



# Responsible Opioid Prescribing

## July 31, 2025



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Partnership for a  
Drug-Free New Jersey  
In Cooperation with the Governor's Council on  
Substance Use Disorder and the NJ Dept. of Human Services



# Additional Information About Continuing Education

- You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.
- **WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?**
  - The last slide of this webinar
  - The chat at the end of the program
  - The follow-up email you will receive tomorrow
- The poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be available through the link mentioned above.
- The links will be active for 30 days after today's event.

Faculty Rebecca Busch discloses that she serves on the Advisory Board for Baxter and received Grant/Research Support from Nestle Nutrition. PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson. All other planners, faculty, and reviewers have no relevant financial relationships to disclose. All relevant financial relationships have been mitigated.



# Featured Presenters



**Dr. Rebecca A. Busch, MD**

**Assistant Professor**

**Division of Acute Care Surgery and Regional General Surgery**

**Department of Surgery**

**University of Wisconsin School of Medicine and Public Health**

Rebecca A. Busch is a board-certified general surgeon and surgical critical care specialist with expertise in nutrition. She is an associate professor in the Division of Acute Care and Regional General Surgery in the Department of Surgery at the University of Wisconsin School of Medicine and Public Health and has been a member of the faculty since 2019. Dr. Busch has become a recognized leader, educator and advocate in opioid stewardship. She currently serves as co-director of the Opioid Stewardship for Surgical Patients initiative within the Surgical Collaborative of Wisconsin (SCW), where she has spearheaded efforts to engage the broader surgical community and partnered with surgeons across the state to expand the initiative's goals. She continues to develop educational programs for learners at all levels, helping advance SCW's mission and sustain progress in responsible opioid stewardship.



**Jeffrey D. Laszczyk, Jr., PharmD**

**New Jersey Prescription Monitoring Program**

Jeffrey D. Laszczyk, Jr. is a pharmacist and the administrator for the New Jersey Prescription Monitoring Program (NJ PMP). He is board-certified in both Geriatric and Ambulatory Care Pharmacy and, prior to joining the New Jersey Division of Consumer Affairs in 2017, spent most of his career practicing as a clinical pharmacist in community and outpatient health care facilities.



**Partnership for a  
Drug-Free New Jersey**  
In Cooperation with the Governor's Council on  
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**Dr. Rebecca A. Busch, MD**  
**Assistant Professor**  
**Division of Acute Care Surgery and Regional General Surgery**  
**Department of Surgery**  
**University of Wisconsin School of Medicine and Public Health**



# Responsible Opioid Prescribing

Rebecca A. Busch, MD, FACS

Co-Director Opioid Stewardship for Surgical Patients Initiative

July 31, 2025





# Disclosures

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- No relevant financial relationships or affiliations with commercial interests
- SCW work is supported by:
  - Grant from the state's portion of the opioid settlement funds
  - Grant appropriations in the 2023-2025 and 2025-2027 state budget from DHS
  - Hendrick's Family Foundation



# Learning Objectives

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- Identify state and federal laws governing the proper prescription and monitoring of controlled substances.
- Evaluate behaviors that might indicate drug seeking or diverting as well as approaches for patients suspected of misusing opioids.
- **Recognize the link between responsible opioid prescribing and substance use prevention**



# Learning Objectives

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- **Recognize the link between responsible opioid prescribing and substance use prevention**
  - Discuss the role of surgeons
  - Introduce and share SCW's Opioid Stewardship Initiative
  - Describe the role of providers in opioid stewardship moving forward



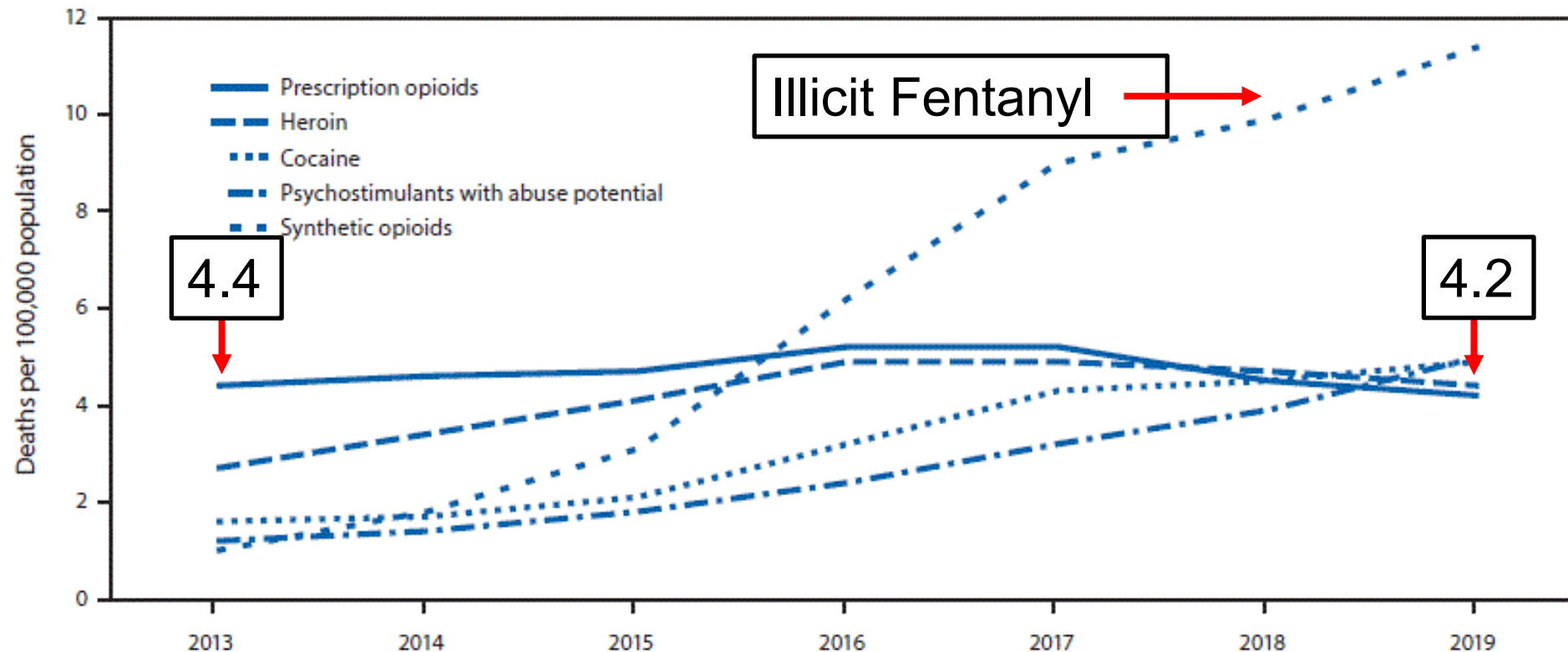
# Learning Objectives

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- **Recognize the link between responsible opioid prescribing and substance use prevention**
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# Prescription opioid deaths unchanged since 2013





# Surgery Hurts

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Opioid medications remain a mainstay of severe pain management for most surgery

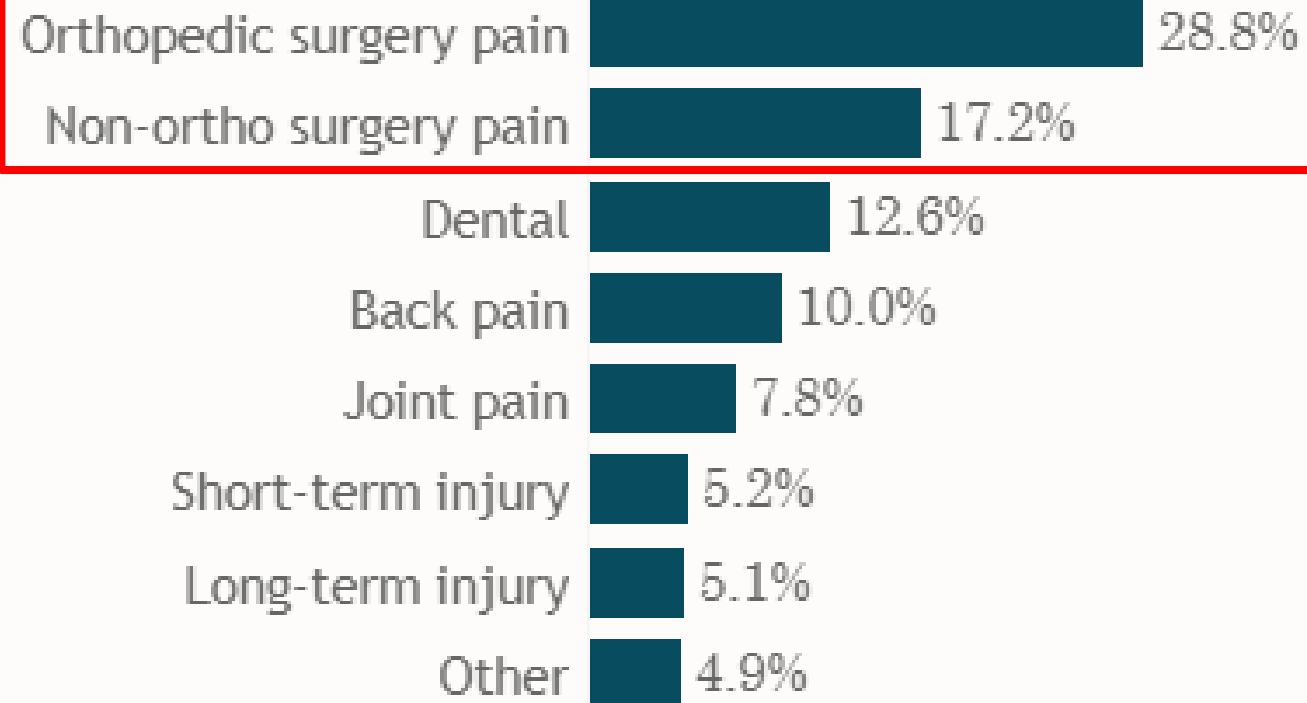
Surgeons increasingly aware of long-term and societal consequences



# The Problem

- Surgical prescribing is responsible for 46% of all new opioid prescriptions in Wisconsin
  - Patients receive 50-75% more opioids than they use following common procedures.

## Reason for Opioid Prescription: Wisconsin

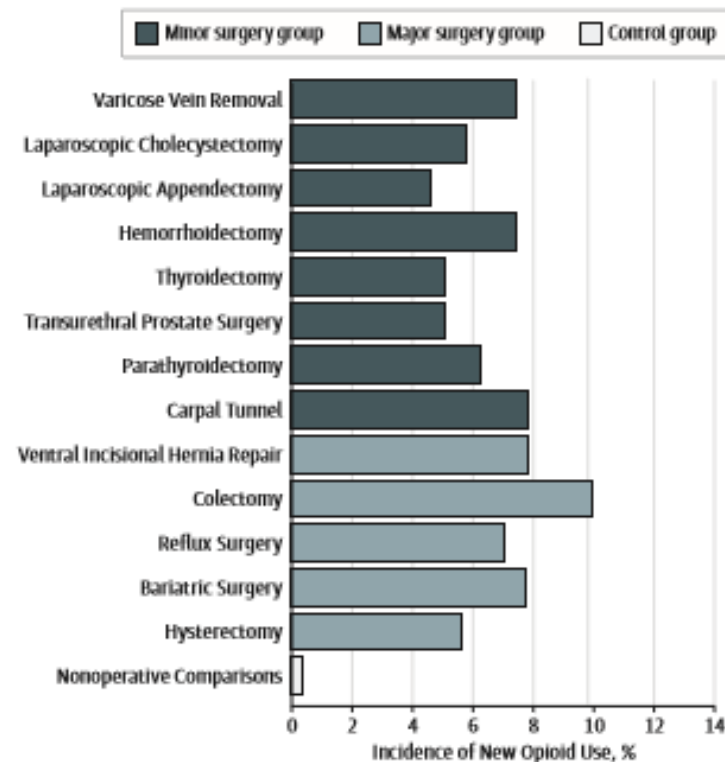




## New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults

Chad M. Brummett, MD; Jennifer F. Waljee, MD, MPH, MS; Jenna Goesling, PhD; Stephanie Moser, PhD; Paul Lin, MS; Michael J. Englesbe, MD; Amy S. B. Bohnert, PhD, MHS; Sachin Kheterpal, MD, MBA; Brahmajee K. Nallamothu, MD, MPH

Figure 3. Incidence of New Persistent Opioid Use by Surgical Condition



The incidence of new persistent opioid use was similar between the 2 groups (minor surgery, 5.9% vs major surgery, 6.5%; odds ratio, 1.12; SE, 0.06; 95% CI, 1.01-1.24). By comparison, the incidence in the nonoperative control group was only 0.4%.

- Risk factors independently associated with new persistent opioid use included
  - Preoperative tobacco use
  - Alcohol and substance abuse disorders
  - Mood disorders
  - Anxiety
  - Preoperative pain disorders
    - Back pain, neck pain, arthritis, centralized pain
- Persistent opioid use after surgery is not due to surgical pain.
- New persistent opioid use represents a previously underappreciated surgical complication



# Prolonged opioid use following surgery common

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4-10%

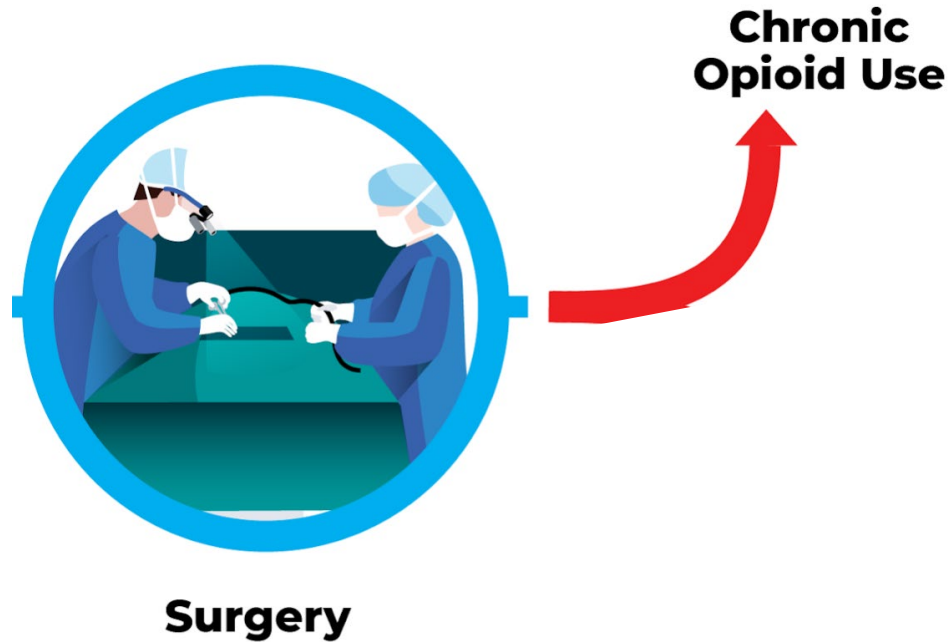
Opioid naïve patients become long term opioid users

Among most common surgical complications



# Current surgical practices contribute to opioid epidemic

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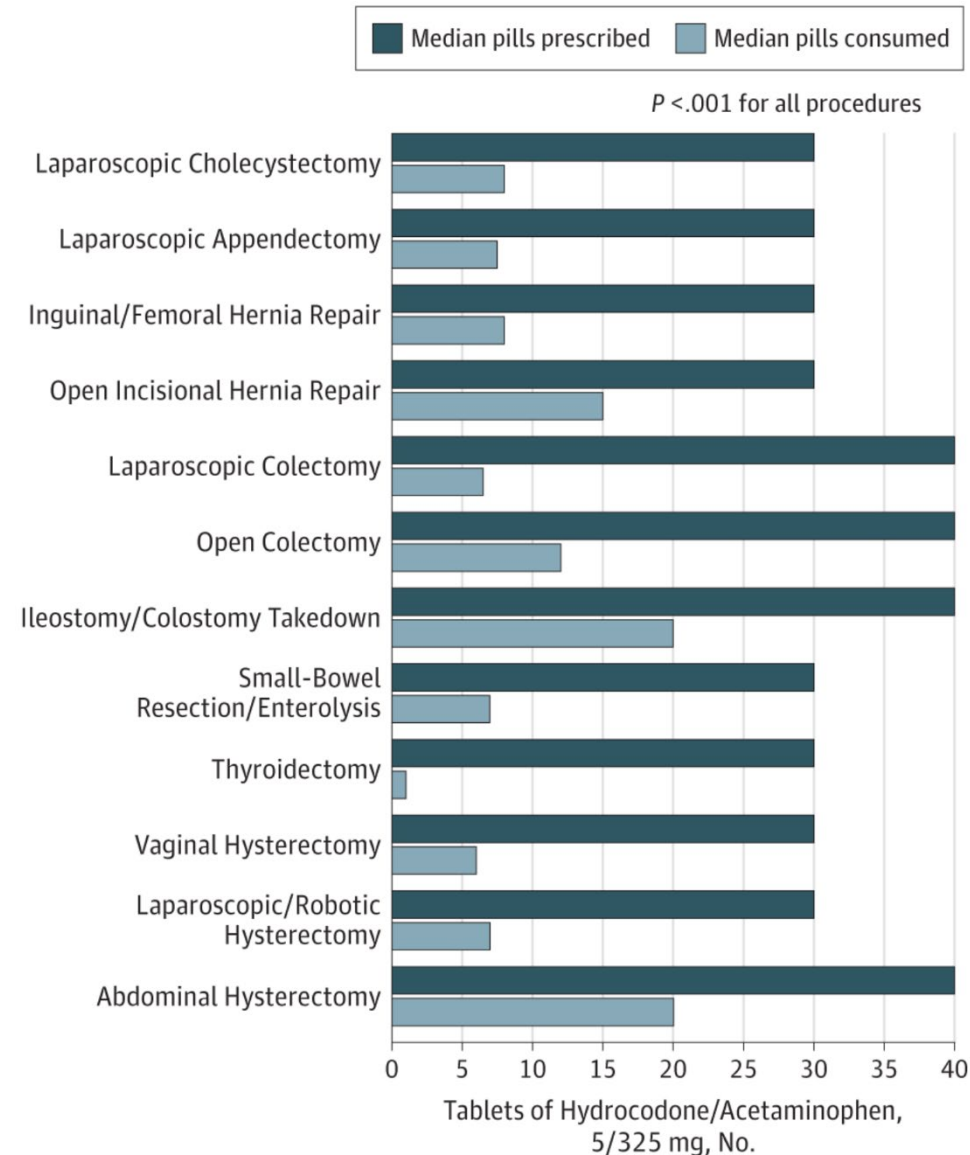




# Excess prescribing is common following surgery



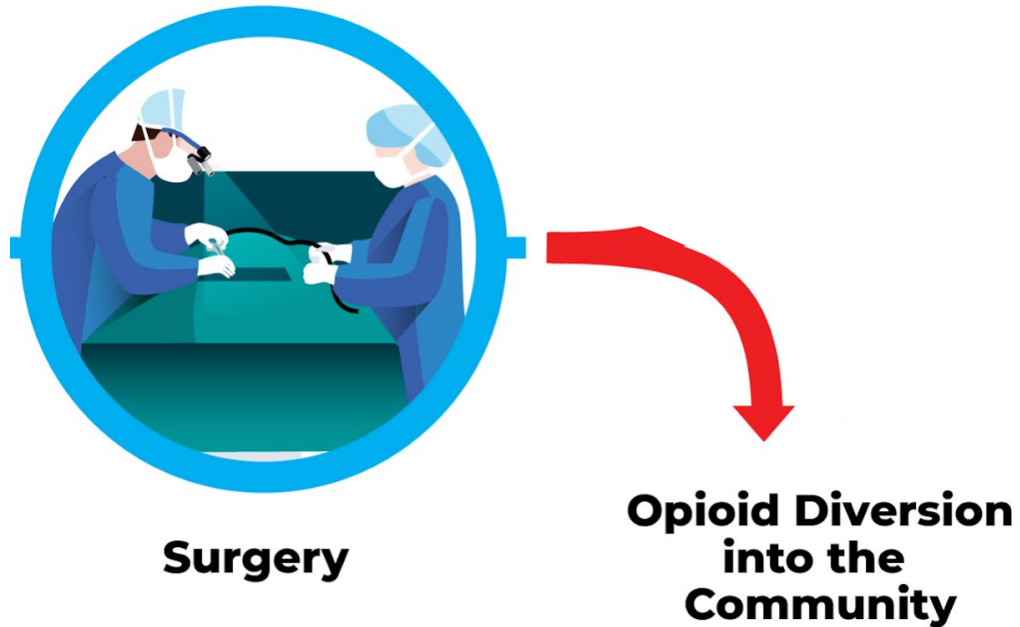
**75% of opioids  
prescribed are unused**





# Current surgical practices contribute to opioid epidemic

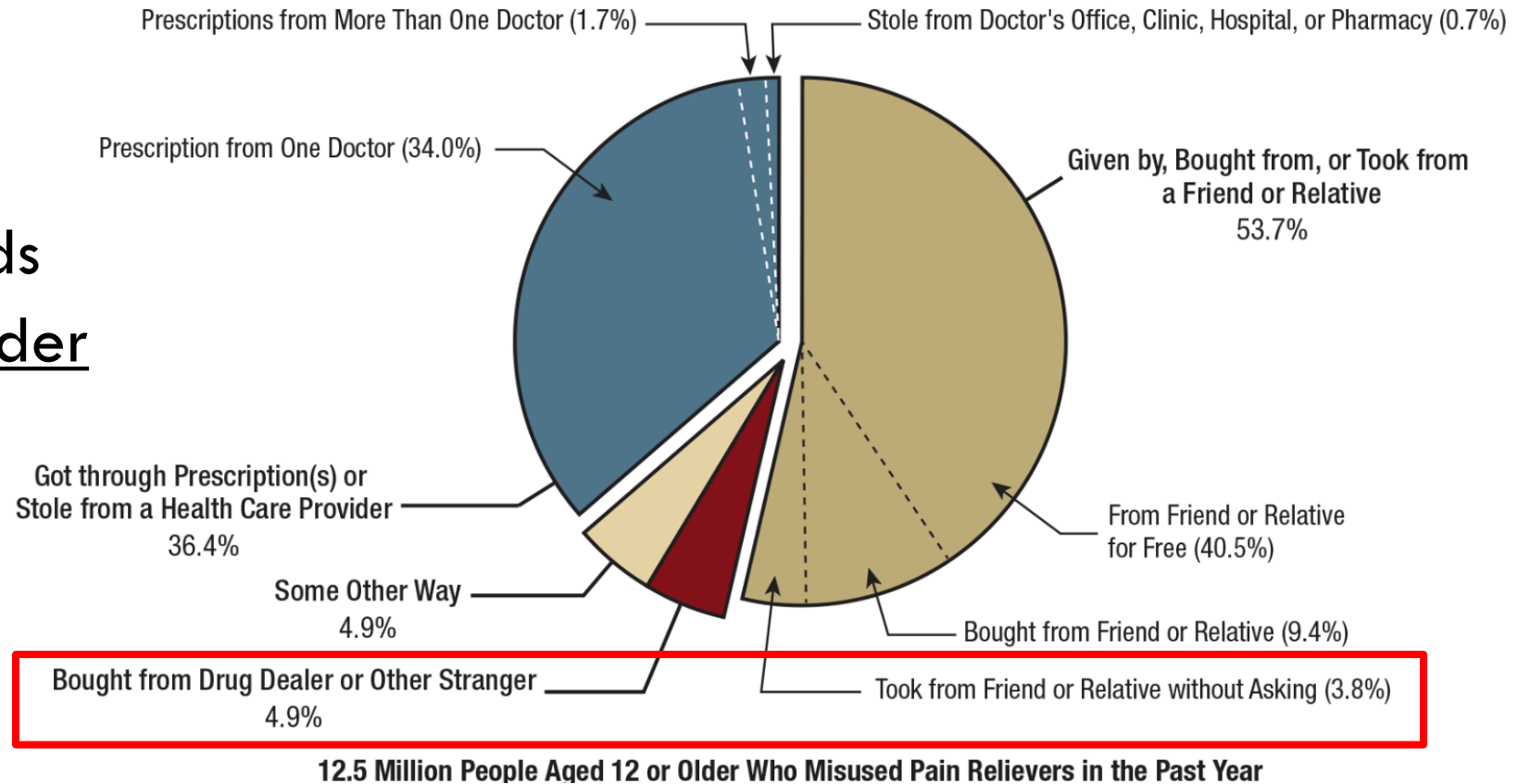
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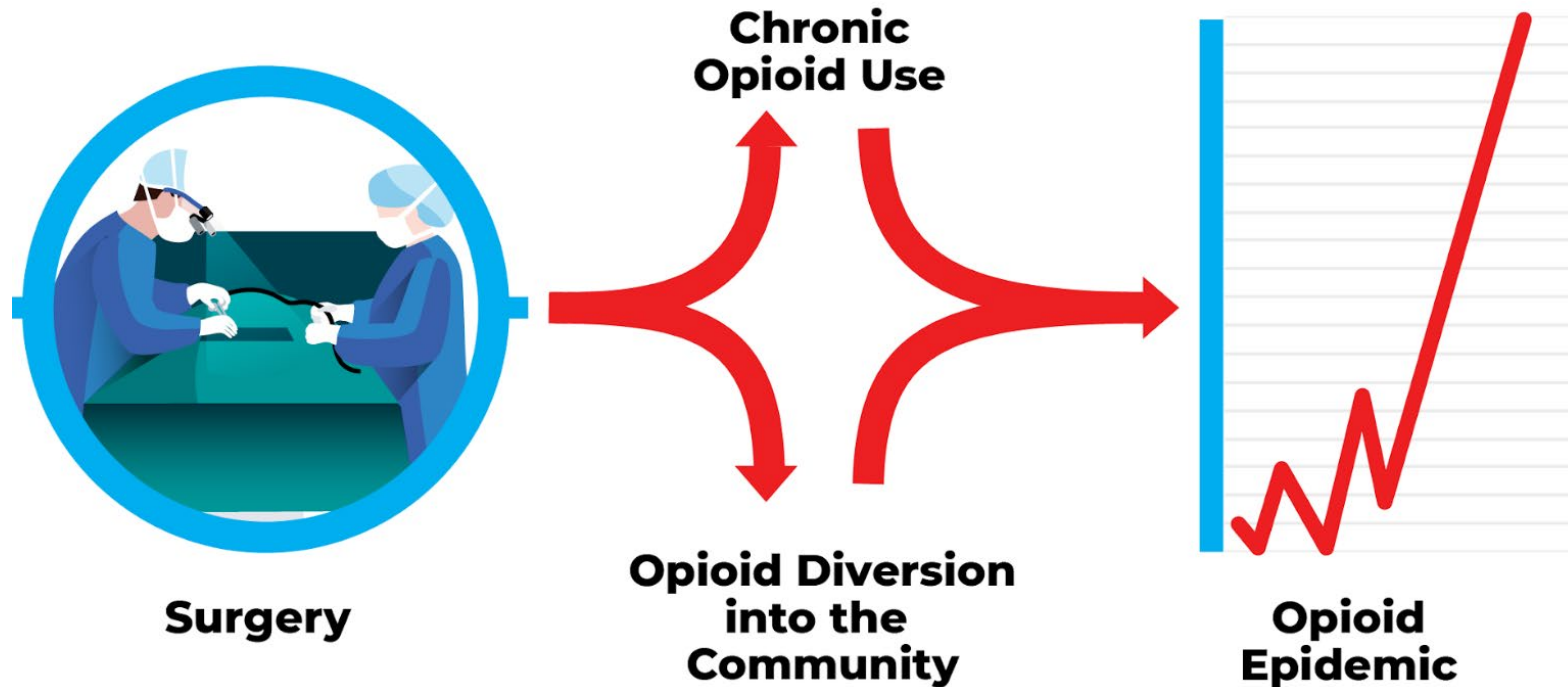
# Overprescribing creates a reservoir of pills for abuse

**90%** of prescription opioids abused originate from provider prescriptions





# Current surgical practices contribute to opioid epidemic





# Why do surgeons prescribe too much?

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Concern about patient pain

- Is it safe? Will I lose patients?

Educational gaps

- How to manage pain without opioids?

Time constraints

- Will this create more work?

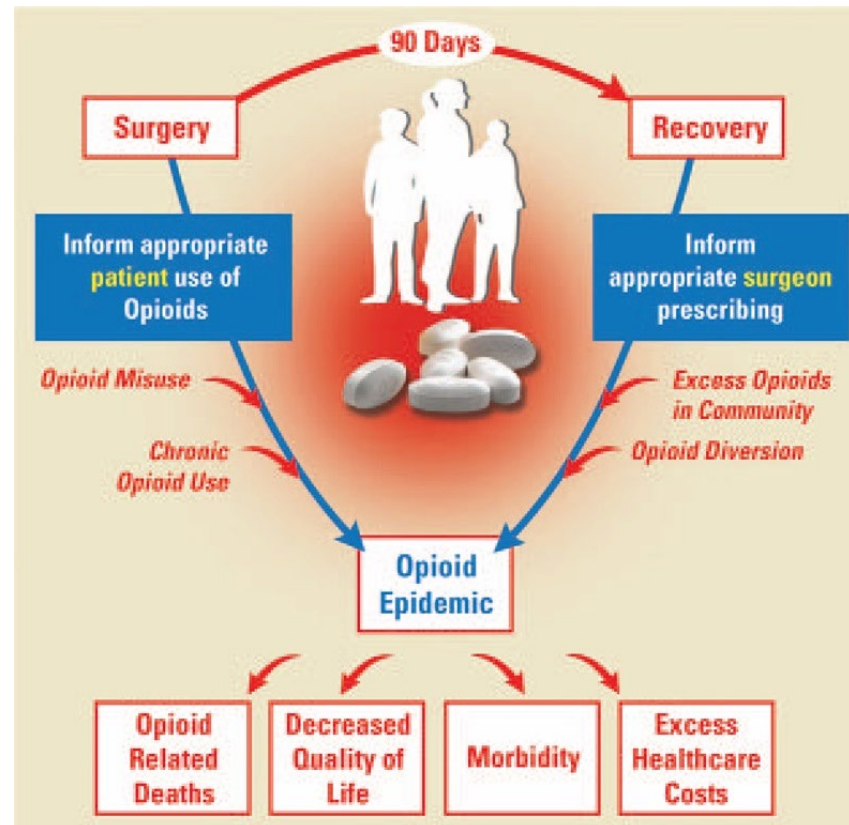




# Iatrogenic Opioid Dependence in the United States

## *Are Surgeons the Gatekeepers?*

*Jennifer F. Waljee, MD, MS,\* Linda Li, BA,† Chad M. Brummett, MD,‡ and Michael J. Englesbe, MD§*



**FIGURE 1**  
Michigan Opioid Prescribing Engagement Network (Michigan-OPEN).



# Learning Objectives

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- **Recognize the link between responsible opioid prescribing and substance use prevention**
  - Discuss the role of surgeons
  - **Introduce and share SCW's Opioid Stewardship Initiative**
  - Describe the role of providers in opioid stewardship moving forward



# What is the Surgical Collaborative of Wisconsin?

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## **Our Mission:**

SCW is a surgeon-led practice change community that aims to improve surgical care by optimizing quality, reducing costs, and facilitating provider professional development across practice settings.

## **Our Vision:**

To ensure access to high-quality surgical care across Wisconsin.



# Engagement Since 2017

- 74% of WI Hospitals involved with SCW
- 434 engaged surgeons and quality leaders
- 13 partnerships with state agencies and hospitals
- 62 statewide and local meetings held
- Our work has been presented at state, regional, and national conferences





# Opioid Stewardship for Surgical Patients



# Core Components

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1. Data platform for providing confidential, benchmarked performance reports to surgeons and hospitals
2. Learning management system to deliver guidelines and best practices for surgical care and facilitate discussion and collaborative learning
3. Engaged surgeons and surgical team members in each hospital
4. Strong partnerships with professional societies, payers, and quality improvement organizations



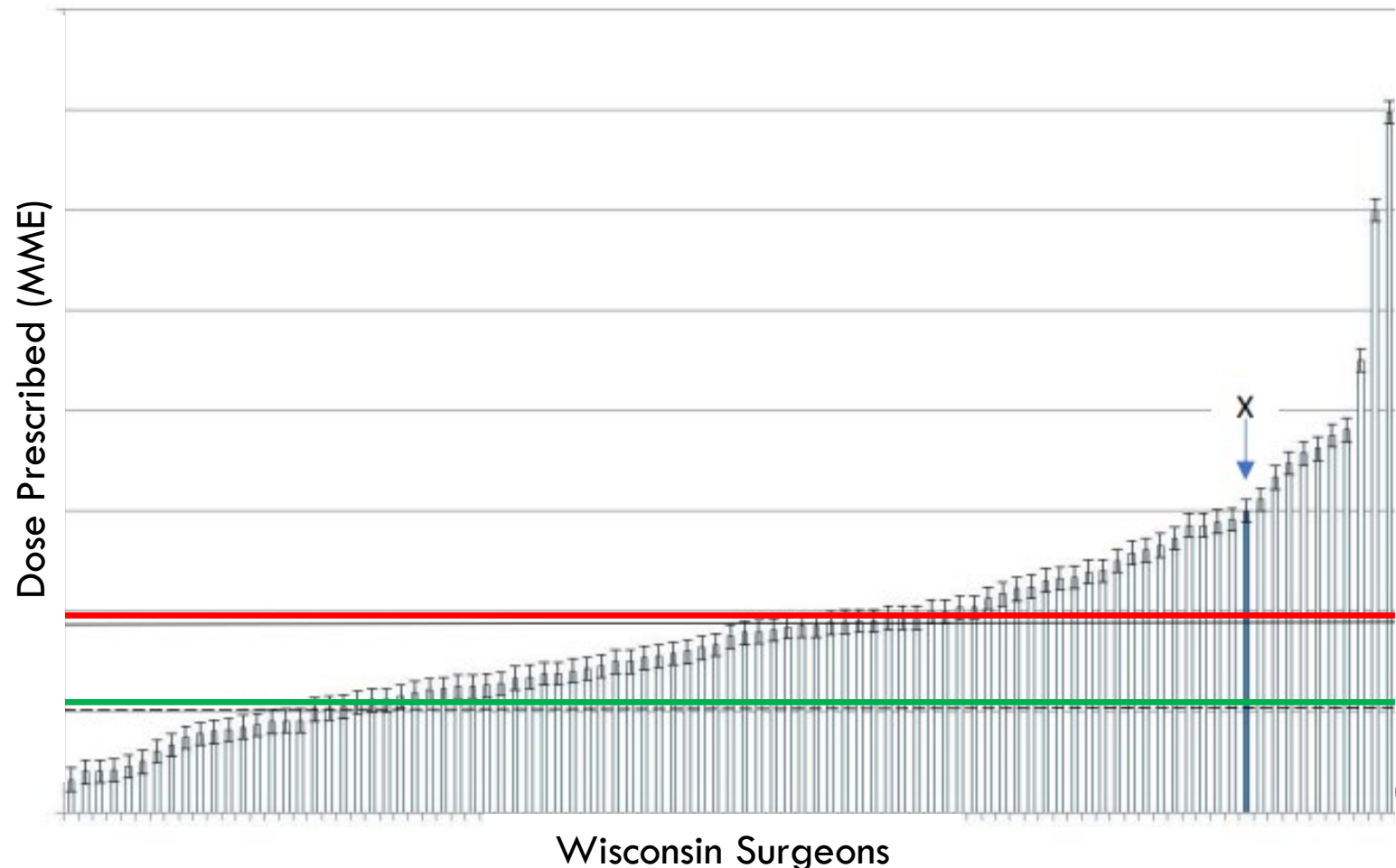
# Performance Reports

- Provided individual surgeons their own benchmarked, audit/feedback and peer comparison prescribing data tracked over time.

**Unblinded** to individual prescribers

Benchmarked against prescribing thresholds

Rank ordered for comparison among peers





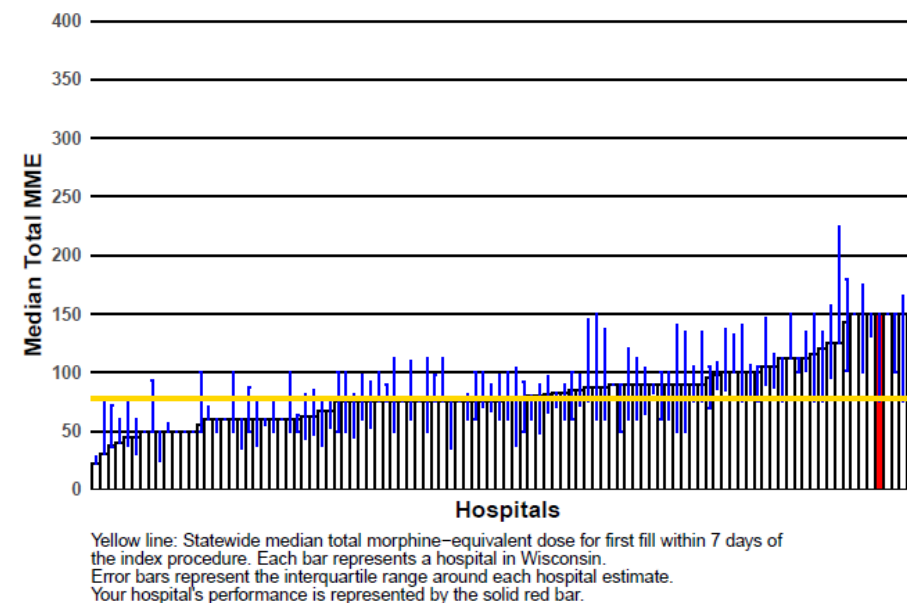
# Performance Reports



SCW Confidential Performance Report for Hospital X  
 Quality Initiative: Reducing Postoperative Opioid Prescribing  
 Reporting Period: January-December 2017



**Figure 1.** Unadjusted median morphine-equivalent dose provided to patients following Lap. Cholecystectomy



**Table 1.** Case volume and initial opioid fills 3 days before through 14 days following Laparoscopic Cholecystectomy

	Opioid Prescribing Recommendation	Your Cases	Your Hospital	Participating Hospitals (n=70)	All WI Hospitals (n=121)
Number of Cases		–	63	3195	4715
Number of Cases with Opioid Fill		–	39	1913	2784
Hydrocodone (Norco) 5 mg Tablets (Median, IQR)	0-10	–	30 (15-30)	14 (10-20)	15 (10-20)
Codeine (Tylenol #3) 30 mg Tablets (Median, IQR)	N/A	–	–	11 (10-15)	12 (10-17)
Tramadol 50 mg Tablets (Median, IQR)	0-10	–	–	12 (10-15)	12 (10-15)
Oxycodone 5 mg Tablets (Median, IQR)	0-10	–	20 (20-24)	10 (8-14)	10 (8-15)
Hydromorphone (Dilaudid) 2 mg Tablets (Median, IQR)	N/A	–	–	8.5 (8-11)	8 (7-12)



# 3 CME Opioid Course for Surgical Prescribers



This course contains audio. 

**SURGICAL**  
COLLABORATIVE  
OF WISCONSIN

**A Surgical Prescriber's Guide for Acute Pain Management  
and Opioid Stewardship**



<https://www.scwisconsin.org/initiatives/opioid/opioid-cme-module/>  
Password: Hendricks



# Development of comprehensive CME module

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Online module specific to improving opioid stewardship among surgical prescribers



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:*

*Highest Standards, Better Outcomes*

100+years

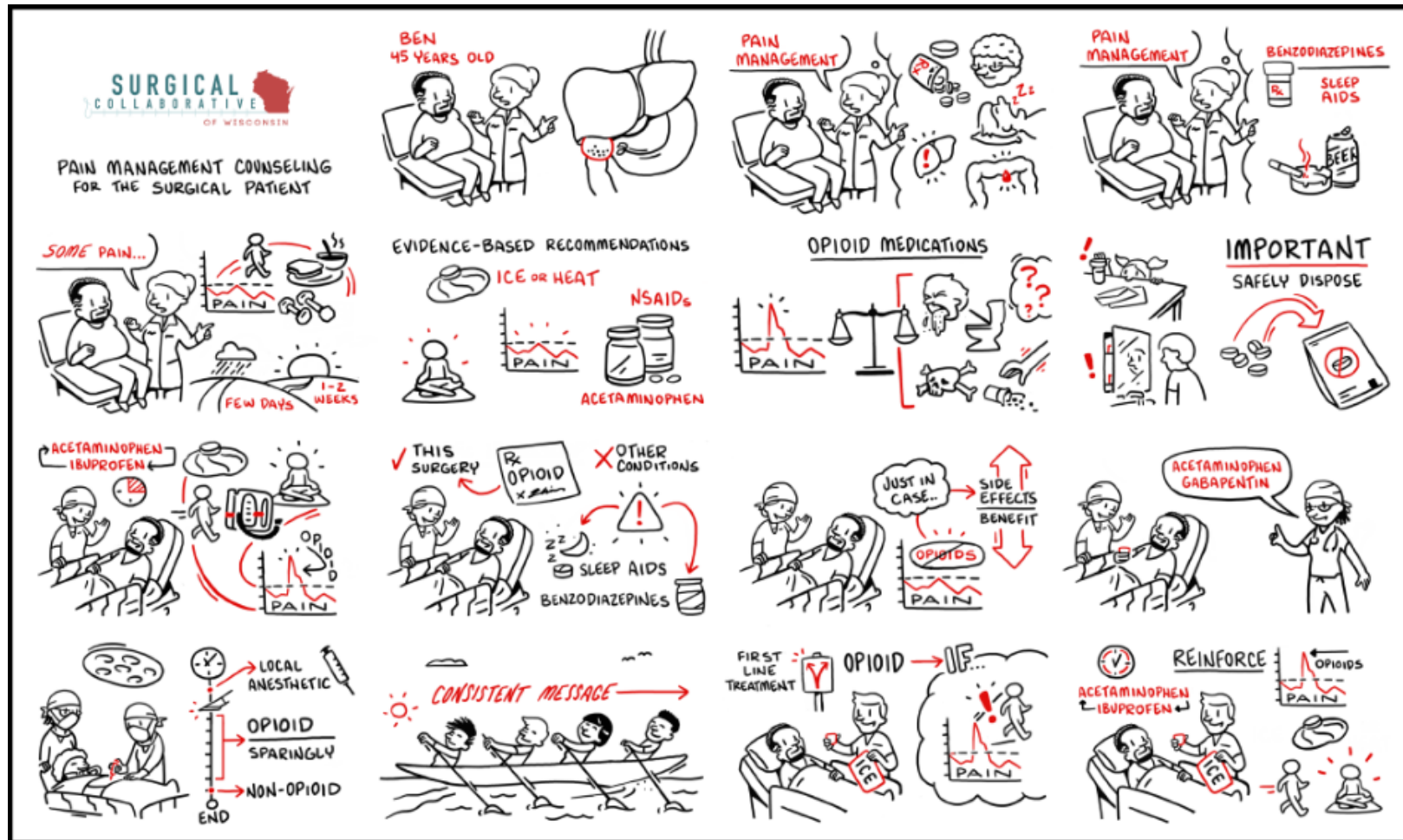
Accredited for 3.0 CME credits by ACS



Fulfills Wisconsin opioid specific CME requirement for medical licensure and renewal



# 10 min “How to” video for surgical counseling



<https://vimeo.com/636329278>



# The Intervention

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- **Developed and distributed surgery specific opioid prescribing guidelines**
- Delivered actionable education on opioid sparing acute pain management strategies in the perioperative period



# Opioid Prescribing Recommendations For Opioid Naïve Patients

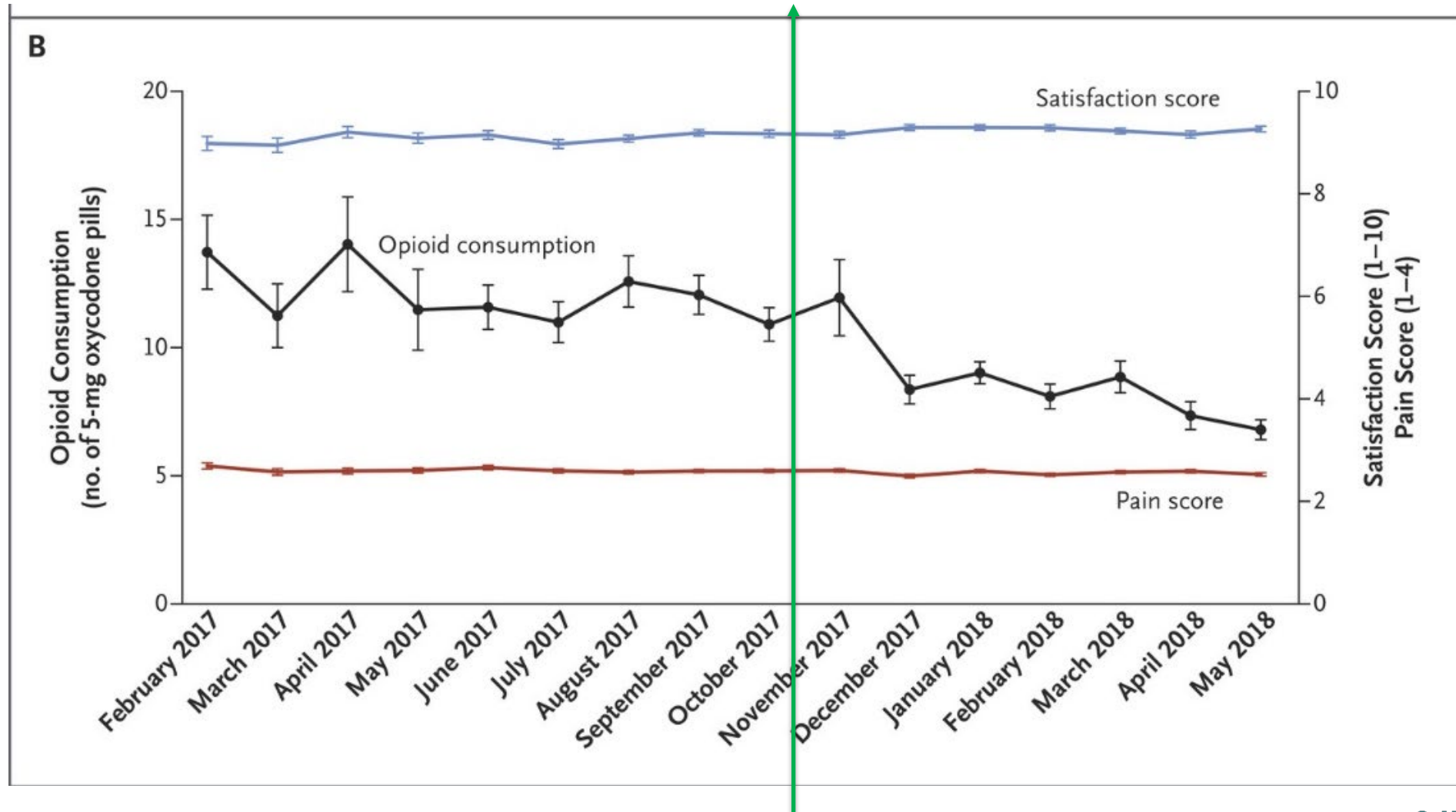
	Procedure	Oxycodone 5 mg # of tablets
General Surgery	Thyroidectomy	0-5
	Carotid Endarterectomy	0-5
	Cardiac Surgery via Median Sternotomy	0-15
	Nissen Fundoplication: Laparoscopic	0-5
	Sleeve Gastrectomy	0-10
	Cholecystectomy: Laparoscopic or Open	0-10
	Small Bowel Resection or Enterolysis: Laparoscopic or Open	0-10
	Appendectomy: Laparoscopic or Open	0-10
	Ileostomy/Colostomy: Creation, Re-siting, or Closure	0-10
	Colectomy: Laparoscopic or Open	0-10
	Wide Local Excision ± Sentinel Lymph Node Biopsy	0-20
	Inguinal Hernia Repair: Laparoscopic or Open	0-10
Breast Surgery	Breast Biopsy or Sentinel Lymph Node Biopsy Alone	0-5
	Lumpectomy ± Sentinel Lymph Node Biopsy	0-5
	Simple Mastectomy ± Sentinel Lymph Node Biopsy	0-20
	Modified Radical Mastectomy or Axillary Lymph Node Dissection	0-30
Ob/Gyn Urology	Cesarean Section	0-10
	Vaginal or Abdominal Hysterectomy: Laparoscopic, Robotic, or Open	0-10
	Nephrectomy: Laparoscopic, Open, or Donor	0-10
	Prostatectomy	0-10

Older patients are known to experience less post operative pain, require lower doses of analgesics, and have higher rates of adverse reactions from opioids. Consider avoiding narcotic medications or using reduced doses in older patients.

For more information, visit [www.scwisconsin.org](http://www.scwisconsin.org).

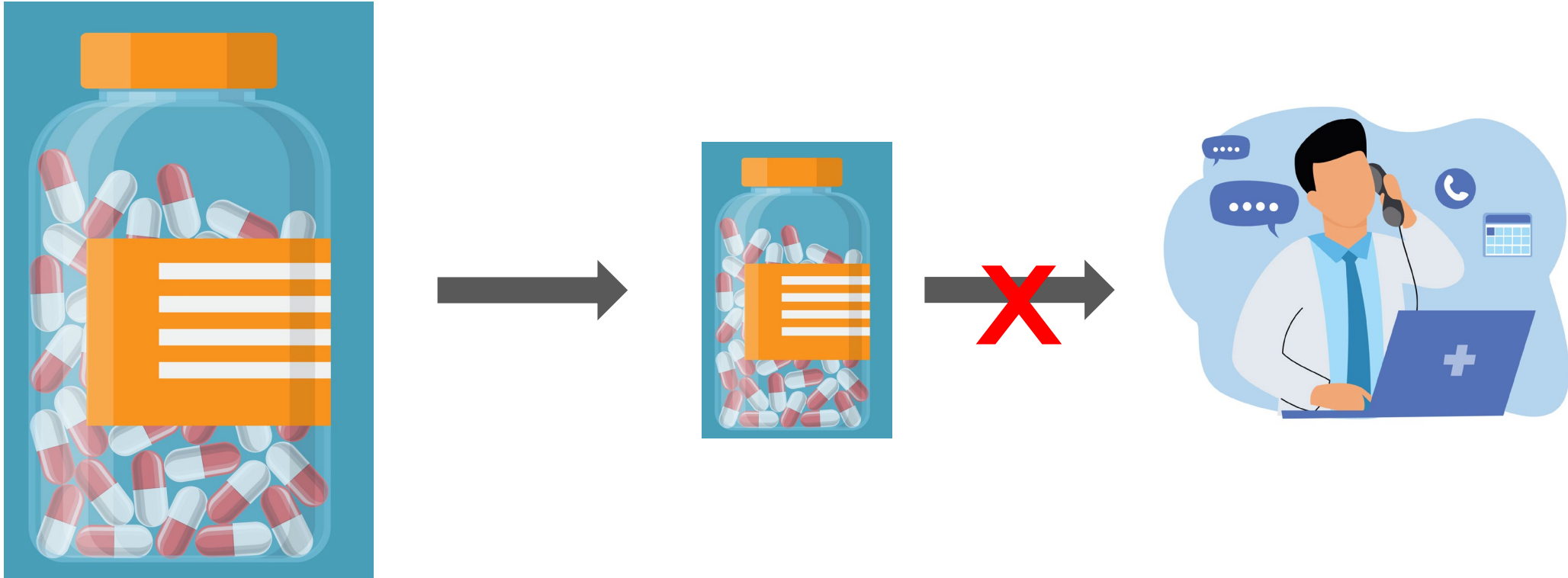


# Prescribing less is safe and feasible





# Prescribing less does not lead to increased calls





# The Intervention

---

- Developed and distributed surgery specific opioid prescribing guidelines
- **Delivered actionable education on opioid sparing acute pain management strategies in the perioperative period**



# Opioid Stewardship for Surgical Patients

## Preoperative

- Assess history of chronic pain and prior opioid use
- Discuss procedure specific postoperative pain expectation
- Discuss risks of opioids, potential diversion of unused medications
- Describe anticipated postoperative pain management plan
- Provide safe disposal methods of unused medications

## Perioperative

- Administer preoperative oral analgesics (e.g. acetaminophen, gabapentin)
- Consider local or regional anesthetics (e.g. epidural, nerve block)
- Utilize non-opioid pain medications intraoperatively (e.g. ketorolac, IV acetaminophen)

## Postoperative

- Ensure consistent message on pain management strategy by entire clinical team
- Employ non-opioid medications as first line treatment (e.g. acetaminophen, NSAIDs)
- Employ non-pharmacologic therapies (e.g. ice packs, elevation, movement)
- If opioid prescription indicated, prescribe lowest dose and shortest duration
- Counsel patients on tapering opioid medications
- Reinforce safe disposal of unused medications

*These are evidence-based recommendations to inform a shared decision making process between patient and provider. The final decision on pain management should reflect that shared decision.*



# The Successes

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- 100% of SCW hospitals participate in the opioid stewardship initiative
- Surgical opioid prescribing in SCW hospitals has decreased by 50% for common general surgery procedures since 2017, although remains above recommended guideline levels.
- This decreased prescribing resulted in 85,000 fewer tablets per year entering our communities following just four common procedures evaluated
- 584 CME credits claimed at no cost to surgeons



# Learning Objectives

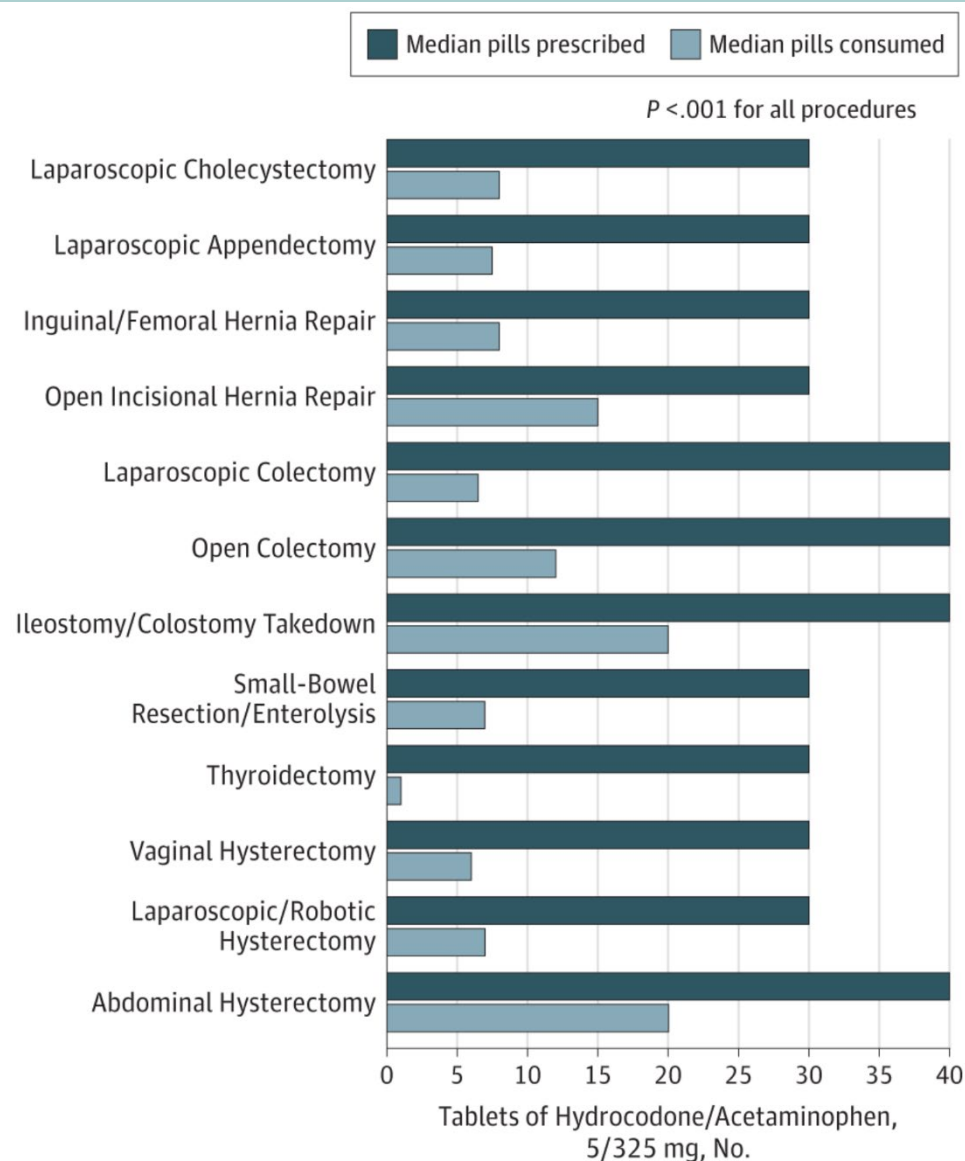
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- **Recognize the link between responsible opioid prescribing and substance use prevention**
  - Discuss the role of surgeons
  - Introduce and share SCW's Opioid Stewardship Initiative
  - **Describe the role of providers in opioid stewardship moving forward**



# Excess prescribing is common following surgery

**Surgeons have a long way to go**





# Surgeons have a long way to go.

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- Ongoing research, education, and quality improvement initiatives continue to work to address opioid stewardship within the surgical community.
- Work has targeted prescribing recommendations for
  - Individual procedures
  - Duration of postoperative hospitalization
  - Surgical trainees coupled with education

## **Trainees as Agents of Change in the Opioid Epidemic: Optimizing the Opioid Prescription Practices of Surgical Residents**

*Alexander S. Chiu, MD, James M. Healy, MD, Michael P. DeWane, MD, Walter E. Longo, MD, MBA and Peter S. Yoo, MD*

Department of Surgery, Yale School of Medicine, New Haven, Connecticut

## **An Educational Intervention Decreases Opioid Prescribing After General Surgical Operations**

*Maureen V. Hill, MD,\* Ryland S. Stucke, MD,\* Michelle L. McMahon, BS,†  
Julia L. Beeman, BS,\* and Richard J. Barth Jr., MD\**

## **Guideline for Discharge Opioid Prescriptions after Inpatient General Surgical Procedures**

Maureen V Hill, MD, Ryland S Stucke, MD, Sarah E Billmeier, MD, MPH, Julia L Kelly, MS,  
Richard J Barth Jr, MD, FACS



# Providers are effective and appropriate targets

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- Providers continue to be a prime group to target for education and stewardship practices; yet remains under-targeted by outreach.
- To our knowledge, SCW and Washington State's Better Prescribing, Better Treatment program are the only two programs in the country using state opioid settlement funds to directly target prescribers





# Key Takeaways

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Deaths from prescriptions opioids are as common now as when the opioid epidemic was first recognized

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Excess surgical prescribing remains common and is a significant contributor to the opioid epidemic

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A procedure specific approach to opioid-sparing or opioid-limited pain management is safe, and accepted by patients and providers

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Directly targeting prescribers through educational initiatives and collaboratives can accelerate practice change



# The Team

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SCW Members  
SCW Executive Board  
Rebecca Minter  
Elise Lawson

Sudha Pavuluri Quamme  
Dan Pung  
Randi Cartmill  
Jessica Schumacher

Tudor Borza  
Dou-Yan Yang  
Qiuyu Yang  
Ping Zhu



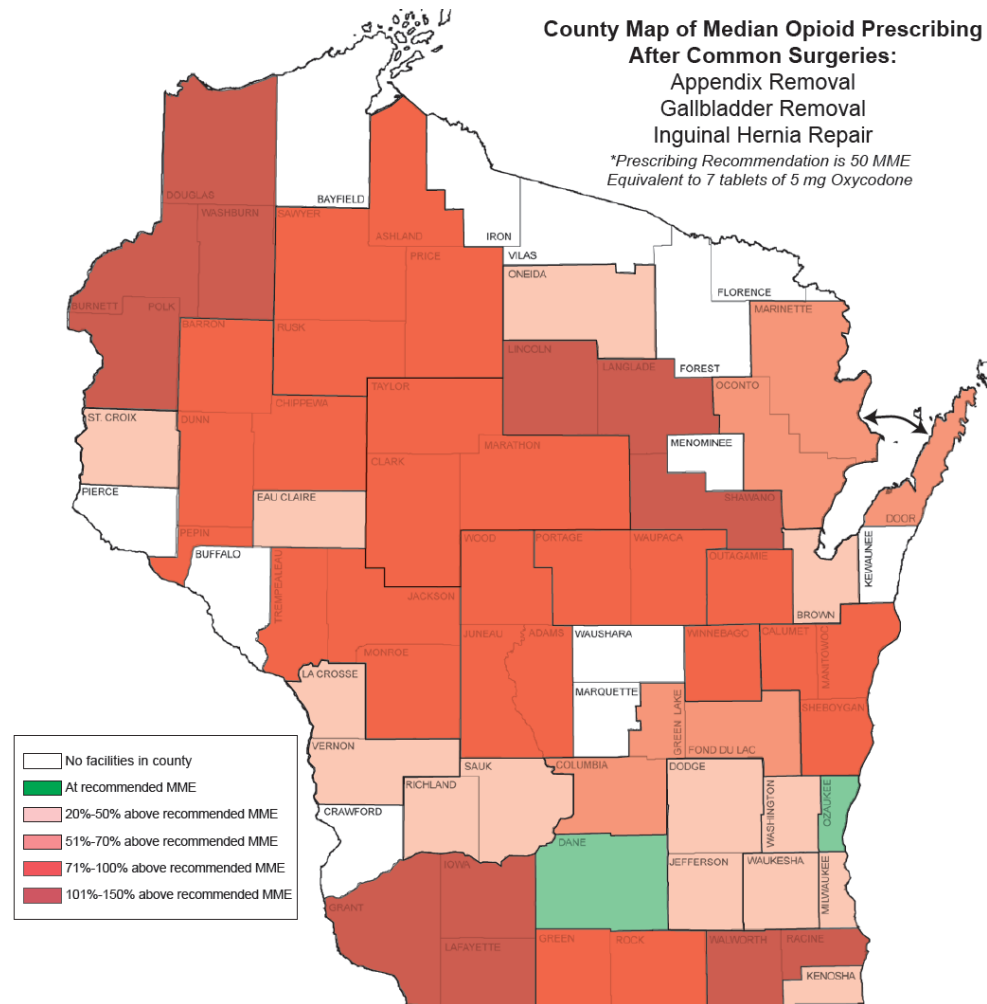
# Thank You!

[www.scwisconsin.org](http://www.scwisconsin.org)

[busch@surgery.wisc.edu](mailto:busch@surgery.wisc.edu)





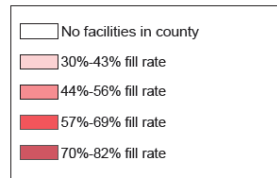




**County Map of Opioid Fills (% of Patients)  
After Common Surgeries:**  
Appendix Removal  
Gallbladder Removal  
Inguinal Hernia Repair

Legend:

- No facilities in county
- 30%-43% fill rate
- 44%-56% fill rate
- 57%-69% fill rate
- 70%-82% fill rate







SCW Confidential Performance Report  
Winnebago County  
Quality Initiative: Reducing Postoperative Opioid Prescribing  
Reporting Period: July 2022 - June 2023







**Table 1.** Case volume and initial opioid fills 3 days before through 14 days following Laparoscopic Cholecystectomy, Appendectomy and Inguinal Hernia Repair

	Opioid Prescribing Recommendation	Your County	Participating Hospitals (n=77)	All WI Hospitals (n=132)
Number of Cases		275	5581	7635
Number of Cases with Opioid Fill		166	3755	5079
Hydrocodone (Norco) 5 mg Tablets (Median, IQR)	0-10	15 (12-18)	12 (10-20)	15 (10-20)
Codeine (Tylenol #3) 30 mg Tablets (Median, IQR)	N/A	–	12 (9-17)	12 (10-17)
Tramadol 50 mg Tablets (Median, IQR)	0-10	15 (10-20)	12 (10-15)	12 (10-15)
Oxycodone 5 mg Tablets (Median, IQR)	0-10	14 (10-15)	10 (8-14)	10 (8-15)
Hydromorphone (Dilaudid) 2 mg Tablets (Median, IQR)	N/A	–	9 (6-12)	9 (6-14)



# Education

## Medications for Opioid Use Disorder Quick Guide



### Addiction Consultation Provider Hotline:

University of Wisconsin Addiction Consultation Provider Hotline which offers on-call help to providers who seek support and direction to deal with their patients with substance-abuse problems. The hotline is available weekdays from 8 a.m. to 5 p.m..


**Providers should call the UW Health Access Center at 608-263-3260 for assistance. Those outside Madison should call toll-free: 800-472-0111.**

### References:

1. Harrison, Thomas Kyle, et al. "Perioperative considerations for the patient with opioid use disorder on buprenorphine, methadone, or naltrexone maintenance therapy." *Anesthesiology clinics* 36.3 (2018): 345-359.
2. Kapur BM, Hutson JR, Chibber T, Luk A, Selby P. Methadone: a review of drug-drug and pathophysiological interactions. *Crit Rev Clin Lab Sci*. 2011 Jul-Aug;48(4):171-95. doi: 10.3109/10408363.2011.620601. PMID: 22035341.
3. Walsh SL, Preston KL, Stitzer ML, Cone EJ, Bigelow GE. Clinical pharmacology of buprenorphine: ceiling effects at high doses. *Clin Pharmacol Ther*. 1994 May;55(5):569-80. doi: 10.1038/clpt.1994.71. PMID: 8181201.
4. Ward EN, Quaye AN, Wilens TE. Opioid Use Disorders: Perioperative Management of a Special Population. *Anesth Analg*. 2018 Aug;127(2):539-547. doi: 10.1213/ANE.0000000000003477. PMID: 29847389; PMCID: PMC6523021.



# Education

Medications for Opioid Use Disorder Quick Guide			
Medication	Perioperative Management	Discharge Considerations	
<b><u>Naltrexone (NTX)</u></b> Opioid antagonist  Available as: PO tab IM injection (q3-4 weeks)	<u>For planned intervention:</u> <ul style="list-style-type: none"> <li>Communicate with NTX provider group               <ul style="list-style-type: none"> <li>Hold PO NTX for 24 hours preop</li> <li>Hold IM NTX for 4 weeks - consider transition to PO NTX with plan to hold PO NTX for 24 hours preop</li> </ul> </li> </ul> <u>For emergent intervention/pain:</u> <ul style="list-style-type: none"> <li>Hold PO NTX</li> <li>Higher doses of opioids may be needed for pain control initially               <ul style="list-style-type: none"> <li>Only ≈24 hours if on PO NTX</li> </ul> </li> <li>Consider more potent opioids (hydromorphone), particularly if on IM NTX</li> <li>Optimize non-opioid medications (acetaminophen, NSAIDs, gabapentin)</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate with NTX provider for pain management</li> <li>Educated patient that resuming historical opioid use increases risk for overdose when off NTX</li> <li>Discharge with naloxone prescription</li> </ul>	
<b><u>Methadone</u></b> Full opioid antagonist	<ul style="list-style-type: none"> <li>Confirm date and dose of last methadone intake               <ul style="list-style-type: none"> <li>Call OTP to confirm and alert of admission in AM (<i>odd hours are common</i>)</li> <li>If less than or equal to 3 days missed, no need to adjust dose</li> </ul> </li> <li>Continue methadone while inpatient- OTP may offer dosing help</li> <li>Daily dose will be inadequate for acute pain relief               <ul style="list-style-type: none"> <li>May split daily dose as TID or QID to offer consistent analgesia</li> </ul> </li> <li>Offer additional opioids for acute pain</li> <li>Optimize non-opioid medications (acetaminophen, NSAIDs, gabapentin)</li> <li>Avoid buprenorphine as it may precipitate withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>Provide dose on AM of discharge</li> <li>Do NOT prescribe methadone on discharge</li> <li>Discharge with MAR and documentation of any opioid prescription for OTP</li> </ul>	
<b><u>Buprenorphine</u></b> Partial opioid antagonist  Available as: Sublingual Subcutaneous injection	<ul style="list-style-type: none"> <li>Continue buprenorphine through operative period</li> <li>Daily dose will be inadequate for acute pain relief               <ul style="list-style-type: none"> <li>May split daily dose as TID or QID to offer consistent analgesia</li> </ul> </li> <li>Consider higher potency opioid for breakthrough (hydromorphone, fentanyl)</li> <li>May require 2-5x as much opioid for pain relief</li> <li>Optimize non-opioid medications (acetaminophen, NSAIDs, gabapentin)</li> </ul>	<ul style="list-style-type: none"> <li>If daily dose was split, resume customary dosing once pain is mild-moderate or weaning additional opioids</li> </ul>	
NTX, naltrexone; PO, per os; IM, intramuscular; NSAIDs, non-steroidal anti-inflammatory drugs; OTP, opioid treatment program; TID, three times daily; QID, four times daily; MAR, medication administration record			See backside for references





**Jeffrey D. Laszczyk, Jr., PharmD**  
**New Jersey Prescription Monitoring Program**





# NEW JERSEY PRESCRIPTION MONITORING PROGRAM

Jeffrey D. Laszczyk, Jr., PharmD, BCACP, BCGP  
NJPMP Administrator





# NJPMP HISTORY



- Established pursuant to N.J.S.A. 45:1-45 et. seq.
- Statewide electronic database that collects dispensation data from outpatient pharmacies for:
  - **Controlled Dangerous Substances (CDS)**
    - Schedules II, III, IV, and V
  - **Human Growth Hormone**
  - **Gabapentin (May 7, 2018)**
- All NJ-licensed pharmacies that dispense the medications listed above **in an outpatient setting** must report to the NJPMP within 24-hours of dispensation.
- Program launched in September 2011
- First accessed by healthcare professionals in January 2012



# CONTROLLED SUBSTANCE SCHEDULING

(CONTROLLED SUBSTANCE ACT OF 1970)



Schedule	Definition	Examples
I	no currently accepted medical use and a high potential for abuse	heroin, marijuana
II	high potential for abuse, with use potentially leading to severe psychological or physical dependence	oxycodone, fentanyl, codeine*, amphetamine
III	moderate to low potential for physical and psychological dependence	codeine*, buprenorphine, testosterone
IV	low potential for abuse and low risk of dependence	alprazolam, tramadol
V	lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics	codeine*, pregabalin, diphenoxylate

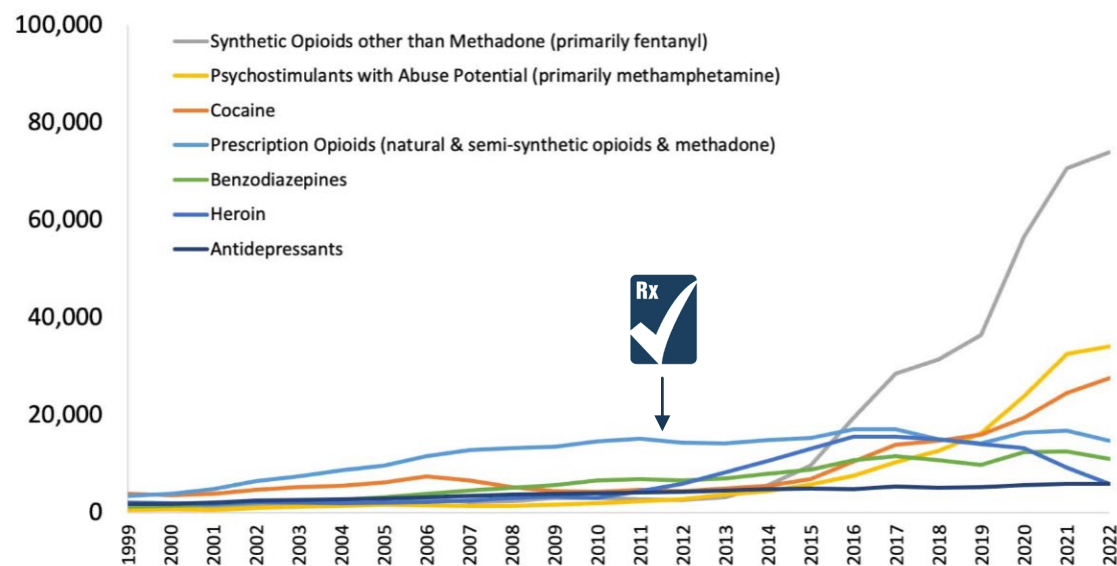
Rx



# U.S. DRUG OVERDOSE DEATH TRENDS

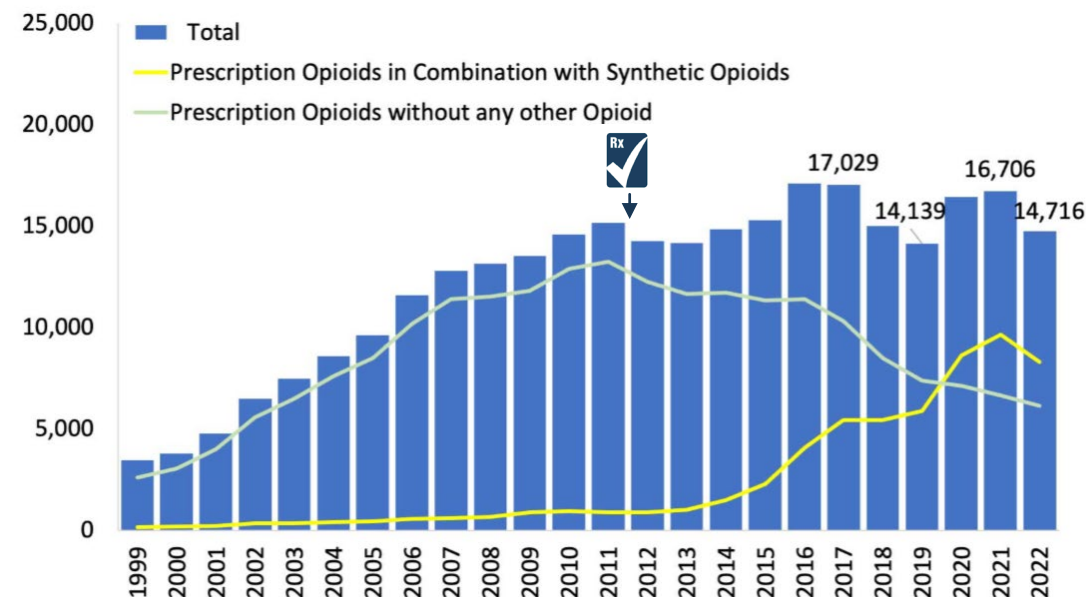


## ALL DRUGS



\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2022 on CDC WONDER Online Database, released 4/2024.

## PRESCRIPTION OPIOIDS



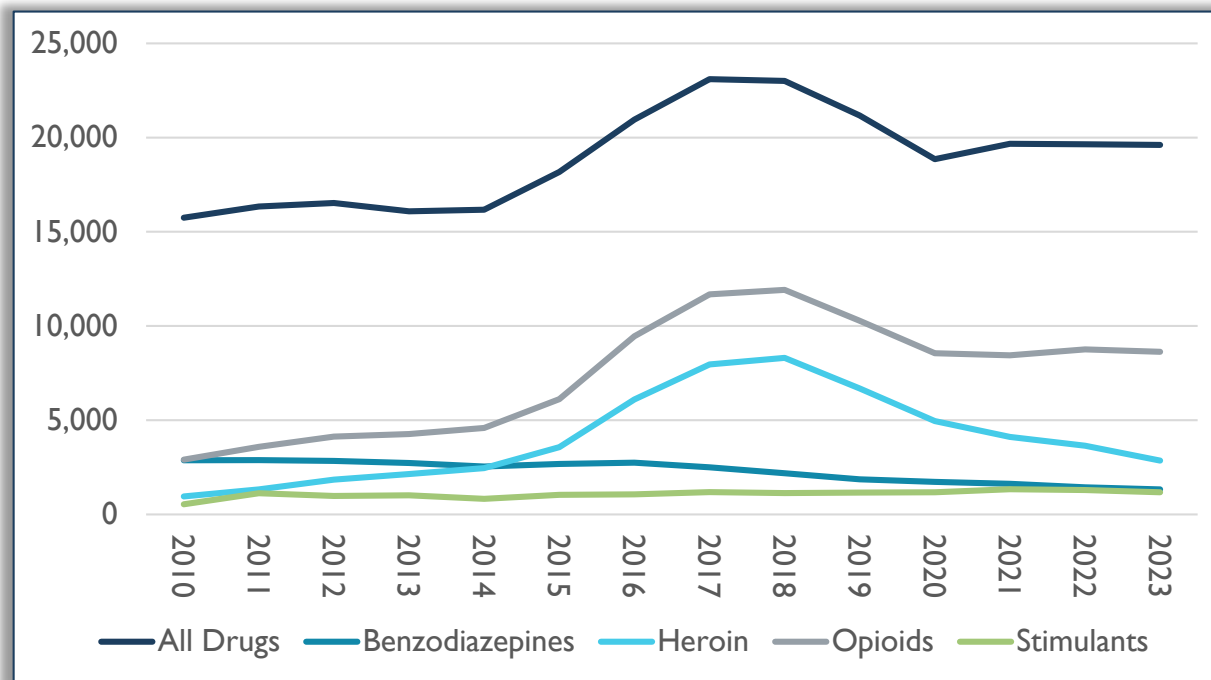
\*Among deaths with drug overdose as the underlying cause, the prescription opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2) or methadone (T40.3). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2022 on CDC WONDER Online Database, released 4/2024.



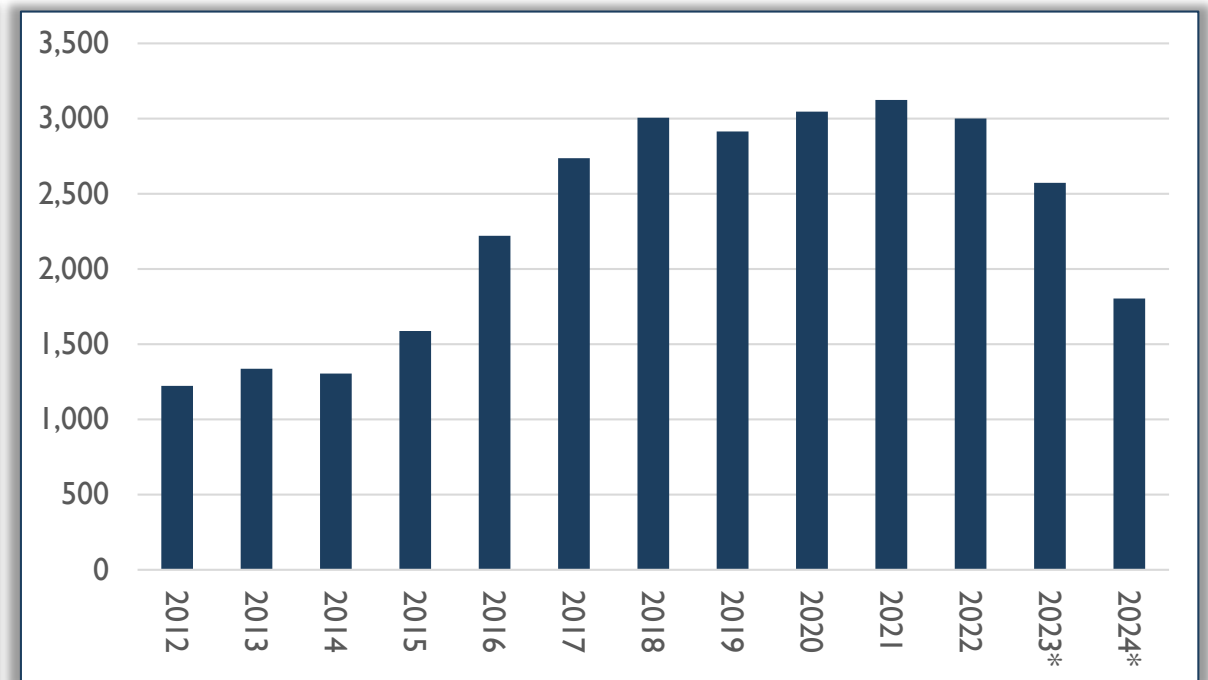
# NEW JERSEY DRUG OVERDOSE TRENDS



## NON-FATAL OVERDOSES (Drug-Related Hospital Visits)



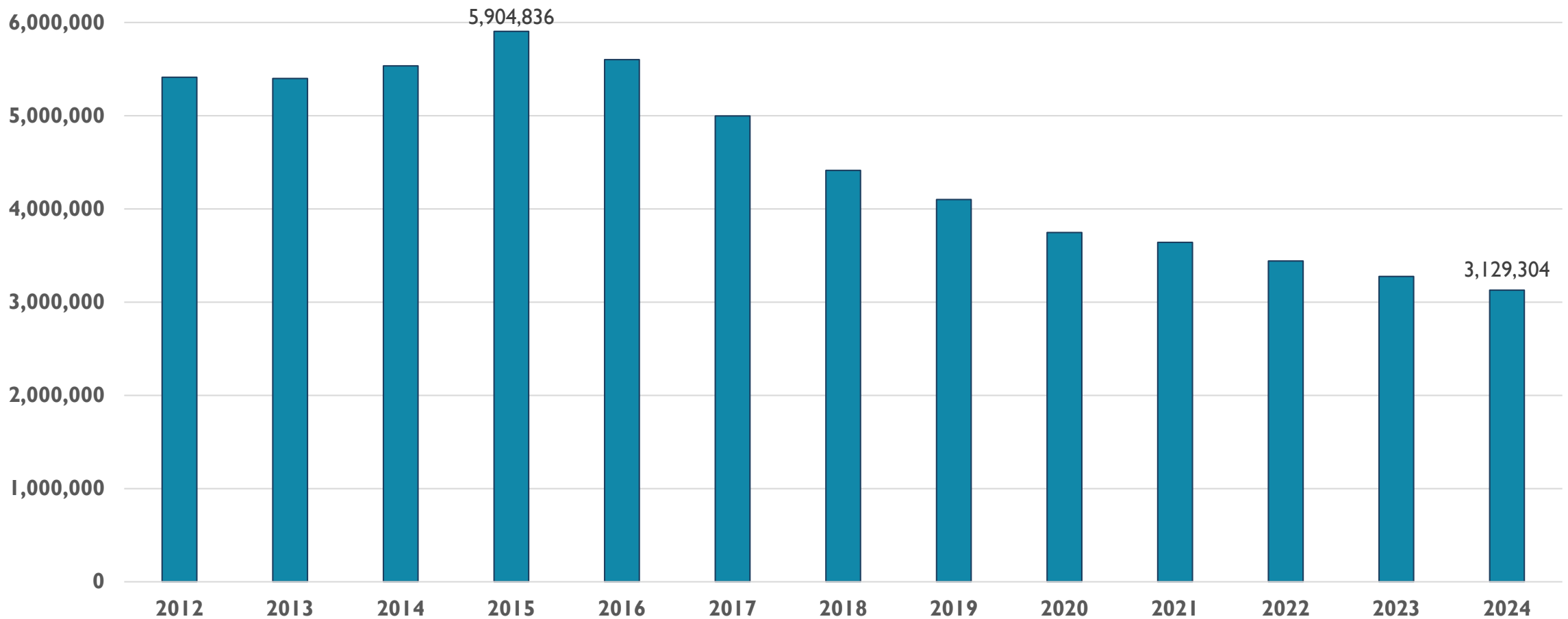
## DRUG OVERDOSE DEATHS



\*SUSPECTED



# NJ PRESCRIPTION OPIOID DISPENSATIONS





# NJPMP GOALS & OBJECTIVES



- Enable data-driven policy and collaboration
- Develop targeted interventions
- Strengthen drug-related investigations with evidence-based intelligence



- Support clinical decisions
- Identify and minimize multiple prescriber/pharmacy events and overprescribing
- Identify patients at risk for developing opioid use disorder (OUD)



# ACCESS TO THE NJPMP



- NJ-licensed **practitioners** who have a current **CDS** registration and are authorized to prescribe, dispense, or administer controlled dangerous substances, human growth hormone, or gabapentin
- A delegate authorized by a NJ-licensed practitioner
  - Delegates include: Medical Resident, Dental Resident, Registered Nurse, Licensed Practical Nurse, Advanced Practice Nurse, Physician Assistant, Dental Hygienist, Dental Assistant, Athletic Trainer, Certified Medical Assistant, Medical Scribe in an Emergency Department
- NJ-licensed **pharmacists** who are employed by a NJ-licensed pharmacy and are authorized to dispense controlled dangerous substances, human growth hormone, or gabapentin
- **All users must certify that the request is for the purpose of providing health care to or verifying information with respect to a new or current patient**



# NJ STATE PRESCRIBER LICENSEES



Licensee	Total	CDS Registration	% CDS Authority
Physicians	51,629	33,584	65.1%
Advanced Practice Nurses	18,494	12,034	65.1%
Dentists	10,126	6,311	62.3%
Physician Assistants	6,902	4,515	65.4%
Optometrists	1,710	397	23.2%
Podiatrists	1,384	1,088	78.6%
Certified Nurse Midwives	404	266	65.8%
Veterinarians	4,017	2,369	59.0%
	94,666	60,564	64.0%

Data from 04/29/2025



# NJ STATE PHARMACY LICENSEES



Licensee	Total
Pharmacists	19,578

Data from 04/29/2025

Licensee	Total
In-State Pharmacies	2,131
Out-of-State Pharmacies	1,258
	3,389

Data from 04/29/2025



# NJPMP: PRESCRIBERS' REQUIREMENTS



- Prescribers are **encouraged** to access the NJPMP prior to prescribing any 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** that they prescribe:
    - a Schedule II medication or opioid for acute or chronic pain
    - a benzodiazepine
  - Every **3 months** thereafter, if continuing to prescribe one of the above
  - **Any time** the patient appears to be seeking CDS for any purpose other than the treatment of an existing medical condition (misuse, abuse, or diversion).
  - **Any time** the practitioner prescribes a Schedule II controlled dangerous substance for acute or chronic pain to a patient receiving care or treatment in the emergency department of a general hospital.



# 2022 CDC CLINICAL PRACTICE GUIDELINE FOR PRESCRIBING OPIOIDS FOR PAIN



## Recommendation 9

- When prescribing initial opioid therapy for acute, subacute, or chronic pain, and periodically during opioid therapy for chronic pain, clinicians should review the patient's history of controlled substance prescriptions using state **prescription drug monitoring program (PDMP)** data to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose.



# NJPMP: PHARMACISTS' REQUIREMENTS



- Pharmacists are **encouraged** to access the NJPMP prior to every dispensation for a controlled dangerous substance (CDS) to review a patient's prescription history and risk alerts.
- Pharmacists are **required** to access the NJPMP if they have a reasonable belief that the patient may be seeking a controlled dangerous substance, in whole or in part, for any purpose other than the treatment of an existing medical condition, such as for purposes of misuse, abuse, or diversion.



# CORRESPONDING RESPONSIBILITY

## DEA TITLE 21, CHAPTER II, PART 1306



- A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but **a corresponding responsibility rests with the pharmacist who fills the prescription.**
- An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act ([21 U.S.C. 829](#)) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.



## ADDITIONAL ACCESS TO THE NJPMP



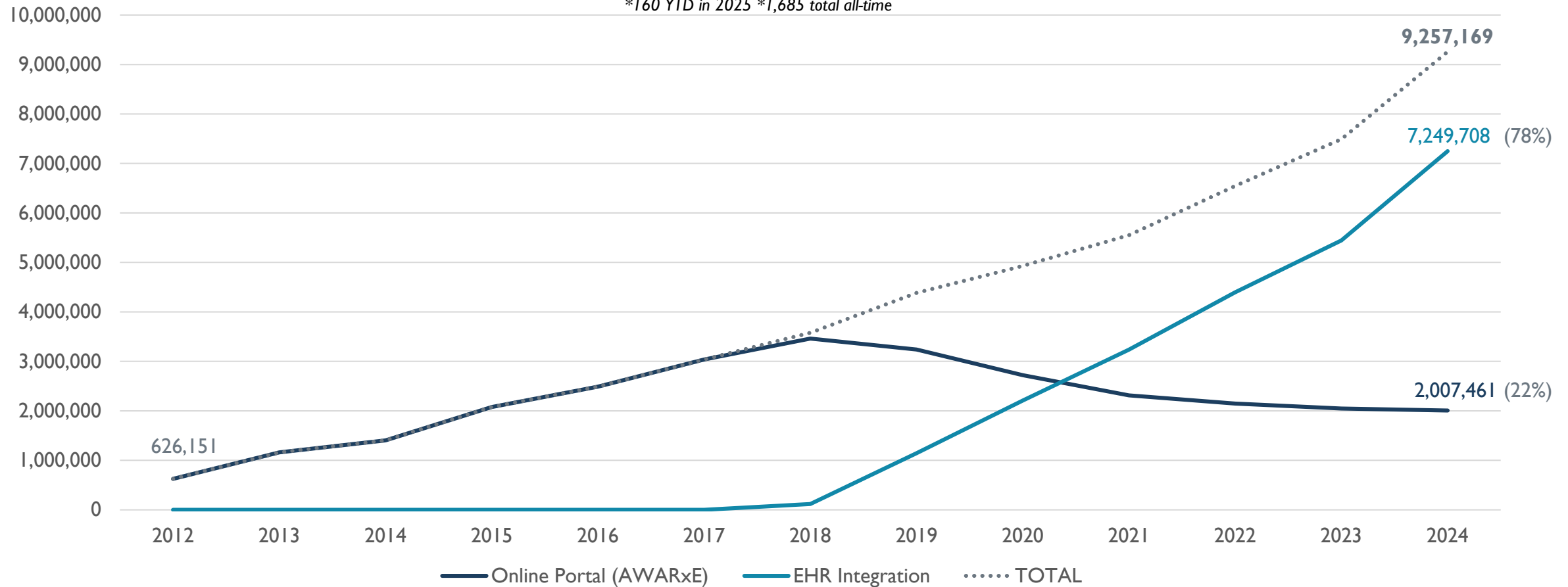
- NJ State & County **Medical Examiners** who certify that the request is for the purpose of investigating a death
  
- NJ-Licensed **Mental Health Practitioners** providing treatment for substance abuse to patients at a residential or outpatient substance abuse treatment center licensed by the Department of Health
  - Must provide written patient consent
  - Mental Health Practitioner = clinical social worker, marriage and family therapist; clinical alcohol and drug counselor; professional counselor; psychologist; or psychoanalyst



# IN-STATE NJPMP PATIENT QUERIES

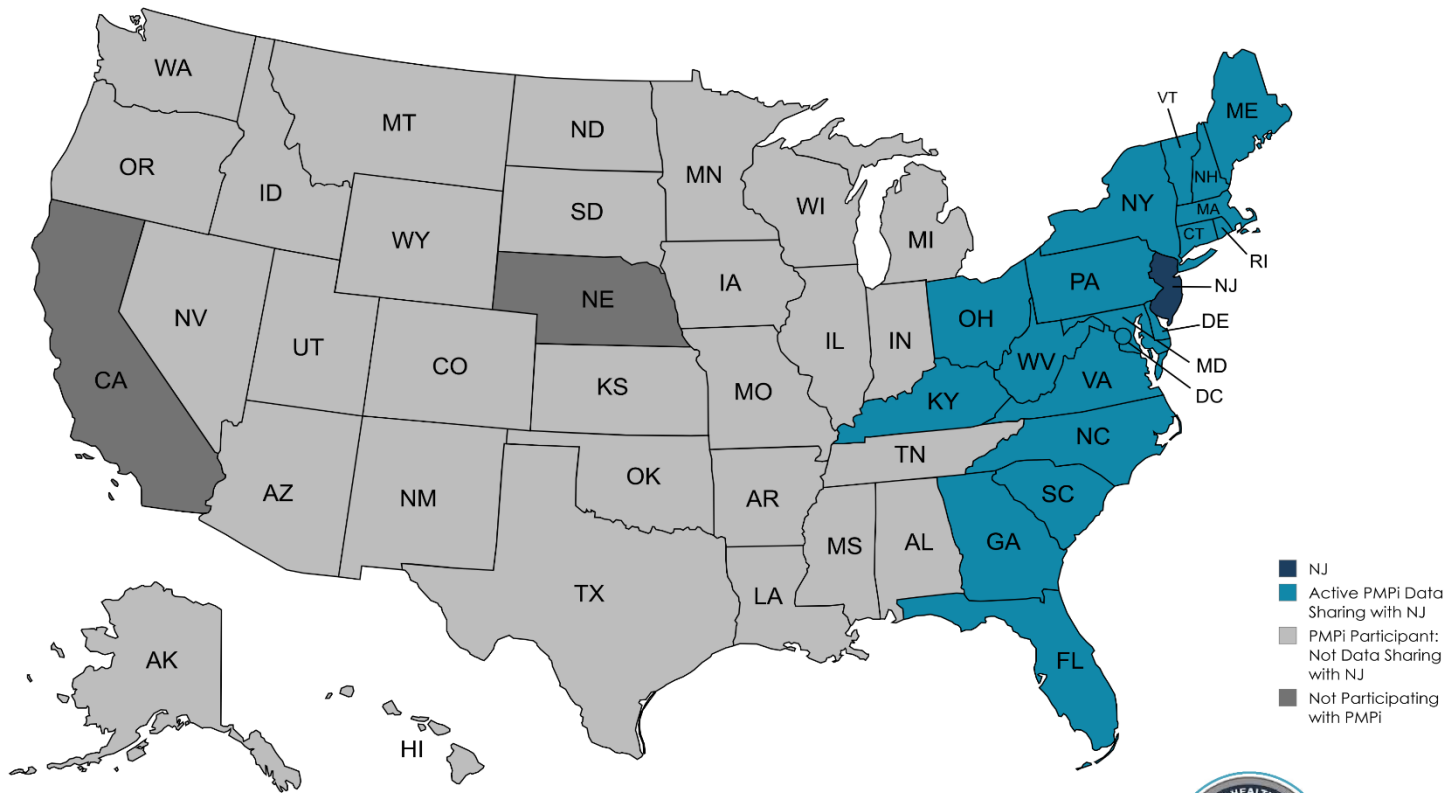


310 new EHR integrations approved in 2024  
\*160 YTD in 2025 \*1,685 total all-time





# NJPMP & NABP PMP INTERCONNECT (PMPi)



## INTERSTATE CONNECTION DATES:

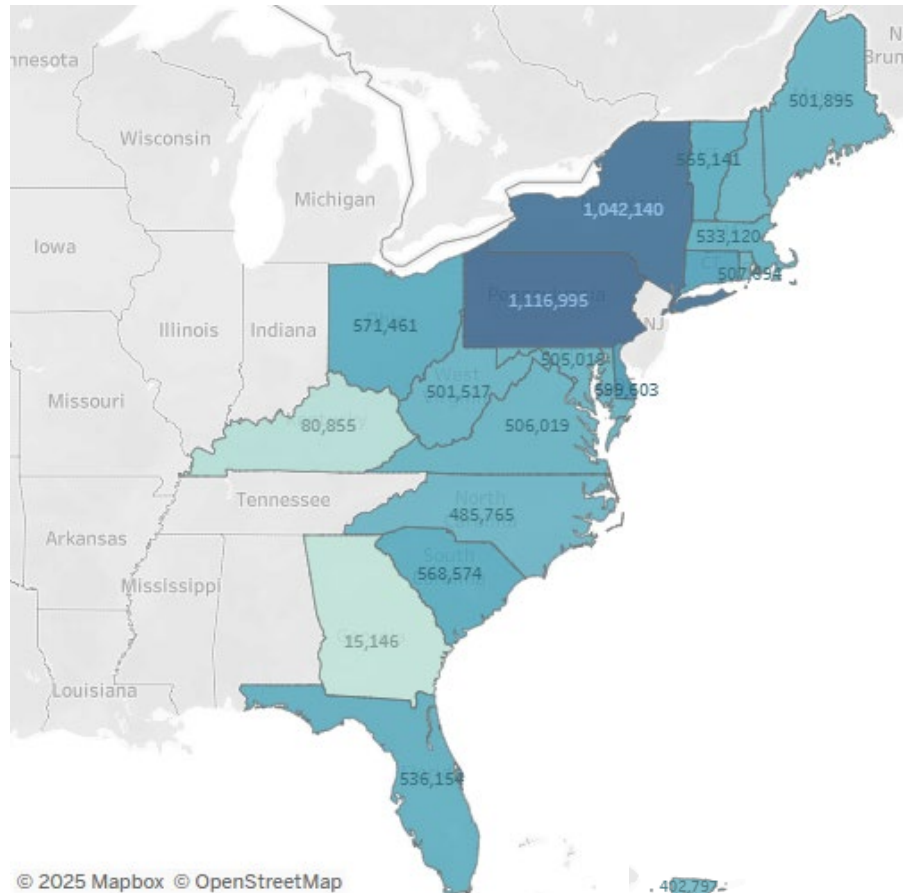
- 05/22/2014 – Connecticut
- 06/20/2014 – Delaware
- 12/22/2015 – Rhode Island, South Carolina, & Virginia
- 04/13/2016 – New York
- 04/10/2017 – Massachusetts
- 04/21/2017 – West Virginia
- 05/08/2017 – New Hampshire
- 05/30/2017 – Maine
- 06/01/2017 – Pennsylvania
- 06/08/2017 – Ohio
- 08/29/2017 – Vermont
- 10/25/2018 – North Carolina
- 10/03/2019 – Washington D.C.
- 12/05/2019 – Maryland
- 10/01/2020 – Florida
- 07/01/2021 – Puerto Rico
- 07/06/2021 – U.S. Military Health System
- 08/30/2024 – Kentucky
- 12/04/2024 – Georgia



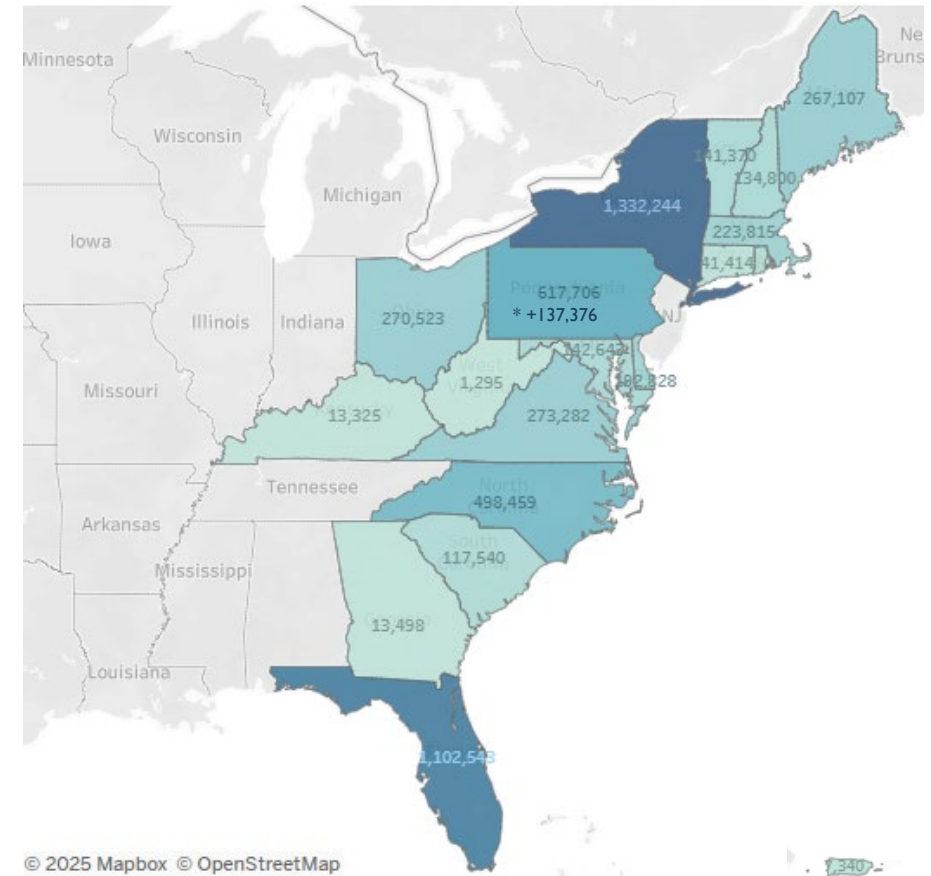
# 2024 INTERSTATE PMP PATIENT QUERIES



NJ → other states/territories



other states/territories → NJ



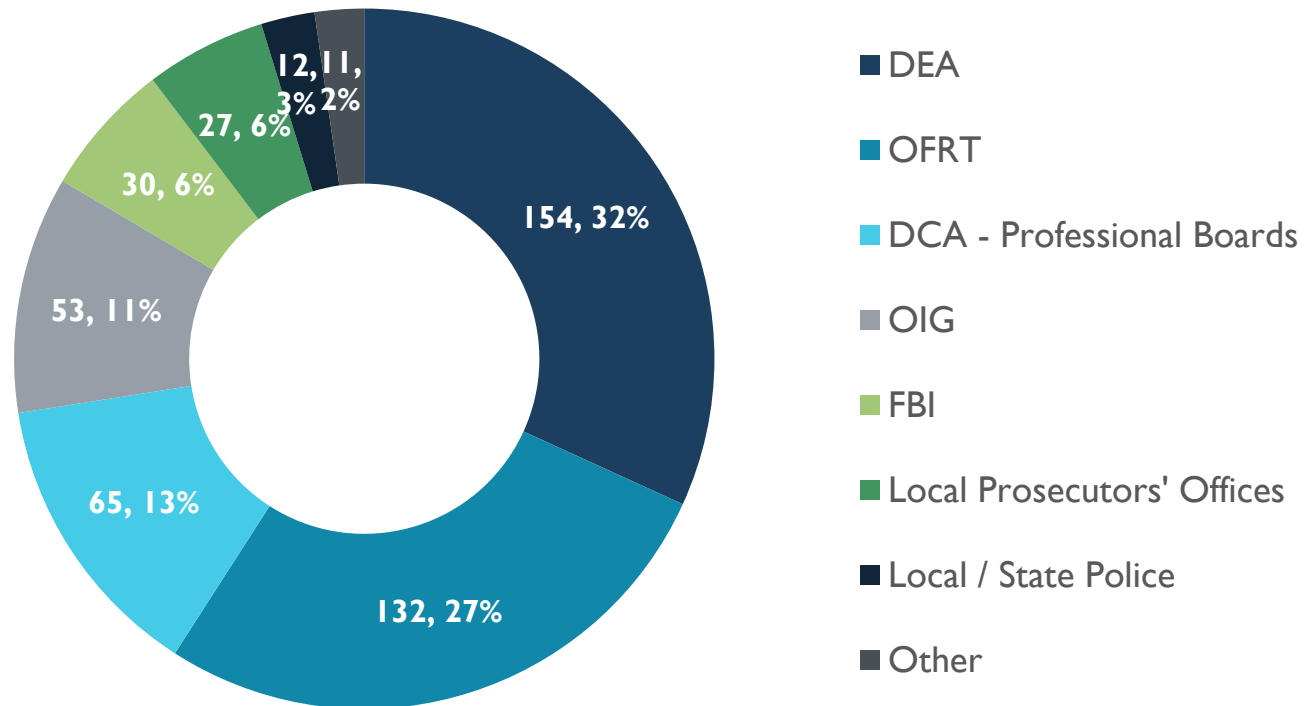


# 2024 NJPMP DATA REQUESTS FOR INVESTIGATIONS



## 2024 Subpoena / Certification / Court Order NJPMP Data Requests

**484 Total Data Requests**  
- 968 patients  
- 297 prescribers  
- 52 pharmacies





---

## NJPMP PATIENT REPORTS





# ACCESSING THE NJPMP



- Online: <https://newjersey.pmpaware.net>
- Via integration into Electronic Health Records (EHR)



Log In



### Log In

Email

Password

[Forgot Password](#)

Log In

[Create an Account](#)

[Need Help?](#)

#### Drug Control Unit Reporting System (DCURS)

[New Jersey Prescription Blanks \(NJPB\) Incident Report](#)

[Report of Theft or Loss of Controlled Substances](#)

[Certification of the Destruction of New Jersey Prescription Blanks \(NJPB\)](#)

#### Waiver and Exemption Requests

[NJPMP Reporting Exemption Application](#)

Browsers Supported





Home &gt; Dashboard



## My Dashboard

## Patient Alerts

## PATIENT ALERTS ⓘ

[View All Patient Alerts](#)

Patient Full Name	DOB	Alert Date	Alert Letter
<b>NEW</b> ALBUS DUMBLEDORE	06/26/1997	04/18/2025	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	03/23/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	02/21/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	01/22/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	12/22/2023	<a href="#">Download PDF</a>

## Recent Requests

## RECENT REQUESTS

[View Requests History](#)

Patient Name	DOB	Status	Request Date	Delegate
albus dumbledore	06/26/1997	Complete	04/27/2025 7:44 PM	
albus dumbledore	06/26/1997	Complete	04/17/2025 1:09 PM	
albus dumbledore	06/26/1997	Complete	04/17/2025 12:33 PM	
ALBUS DUMBLEDORE	06/26/1997	Complete	04/17/2025 11:44 AM	
ALBUS DUMBLEDORE	06/26/1997	Complete	04/17/2025 11:31 AM	

## Delegates

## DELEGATES

[View All Delegates](#)

Delegate Name	Status	Request Date
NJPMP Delegate	pending	07/06/2018

## My Favorites

[RxSearch - Patient Request](#)

## PMP Announcements

**NEW** Interstate Data Sharing Update 12/05/2024

The NJPMP is now connected to Georgia via PMP InterConnect. Authorized users are now able to query the Georgia PMP when... [more](#)

**NEW** Interstate Data Sharing Update 08/30/2024

The NJPMP is now connected to Kentucky via PMP InterConnect. Authorized users are now able to query the Kentucky PMP when... [more](#)

**NEW** Exciting Updates to PMP Support Documentation 03/25/2024

Bamboo Health is committed to continually updating and improving our processes to provide better support, documentation, and... [more](#)

**NEW** Exciting Updates to PMP Support Documentation 03/18/2024

Bamboo Health is committed to continually updating and improving our processes to provide better support, documentation, and... [more](#)

[View all Announcements](#)

## Quick Links

No quick links available.



## Home

Dashboard  
PMP Announcements

## RxSearch

Patient Request  
Bulk Patient Search  
Requests History  
MyRx  
Patient Alerts

## User Profile

My Profile  
Default PMPi States  
Delegate Management  
Password Reset  
Log Out

## Training

PMPAWARxE Support Center  
NarxCare Support Center  
NarxCare User Manual  
Communications Support Articles

<small>NEW</small> ALBUS DUMBLEDORE	06/26/1997	04/18/2025	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	03/23/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	02/21/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	01/22/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	12/22/2023	<a href="#">Download PDF</a>

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NEW Interstate Data Sharing Update 08/30/2024  
The NJPMP is now connected to Kentucky via PMP InterConnect. Authorized users are now able to query the Kentucky PMP when... [more](#)





Patient Request

[Patient Rx Request Tutorial](#)

[Can't view the file? Get Adobe Acrobat Reader](#)

Required fields are marked with an asterisk \*

Required format for date fields is MM/DD/YYYY

Patient Info

First Name\*

☐ Partial Spelling

Last Name\*

☐ Partial Spelling

Date of Birth\*

MM/DD/YYYY

Prescription Fill Dates

No earlier than 2 years from today

From \*

11/01/2020

To \*

11/01/2022

PATIENT REQUEST DISCLAIMER

I certify that I am authorized to access the PMP, the information I have entered is accurate, and that the information sought from the PMP is for the purpose of providing health care to or verifying information with respect to a new or current patient, or verifying information with respect to a prescriber.

PMP InterConnect Search

To search in other states as well as your home state for patient information, select the states you wish to include in your search.

C

☐ Connecticut

D

☐ Delaware

☐ District of Columbia

F

☐ Florida

G

☐ Georgia

K

☐ Kentucky

M

☐ Maine

☐ Maryland

☐ Massachusetts

☐ Military Health System

N

☐ New Hampshire

☐ New York

☐ North Carolina

O

☐ Ohio

P

☐ Pennsylvania

☐ Puerto Rico

R

☐ Rhode Island

S

☐ South Carolina

V

☐ Vermont

☐ Virginia

W

☐ West Virginia



# Dumbledore, Albus 27M [Refine Search](#)

[Contact the Bamboo Health Knowledge/Help Center](#)

Date of Birth:  
06/26/1997

Recent Address:  
4 Privet Drive Newark, NJ 07102

[View Linked Records \(2\)](#) ▾

[Other Resources](#)

## NarxCare®

Report generated on **04/27/2025**. Report Date Range: 04/28/2023 - 04/27/2025

[PDF Report](#)

[Export](#) ▾

### State Indicators (4)

- ! Overlapping Opioid & Benzodiazepine
- ! Consecutive Opioids Received for >= 90 Days
- ↓ Below Daily Active MME Threshold
- ↓ Below Prescriber & Dispensary Threshold

[Details](#)

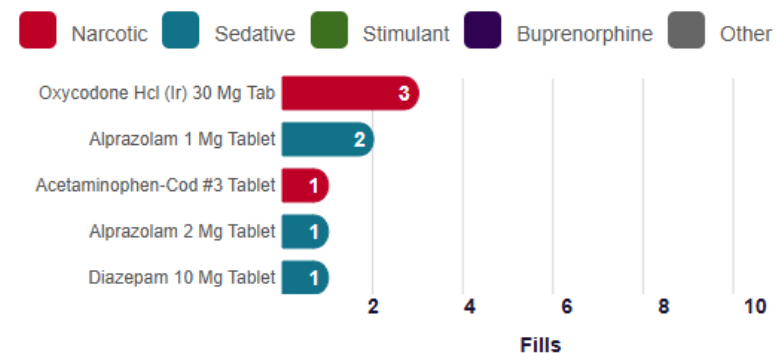
### Prescribers/Pharmacies in 12 mo.

**2** Prescribers | **3**↑ Pharmacies



### Prescribed Drugs By Fill

Last 30 Days | Last 60 Days | Last 90 Days | **Last 1 Year** | Last 2 Years



### RX Graph

☒ Narcotic ☒ Buprenorphine ☒ Sedative ☒ Stimulant ☒ Other

[Learn how to use graph](#)

All Prescribers

Prescribers

2 - Tom Riddle

1 - Njpm Prescriber

Timeline

04/27

2m

6m

1y

2y





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# Additional Indicators

Print

An additional risk indicator assessment reveals the following concerns for **Albus Dumbledore**

<div> <b>Exceeds Opioid &amp; Benzodiazepine Threshold</b></div>	<div><b>Description</b> Please note that this person has received controlled substances prescriptions for both an Opioid and a Benzodiazepine within the same time period.  The State of New Jersey does not warrant this information to be accurate or complete. The alert is based on the data entered by the dispensing pharmacy. For more information about any prescription, please directly contact the dispensing pharmacy and/or the prescriber.  <b>Prescription Counts</b> Opioid: 1 Benzodiazepine: 1  Alert Date: 4/27/2025</div>								
<div> <b>Exceeds Opioid Consecutive Day Threshold</b></div>	<div><b>Description</b> Please note that this person has received opioid prescriptions for 90 consecutive days which equals or exceeds the 90.  The State of New Jersey does not warrant this information to be accurate or complete. The alert is based on the data entered by the dispensing pharmacy. For more information about any prescription, please directly contact the dispensing pharmacy and/or the prescriber.  <table><tr><td><b>Patient's Counts</b></td><td><b>Alert Thresholds</b></td></tr><tr><td>Days: 90</td><td>Days: 90</td></tr></table> Alert Date: 4/27/2025</div>	<b>Patient's Counts</b>	<b>Alert Thresholds</b>	Days: 90	Days: 90				
<b>Patient's Counts</b>	<b>Alert Thresholds</b>								
Days: 90	Days: 90								
<div> <b>Below Daily Active MME Threshold</b></div>	<table><tr><td><b>Patient's Counts</b></td><td><b>Alert Thresholds</b></td></tr><tr><td>27</td><td>90</td></tr></table>	<b>Patient's Counts</b>	<b>Alert Thresholds</b>	27	90				
<b>Patient's Counts</b>	<b>Alert Thresholds</b>								
27	90								
<div> <b>Below Prescriber &amp; Dispensary Threshold</b></div>	<table><tr><td><b>Patient's Counts</b></td><td><b>Alert Thresholds</b></td></tr><tr><td>Prescribers: 2</td><td>Prescribers: 4</td></tr><tr><td>Pharmacies: 3</td><td>Pharmacies: 4</td></tr><tr><td>Time Frame: 90 Days</td><td></td></tr></table>	<b>Patient's Counts</b>	<b>Alert Thresholds</b>	Prescribers: 2	Prescribers: 4	Pharmacies: 3	Pharmacies: 4	Time Frame: 90 Days	
<b>Patient's Counts</b>	<b>Alert Thresholds</b>								
Prescribers: 2	Prescribers: 4								
Pharmacies: 3	Pharmacies: 4								
Time Frame: 90 Days									

Close



## RX Graph

☒ Narcotic
 ☒ Buprenorphine
 ☒ Sedative
 ☒ Stimulant
 ☒ Other

[? Learn how to use graph](#)

All Prescribers

Prescribers

2 - Tom Riddle

1 - Njomp Prescriber

Timeline

04/27

2m

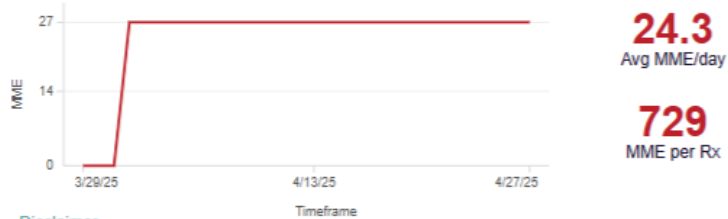
### Drug Details

Fill Date	Drug	Qty	Days	Prescriber	Pharm	Refill	MgEq	MgEq/Day
04/01/2025	Acetaminophen-Cod #3 Tablet	540.00	90	Tom Rid	Sirius	0	2430.00	27.00
03/29/2025	Alprazolam 1 Mg Tablet	360.00	90	Njop Pre	Snape	0	720.00	-
02/18/2025	Zolpidem Tartrate 5 Mg Tablet	90.00	90	Tom Rid	Slugho	0	22.50	-

[Disclaimer](#)

### Morphine Milligram Equivalent (MME) Dispensed Over Time

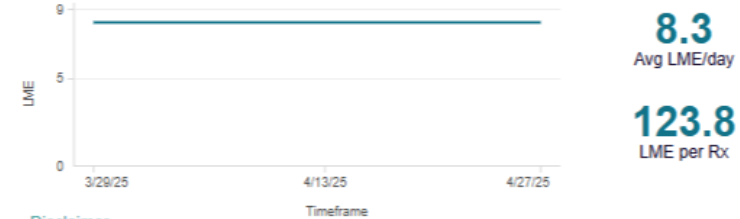
Last 30 Days
 Last 60 Days
 Last 90 Days
 Last 1 Year
 Last 2 Years



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### Lorazepam MgEq (LME) Dispensed Over Time

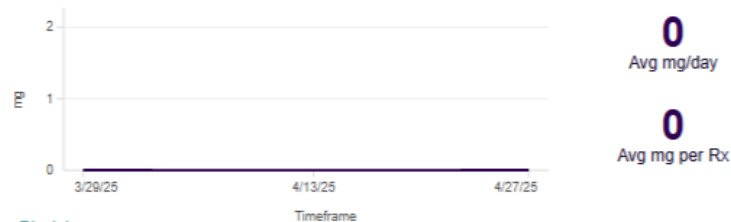
Last 30 Days
 Last 60 Days
 Last 90 Days
 Last 1 Year
 Last 2 Years



[Disclaimer](#)

### Buprenorphine (mg) Dispensed Over Time

Last 30 Days
 Last 60 Days
 Last 90 Days
 Last 1 Year
 Last 2 Years



[Disclaimer](#)

### RX Summary

#### Summary

Total Prescriptions	10
Total Private Pay	3
Total Prescribers	2
Total Pharmacies	3

#### Narcotics (excluding Buprenorphine)

Current MME/day	27.00
30 Day Avg MME/day	24.30
Current Qty	378

#### Buprenorphine

Current mg/day	0.00
30 Day Avg mg/day	0.00
Current Qty	0



### RX Summary Expanded

#### Narcotics (excluding Buprenorphine)

Current MME/day	27.00
30 Day Avg MME/day	24.30
90 Day Avg MME/day	140.10
Rx Count/12 Months	4
Prescriber #/6 Months	2
Pharmacy #/6 Months	3
Current Qty	378

#### Buprenorphine

Current mg/day	0.00
30 Day Avg mg/day	0.00
90 Day Avg mg/day	0.00
Rx Count/12 Months	0
Prescriber #/6 Months	0
Pharmacy #/6 Months	0
Current Qty	0

#### Sedatives

30 Day Avg LME/day	8.25
90 Day Avg LME/day	3.10
Rx Count/12 Months	5
Prescriber #/6 Months	2
Pharmacy #/6 Months	2
Current Qty	261

#### Stimulants

30 Day Avg mg/day	0.00
90 Day Avg mg/day	0.00
Rx Count/12 Months	0
Prescriber #/6 Months	0
Pharmacy #/6 Months	0
Current Qty	0

### Prescriptions

Total: 10 | Private Pay: 3

Showing 1-10 of 10 Items

View

15 Items

<

1 of 1

>

Filled	Written	ID	Drug	QTY	Days	Prescriber	RX #	Dispenser	Refill	Daily Dose*	Pymt Type	PMP
04/01/2025	04/01/2025	1	Acetaminophen-Cod #3 Tablet	540.00	90	To Rid	23990	Sir (6727)	0	27.00 MME	Private Pay	NJ
03/29/2025	03/15/2025	1A	Alprazolam 1 Mg Tablet	360.00	90	Nj Pre	661974	Sna (6727)	0	8.00 LME	Comm Ins	NJ
02/18/2025	02/15/2025	1	Zolpidem Tartrate 5 Mg Tablet	90.00	90	To Rid	23312	Slu (6727)	0	0.25 LME	Medicaid	NJ
01/30/2025	01/30/2025	1C	Oxycodone Hcl (Ir) 30 Mg Tab	240.00	30	Nj Pre	123830	Slu (6727)	0	360.00 MME	Comm Ins	NJ
01/01/2025	01/01/2025	2C	Oxycodone Hcl (Ir) 30 Mg Tab	240.00	30	Nj Pre	112997	Slu (6727)	0	360.00 MME	Comm Ins	NJ
12/05/2024	12/05/2024	1B	Oxycodone Hcl (Ir) 30 Mg Tab	240.00	30	Nj Pre	655330	Sna (6727)	0	360.00 MME	Comm Ins	NJ
12/01/2024	12/01/2024	1A	Alprazolam 2 Mg Tablet	120.00	30	Nj Pre	654321	Sna (6727)	0	16.00 LME	Private Pay	NJ
11/07/2024	11/07/2024	1	Diazepam 10 Mg Tablet	240.00	90	To Rid	22894	Slu (6727)	0	2.67 LME	Medicaid	NJ
09/01/2024	08/31/2024	1B	Alprazolam 1 Mg Tablet	360.00	90	Nj Pre	633897	Sna (6727)	0	8.00 LME	Comm Ins	NJ
09/01/2023	09/01/2023	2B	Oxycodone Hcl (Ir) 20 Mg Tab	180.00	30	Nj Pre	10589	Slu (6727)	0	180.00 MME	Private Pay	NJ

Disclaimer

Showing 1-10 of 10 Items

View

15 Items

<

1 of 1

>



### Providers

Total: 2

Showing 1-2 of 2 Items

View 15 Items

< 1 of 1 >

Name	Address	City	State	Zipcode	Phone
Njpm Prescriber	124 Halsey Street	Newark	NJ	07102	(973) 273-8010
Tom Riddle	98 Nagini Lane	Trenton	NJ	08610	(609) 555-6666

Showing 1-2 of 2 Items

View 15 Items

< 1 of 1 >

### Pharmacies

Total: 3

Showing 1-3 of 3 Items

View 15 Items

< 1 of 1 >

Name	Address	City	State	Zipcode	Phone
Snape's Apothecary (6727)	111 Castle Drive	Newark	NJ	07102	(973) 273-8010
Slughorn's Pharmacy (6727)	29 Felix Lane	Newark	NJ	07102	(973) 273-8042
Sirius Healthcare (6727)	59 Padfoot Circle	Camden	NJ	08030	(201) 555-3888

Showing 1-3 of 3 Items

View 15 Items

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### Person Picking Up Prescriptions

Column Settings

Total: 3

Showing 1-3 of 3 Items

View 15 Items

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DS ID	Name	Relationship	ID Number	ID Type
A	Minerva McGonagall	Caregiver	NJ123456789	Driver License
B	Minerva McGonagall	Caregiver	NJ123456789	State ID
C	Sybill Trelawney	Spouse	NJ987654321	State ID

Showing 1-3 of 3 Items

View 15 Items

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## Dumbledore, Albus 27M [Refine Search](#)

Date of Birth:  
06/26/1997

Recent Address:  
4 Privet Drive Newark, NJ 07102

[View Linked Records \(2\)](#)

[Contact the Bamboo Health Knowledge/Help Center](#)

[Other Resources](#)

### NarxCare<sup>®</sup>

Report generated on **05/06/2025**. Report Date Range: 05/07/2023 - 05/06/2025

PDF Report

Export

### Other Health Information

#### Resources (2)

MAT Providers

State & CDC Resources

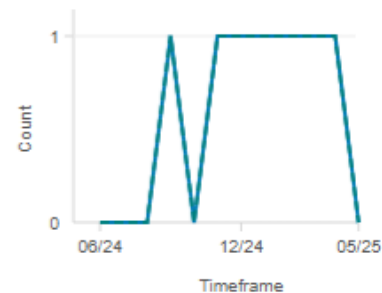
#### State Indicators (4)

- Overlapping Opioid & Benzodiazepine
- Consecutive Opioids Received for >= 90 Days
- Below Daily Active MME Threshold
- Below Prescriber & Dispensary Threshold

[Details](#)

#### Prescribers/Pharmacies in 12 mo.

**2** Prescribers | **3** Pharmacies





## MAT Providers



Find the 30 closest MAT providers for this patient. The patient's zip code is pre-populated if available.  
[View more information about the treatment locator.](#)

Zip Code

07102

Submit

### State Indicators (4)

- ! Overlapping Opioid & Benzodiazepine
- ! Consecutive Opioids Received for >= 90 Days
- ↓ Below Daily Active MME Threshold
- ↓ Below Prescriber & Dispensary Threshold

Details

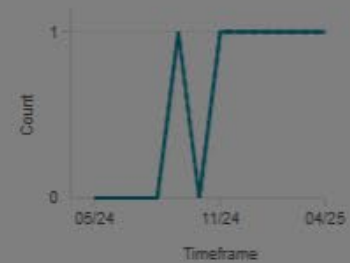
### Prescribers/Pharmacies in 12 mo.

2

Prescribers

3↑

Pharmacies



### State & CDC Resources



## Buprenorphine Treatment Physician Locator - Nearest 30 Providers Around 07102

This resource is based on publicly available data from the Substance Abuse and Mental Health Services Administration (SAMHSA). The content provided is updated quarterly. More information is available at <https://www.samhsa.gov/substance-use/treatment/find-treatment/buprenorphine-practitioner-locator>

Name	Address	City	State	Zip	Phone	Distance
Dr. Julia Mahaney DO	North American Spine and Pain 131 Bergen Street, Unit 3	Newark	NJ	07103	(862) 206-5230	1.2 miles
Shelley Jones-Dillon MD	201 Lyons Avenue Newark Beth Israel, Emergency Medicine Department	Newark	NJ	07112	(917) 309-2200	2.6 miles
Dr. Somaya Abboud M.D.	623 Eagle Rock Avenue Suite 1	West Orange	NJ	07052	(973) 736-2100	6.0 miles
Dr. David Finn M.D.	Samaritan Daytop Village 1915 Forest Avenue	Staten Island	NY	10303	(718) 981-3136	7.2 miles
Muftau Bello NP	96 Grandview Avenue	Staten Island	NY	10303	(347) 998-2767	7.2 miles
Muftau Bello NP	1915 Forest Avenue	Staten Island	NY	10303	(718) 981-3136	7.2 miles
Dr. Nitin Chitre MD	2040 Forest Avenue	Staten Island	NY	10303	(718) 761-2044	7.2 miles
Dr. Peter D'Orazio MD	2040 Forest Avenue	Staten Island	NY	10303	(718) 616-5203	7.2 miles
Dr. Michael Carpinello M.D.	93 Willowbrook Road	Staten Island	NY	10302	(718) 815-1444	7.5 miles
Azza Ezzat	166 Port Richmond Avenue	Staten Island	NY	10302	(718) 496-2542	7.5 miles
Shailesh Pathare MD	565 Jewett Avenue	Staten Island	NY	10302	(718) 701-6010	7.5 miles
Dr. Ana Mendez M.D.	355 Bard Avenue	STATEN ISLAND	NY	10310	(718) 818-4636	7.7 miles
Dr. Thomas D'Amato MD	355 Bard Avenue Unit 6-E	Staten Island	NY	10310	(201) 600-5119	7.7 miles
Dr. Lucas Ralston D.O.	Richmond University Medical Center 355 Bard Avenue	Staten Island	NY	10310	(718) 876-2362	7.7 miles
Dr. Jean-Pierre Barakat M.D.	355 Bard Avenue	Staten Island	NY	10310	(626) 399-1079	7.7 miles
Dr. Nisha Lakhi M.D.	Richmond University Medical Center 355 Bard Avenue Ave	Staten Island	NY	10310	(614) 563-0317	7.7 miles
Ayesha Ghaffar PA	355 bard avenue	staten island	NY	10310	(917) 605-0505	7.7 miles
Sarah Onyenwe DNP	355 Bard Avenue	Staten Island	NY	10310	(718) 818-1234	7.7 miles
Edward Martinez NP	18 Clarion Court	Staten Island	NY	10310	(917) 449-7336	7.7 miles
Dr. Jean-Pierre Barakat M.D.	970 Bard Avenue	Staten Island	NY	10310		7.7 miles
Barbara Culver	Blue Skies Psychological Services 710 Forest Avenue	Staten Island	NY	10310	(718) 464-5550	7.7 miles
Dr. Nima Majlesi M.D.	211 North End Avenue Apt. 17A	New York	NY	10282	(732) 221-0555	8.4 miles
Dr. Osvaldas Pranevicius	300 Albany Street Suite 6E	New York	NY	10280	(917) 769-7413	8.4 miles



×

Click the associated link and print.  
View more information about resources.

## What You Need to Know



Prescription Opioids: What You Need to Know (PDF)

## Opioids and Chronic Pain



Promoting Safer and More Effective Pain Management (PDF)

## Pregnancy and Opioids

Pregnancy and Opioids Pain Management  
(PDF)

## Pocket Guide: Tapering



Pocket Guide: Tapering Opioids for Chronic Pain (PDF)

## Fact Sheet



Guide for Prescribing Opioids for Chronic Pain (PDF)

### Checklist \*



Checklist for Prescribing Opioids for Chronic Pain (PDF)

### Nonopioid Treatments



Nonopioid Treatments for Chronic Pain  
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## Assessing Benefits and Harms



Assessing Benefits and Harms of Opioid Therapy (PDF)



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<b>NEW</b> ALBUS DUMBLEDORE	06/26/1997	04/18/2025	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	03/23/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	02/21/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	01/22/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	12/22/2023	<a href="#">Download PDF</a>

## PMP Announcements

**NEW** Interstate Data Sharing Update 12/05/2024

The NJPMP is now connected to Georgia via PMP InterConnect. Authorized users are now able to query the Georgia PMP when... [more](#)

**NEW** Interstate Data Sharing Update 08/30/2024

The NJPMP is now connected to Kentucky via PMP InterConnect. Authorized users are now able to query the Kentucky PMP when... [more](#)



RxSearch > MyRx > MyRx Request



MyRx Request

MyRx History

## My Rx

Required fields are marked with an asterisk \*  
Required format for date fields is MM/DD/YYYY

### Prescriptions Written

No earlier than 2 years from today

From\*

To\*

MM/DD/YYYY



MM/DD/YYYY



### DEA Numbers

☒ PP5836727

### Generic Drug Name (Optional)

Drug Name

Search





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MyRx Request

MyRx History

## MyRx

Report Prepared: 04/29/2025

Date Range: 01/01/2024 – 04/29/2025



Download PDF



Download CSV



### DEA Numbers

DEA Number	Prescriber Name	Address	City	State	Zip
PP5836727					



### Prescriptions

Date Written	DEA(Last 4)	Patient	Year of Birth	Drug Name	Days Supply	Pharmacy	Pharmacy Address
03/15/2025	6727	DUMBLEDORE, ALBUS	1997	ALPRAZOLAM 1 MG TABLET	90	SNAPE'S APOTHECARY	111 CASTLE DRIVE - NEWARK NJ 07102
01/30/2025	6727	DUMBLEDORE, ALBUS	1997	OXYCODONE HCL (IR) 30 MG TAB	30	SLUGHORN'S PHARMACY	29 FELIX LANE - TRENTON NJ 08610
01/01/2025	6727	DUMBLEDORE, ALBUS	1997	OXYCODONE HCL (IR) 30 MG TAB	30	SLUGHORN'S PHARMACY	29 FELIX LANE - TRENTON NJ 07102
12/05/2024	6727	DUMBLEDORE, ALBUS	1997	OXYCODONE HCL (IR) 30 MG TAB	30	SNAPE'S APOTHECARY	111 CASTLE DRIVE - NEWARK NJ 07102
12/01/2024	6727	DUMBLEDORE, ALBUS	1997	ALPRAZOLAM 2 MG TABLET	30	SNAPE'S APOTHECARY	111 CASTLE DRIVE - NEWARK NJ 07102
08/31/2024	6727	DUMBLEDORE, ALBUS	1997	ALPRAZOLAM 1 MG TABLET	90	SNAPE'S APOTHECARY	111 CASTLE DRIVE - NEWARK NJ 07102





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ALBUS DUMBLEDORE	06/26/1997	03/23/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	02/21/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	01/22/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	12/22/2023	<a href="#">Download PDF</a>

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User Profile > Default PMPi States



## Default InterConnect PMPs

- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia
- ☐ Florida
- ☐ Georgia
- ☐ Kentucky
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Military Health System
- ☐ New Hampshire
- ☐ New York
- ☐ North Carolina
- ☐ Ohio
- ☐ Pennsylvania
- ☐ Puerto Rico
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Update Defaults





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ALBUS DUMBLEDORE	06/26/1997	01/22/2024	<a href="#">Download PDF</a>
ALBUS DUMBLEDORE	06/26/1997	12/22/2023	<a href="#">Download PDF</a>

PMP Announcements

- NEW

Interstate Data Sharing Update

12/05/2024

The NJPMP is now connected to Georgia via PMP InterConnect. Authorized users are now able to query the Georgia PMP when... [more](#)
- NEW

Interstate Data Sharing Update

08/30/2024

The NJPMP is now connected to Kentucky via PMP InterConnect. Authorized users are now able to query the Kentucky PMP when... [more](#)



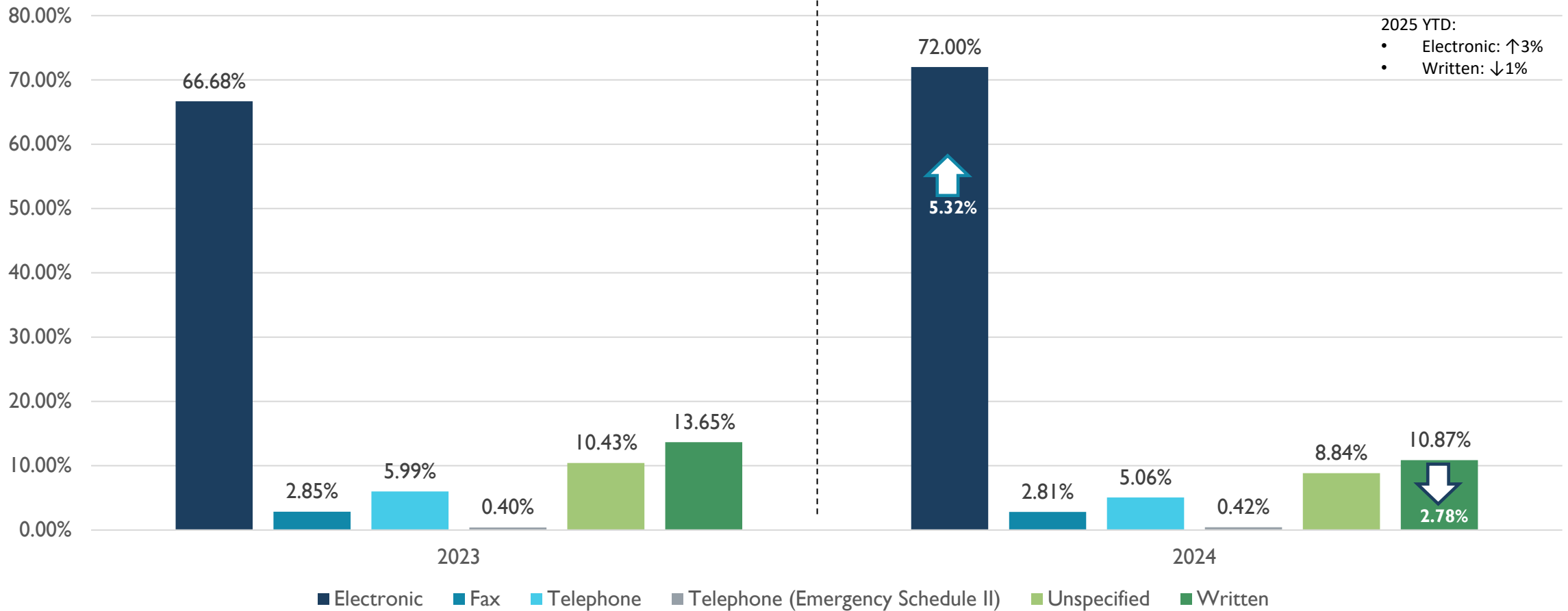
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## NJPMP DATA TRENDS



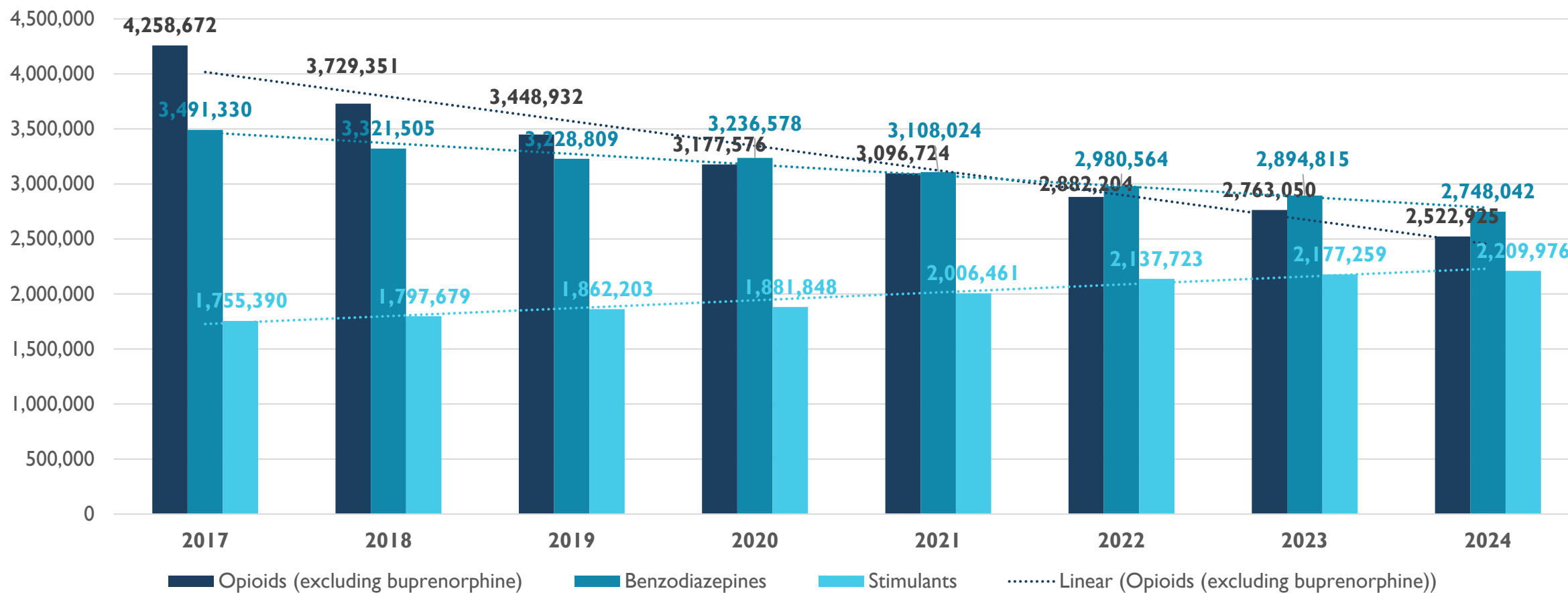


# PRESCRIPTION ORDER METHOD





# NJPMP PRESCRIPTION TRENDS (NJ PATIENTS)





# TOP 11 PRESCRIPTION DISPENSATIONS 2023 & 2024 (NJ PATIENTS)



**2023**

Medication	Prescriptions
<b>gabapentin</b>	1,268,174
<b>alprazolam</b>	1,256,181
<b>amphetamine/dextroamphetamine</b>	882,180
<b>oxycodone/acetaminophen</b>	621,805
<b>clonazepam</b>	599,337
<b>oxycodone</b>	590,540
<b>zolpidem</b>	589,280
<b>tramadol</b>	514,452
<b>lorazepam</b>	417,650
<b>methylphenidate</b>	351,775
<b>buprenorphine/naloxone</b>	324,389

**2024**

Medication	Prescriptions
<b>gabapentin</b>	1,386,158
<b>alprazolam</b>	1,289,685
<b>amphetamine/dextroamphetamine</b>	1,108,063
<b>oxycodone</b>	672,466
<b>oxycodone/acetaminophen</b>	643,862
<b>clonazepam</b>	639,860
<b>zolpidem</b>	605,628
<b>tramadol</b>	563,891
<b>lorazepam</b>	446,513
<b>methylphenidate</b>	418,439
<b>buprenorphine/naloxone</b>	319,301

\*Opioid \*Benzodiazepine \*Stimulant \*Sedative/Hypnotic \*Gabapentinoid



# TOP 11 DOSAGE UNIT DISPENSATIONS 2023 & 2024 (NJ PATIENTS)



**2023**

Medication	Dosage Units
<b>gabapentin</b>	<b>128,838,572</b>
<b>alprazolam</b>	<b>68,599,675</b>
<b>oxycodone</b>	<b>43,567,446</b>
<b>amphetamine/dextroamphetamine</b>	<b>38,145,872</b>
<b>oxycodone/acetaminophen</b>	<b>36,001,622</b>
<b>clonazepam</b>	<b>33,566,414</b>
<b>tramadol</b>	<b>27,868,521</b>
<b>lorazepam</b>	<b>20,583,585</b>
<b>pregabalin</b>	<b>20,506,632</b>
<b>zolpidem</b>	<b>20,464,925</b>
<b>methylphenidate</b>	<b>15,880,969</b>

**2024**

Medication	Dosage Units
<b>gabapentin</b>	<b>143,343,756</b>
<b>alprazolam</b>	<b>69,309,100</b>
<b>amphetamine/dextroamphetamine</b>	<b>47,566,962</b>
<b>oxycodone</b>	<b>46,753,642</b>
<b>oxycodone/acetaminophen</b>	<b>36,342,705</b>
<b>clonazepam</b>	<b>35,570,564</b>
<b>tramadol</b>	<b>28,498,555</b>
<b>pregabalin</b>	<b>23,688,868</b>
<b>lorazepam</b>	<b>21,530,253</b>
<b>zolpidem</b>	<b>20,986,602</b>
<b>methylphenidate</b>	<b>17,039,528</b>

\*Opioid \*Benzodiazepine \*Stimulant \*Sedative/Hypnotic \*Gabapentinoid



# TOP 11 MEDICATIONS 2024 (NJ PATIENTS)

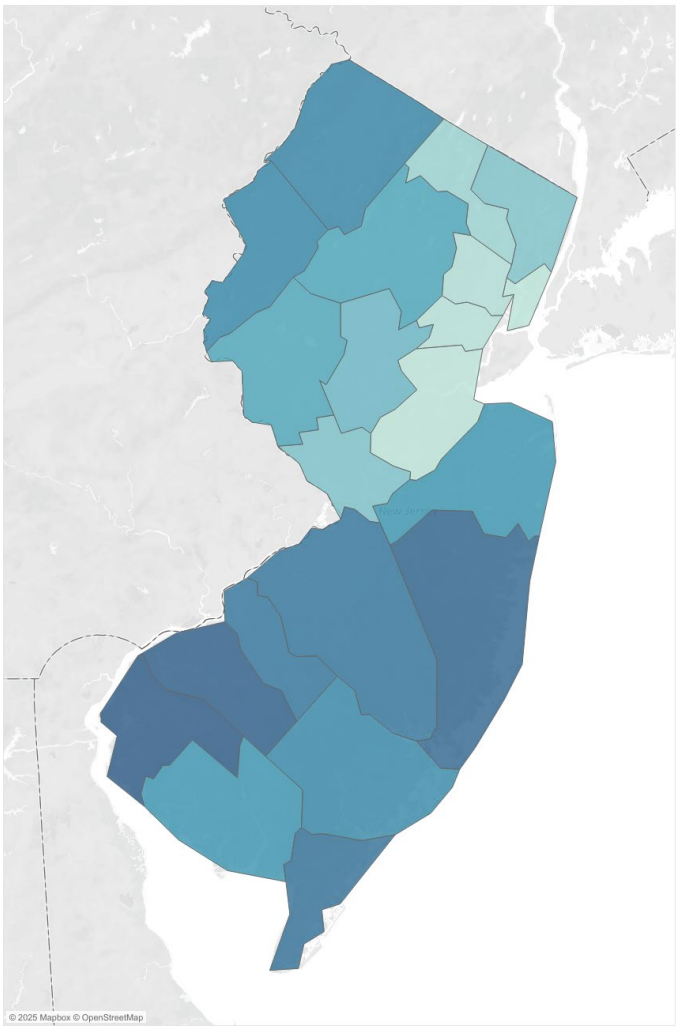


Medication	Prescriptions	Dosage Units
gabapentin 300mg capsule	636,866	64,222,415
tramadol 50mg tablet	544,682	27,794,483
alprazolam 0.5mg tablet	523,655	28,379,505
alprazolam 0.25mg tablet	424,631	18,466,183
zolpidem 10mg tablet	388,688	13,600,487
gabapentin 100mg capsule	387,223	37,955,430
clonazepam 0.5mg tablet	371,122	19,428,750
oxycodone IR 5mg tablet	273,867	9,745,282
alprazolam 1mg tablet	250,193	16,664,105
lorazepam 0.5mg tablet	234,109	10,394,707
amphetamine/dextroamphetamine 20mg tablet	221,633	12,300,127

\*Opioid \*Benzodiazepine \*Stimulant \*Sedative/Hypnotic \*Gabapentinoid



# 2024 OPIOID PRESCRIPTIONS PER CAPITA BY PATIENT COUNTY



Top 10 NJ Zip Codes by total MME

Zip Code	County	Population	Patients	Prescriptions	Total MME
08043	Camden	29,131	8,116	45,169	27,827,073
08021	Camden	44,833	12,712	72,521	26,819,515
08081	Camden	50,589	13,617	72,565	25,871,971
08759	Ocean	33,263	16,006	87,743	25,446,514
07002	Hudson	63,031	15,893	84,251	23,392,823
08094	Gloucester	39,940	13,783	75,323	21,600,642
08753	Ocean	63,678	18,805	99,016	21,549,418
08757	Ocean	33,217	13,810	74,357	20,423,655
08234	Atlantic	42,532	13,176	68,058	20,288,352
08360	Cumberland	43,355	12,278	64,275	18,811,653



# 2024 OPIOID PRESCRIPTION METRICS BY PATIENT COUNTY



	Patients per Capita ⓘ	Rx per Capita ⓘ	Total MME per Capita ⓘ	Rx per Patient ⓘ	Days Supply per Patient ⓘ	Rx Qty per Patient ⓘ	MME per Patient ⓘ	QTY(%) per Rx ⓘ	Days Supply per Rx ⓘ	MME per Rx ⓘ
ATLANTIC	14.6%	0.53	443.8	3.6	74	237	3,029	65.1	20.4	830
BERGEN	9.6%	0.25	198.3	2.6	39	138	2,068	52.9	15.1	794
BURLINGTON	13.2%	0.46	435.9	3.5	69	216	3,295	61.9	19.8	944
CAMDEN	13.1%	0.50	497.7	3.8	78	244	3,791	63.9	20.5	995
CAPE MAY	14.9%	0.54	360.3	3.6	72	226	2,424	62.2	19.7	667
CUMBERLAND	14.0%	0.51	390.0	3.6	75	230	2,777	63.6	20.8	769
ESSEX	8.9%	0.27	219.3	3.0	51	160	2,468	53.4	17.0	825
GLOUCESTER	14.2%	0.54	499.1	3.8	79	237	3,507	62.7	20.8	927
HUDSON	7.4%	0.20	174.3	2.8	47	150	2,355	54.5	17.0	855
HUNTERDON	11.2%	0.30	221.9	2.7	41	139	1,984	51.7	15.2	739
MERCER	10.3%	0.33	259.2	3.2	57	182	2,507	57.3	18.1	791
MIDDLESEX	9.6%	0.27	220.0	2.8	45	145	2,283	51.4	16.0	811
MONMOUTH	12.1%	0.36	276.3	2.9	50	160	2,291	54.2	16.9	777
MORRIS	10.4%	0.29	232.3	2.8	42	143	2,234	51.9	15.4	812
OCEAN	15.0%	0.50	402.2	3.3	62	194	2,687	58.2	18.6	807
PASSAIC	9.1%	0.26	204.7	2.9	48	153	2,251	53.5	16.7	786
SALEM	14.9%	0.59	458.8	4.0	83	253	3,070	64.1	20.9	776
SOMERSET	10.5%	0.28	209.2	2.7	40	132	1,998	49.2	14.8	745
SUSSEX	12.1%	0.40	373.7	3.3	60	199	3,078	59.7	18.1	924
UNION	8.9%	0.24	177.7	2.7	40	130	1,994	48.7	15.0	749
WARREN	13.0%	0.40	304.5	3.0	51	168	2,342	55.0	16.6	769



# 2024 OPIOID PRESCRIPTION METRICS BY PATIENT COUNTY



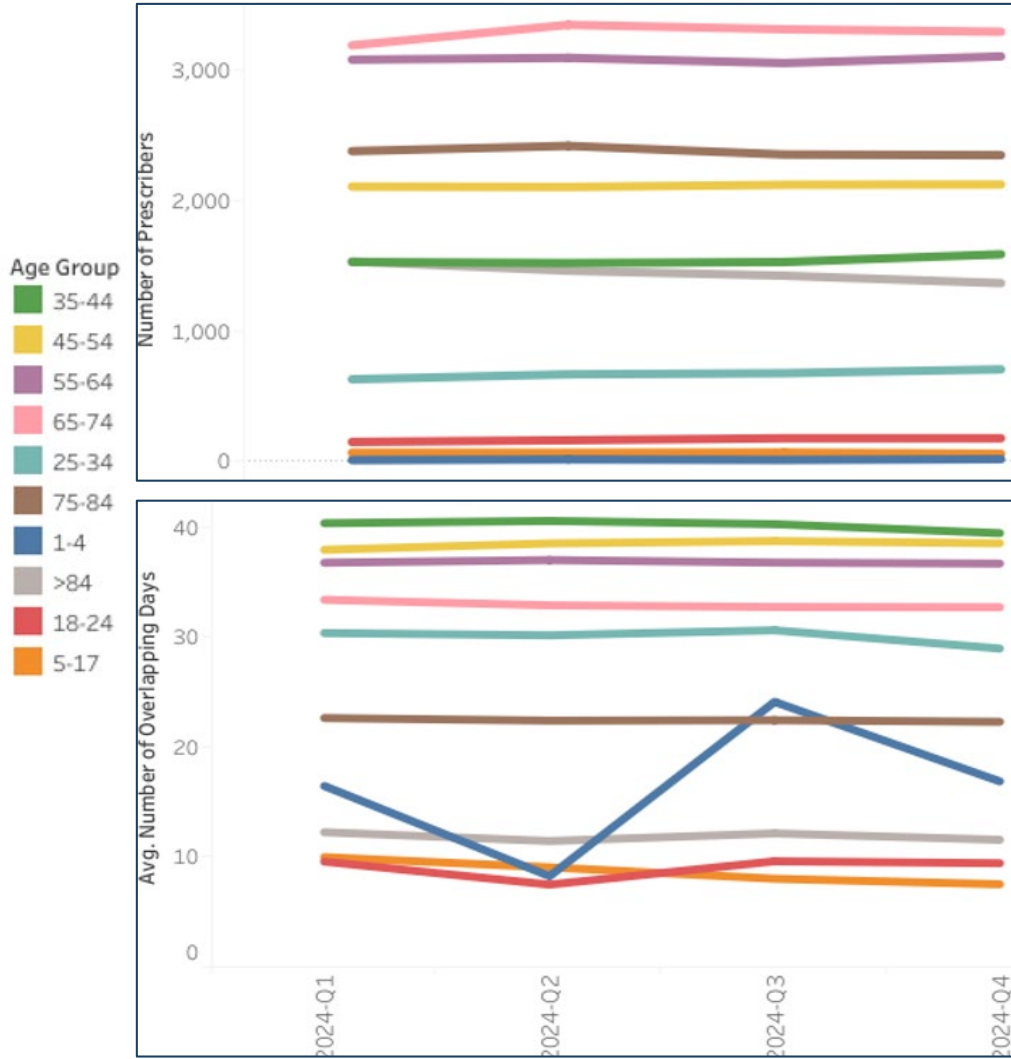
	0-24	25-34	35-44	45-54	55-64	65-74	75+
ATLANTIC	4.415	4.350	5.372	5.436	5.549	5.401	4.706
BERGEN	4.589	4.697	5.087	4.858	4.740	4.733	4.722
BURLINGTON	4.767	4.951	5.972	5.597	5.659	5.308	5.151
CAMDEN	4.876	5.043	6.052	5.909	5.999	5.660	4.990
CAPE MAY	4.825	5.077	6.333	5.791	5.610	5.296	4.597
CUMBERLAND	4.507	4.195	5.154	5.617	5.762	5.538	5.012
ESSEX	4.449	4.169	4.622	4.707	4.887	4.783	4.544
GLOUCESTER	4.831	5.210	6.312	6.005	5.869	5.598	5.226
HUDSON	3.815	4.454	4.619	4.722	5.179	5.120	4.757
HUNTERDON	4.488	5.037	5.818	4.993	4.748	4.731	4.402
MERCER	4.414	4.610	5.258	5.079	5.279	5.054	4.644
MIDDLESEX	4.037	4.205	4.695	4.568	4.790	4.728	4.514
MONMOUTH	4.309	5.084	5.642	5.274	4.988	4.910	4.760
MORRIS	4.702	5.299	5.538	5.032	4.776	4.688	4.702
OCEAN	4.637	4.770	5.824	5.675	5.650	5.238	4.745
PASSAIC	4.137	4.155	4.735	4.903	5.048	4.830	4.803
SALEM	4.917	5.325	6.326	6.226	5.944	5.789	4.847
SOMERSET	4.444	5.138	5.309	4.655	4.610	4.634	4.913
SUSSEX	4.475	5.613	6.306	5.730	5.522	5.188	4.666
UNION	4.422	4.205	4.628	4.411	4.559	4.651	4.442
WARREN	4.546	4.861	5.647	5.376	5.319	5.068	4.662

	0-24	25-34	35-44	45-54	55-64	65-74	75+
ATLANTIC	4.415	4.350	5.372	5.436	5.549	5.401	4.706
BERGEN	4.589	4.697	5.087	4.858	4.740	4.733	4.722
BURLINGTON	4.767	4.951	5.972	5.597	5.659	5.308	5.151
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# 2024 OPIOID PRESCRIPTION METRICS

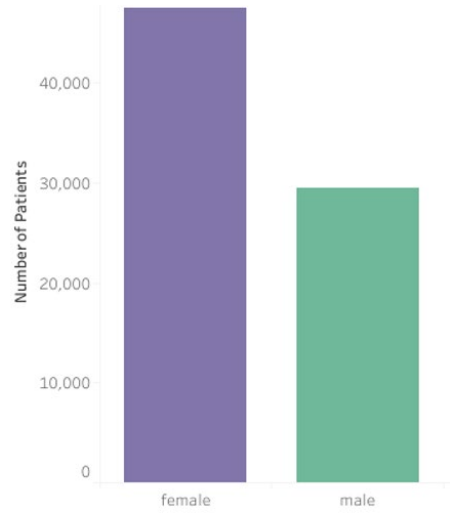
## OPIOID & BENZODIAZEPINE COMBINATION



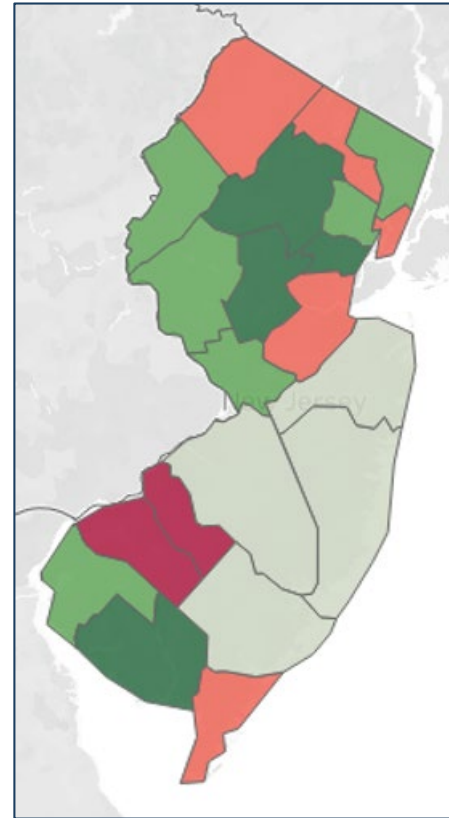
**Total Prescribers:**  
**11,506**

**Total Patients:**  
**73,316**

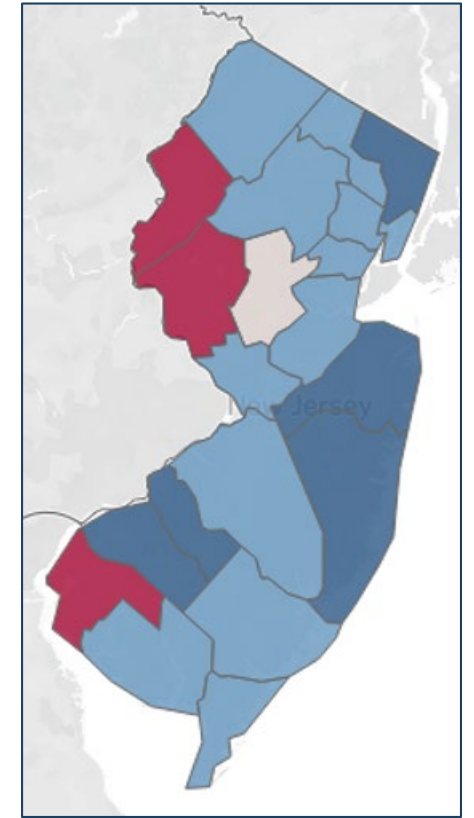
**Patient Gender**



**Patient Locations**



**Prescriber Locations**





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# OPIOID-RELATED REGULATIONS FOR PRACTITIONERS

NJ Division of Consumer Affairs (DCA)





## N.J.A.C.13:35-7.6 DEFINITIONS



- **"Acute pain"** means 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. "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"** means pain that persists or recurs for more than three months.
  
- **"Initial prescription"** means a prescription issued to a patient who:
  1. Has never previously been issued a prescription for the drug or its pharmaceutical equivalent; or
  2. Was previously issued a prescription for, or used or was administered the drug or its pharmaceutical equivalent, and the date on which the current prescription is being issued is more than one year after the date the patient last used or was administered the drug or its equivalent. When determining whether a patient was previously issued a prescription for, or used or was administered a drug or its pharmaceutical equivalent, the practitioner shall consult with the patient, **review prescription monitoring information**, and, to the extent it is available to the practitioner, review the patient's medical record.



# WHEN PRESCRIBING, DISPENSING, OR ADMINISTERING CDS



- N.J.A.C.13:35-7.6(b) states that a practitioner shall:
  1. **Take a thorough medical history of the patient**, which reflects the nature, frequency, and severity of any pain, the patient's history of substance use or abuse, and the patient's experience with non-opioid medication and non-pharmacological pain management approaches;
  2. **Conduct a physical examination** appropriate to the practitioner's specialty, including an assessment of physical and psychological function, and an evaluation of underlying or coexisting diseases or conditions;
  3. **Make a reasonable effort to obtain and review the patient's medical record;**
  4. **Determine**, when treating the patient's pain, **if the patient was previously issued a prescription** for, used, or was administered a drug or its pharmaceutical equivalent. The practitioner may make this determination by reviewing the patient's medical record, if available, reviewing the patient's **prescription monitoring information**, or consulting with the patient;
  5. **Access relevant prescription monitoring information** as maintained by the **Prescription Monitoring Program (PMP)** pursuant to section 8 of P.L. 2015, c. 74 (N.J.S.A. 45:1- 46.1) and consider that information in accordance with N.J.A.C. 13:45A-35;
  6. **Develop a treatment plan; and**
  7. **Prepare a medical record**, which includes the medical history; findings on examination; relevant **PMP data**; efforts made to obtain the patient's medical records; treatment plan; and medications prescribed, dispensed, or administered, including:
    - I. The complete name of the controlled substance;
    - II. The dosage, strength, and quantity of the controlled substance; and
    - III. The instructions as to frequency of use.



# INITIAL PAIN MANAGEMENT



- N.J.A.C.13:35-7.6(d) states:
  - Prior to issuing an initial prescription for a **Schedule II controlled dangerous substance** for pain or **any opioid drug**, a practitioner shall discuss with the patient, or the patient's parent or guardian if the patient is under 18 years of age and is not an emancipated minor, the reasons why the medication is being prescribed, the possible alternative treatments, and the risks associated with the medication. With respect to opioid drugs, the discussion shall include, but not be limited to, the **risks of addiction, physical or psychological dependence, and overdose associated with opioid drugs** and the danger of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants, and requirements for proper storage and disposal.
    - 1) If the patient is under 18 years of age and is not an emancipated minor, the practitioner shall have the discussion required under (d) above prior to the issuance of each subsequent prescription for any opioid drug that is a Schedule II controlled dangerous substance.
    - 2) The practitioner shall reiterate the discussion required in (d) above prior to issuing the third prescription of the course of treatment for a Schedule II controlled dangerous substance for pain or any opioid drug.
    - 3) The practitioner shall include a note in the patient record that the required discussion(s) took place.



# CHRONIC PAIN MANAGEMENT



- N.J.A.C.13:35-7.6(e) states:
  - Prior to the commencement of an ongoing course of treatment for chronic pain with a Schedule II controlled dangerous substance or any opioid, the practitioner shall enter into a **pain management agreement** with the patient. The pain management agreement shall be a written contract or agreement that is executed between a practitioner and a patient, that is signed and dated prior to the commencement of an ongoing course of treatment for chronic pain using a Schedule II controlled dangerous substance or any opioid drug, and which shall:
    - 1) Document the understanding of both the practitioner and the patient regarding the patient's treatment plan, taking into account the patient's history since being initiated on opioids, current progress toward objectives in the treatment plan, and modified treatment objectives, as appropriate, and in accordance with the standard of care;
    - 2) Establish the patient's rights in association with treatment, and the patient's obligations in relation to the responsible use, discontinuation of use, and storage and disposal of Schedule II controlled dangerous substances and any opioid drugs, including any restrictions on the refill or acceptance of such prescriptions from practitioners and other prescribers;
    - 3) Identify the specific medications and other modes of treatment, including physical therapy or exercise, relaxation, or psychological counseling, that are included as part of the treatment plan;
    - 4) Specify the measures the practitioner may employ to monitor the patient's compliance including, but not limited to, random specimen screens and pill counts; and
    - 5) Delineate the process for terminating the agreement, including the consequences if the practitioner has reason to believe that the patient is not complying with the terms of the agreement.



# CHRONIC PAIN MANAGEMENT



- N.J.A.C.13:35-7.6(f) states:
  - When controlled dangerous substances are continuously prescribed for management of chronic pain, the practitioner shall:
    - 1) Review, at a minimum of every three months, the course of treatment, any new information about the etiology of the pain, and the patient's progress toward treatment objectives, and discuss with the patient the course of treatment and progress toward objectives in the treatment plan and document the results of that review;
    - 2) Assess the patient prior to issuing each prescription to determine whether the patient is experiencing problems associated with physical and psychological dependence, and document the results of that assessment;
    - 3) 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 nonsteroidal anti-inflammatories, 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;
    - 4) Discontinue (through tapering, if necessary) opioid therapy, in accordance with the standard of care if there is insufficient clinically meaningful improvement in pain and function;
    - 5) Access relevant prescription monitoring information as maintained by the **Prescription Monitoring Program (PMP)** pursuant to N.J.S.A. 45:1-46.1 and consider that information in accordance with N.J.A.C. 13:45A-35;



## CHRONIC PAIN MANAGEMENT (CONTINUED)



- N.J.A.C.13:35-7.6(f) states:
  - When controlled dangerous substances are continuously prescribed for management of chronic pain, the practitioner shall:
    - 6) Monitor compliance with the pain management agreement and continue to assess whether the patient's improvement in pain and function outweigh risks to patient safety;
    - 7) Monitor compliance with any recommendations that the patient seek a referral;
    - 8) Discuss with the patient any breaches that reflect that the patient is not taking the drugs as prescribed, is taking illicit drugs, or is taking other prescribed drugs without informing the practitioner, and document within the patient record the plan after that discussion;
    - 9) Conduct random urine screens at least once every 12 months;
    - 10) Advise the patient, or the patient's parent or guardian if the patient is under 18 years of age and is not an emancipated minor, of the availability of an opioid antidote; and
    - 11) Refer the patient to a pain management or addiction specialist for independent evaluation or treatment if the patient is not attaining clinically meaningful improvement in pain and function, in accordance with the treatment plan.



# INITIAL OPIOID PRESCRIPTION



- N.J.A.C.13:35-7.6(g) states:
  - A practitioner shall not issue an initial prescription for an opioid drug for treatment of acute pain in a quantity exceeding a **five-day supply** as determined by the directed dosage and frequency of dosage. The initial prescription shall be for the **lowest effective dose** of an **immediate-release** opioid drug. A practitioner shall not issue an initial prescription for an opioid drug that is for an extended-release or long-acting opioid. No less than four days after issuing the initial prescription, upon request of the patient, a practitioner may issue a subsequent prescription for an opioid drug for the continued treatment of acute pain associated with the condition that necessitated the initial prescription provided the following conditions are met:
    - 1) The practitioner consults (in person, via telephone, or other means of direct communication) with the patient;
    - 2) After the consultation with the patient and consideration of the treatment plan, the practitioner, in the exercise of his or her professional judgment, determines that an additional days' supply of the prescribed opioid drug is necessary and appropriate to the patient's treatment needs and does not present an undue risk of abuse, addiction, or diversion and is consistent with the treatment plan;
    - 3) The practitioner documents the rationale for the authorization in the patient record;
    - 4) The subsequent prescription for an additional days' supply of the prescribed opioid drug is tailored to the patient's expected need at the stage of recovery, as determined under (g)2 above and any subsequent prescription for an additional days' supply shall not exceed a 30-day supply, unless authorized pursuant to (c) above.
    - 5) When a patient is prescribed a course of opioid treatment that is to last more than 35 days, the practitioner shall discuss with the patient an exit strategy consistent with the standard of care for the discontinuation of opioids in the event they are not providing clinically meaningful improvement in pain or function, and shall modify the treatment plan to include the exit strategy; and
    - 6) The practitioner shall include a note in the record that the exit strategy discussion required at (g)5 above, took place.



# 2022 CDC CLINICAL PRACTICE GUIDELINE FOR PRESCRIBING OPIOIDS FOR PAIN



When diagnosis and severity of acute pain warrant the use of opioids, clinicians should prescribe:

- **immediate-release opioids** (Recommendation 3)
- at the **lowest effective dose** (Recommendation 4), and
- for **no longer than the expected duration of pain** severe enough to require opioids (Recommendation 6).



## INITIAL OPIOID PRESCRIPTION (CONTINUED)



- N.J.A.C.13:35-7.6(h): When a practitioner issues an initial prescription for an opioid drug for the treatment of acute pain, the practitioner shall so indicate it on the prescription.
- N.J.A.C.13:35-7.6(i): Except as provided at (i)l below, when a practitioner issues a patient a prescription for an opioid drug that is a controlled dangerous substance, the practitioner shall also issue the patient a prescription for an **opioid antidote** when the patient has a history of substance use disorder, the prescription for the opioid drug is for a daily dose of more than 90 morphine milligram equivalents, or the patient holds a current, valid prescription for a benzodiazepine drug that is a Schedule III or Schedule IV controlled dangerous substance.
  - 1) A practitioner shall not be required to issue more than one prescription for an opioid antidote to a patient per year.
  - 2) Nothing at (i)l above shall be construed to prohibit a practitioner from issuing additional prescriptions for an opioid antidote to a patient upon the patient's request or when the practitioner determines there is a clinical or practical need for the additional prescription.



## EXEMPTIONS



- N.J.A.C. 13:35-7.6(j):
  - The requirements for prescribing controlled dangerous substances set forth at (d) through (i) above shall **not apply to** a prescription for a patient who is currently in active treatment for **cancer**, receiving **hospice care** from a licensed hospice, receiving **palliative care**, or is a resident of a **long-term care facility**, or to any medications that are being prescribed for use in the **treatment of substance abuse or opioid dependence**.



# NJCONSUMERAFFAIRS.GOV/PMP

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## NJ Prescription Monitoring Program

### Useful Links

#### New Jersey Division of Consumer Affairs

- Project Medicine Drop
- New Jersey Drug Control Unit
- Board of Pharmacy
- State Board of Medical Examiners
- New Jersey State Board of Dentistry
- New Jersey Board of Nursing
- State Board of Veterinary Medical Examiners
- New Jersey State Board of Optometrists

#### State of New Jersey

- New Jersey Department of Health
- New Jersey State Commission of Investigation
- Department of Human Services (*Division of Mental Health and Addiction Services*)
- New Jersey Poison Information and Education System (*NIPIES*)  
(Also known as the NJ Poison Control Center - Hotline Number: 1-800-222-1222)
- Partnership for a Drug-Free New Jersey
- NJ Reach

#### National

- The White House - Office of National Drug Control Policy (*ONDCP*)
- U.S. Drug Enforcement Administration
  - U.S. Drug Enforcement Administration (*New Jersey Division*)
  - Controlled Dangerous Substances (*Definition List*)
- U.S. Food and Drug Administration
- U.S. Department of Health and Human Services
- Center for Disease Control and Prevention
- National Institute on Drug Abuse
- International Narcotics Control Board
- National Association of Boards of Pharmacy
- National Association of State Controlled Substances Authorities
- Federation of State Medical Boards
- Substance Abuse and Mental Health Services Administration
- Harold Rogers Prescription Drug Monitoring Program (*HRPDMP*)
- Foundation for a Drug Free World
- Drug Free America Foundation, Inc.
- The Partnership at DrugFree.org
- AARP
- AWARe





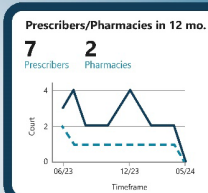
# QUESTIONS DISCUSSION



- ☒ To Improve Health Outcomes
- ☒ For Medication Compliance
- ☒ For Clinical Risk Alerts
- ☒ To Increase Patient Safety
- ☒ For Therapeutic Duplications
- ☒ For Care Coordination



## Data-Informed Patient Care



### State Indicators (4)

- 1 Overlapping Opioid & Benzodiazepine
- 2 Consecutive Opioids Received for >= 90 Days
- 3 Below Daily Active MME Threshold
- 4 Below Prescriber & Dispensary Threshold

Details

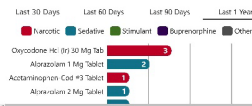
Prescriptions

Showing 1-10 of 8 items View [10 items] < 1 of 1 >

Drug	QTY	Days	Prescriber (RX#)	Dispenser	Refill	Daily Dose	Pym Type	PMP
Acetaminophen-Cod 43 Tablet	51000	30	Tu Rd	22800	Zai (8155)	0	27.00 MME	Private Pay
Alprazolam 1 Mg Tablet	60000	30	Tu Th	60107	S/v (8727)	0	Common Int.	Medicare
Zolpidem CR 12.5 Mg Tablet	60000	30	Tu Th	22812	Dx (1195)	0	Medicare	Private Pay
Oxycodone Hcl 30.30 Mg Tab	21000	30	Tu Th	65836	S/v (8727)	0	300.00 MME	Common Int.
Alprazolam 2 Mg Tablet	10000	30	Tu Th	65424	S/v (8727)	0	Private Pay	Medicare
Diazepam 5 Mg Tablet	24000	30	Tu Th	22804	Dx (1195)	0	Medicare	Private Pay
Oxycodone Hcl 30.30 Mg Tab	24000	30	Tu Th	173616	Dx (1195)	0	300.00 MME	Common Int.
Oxycodone Hcl 30.30 Mg Tab	24000	30	Tu Th	112957	Dx (1195)	0	300.00 MME	Common Int.
Alprazolam 1 Mg Tablet	60000	30	Tu Th	431897	S/v (8727)	0	Common Int.	Medicare
Oxycodone Hcl 30.30 Mg Tab	18000	30	Tu Th	10589	Dx (1195)	0	150.00 MME	Private Pay

Showing 1-10 of 8 items View [10 items] < 1 of 1 >

### Prescribed Drugs By Fill



## Some Addictions Begin in the Medicine Cabinet







**To register for continuing education for today's webinar:**  
**Physicians, physician assistants, nurses, nurse practitioners, dentists, pharmacists, other: [knockoutday.drugfreenj.org/jul31](https://knockoutday.drugfreenj.org/jul31)**  
**EMT: [KnockOutDay.DrugFreeNJ.org/EMT](https://KnockOutDay.DrugFreeNJ.org/EMT)**  
**Athletic Trainers: [KnockOutDay.DrugFreeNJ.org/Trainers](https://KnockOutDay.DrugFreeNJ.org/Trainers)**

**UPCOMING WEBINAR**  
**Treating Trauma to Achieve Recovery**  
**11 a.m. Thursday, September 11, 2025**  
**Register at [KnockOutDay.DrugFreeNJ.org/events](https://KnockOutDay.DrugFreeNJ.org/events)**

