Cooper

Medical Informatics

NEW JERSEY OPIOID LAW (NJ PMP MUST BE CHECKED WITH EACH PRESCRIPTION INCLUDING RENEWALS)

You must use the algorithm if the patient has acute or chronic pain, UNLESS the patient falls into one of these EXEMPTION categories:

Currently in active tr	eatment for cancer
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- ☐ Receiving hospice care from a licensed hospice
- ☐ Resident of a long term care facility
- ☐ Medications are being prescribed for use in treatment of substance abuse or opioid dependence
- ☐ **Receiving palliative care:** "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.

Acute Pain: from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time. "Acute pain" does not include 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.

Chronic Pain: "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.

Initial Prescription

Order Requirements

- Has never been issued a prescription for the drug or its equivalent **OR** greater than 1 year has passed since last prescription or administration (whichever is later) of drug or its equivalent
- New Jersey Prescription Monitoring Program (NJ PMP) data reviewed for previous controlled dangerous substance (CDS) prescribing
- Immediate Release Formulations Only
- Lowest Effective Dose
- Cannot exceed 5 day Supply

Documentation Requirements

- Thorough medical history including nature, frequency, severity of pain
- Patient's hx of substance use / abuse
- Patient's experience with non-opioid meds and non-pharmacological pain mgmt approaches
- Conduct physical exam, assess physical function, psychological function, evaluate underlying or co-existing disease or conditions
- Develop treatment plan, document objectives by which treatment success is to be evaluated (ie: pain relief and improved physical / psychological function) and any further diagnostic evals or other treatments planned with particular attention focused on determining the cause of the patient's pain
- Prepare a medical record with all of the above including name, dosage, route, frequency and admin instructions for opioid.
- Prescription must have the words "Acute Pain" written on it when the prescription is for acute pain.

Must discuss with patient and if patient's age <18 AND is not an emancipated minor, must have this discussion with patient's parent or guardian

Second Prescription

Order Requirements

- ☐ Initial prescription must have been prescribed within past year
- ☐ Pain must be associated with the condition that necessitated the initial prescription.
- □≥ 4 days (96 hrs) have elapsed from initial prescription
- ☐ New Jersey Prescription Monitoring Program data reviewed for previous controlled dangerous substance prescribing history
- ☐ Lowest Effective Dose
- ☐ Additional supply cannot exceed total 30 day supply combining initial and second prescriptions.

Documentation Requirements

- ☐ Consultation with patient via face to face encounter, telephone or other means of direct communication
- ☐ Establish and document that patient does not present an undue risk of abuse, addiction, or diversion.
- ☐ Document rationale for authorization
- ☐ Develop treatment plan, document objectives by which treatment success is to be evaluated (ie: pain reliefand improved physical / psychological function) and any further diagnostic evals or other treatments planned with particular attention focused on determining the cause of the patient's pain
- ☐ Prepare a medical record with all of the above including name, dosage, route, frequency and admin instructions for opioid.
- ☐ Prescription must have the words "Acute Pain" written on it when the prescription is for acute pain.

Only requires discussion if patient's age <18 AND is not an emancipated minor. Must have this discussion with patient's parent or guardian.

Third Prescription

Order Requirements

- Second prescription must have been written
- New Jersey Prescription Monitoring Program data reviewed for previous controlled dangerous substance prescribing history

Documentation Requirements

and patient. Must be signed and

■ Document the understanding

patient regarding patient's

■ Prescription must have the

when the prescription is

words "Acute Pain" written on it

of both the practitioner and the

dated prior to issuance

of 3rd prescription.

pain mgmt plan

for acute pain.

■ Pain management agreement executed between practitioner

■ Lowest Effective Dose

Continuously Prescribed in Setting of Chronic Pain

Order Requirements

- ☐ Third prescription must have been written
- New Jersey Prescription Monitoring Program data reviewed for previous controlled dangerous substance prescribing history
- ☐ Lowest Effective Dose

Documentation Requirements

- Review and document, at a minimum of every 3 months, the course of treatment, any new information about the etiology of the pain and patient's progress towards treatment objectives
- ☐ Assess and document the patient prior to issuing each prescription to determine whether the patient is experiencing problems associated with physical and psychological dependence.
- ☐ Make periodic reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled dangerous substance, taper, the dosage, try other drugs such as NSAIDs, or utilize alternative treatment modalities in an effort to reduce the potential for abuse or the development of physical or psychological dependence and document with specificity, the efforts undertaken.
- ☐ Monitor compliance with the pain management agreement and any recommendations that the patient seek a referral, and discuss with the patient any breaches that reflect that the patient is not taking the drugs prescribed or is taking drugs, illicit or prescribed by other practitionersor prescribers, and document within the patient record the plan after that discussion
- ☐ Conduct random urine screens at least once every 12 months
- ☐ Refer the patient to a pain management or addiction specialist for independent evaluation or treatment in order to achieve treatment objectives, if those objectives are not being met.

Must discuss with patient and if patient's age <18 AND is not an emancipated minor, must have this discussion with patient's parent or guardian

Discussion Requirements (DISCUSSION MUST BE DOCUMENTED)

- Reasons why the medication is being prescribed
- Possible alternative treatments
- Risks associated with the medication
- Risks of addiction, physical, psychological dependence
- Overdose associated with opioid drugs
- Danger of taking opioid drugs with alcohol, benzodiazepines, and other CNS depressants
- Requirements for proper storage and disposal
- Discussion must be documented in patient's chart

Must discuss with patient and if patient's age <18 AND is not an emancipated minor, must have this discussion with patient's parent or guardian

Special Considerations for Chronic Pain

- 1. A practitioner may prescribe the use of an implantable infusion pump that is utilized to achieve pain management for patient 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.
- 2. In a single encounter, a practitioner may prescribe multiple 30-day supply prescriptions authorizing a patient to receive a total of up to 90-day supply of a Schedule II CDS provided that:
 - a) Each separate prescription is issued for a legitimate medical purpose by the practitioner acting in the usual course of professional practice;
 - b) 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;
 - c) The practitioner determines that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse; and
 - d) The practitioner complies with all other applicable State and Federal laws and regulations.