CONTROLLED SUBSTANCES

TREATMENT AGREEMENT
NEW JERSEY

STATE SPECIFIC
Required by State: [1]

When prescribing for pain, the physician and patient must enter into a pain management agreement that:

- ☐ Documents the understanding of both the physician and the patient regarding the patient's pain management plan;
- ☐ Establishes the patient's rights in association with treatment, and obligations in relation to the responsible use, discontinuation, and storage and disposal of the prescribed medications, including any restrictions on the refill or acceptance of such prescriptions from the physician and other prescribers;
- ☐ Identifies 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;
- ☐ Specifies the measures the physician may employ to monitor the patient's compliance including, but not limited to, random specimen screens and pill counts; and
- ☐ Delineates the process for terminating the agreement, including the consequences if the physician has reason to believe that the patient is not complying with the terms of the agreement.

The agreement must be in writing and signed and dated by the patient and physician prior to the issuance of the third prescription for a Schedule II controlled dangerous substance for pain or any opioid drug.

Recommended by State:
No recommendations.

ADDITIONAL CONSIDERATIONS COMMON IN OTHER STATES
Considerations:

- ☐ The physician should provide reasons for which drug therapy may be discontinued, such as violation of the treatment agreement.

- ☐ The patient should receive prescriptions from one physician/practice, with that physician/practice designated in the agreement.

- ☐ The patient should have prescriptions filled at one pharmacy, with the name and phone number of the pharmacy designated in the agreement.

- ☐ The patient agrees to periodic drug testing (blood, urine, hair, or saliva).

- ☐ The physician's prescribing policies, including, for example, the number and frequency of prescription refills, a policy regarding early or urgent refills, and a policy regarding replacement of lost or stolen medication, etc.

TO CONSIDER FROM OTHER STATES

Considerations:

- ☐ The patient is responsible for safely using medication, meaning that the patient should store the medication in a secure location and safely dispose of any unused medication.

- ☐ The physician will be available during emergencies or otherwise have a covering physician available in the event that unforeseen problems arise and to prescribe scheduled refills.

- ☐ The goals of treatment.

- ☐ Discuss any monitoring tools that the physician wishes to use, such as pill counts.

- ☐ The patient is prohibited from sharing, giving, or selling any medication to others.

- ☐ If the physician becomes concerned that there has been illegal activity, the physician may notify the authorities.

- ☐ The patient provides informed, written consent for release of the agreement to local emergency departments and/or pharmacies; therefore, other providers such as ER personnel or pharmacists may report violations of the agreement back to the prescribing physician.

- ☐ The prescriber's responsibility to provide referrals to substance abuse counseling when the abuse potential is present and also for failed drug screens.

- ☐ The patient may be responsible for keeping a pain diary or a diary of daily accomplishments.

- ☐ If the patient violates the terms of the agreement, those violations and the physician's response to them will be documented along with the rationale for changes in the treatment plan.

INFORMED CONSENT
NEW JERSEY

STATE SPECIFIC

Required by State:[1]

Before issuing an initial prescription for a Schedule II controlled dangerous substance for pain or any opioid drug, a physician must discuss with the patient (or parent/guardian):

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

With respect to opiates, the discussion also must include, at least:

- ☐ the risks of addiction;
- ☐ the physical or psychological dependence, and overdose associated with opiates;
- ☐ the danger of taking opioid drugs with alcohol, benzodiazepines, and other central nervous system depressants; and,
- ☐ requirements for proper storage and disposal.

If the patient is under 18 years of age and is not an emancipated minor, the physician shall have the discussion prior to the issuance of each subsequent prescription for any opiate.

The physician shall reiterate the discussion prior to issuing the third prescription of the course of treatment for a Schedule II controlled dangerous substance for pain or any opiate.

The physician must document evident of informed consent and include a note in the patient record that the discussion(s) took place.

Recommended by State:
No recommendations.

TO CONSIDER FROM OTHER STATES

Considerations:

- ☐ The physician should discuss the risks and anticipated benefits of opioid therapy with:
  - The patient;
  - Persons designated by the patient; or

- The patient's surrogate or guardian (if patient is incompetent or without medical decision-making capacity).

☐ Inform the patient of potential side effects (short- and long-term) of the prescribed medication.

☐ Inform the patient of the likelihood that tolerance and/or physical dependence on the prescribed medication will develop.

☐ The patient's diagnosis.

☐ Inform the patient of the risk of the prescribed medication interacting with other drugs and of over-sedation.

☐ Inform the patient of the risks of impaired motor skills that affect driving among other tasks.

☐ Inform the patient of the limited evidence as to the benefit of long-term opioid therapy.

☐ Inform the patient of the risks of opioid misuse, dependence, addiction, and overdose.

☐ Inform female patients of the risks during pregnancy and after delivery.

☐ Inform the patient of alternative treatment options to opioid therapy.

☐ Inform the patient that one of the risks of opioid therapy is death.

☐ Inform the patient of the risks of withdrawal.

☐ Alcohol should not be used in combination with the prescribed opioid.

☐ All medications from other sources, including over the counters and medical marijuana, should be discussed and documented in the medical record.

☐ Note that compliance with all components of the overall treatment plan is expected.

☐ Periodic re-evaluation of treatment is needed.

☐ The patient has the option to consent to the sharing of information with family members and other providers, as necessary.

☐ Educate the patient and caregivers about the danger signs of respiratory depression and that someone should summon medical help immediately if a person demonstrates signs of respiratory depression while on opioids.

☐ Ensure the patient does not have any absolute contraindications and review risks and benefits related to any relative contraindications with the patient.

NOTE: This resource covers only informed consent and treatment plan requirements; there are many other requirements, such as limitations on the quantity of medication prescribed, etc.

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[1] **N.J.A.C. 13:35-7.6. Limitations on Prescribing, Administering or Dispensing of Controlled Substances; Special Exceptions for Management of Pain.**

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