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

OPIOID EDUCATION FOUNDATION OF AMERICA

OFFICE OF ALTERNATIVE & COMMUNITY RESPONSES

NJCARES.gov
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

Prescription Drug Monitoring: Its Role in the Opioid Crisis

July 9, 2026

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

In support of improving patient care, this activity has been planned and implemented by American Academy of CME, Inc. and Partnership for a Drug-Free New Jersey. American Academy of CME, Inc. is Jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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Nurse Practitioners and Nurses

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Pharmacists

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Physician Assistants

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Dentists

American Academy of CME, Inc. is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

American Academy of CME, Inc. designates this activity for 1.0 continuing education credits.

Other HCPs

Other members of the care team will receive a certificate of participation.

Additional Continuing Education Credit

EMT

This webinar has been approved by NJ OEMS for 1 EMT Elective CEU.

Athletic Trainers

Partnership for a Drug-Free New Jersey (BOC AP#: P12171) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs). This program is eligible for a maximum of one (1) Category A hours/CEUs.

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.

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.

NJ Rx PMP

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

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

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

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

PRESCRIPTION DRUG MONITORING:
ITS ROLE IN THE OPIOID CRISIS

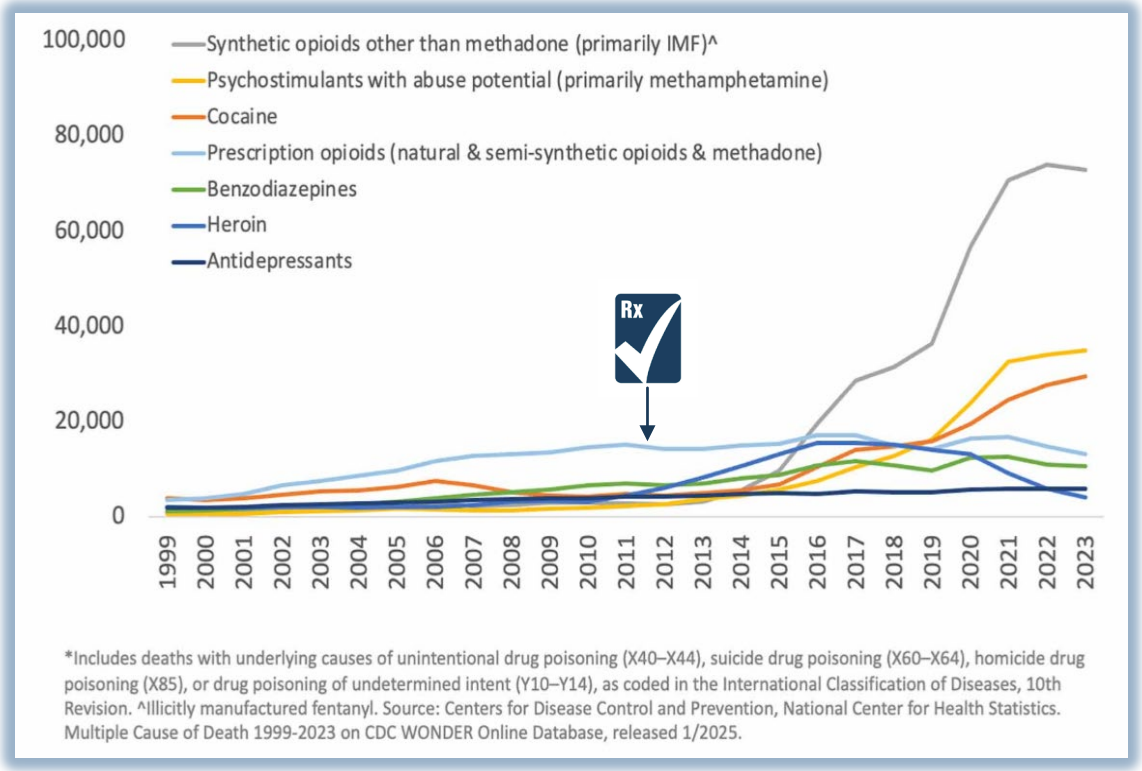
Jeffrey D. Laszczyk, Jr., PharmD, BCACP
NJPMP Administrator

DRUG OVERDOSE DATA TRENDS

NATIONAL DRUG OVERDOSE DEATH TRENDS

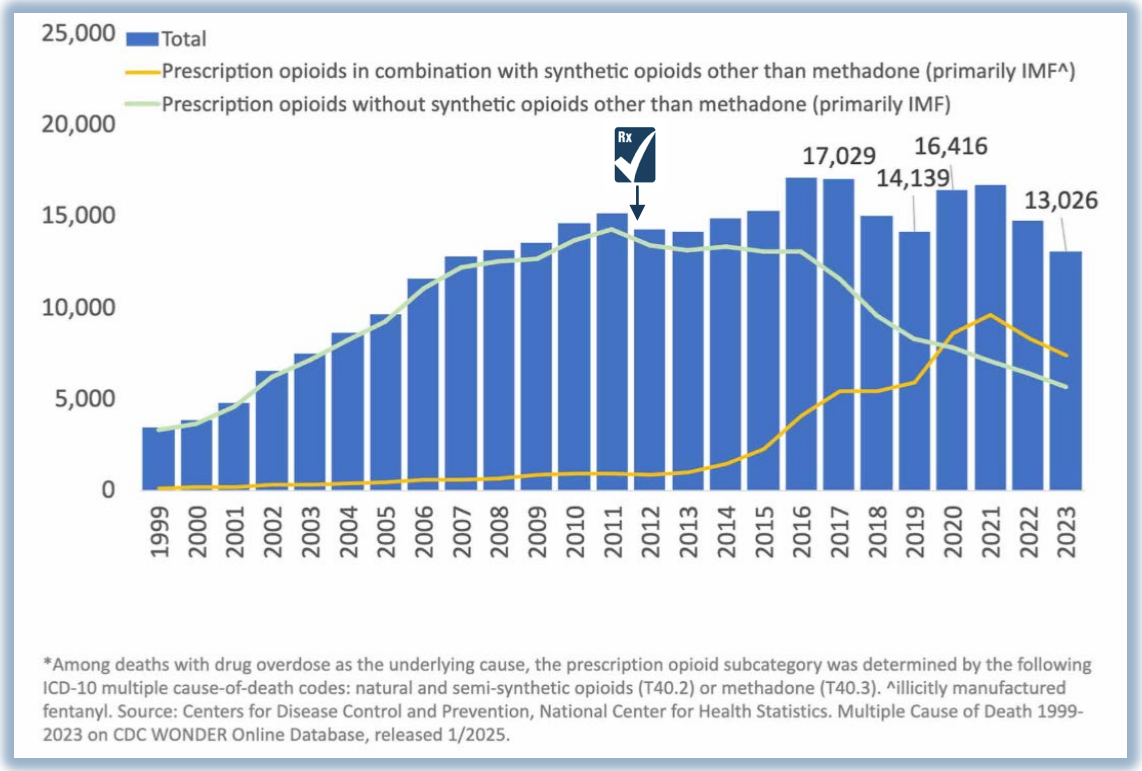
NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

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. ^Illicitly manufactured fentanyl. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2023 on CDC WONDER Online Database, released 1/2025.

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). ^Illicitly manufactured fentanyl. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2023 on CDC WONDER Online Database, released 1/2025.

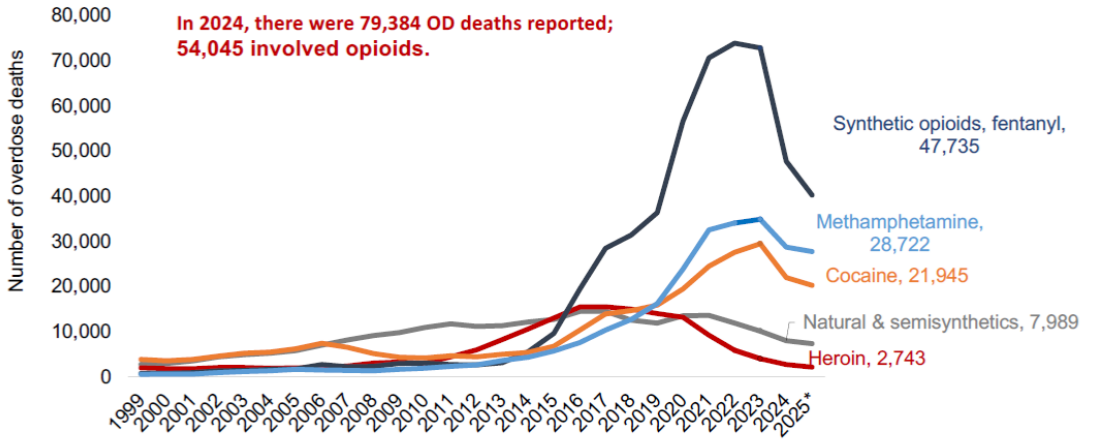
https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates

NATIONAL DRUG OVERDOSE DEATH TRENDS

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

Evolution of Drivers of Overdose Deaths, All Ages

Analgesics ➡ Heroin ➡ Fentanyl ➡ Fentanyl + Stimulants



Note: Final and provisional data cannot be compared because some states have not reported final data. Numbers of deaths reported here are from the CDC multiple cause of death files and represent deaths in US residents, whereas other provisional data* may include all overdose deaths in the US, including those in foreign residents. Provisional data* for 2025 are based on the CDC's recent predictions (released on March 11, 2026) for January 2025 through October 2025, plus the estimated projections for November through December 2025, assuming consistent trends.
Source: The Multiple Cause of Death data are produced by the Division of Vital Statistics, NCHS, CDC, US DHHS.

2024-2025: Provisional* Drug Overdose Deaths
12-month period ending in select months

	ALL DRUGS	HEROIN	NAT & SEMI SYNTHETIC	METHADONE	SYNTHETIC OPIOIDS (excluding methadone)	COCAINE	OTHER PSYCHO-STIMULANTS (meth.)
10/2024*	86,267	2,934	8,492	3,329	53,543	23,966	30,866
4/2025*	76,468	2,601	7,695	3,400	43,833	20,761	28,838
10/2025*	71,542	2,242	7,183	3,469	39,649	19,687	27,134
Percent Difference 10/24-10/25	-17.07%	-23.59%	-15.41%	4.21%	-25.95%	-17.85%	-12.09%

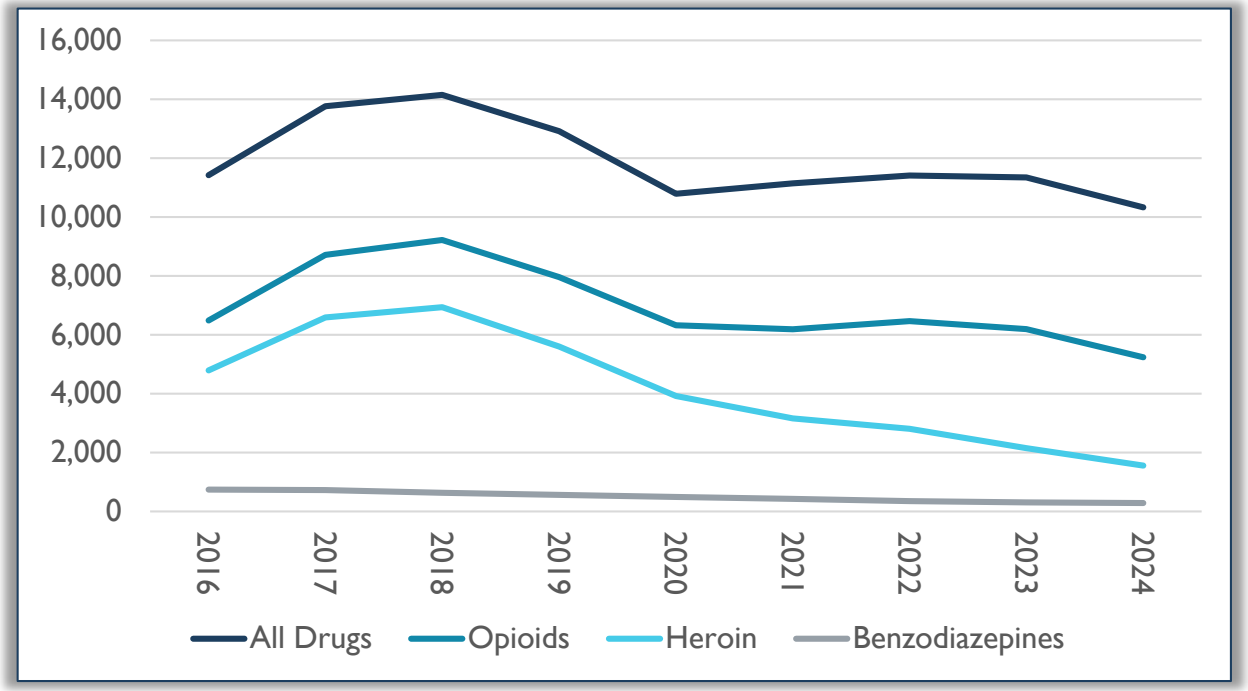
*NCHS Provisional drug-involved overdose death counts are ***predicted values***, 12 months ending in select months.

Source: Provisional Drug Overdose Death Counts produced by the National Vital Statistics System, NCHS, CDC, UHHS.

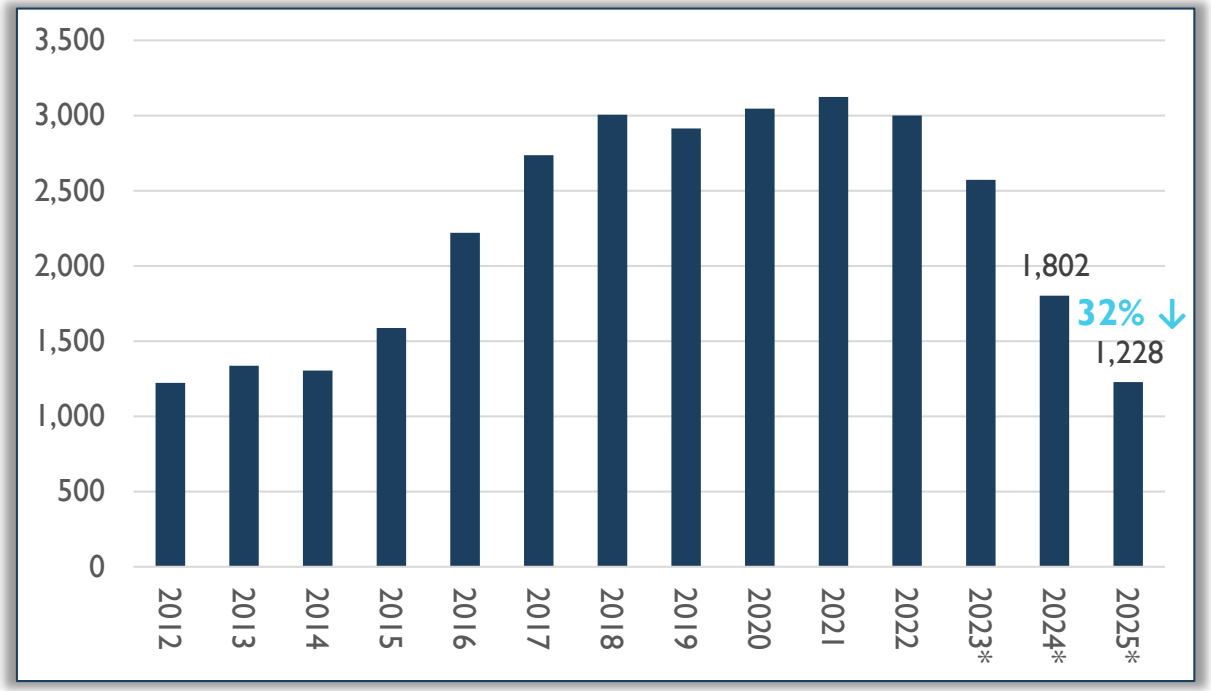
NEW JERSEY DRUG OVERDOSE TRENDS

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

NON-FATAL OVERDOSES (Drug-Related Hospital Visits)



DRUG OVERDOSE DEATHS



*SUSPECTED

https://www.nj.gov/health/populationhealth/opioid/opioid_hospital.shtml
https://ocsme.nj.gov/dashboard

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

NJPMP HISTORY

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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)

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

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

NJPMP GOALS & OBJECTIVES

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

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

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

Licensee	Total	CDS Registration	% CDS Authority
Physicians	50,488	34,494	68.3%
Advanced Practice Nurses	20,488	13,190	64.4%
Dentists	9,759	6,308	64.6%
Physician Assistants	7,273	4,915	67.6%
Optometrists	1,683	380	22.6%
Podiatrists	1,323	1,099	83.1%
Certified Nurse Midwives	438	284	64.8%
Veterinarians	4,022	2,582	64.2%
	95,474	**63,252**	**66.3%**
	0.9% ↑	**4.4% ↑**	**2.3% ↑**

Data from 05/05/2026

compared to 2025

NJ STATE PHARMACY LICENSEES

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

Licensee	Total	
Pharmacists	19,388	1.0% ↓*

Data from 05/05/2026

Licensee	Total	CDS Registration	% CDS Authority
In-State Pharmacies	2,068	3.0% ↓* 2,050	99.1%
Out-of-State Pharmacies	1,358	8.0% ↑* 281	20.7%
	3,426	2,331	68.0%

Data from 05/05/2026

**compared to 2025*

NJPMP: PRESCRIBERS' REQUIREMENTS

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

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.

Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.

NJPMP: PHARMACISTS' REQUIREMENTS

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

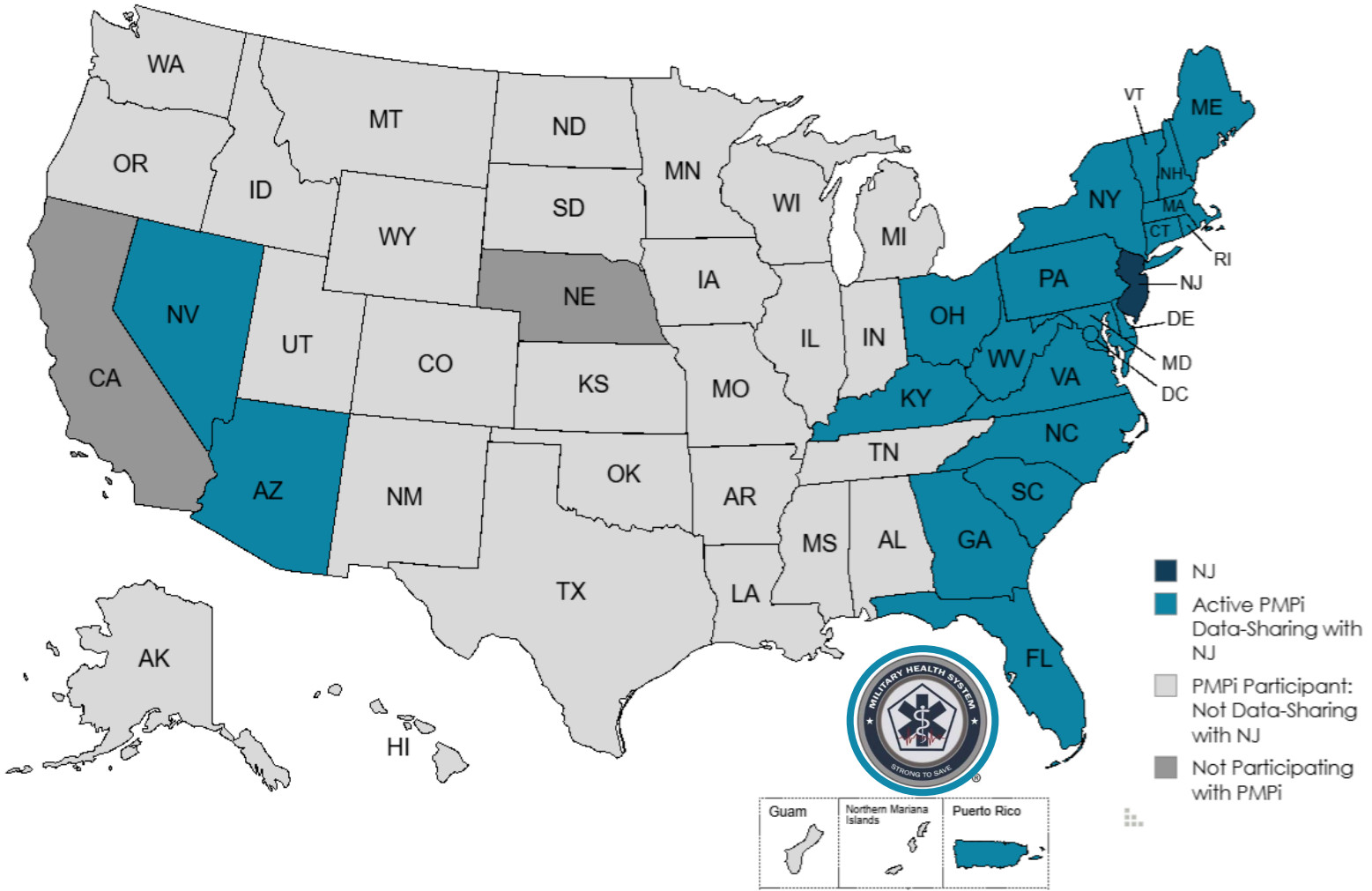
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

NJPMP & NABP PMP INTERCONNECT (PMPi)

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM



INTERSTATE CONNECTION DATES:

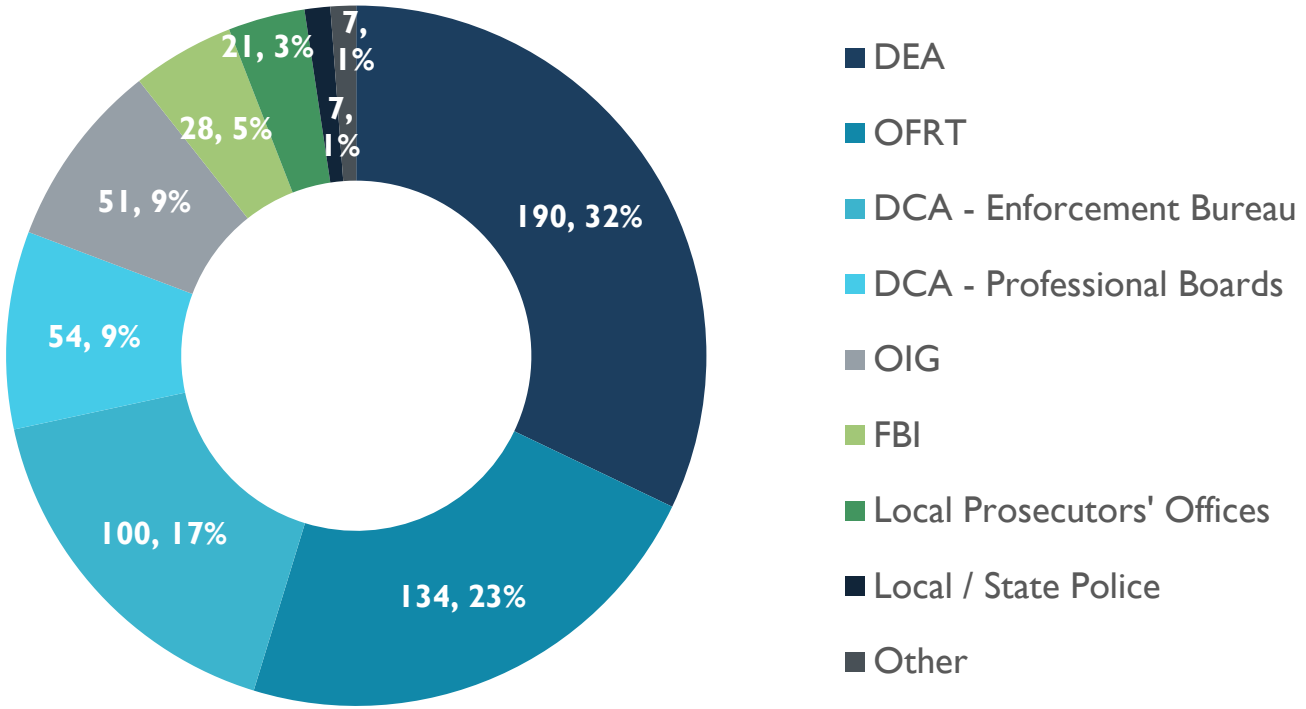
- 05/22/2014 – Connecticut
- 06/20/2014 – Delaware
- 12/22/2015 – Rhode Island, South Carolina, & Virginia
- 04/13/2016 – New York
- 04/10/2017 – Massachusetts
- 04/21/2017 – West Virginia
- 05/08/2017 – New Hampshire
- 05/30/2017 – Maine
- 06/01/2017 – Pennsylvania
- 06/08/2017 – Ohio
- 08/29/2017 – 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
- 07/01/2026 & 07/02/2026 – Arizona & Nevada

2025 NJPMP DATA REQUESTS FOR INVESTIGATIONS

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

2025 Subpoena / Certification / Court Order NJPMP Data Requests

592 Total Data Requests
- **1,498 patients**
- **331 prescribers**
- **54 pharmacies**

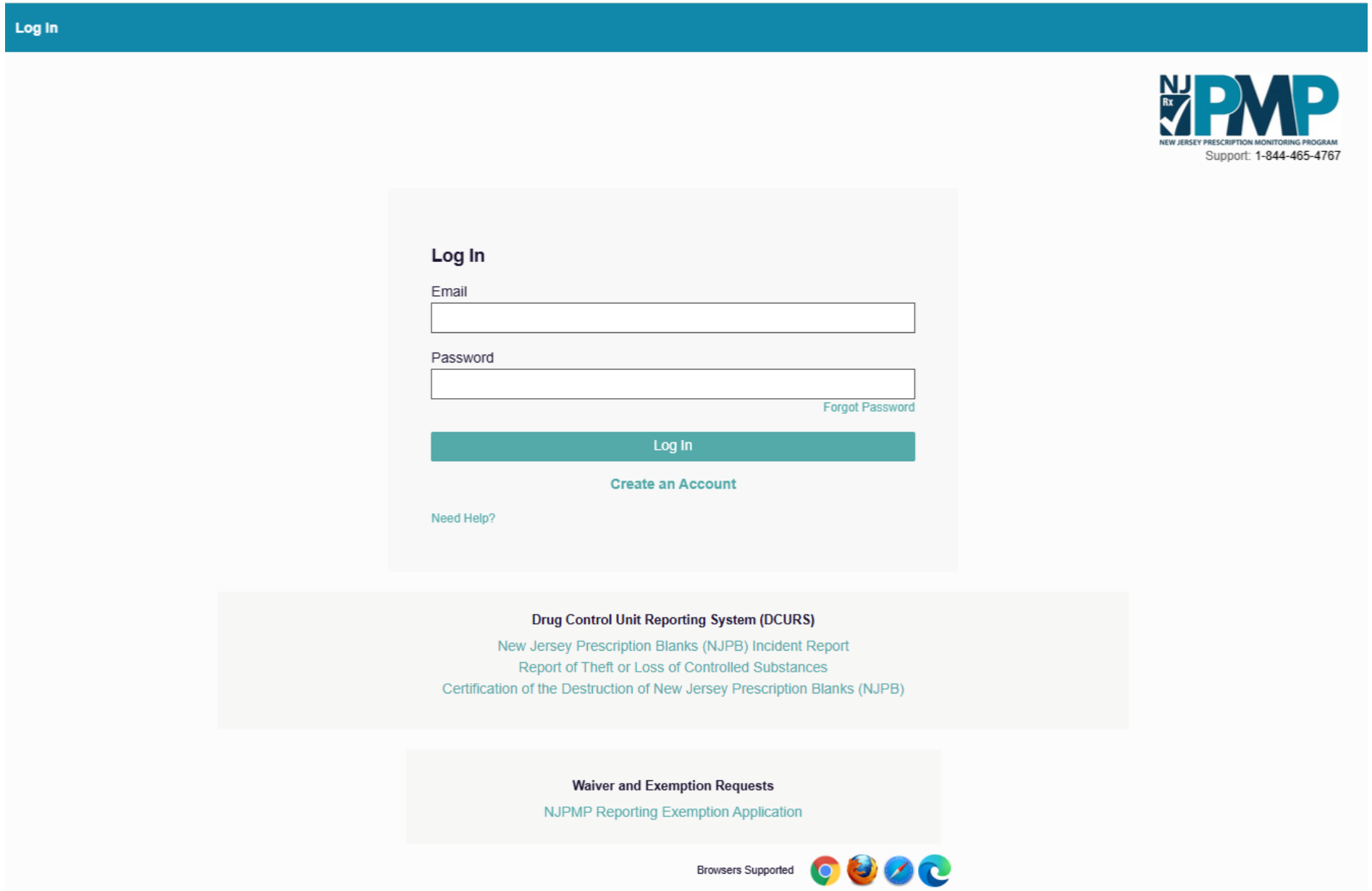


NJPMP PATIENT REPORTS

ACCESSING THE NJPMP

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

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


Log In
NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM
Support: 1-844-465-4767
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

Menu NJPMP Prescriber

Home > Dashboard

NJ Rx PMP NEW JERSEY PRESCRIPTION MONITORING PROGRAM
Support: 1-844-465-4767

My Dashboard

Patient Alerts

PATIENT ALERTS View All Patient Alerts

Patient Full Name	DOB	Alert Date	Alert Letter
NEW ALBUS DUMBLEDORE	06/26/1997	04/18/2025	Download PDF
ALBUS DUMBLEDORE	06/26/1997	03/23/2024	Download PDF
ALBUS DUMBLEDORE	06/26/1997	02/21/2024	Download PDF
ALBUS DUMBLEDORE	06/26/1997	01/22/2024	Download PDF
ALBUS DUMBLEDORE	06/26/1997	12/22/2023	Download PDF

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

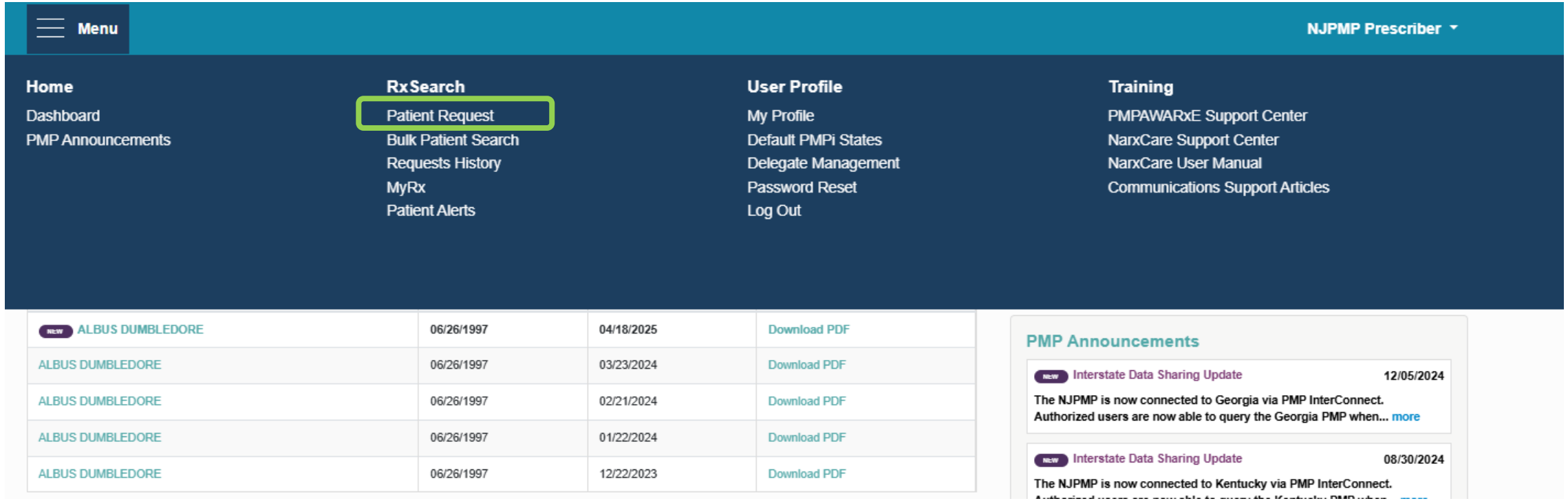
NEW Exciting Updates to PMP Support Documentation 03/18/2024

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.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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
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ALBUS DUMBLEDORE 06/26/1997 12/22/2023 Download PDF
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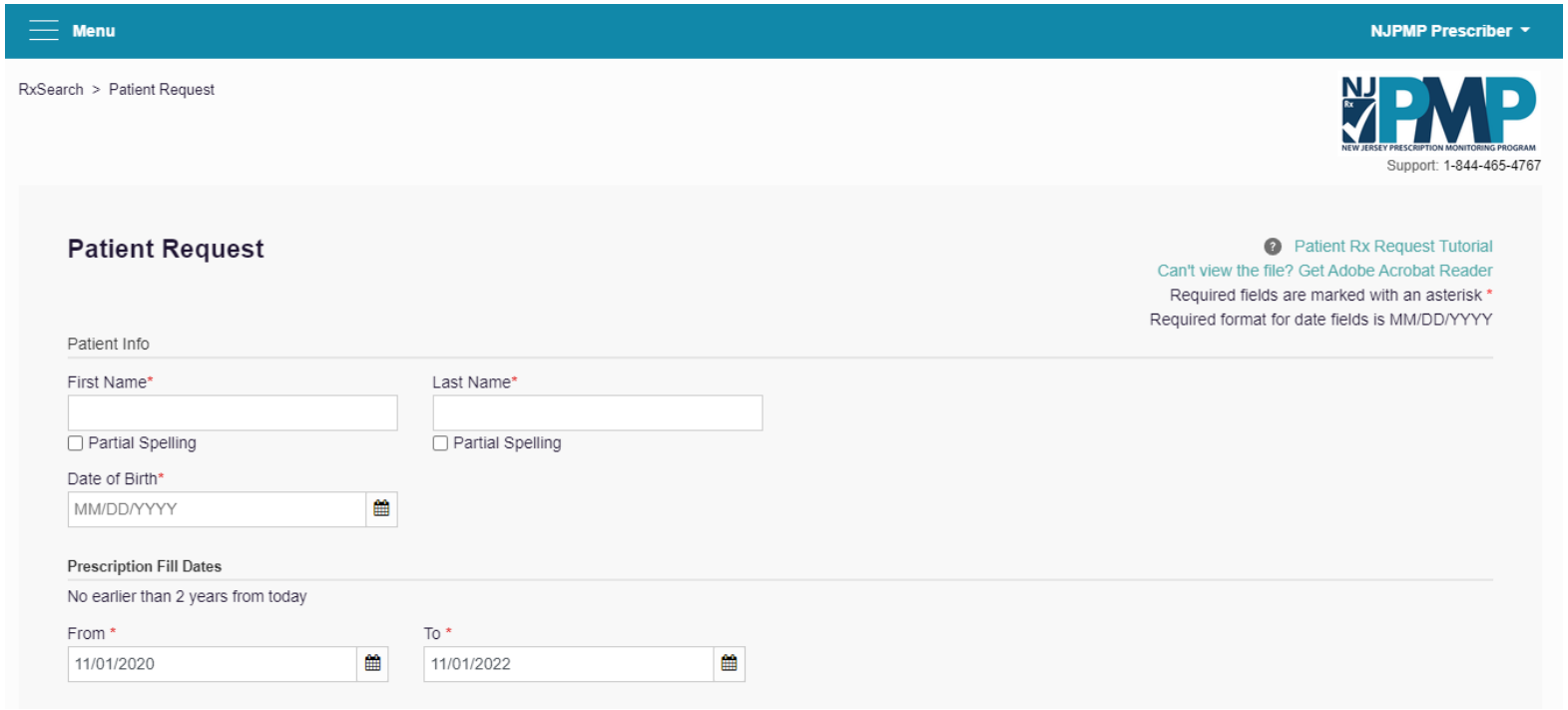


PATIENT REQUEST DISCLAIMER

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.

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.

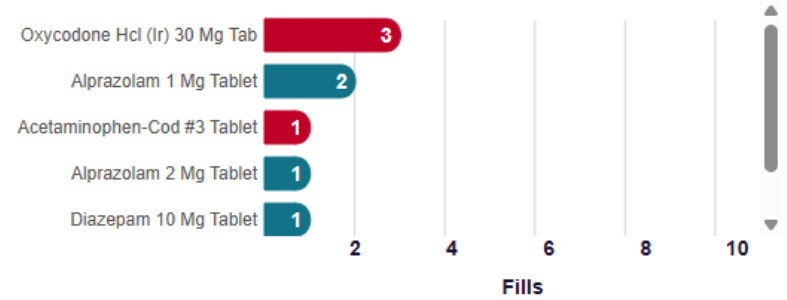
2 Prescribers

3 ↑ Pharmacies

Prescribed Drugs By Fill

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

Narcotic | Sedative | Stimulant | Buprenorphine | Other



RX Graph

Narcotic | Buprenorphine | Sedative | Stimulant | Other

Learn how to use graph

Disclaimer

Additional Indicators

Print

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

Exceeds Opioid & Benzodiazepine Threshold

Description

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.

Prescription Counts

Opioid: 1
Benzodiazepine: 1

Alert Date: 4/27/2025

Exceeds Opioid Consecutive Day Threshold

Description

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.

Patient's Counts	Alert Thresholds
Days: 90	Days: 90

Alert Date: 4/27/2025

Below Daily Active MME Threshold

Patient's Counts	Alert Thresholds
27	90

Below Prescriber & Dispensary Threshold

Patient's Counts	Alert Thresholds
Prescribers: 2	Prescribers: 4
Pharmacies: 3	Pharmacies: 4
Time Frame: 90 Days	

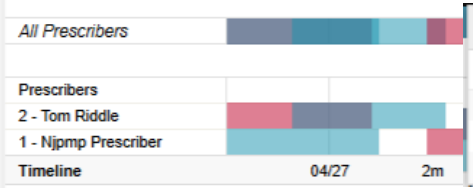
Close

Prescribers

RX Graph

Narcotic | Buprenorphine | Sedative | Stimulant | Other

Learn how to use graph



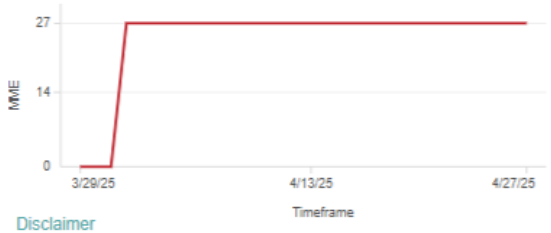
Drug Details

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	Njp 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



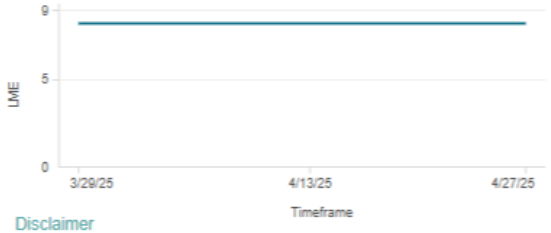
24.3
Avg MME/day

729
MME per Rx

Disclaimer

Lorazepam MgEq (LME) Dispensed Over Time

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



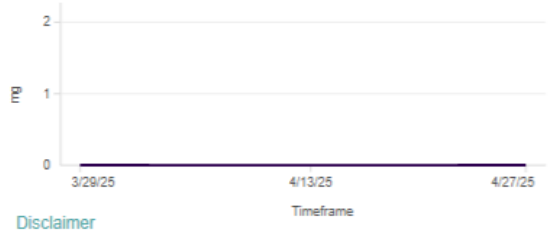
8.3
Avg LME/day

123.8
LME per Rx

Disclaimer

Buprenorphine (mg) Dispensed Over Time

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



0
Avg mg/day

0
Avg mg per Rx

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
Njpmp 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 | 1 of 1

Person Picking Up Prescriptions

Column Settings

Total: 3

Showing 1-3 of 3 Items | View 15 Items | 1 of 1

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 | 1 of 1

Menu

NJPMP Pharmacist

RxSearch > Patient Request

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

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

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.

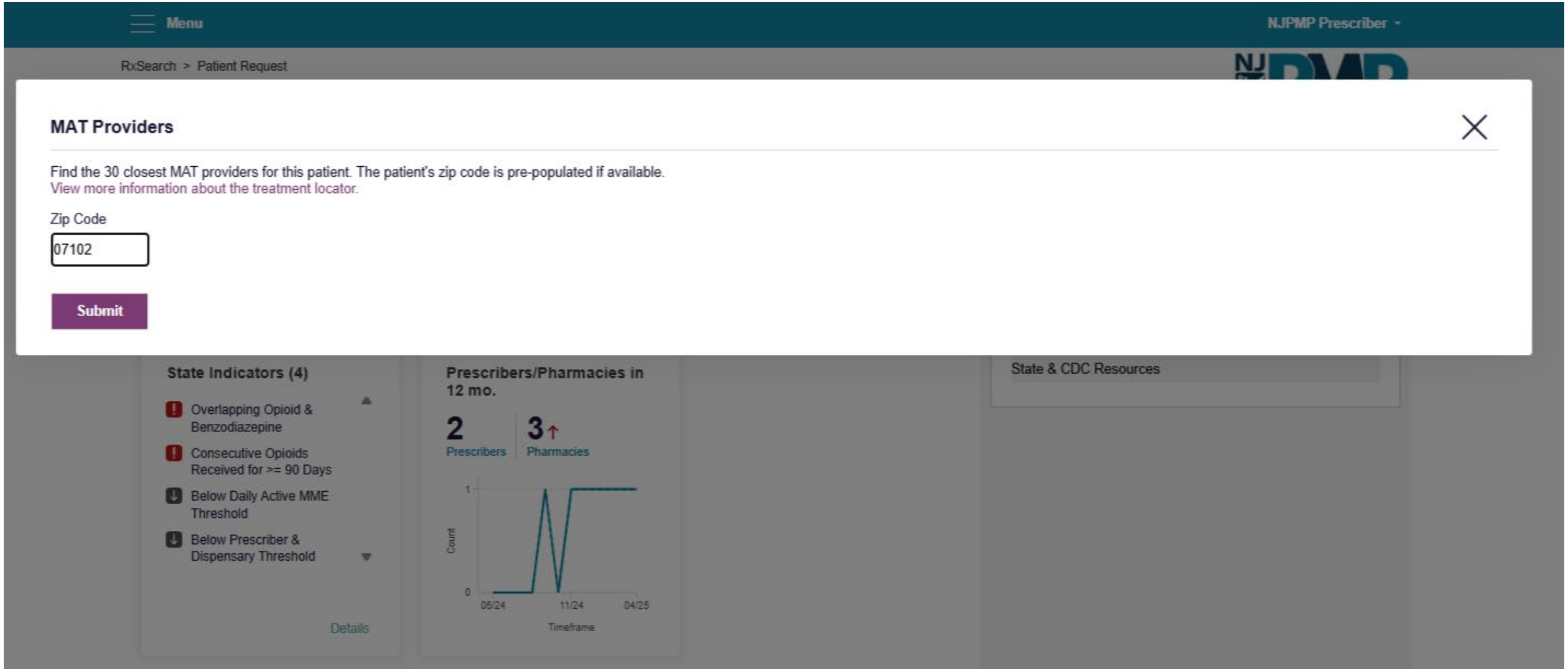
2 Prescribers

3 ↑ Pharmacies

Other Health Information

Resources (2)

- MAT Providers
- State & CDC Resources


Menu
NJPMP Prescriber
RxSearch > Patient Request
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
1
0
Count
05/24
11/24
04/25
Timeframe
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 Carpiniello 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

State & CDC Resources

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 *

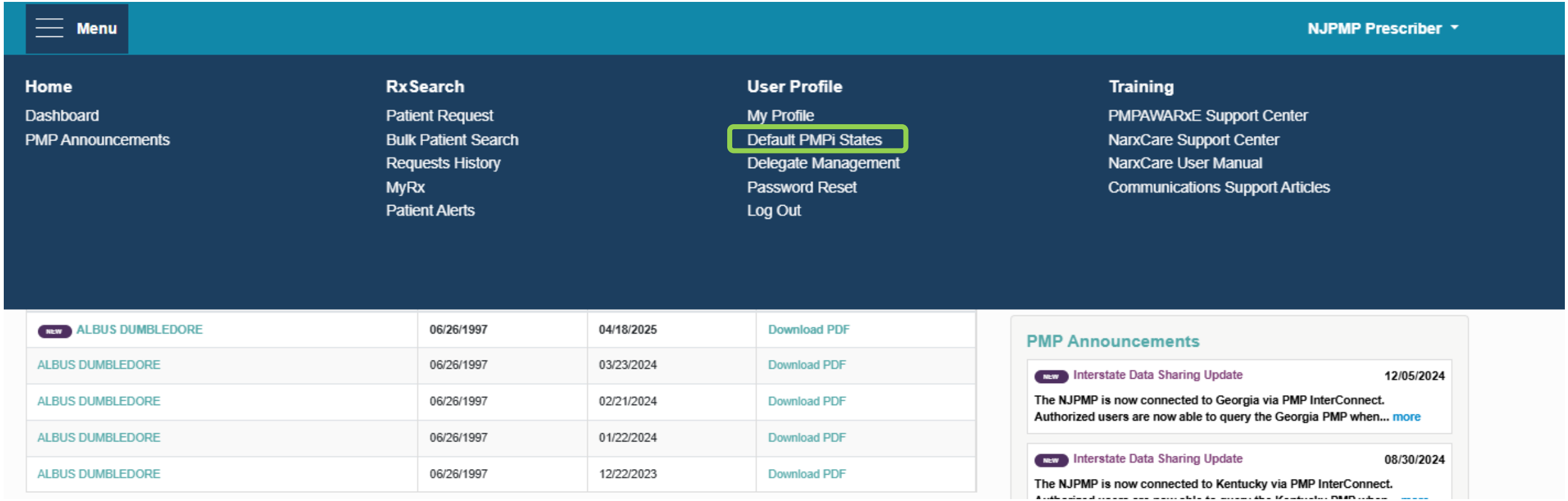
Checklist for Prescribing Opioids for Chronic Pain (PDF)

Nonopioid Treatments

Nonopioid Treatments for Chronic Pain (PDF)

Assessing Benefits and Harms

Assessing Benefits and Harms of Opioid Therapy (PDF)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Log Out
Training
PMPAWARxE Support Center
NarxCare Support Center
NarxCare User Manual
Communications Support Articles
NEW ALBUS DUMBLEDORE 06/26/1997 04/18/2025 Download PDF
ALBUS DUMBLEDORE 06/26/1997 03/23/2024 Download PDF
ALBUS DUMBLEDORE 06/26/1997 02/21/2024 Download PDF
ALBUS DUMBLEDORE 06/26/1997 01/22/2024 Download PDF
ALBUS DUMBLEDORE 06/26/1997 12/22/2023 Download PDF
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.

Menu

NJPMP Prescriber

User Profile / Default PMPi States

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

Support: 1-844-465-4767

Email: NJPMP@dca.njoag.gov

Default InterConnect PMPs

- [ ] Arizona
- [ ] Connecticut
- [ ] Delaware
- [ ] District of Columbia
- [ ] Florida
- [ ] Georgia
- [ ] Kentucky
- [ ] Maine
- [ ] Maryland
- [ ] Massachusetts
- [ ] Military Health System
- [ ] Nevada
- [ ] New Hampshire
- [ ] New York
- [ ] North Carolina
- [ ] Ohio
- [ ] Pennsylvania
- [ ] Puerto Rico
- [ ] Rhode Island
- [ ] South Carolina
- [ ] Vermont
- [ ] Virginia
- [ ] West Virginia

Update Defaults

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

NEW ALBUS DUMBLEDORE	06/26/1997	04/18/2025	Download PDF
ALBUS DUMBLEDORE	06/26/1997	03/23/2024	Download PDF
ALBUS DUMBLEDORE	06/26/1997	02/21/2024	Download PDF
ALBUS DUMBLEDORE	06/26/1997	01/22/2024	Download PDF
ALBUS DUMBLEDORE	06/26/1997	12/22/2023	Download PDF

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

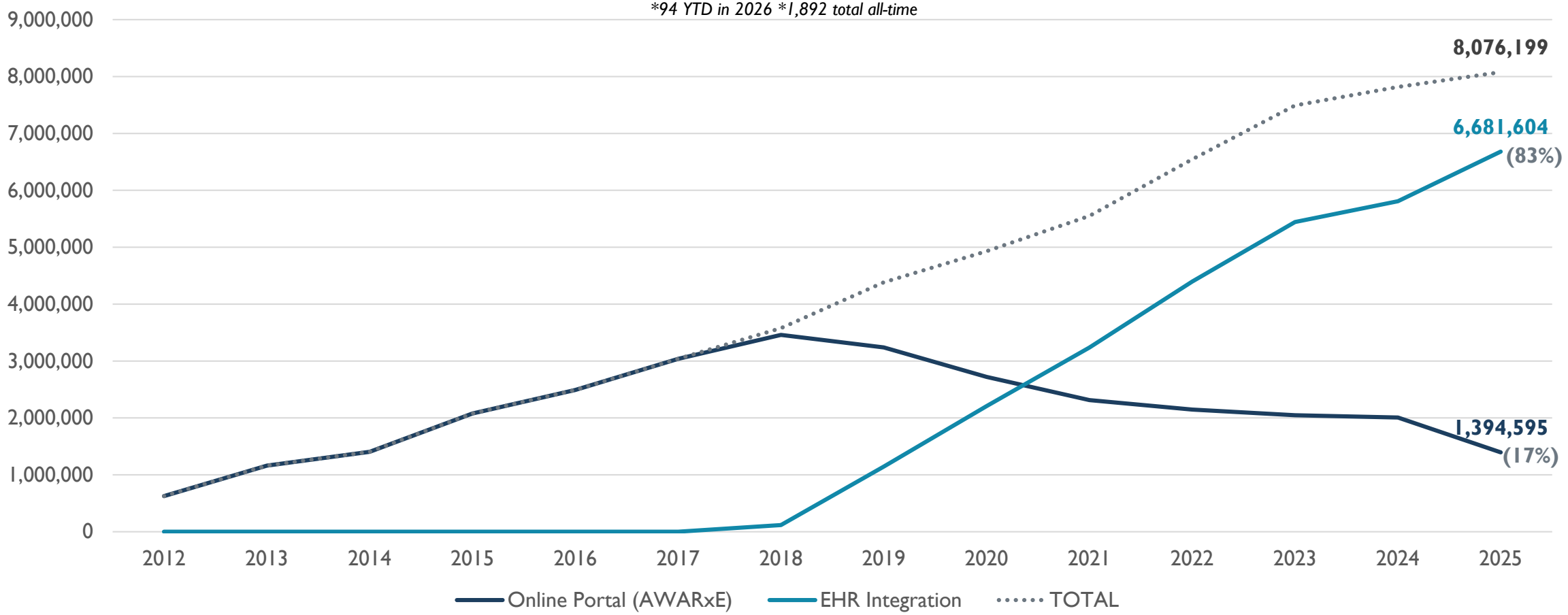
The NJPMP is now connected to Kentucky via PMP InterConnect.

NJPMP DATA TRENDS

IN-STATE NJPMP PATIENT QUERIES

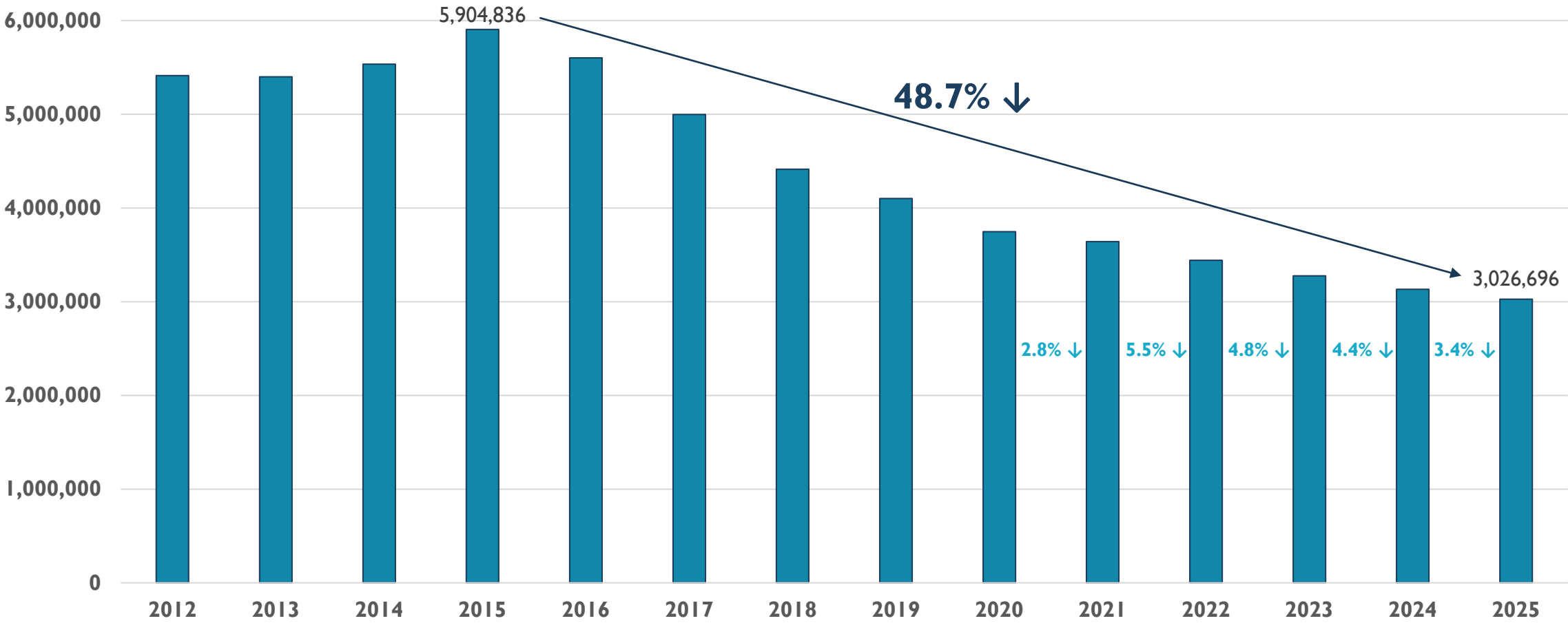
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

276 new EHR integrations approved in 2025
**94 YTD in 2026 *1,892 total all-time*



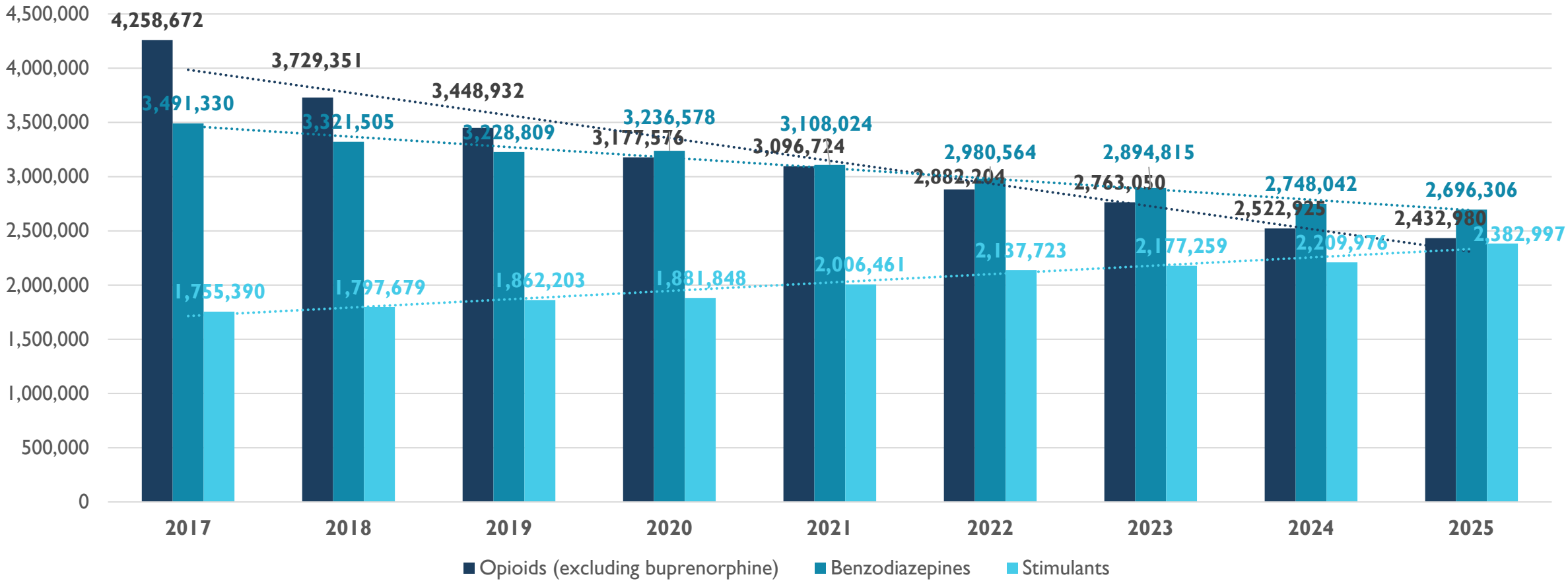
NJ PRESCRIPTION OPIOID DISPENSATIONS

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM



NJ PRESCRIPTION TRENDS (NJ PATIENTS)

NEW JERSEY PRESCRIPTION MONITORING PROGRAM



2025 TOP 11 PRESCRIPTION DISPENSATIONS BY ACTIVE INGREDIENT (NJ PATIENTS)

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

Medication	Prescriptions
gabapentin	1,430,773
alprazolam	1,257,731
amphetamine/dextroamphetamine	1,192,336
oxycodone	680,679
clonazepam	632,980
oxycodone/acetaminophen	594,543
zolpidem	584,110
tramadol	542,885
methylphenidate	452,665
lorazepam	440,315
lisdexamfetamine	330,945

Medication	Dosage Units
gabapentin	147,383,412
alprazolam	66,296,530
amphetamine/dextroamphetamine	50,496,592
oxycodone	45,572,891
clonazepam	34,727,459
oxycodone/acetaminophen	33,987,278
tramadol	27,055,063
pregabalin	25,145,421
lorazepam	20,661,262
zolpidem	20,275,367
methylphenidate	18,228,345

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

TOP 11 PRESCRIPTION MEDICATIONS 2025 (NJ PATIENTS)

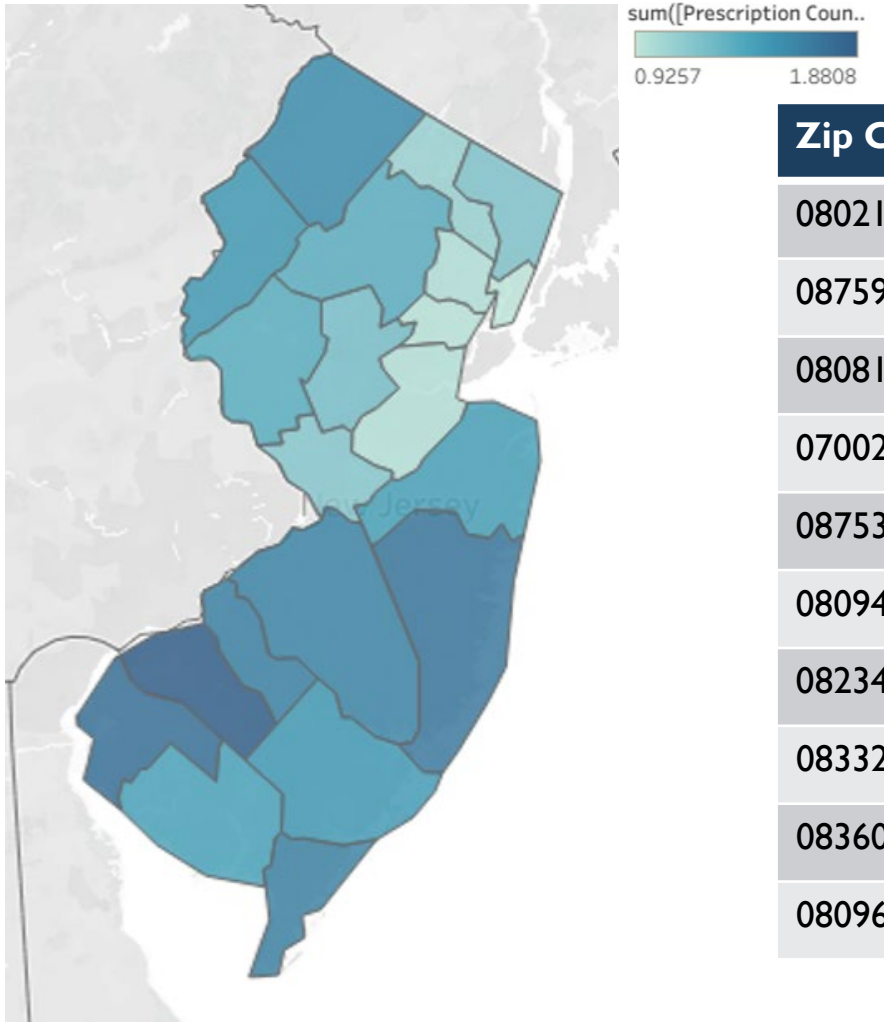
NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

Medication	Prescriptions	Dosage Units
gabapentin 300mg capsule	653,144	65,566,345
tramadol 50mg tablet	521,721	26,288,796
alprazolam 0.5mg tablet	509,141	27,214,349
alprazolam 0.25mg tablet	418,629	17,742,349
gabapentin 100mg capsule	414,678	40,397,016
zolpidem 10mg tablet	370,609	12,993,967
clonazepam 0.5mg tablet	369,296	19,062,389
oxycodone IR 5mg tablet	299,664	10,102,523
alprazolam 1mg tablet	243,802	15,986,847
lorazepam 0.5mg tablet	231,872	10,022,562
amphetamine/dextroamphetamine 20mg tablet	224,164	12,326,010

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

2025 OPIOID PRESCRIPTIONS PER CAPITA BY PATIENT COUNTY

NEW JERSEY PRESCRIPTION MONITORING PROGRAM



Top 10 NJ Zip Codes by total MME

Zip Code	County	Population	Patients	Prescriptions	Total MME
08021	Camden	44,833	11,554	72,322	25,942,271
08759	Ocean	33,263	14,343	87,875	25,202,341
08081	Camden	50,589	12,825	75,958	22,955,680
07002	Hudson	63,031	14,217	81,371	21,157,861
08753	Ocean	63,678	17,177	100,837	20,646,112
08094	Gloucester	39,940	12,535	75,842	19,928,108
08234	Atlantic	33,217	12,492	73,972	19,644,179
08332	Cumberland	29,131	7,477	44,903	19,089,703
08360	Cumberland	42,532	12,180	67,560	18,280,012
08096	Gloucester	36,768	10,268	62,627	17,292,575

2025 OPIOID PRESCRIPTION METRICS BY PATIENT COUNTY

NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM

	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	13.2%	0.52	408.1	3.9	78	247	3,085	63.0	19.9	786
BERGEN	9.0%	0.24	185.5	2.7	41	139	2,071	51.8	15.1	774
BURLINGTON	12.2%	0.45	389.2	3.7	72	225	3,200	61.3	19.7	871
CAMDEN	12.2%	0.50	456.1	4.1	83	254	3,743	62.5	20.4	919
CAPE MAY	13.6%	0.53	349.9	3.9	76	239	2,571	61.3	19.5	660
CUMBERLAND	12.7%	0.50	369.4	3.9	82	248	2,915	63.3	21.0	744
ESSEX	8.3%	0.26	209.4	3.1	52	163	2,514	52.4	16.8	807
GLOUCESTER	13.8%	0.56	461.5	4.0	84	250	3,336	61.8	20.7	825
HUDSON	6.7%	0.20	163.0	2.9	49	154	2,427	53.0	16.9	835
HUNTERDON	10.6%	0.30	211.8	2.8	43	141	2,000	49.4	15.1	703
MERCER	9.4%	0.32	247.9	3.4	62	194	2,639	57.5	18.2	780
MIDDLESEX	8.9%	0.26	208.0	2.9	47	149	2,330	50.7	16.0	793
MONMOUTH	11.1%	0.34	256.1	3.1	52	163	2,297	52.9	16.9	745
MORRIS	9.9%	0.28	215.6	2.9	43	144	2,182	50.4	15.2	763
OCEAN	13.6%	0.48	379.6	3.6	66	205	2,796	57.5	18.5	785
PASSAIC	8.3%	0.25	186.6	3.0	49	155	2,239	51.9	16.4	748
SALEM	13.4%	0.57	435.4	4.2	89	270	3,258	63.6	21.0	768
SOMERSET	9.7%	0.27	193.6	2.7	41	131	1,998	47.6	14.7	727
SUSSEX	11.4%	0.41	360.0	3.6	64	210	3,151	58.8	18.0	883
UNION	8.4%	0.23	173.3	2.7	41	131	2,067	48.0	15.0	756
WARREN	11.7%	0.38	295.6	3.3	54	177	2,531	54.5	16.6	779

2025 OPIOID PRESCRIPTION METRICS BY PATIENT COUNTY

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

SUM([Prescription Count]..
4.070 7.003

Dispensations per Patient by Age Band

	0-24	25-34	35-44	45-54	55-64	65-74	75+
ATLANTIC	4.775	4.821	5.903	6.064	6.093	5.938	5.068
BERGEN	4.870	5.090	5.537	5.315	5.093	5.067	4.988
BURLINGTON	5.127	5.268	6.495	6.224	6.207	5.855	5.543
CAMDEN	5.213	5.392	6.663	6.630	6.595	6.292	5.421
CAPE MAY	5.173	5.238	6.823	6.452	6.105	5.725	4.946
CUMBERLAND	4.713	4.233	5.671	6.265	6.366	6.354	5.407
ESSEX	4.816	4.394	4.991	5.111	5.256	5.150	4.903
GLOUCESTER	5.247	5.546	6.934	6.788	6.496	6.155	5.568
HUDSON	4.070	4.613	4.930	5.127	5.588	5.624	5.199
HUNTERDON	4.690	5.640	6.384	5.618	5.236	5.142	4.587
MERCER	4.694	5.099	5.670	5.566	5.766	5.528	5.043
MIDDLESEX	4.252	4.451	5.144	5.025	5.183	5.073	4.801
MONMOUTH	4.619	5.371	6.168	5.787	5.333	5.299	5.239
MORRIS	5.006	5.696	6.046	5.526	5.144	5.118	4.932
OCEAN	4.917	5.107	6.447	6.365	6.241	5.869	5.104
PASSAIC	4.378	4.362	5.129	5.216	5.458	5.273	5.199
SALEM	5.262	5.972	6.874	6.869	6.777	6.363	5.074
SOMERSET	4.791	5.477	5.732	5.119	4.915	4.982	5.219
SUSSEX	4.813	5.949	7.003	6.506	6.016	5.834	5.163
UNION	4.687	4.421	4.965	4.722	4.878	4.887	4.685
WARREN	4.857	5.301	6.339	5.865	5.980	5.470	4.975

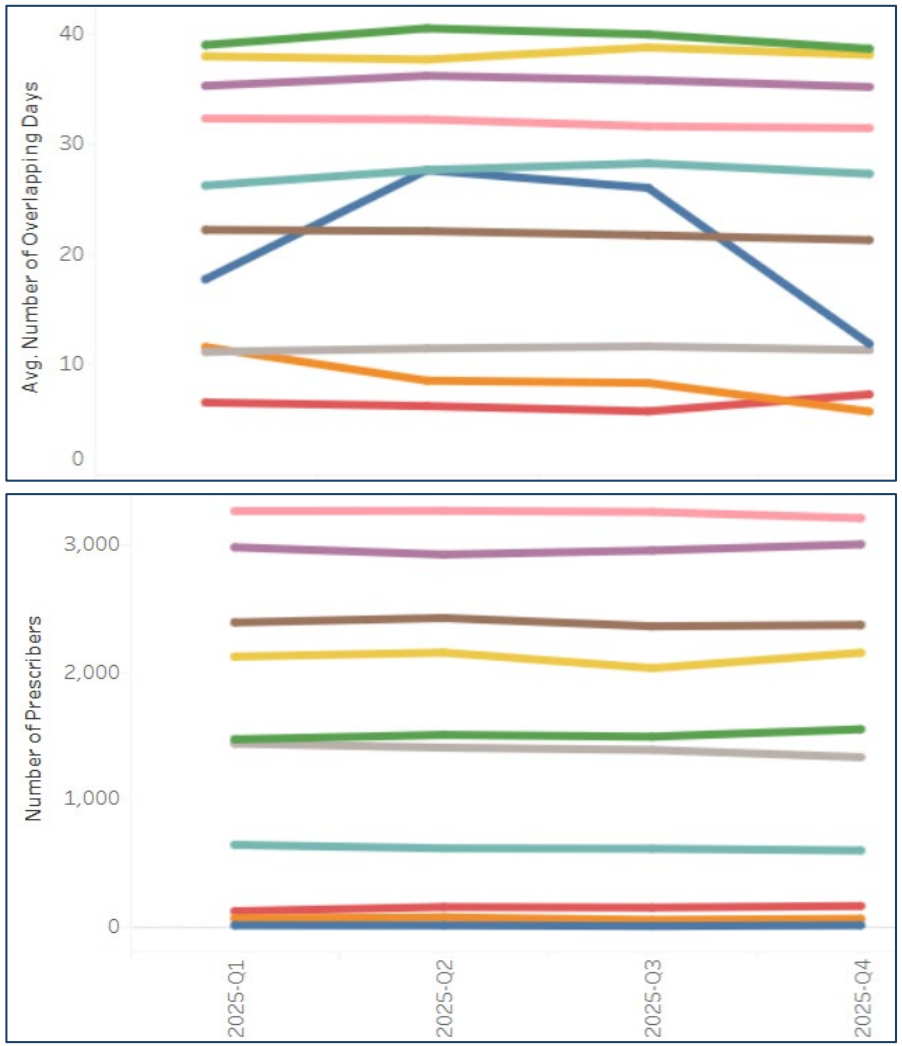
SUM([Total MME])/COUN..
34.9 2,726.0

Total MME per Patient by Age Band

	0-24	25-34	35-44	45-54	55-64	65-74	75+
ATLANTIC	57	258	769	1,742	2,246	2,337	1,400
BERGEN	85	194	489	835	1,141	1,285	858
BURLINGTON	51	211	746	1,493	2,230	2,314	1,399
CAMDEN	78	321	932	1,899	2,726	2,707	1,717
CAPE MAY	73	157	494	888	1,712	2,029	1,150
CUMBERLAND	46	282	664	1,757	2,112	2,425	1,668
ESSEX	128	501	960	1,300	1,512	1,475	946
GLOUCESTER	41	277	745	1,562	2,436	2,495	1,641
HUDSON	60	172	555	1,090	1,481	1,549	772
HUNTERDON	52	115	489	704	1,139	1,396	1,019
MERCER	54	213	813	1,142	1,877	1,789	1,132
MIDDLESEX	65	173	776	1,271	1,612	1,610	917
MONMOUTH	67	142	615	1,070	1,294	1,480	1,045
MORRIS	52	127	436	908	1,198	1,455	1,042
OCEAN	128	296	578	1,237	2,060	1,987	1,132
PASSAIC	63	259	699	957	1,203	1,385	844
SALEM	35	315	1,106	1,303	2,482	2,582	1,512
SOMERSET	50	177	463	786	1,061	1,328	1,127
SUSSEX	94	200	539	1,436	1,989	2,342	1,343
UNION	53	377	628	905	1,281	1,380	895
WARREN	54	101	649	1,019	1,945	1,528	1,051

2025 OPIOID PRESCRIPTION METRICS
OPIOID & BENZODIAZEPINE COMBINATION

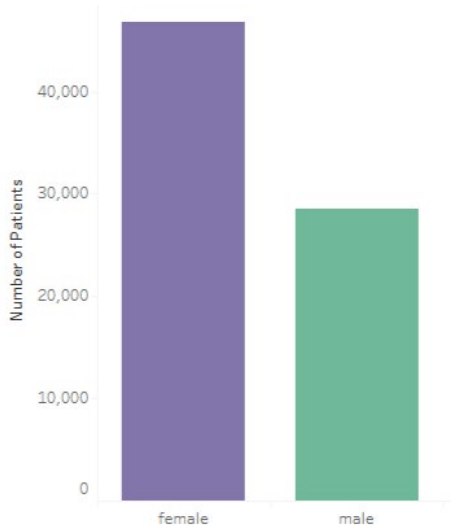
NJ Rx PMP
NEW JERSEY PRESCRIPTION MONITORING PROGRAM



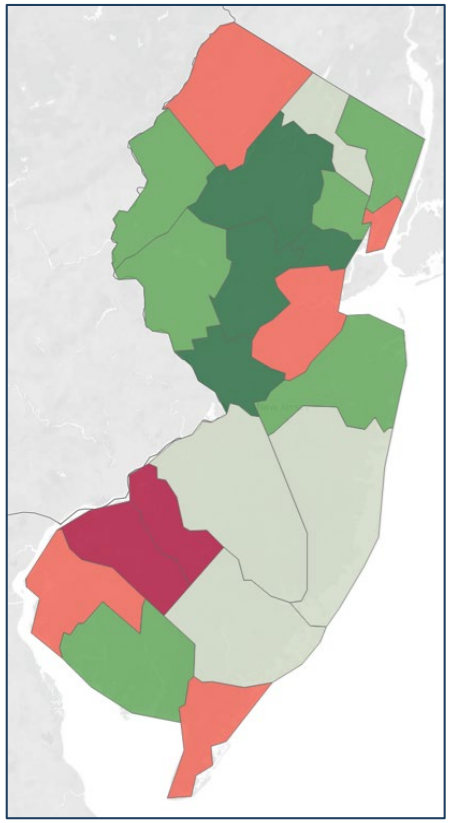
Total Prescribers: 11,865
(3.1% ↑ from 2024)

Total Patients: 75,350
(2.8% ↑ from 2024)

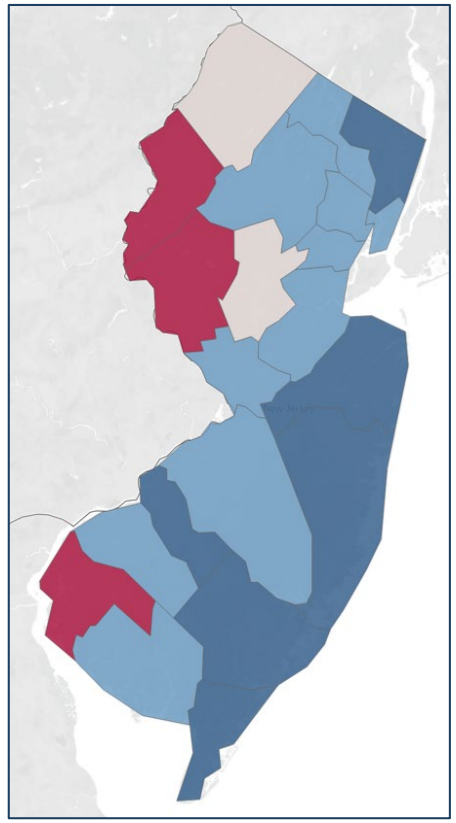
Patient Gender



Patient Locations



Prescriber Locations



NJCONSUMERAFFAIRS.GOV/PMP

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

NJPMP Home
Alerts
Laws and Regulations
Register for the NJPMP
Pharmacy Reporting Requirements
Frequently Asked Questions
NJPMP Integration
Suspicious Activity Report
Useful Links
Mental Health Practitioners
Law Enforcement
Treatment
Media
Project Medicine Drop

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 *(NJPIES)*
  (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
- AWARxE

QUESTIONS?

OPIOID-RELATED REGULATIONS FOR PRACTITIONERS

NJ Division of Consumer Affairs (DCA)

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

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- "**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

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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)

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

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).

Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.

INITIAL OPIOID PRESCRIPTION (CONTINUED)

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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)1 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)1 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

NEW JERSEY PRESCRIPTION MONITORING PROGRAM

- 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**.