintenance drug or device if, in his or her professional judgment, refusal would endanger the health or welfare of the patient, providing the following conditions are met:

- The pharmacist first ascertains to the best of his or her ability, by direct communication with the patient or caregiver, that such medication or device was prescribed for that patient by order of practitioner
  - Patient or caregiver shall be required to provide suitable identification
- Pharmacist documents the dispensing of the emergency supply in the prescription record system

Prescriptions must include the following:

- Physician's license number or the unique provider number assigned to a health care facility
- Practitioner's full name, address, telephone number, license number, and proper academic degree or identification of professional practice for which licensed
- Full name, age, and address of patient
- Date of issuance
- Name, strength, and quantity of drug prescribed
- Words, in addition to numbers, to indicate the drug quantity authorized if the prescription is for a Schedule II substance
- Number of refills permitted or time limit for refills, or both
- Signature of prescriber
- Practitioner's DEA number
- Adequate instruction for the patient as to frequency



## Prescribing/Dispensing Limitations for Dentists

No separate statutes or regulations related to prescribing and dispensing limitations for dentists.

## Prescribing/Dispensing Limitations for Optometrists

Optometrists may prescribe pharmaceutical agents, excluding injections and controlled dangerous substances in Schedule I or II, for the purpose of treating deficiencies, deformities, diseases, or abnormalities of the human eye and adnexae

Whenever there is a duty with respect to the prescription, administration, or dispensing of a drug any drug which applies to any person authorized to prescribe that drug, the same shall apply to an optometrist when prescribing, administering, or dispensing a pharmaceutical agent

- Optometrist shall not dispense a prescription exceeding a 72 hour supply of that prescription unless the prescription is dispensed at no charge to the patient

## Pain Clinic/Pain Management Regulations

A practitioner may exceed the 120 dosage units/30 day supply restriction on prescribing of Schedule II substances in the following circumstances:

- The practitioner follows a treatment plan designed to achieve effective pain management, which has been tailored to meet the needs of the patient who is suffering pain from cancer, intractable pain, or terminal illness
  - Treatment plan shall state objectives by which treatment success is to be evaluated, such as pain relief and improved physical and psychological function, and shall indicate if further diagnostic evaluations or other treatments are planned
  - The practitioner shall discuss the risks and benefits of the use of controlled substances with the patient
- A practitioner may prescribe an implantable infusion pump which is utilized to achieve pain management for patients suffering from cancer, intractable pain, or terminal illness
  - Implantable pump may provide a 90 day supply so long as the physician evaluates and documents the patient's continued need at least every 30 days
- Practitioner may prescribe multiple prescriptions authorizing a patient to receive a total of up to a 90 day supply with the limitations set out above

When controlled substances are continuously prescribed for management of pain for three months or more, the practitioner:

- Shall review, at a minimum every three months, the course of treatment, any new information about the etiology of the pain, and the patient's progress toward treatment objectives
- Shall remain alert to problems associated with physical and psychological dependence
- Shall periodically make reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled substance, decrease the dosage, try other drugs such as NSAIDs, or treatment modalities in an effort to reduce the potential for abuse or the development of physical or psychological dependence





## Pain Clinic/Pain Management Regulations, cont'd.

If treatment objectives are not being met, the practitioner:

- Shall assess the appropriateness of continued treatment with controlled substances or undertake a trial of other drugs or treatment modalities
- Shall consider referring the patient for independent evaluation or treatment in order to achieve treatment objectives

Practitioners shall remain alert to the possibility of misuse or diversion

- Practitioners managing pain in a patient with a history of substance abuse shall exercise extra care by way of monitoring, documentation, and possible consultation with addiction medicine specialists, and should consider the use of an agreement between the practitioner and patient concerning the use of controlled substances and consequences of misuse

Practitioner shall keep accurate and complete records including:

- The medical history and physical exam of the patient
- Other evaluations and consultations
- Treatment plan objectives
- Evidence of informed consent
- Treatments and drugs prescribed or provided
- Any agreements with the patient
- Periodic reviews conducted



## Training or Education Requirements or Recommendations for Practitioners who Prescribe or Dispense Controlled Substances

No specific statutes or regulations identified.

## Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions

This section deals only with the conditions that qualify a patient for the use of medical marijuana or a therapeutic research program and the attendant physician responsibilities. For complete information on state medical marijuana and therapeutic research programs, please visit the NAMSDDL website at [www.namsdl.org](http://www.namsdl.org).

Debilitating medical condition means:

- One of the following conditions, if resistant to conventional medical therapy: seizure disorder, including epilepsy; intractable skeletal muscular spasticity; glaucoma
- One of the following conditions, if severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome, results from the condition or treatment thereof: HIV/AIDS; cancer
- Amyotrophic lateral sclerosis, multiple sclerosis, terminal cancer, muscular dystrophy, inflammatory bowel disease, including Crohn's disease
- Terminal illness, if the physician has determined a prognosis of less than 12 months of life



## Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

Bona fide physician-patient relationship means a relationship in which the physician has an ongoing responsibility for the assessment, care, and treatment of a patient's debilitating medical condition

- Ongoing treatment shall not be limited to the provision of authorization for a patient to use medical marijuana or consultation solely for that purpose
- Ongoing responsibility means:
  - The physician-patient relationship has existed for at least one year
  - The physician has seen and/or assessed the patient for the debilitating medical condition on at least four visits
  - The physician assumes responsibility for providing management and care of the patient's debilitating medical condition after conducting a comprehensive medical history and physical exam, including a personal review of the patient's medical record maintained by other treating physicians reflecting the patient's reaction and response to conventional medical treatment

Physicians seeking to be eligible to submit certifications must register with the department

Written certification shall:

- Contain the following:
  - The physician's name, address, and telephone number
  - The physician's license number as issued by the New Jersey board
  - A statement that the physician is licensed and in good standing to practice medicine in New Jersey and possesses an active controlled dangerous substance registration issued by the division of consumer affairs
  - A statement that the physician has an ongoing responsibility for the assessment, care, and treatment of the patient's debilitating medical condition
  - The patient's name, address, and telephone number
  - The patient's diagnosis
  - A statement that the patient's diagnosis qualifies as a debilitating medical condition
  - Written instructions to the patient concerning the total amount of usable marijuana that may be dispensed to the patient, in weight, in a 30 day period, which amount shall not exceed two ounces
  - Physician's certification that s/he has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient and has documented the explanation in the patient's medical record
    - Certification shall include the following statement:  
"I have completed a comprehensive history and physical on this patient and have documented an assessment and treatment plan. I have provided education to the patient on the lack of scientific consensus for the use of medicinal marijuana, its sedative properties and the risk of addiction. The patient has provided informed consent. I will continue to follow this patient at a minimum of every three months and re-assess the patient's debilitating medical condition and responses to treatment options."



## Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

Physician shall provide written instructions to a patient to present to an alternative treatment center concerning the total amount of usable marijuana that a patient may be dispensed, in weight, in a 30-day period, not to exceed two ounces

- If no amount is noted, the maximum amount that may be dispensed at any one time is two ounces
- May issue multiple written instructions at one time to authorize the patient to receive a total of up to a 90-day supply, provided that the following conditions are met:
  - Each separate set of instructions shall be issued for a legitimate medical purpose
  - Each separate set of instructions shall indicate the earliest date on which the center may dispense the marijuana
  - The physician has determined that providing the patient with multiple instructions does not create an undue risk of diversion or abuse

Physician may provide written instructions for the medical use of marijuana for a qualified patient provided:

- The instructions shall include the following information:
  - Physician name, address, and telephone number
  - Physician license number and CDS registration number
  - Patient name, address, telephone number, date of birth, and registry identification number
  - If applicable, caregiver name, address, telephone number, date of birth, and registry identification number
  - Name of the permitted alternative treatment center
  - Quantity of marijuana to be dispensed
- Physician shall review, a minimum of every three months, the course of treatment for the patient's debilitating medical condition, and the patient's progress toward treatment objectives as a result of the use of medical marijuana, including whether the patient:
  - Is achieving the intended therapeutic results
  - Has developed significant untoward side effects
  - Is experiencing any physical or psychological problems associated with marijuana use
- If treatment objectives are being reached and there are no untoward side effects, the physician may continue the patient's treatment with medical marijuana without alteration
- If treatment objectives aren't being met or the patient is experiencing untoward side effects or physical or psychological problems associated with the use of medical marijuana, the physician shall:
  - Modify the dosage of medical marijuana or mode of delivery authorized, provided the authorized amount doesn't exceed two ounces in a 30 day period, undertake a trial of other drugs or treatment modalities, or discontinue the use of medical marijuana
  - Consider referring the patient for independent evaluation or treatment in order to achieve treatment objectives
- The physician shall remain alert to the possibility that marijuana may be misused or diverted
  - Physician issuing written instructions for a patient with a history of substance abuse shall exercise extra care by way of monitoring, documentation, and possible consultation with addiction medicine specialists, and should consider the use of an agreement between the physician and the patient concerning the medical use of marijuana and consequences for misuse





## Medical Marijuana or Controlled Substances Therapeutic Research Program Provisions, cont'd.

- Physician shall keep accurate and complete records that include:
  - Medical history and physical exam of the patient
  - Diagnosis of a debilitating medical condition, including the patient's symptoms and their severity and the patient's reaction and response to conventional medical therapies, which qualify the patient for the medical use of marijuana
  - Other evaluations and consultations
  - Treatment plan objectives
  - Evidence of informed consent
    - In obtaining informed consent, the physician shall advise the patient about the lack of scientific consensus for the medical use of marijuana, its sedative properties, and the risks for addiction
  - Treatments and other drugs prescribed or provided
  - Any agreements with the patient
  - Periodic reviews conducted
- Physician shall keep a copy of the patient's or caregiver's registry identification card in the patient's medical record

Physician shall not be subject to any civil or administrative penalty, or denied any right or privilege, including, but not limited to, civil penalty or disciplinary action by a professional licensing board, related to the use of medical marijuana

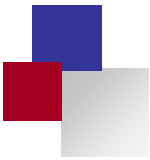
A physician who provides a certification or written instruction for the use of medical marijuana to a qualifying patient shall furnish such information to the director, within one week of issuing written instructions, for inclusion in a system established to monitor dispensation of marijuana in New Jersey, which system shall serve the same purpose as, and be cross-referenced with, the prescription monitoring program

- Information provided shall include:
  - Physician name, address, and telephone number
  - Physician license number and CDS number
  - Patient name, address, telephone number, and date of birth
  - If applicable, caregiver name, address, telephone number, and date of birth
  - Patient or, if applicable, caregiver registry identification number
  - Alternative treatment center designated in the written instructions
  - Date written instructions issued
  - Patient diagnosis
  - Quantity of marijuana under the written instructions

Therapeutic research programs limited to patients who are certified to the board as having a life-threatening or sense-threatening situation who are not responding to drugs or where the drugs administered have proven to be effective but where the patient has incurred severe side effects

Commissioner shall enter into a contract with NIDA for receipt of Schedule I dangerous substance for the purpose of the therapeutic research program

- Commissioner shall provide for the Schedule I substance received to be transferred to those practitioners certified by the board to participate in the program
- Patients and practitioners receiving Schedule I substances through the National Cancer Institute's Investigational Drug Branch are not subject to the provisions of this Act



## PMP Requirements for Mandatory Registration and Access

The division shall register a practitioner to access prescription monitoring information upon issuance or renewal of the practitioner's controlled dangerous substance registration

A practitioner or delegate shall access prescription information the first time the practitioner or other person prescribes a Schedule II controlled substance to a new patient for acute or chronic pain

- Additionally, shall check the PMP for any prescription of a Schedule II substance for a new or current patient for acute or chronic pain which is written on or after the effective date of the legislation (Nov. 1, 2015)
- Practitioner or other authorized person shall access prescription information on a quarterly basis during the period of time the patient continues to receive such prescriptions

A pharmacist shall not dispense a Schedule II substance to any person without first accessing the PMP to determine if the person has received other prescriptions that indicate misuse, abuse, or diversion, if the pharmacist has a reasonable belief that the person may be seeking a controlled substance, in whole or in part, for any purpose other than the treatment of an existing medical condition

### Patient Referral to Treatment

No specific statutes or regulations identified.

### Board Guidelines

None.

