



State of New Jersey

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DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

May 21, 2014

**SUBJECT: Administrative Bulletin 3:38
Guidelines for Use of the Prescription Drug Monitoring in Opioid
Treatment Programs**

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this Bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.

A handwritten signature in blue ink, appearing to read "Lynn A. Kovich", written over a horizontal line.

Lynn A. Kovich
Assistant Commissioner

LAK:pjt
Attachment

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

ADMINISTRATIVE BULLETIN 3:38

Effective Date: May 21, 2014

SUBJECT: Guidelines for Use of the Prescription Drug Monitoring in Opioid Treatment Programs

I. PURPOSE

This Bulletin describes guidelines for the use of the NJ Prescription Monitoring Program (NJ PMP) by medical staff Opioid Treatment Programs (OTP) to allow monitoring of clients who are receiving concurrent prescriptions for CDS medications.

II. POLICY

The Division of Mental Health and Addiction Services (DMHAS) shall encourage all state OTPs to implement a policy on use of the NJ PMP to monitor clients receiving concurrent CDS medications, in order to better coordinate care and to ensure client safety. The policy requires the following:

- Upon program admission, all clients will be informed about the use of the NJ PMP and how their prescription data will be used, as well as the fact that they may be required to consent for release of medical information about their concurrent treatment as a condition of OTP attendance;
- The NJ PMP will be checked for each new admission to long-term treatment, and then periodically for each client, in accordance with these guidelines;
- Clients shall be routinely asked about taking any prescription CDS medications and be asked to sign a release that allows OTP medical staff to request relevant information from their treating physicians, who shall be notified that the client is on medication assisted treatment; and
- OTPs shall not use medication data for the sole purpose of restricting treatment access or for responding in a punitive fashion to the needs of patients in treatment.

The US Substance Abuse and Mental Health Services Administration (SAMHSA) has issued a policy advisory recommending use of the PMP in OTPs, and has also provided information about confidentiality of the PMP data (see this at http://dpt.samhsa.gov/pdf/pmp_otp_2011_letter.pdf).

III. DEFINITIONS

NJ Prescription Monitoring Program (NJMPMP) – a statewide database of prescription data on CDS and Human Growth Hormone (HGH) dispensed in outpatient settings in NJ, and by out-of-state pharmacies dispensing into New Jersey. Pharmacies are required to submit this data at least twice per month, and physicians who are registered with the NJ PMP can access CDS prescription data for patients who are in their care <http://www.state.nj.us/lps/ca/pmp/>.

IV. PROCEDURES

A. Informing OTP clients about the monitoring of CDS prescriptions

1. As part of the admission to the OTP, all clients shall be made aware in writing of the following:
 - a. responsibility for informing the OTP medical/nursing staff of all medications prescribed by any personal or outside physicians;
 - b. understanding that if they are prescribed any medications with the potential for abuse (e.g., opioids, benzodiazepines, stimulants, etc.), they are required to inform their physicians that they are on medication-assisted treatment (MAT); and that
 - c. recognizing that the OTP will use the NJ PMP to monitor prescriptions of CDS medications written by other prescribers.
2. Clients shall further be required to sign a release to allow the OTP medical staff to contact their personal physician and send a verification that he/she is aware the patient is on MAT (see the sample letter attached).

B. Use of the PMP Data in OTPs

1. All OTP medical staff will be registered with the NJ PMP and shall be fully briefed on its use and the OTP's documentation requirements for prescription data.
2. In order to screen clients for concurrent CDS prescriptions, medical staff will check the PMP at the following times:
 - a. upon a client's admission to long-term treatment (greater than 30 days);
 - b. prior to the client's receipt of the first earned take-home;

- c. whenever a client's pregnancy becomes known and then again in the third trimester (to anticipate neonatal abstinence syndrome);
 - d. periodically upon medical review of the Annual Nursing Assessment; as well as
 - e. for cause (e.g., clinical signs of drug abuse, urine positive for CDS, repeated failure to comply with program rules or to show for appointments, etc.).
3. The OTP physician accessing the PMP will complete documentation that indicates the outcome of the PMP check. If there is suspicion of abuse or unreported CDS prescriptions, copies of the PMP print-out will be given to the Medical Director, Clinical Director, Clinic Supervisor and the primary counselor for further review by treatment team. Original forms will be filed in the client's medical chart.
- C. OTP Medical/Nursing Staffs' Documentation Requirements Regarding Concurrent Prescriptions
1. On an at least monthly basis, OTP Medical/Nursing staff will ask all OTP clients whether they are taking any concurrently prescribed medications from personal or outside physicians. Nursing staff will inform clients who are taking prescribed medications that they shall bring all prescribed medications to them. If the medication has no abuse potential, this will be documented on a form that is filed in client's medical chart for physician review.
 2. If the medication presented to all nursing staff has abuse potential, and is being prescribed for a period less than two (2) months, the Nurse will document this and give patient a copy of a memo from the OTP Medical Director outlining the OTP's policy on current CDS medications (see attached Prescription Verification – Memo to Patient). Nurses will also provide medical staff with a copy of the patient's drug screen results. Medical staff will review the documentation and the results of drug screens, and may request to see the patient for further evaluation.
 3. If the medication presented a drug with abuse potential that is being prescribed for a period of more than two (2) months or for a chronic condition, then the following will be done:
 - a. The Nurse will complete the required documentation and give the client a copy of the Prescription Verification – Memo to Clients from the Medical Director;
 - b. The client will be asked to advise his/her personal or outside physician that he/she is on MAT, and bring in a letter from the physician verifying that

the physician is aware of the patient's MAT status. The letter shall also require that the physician describe the medical necessity for any CDS being prescribed. This letter must be submitted to the medical/nursing staff within four (4) weeks of the request; and.

- c. The completed documents will be forwarded to the Medical Secretary for verification, tracking and filing in the client's records.
4. If the patient refuses to get a letter from the physician, the patient will be required to see the OTP physician to discuss the matter. In most cases, the physician will ask the patient to sign for consent to release information to support coordination of care.
 - a. If a consent is signed, a letter will be sent to the prescribing physician by the date agreed and specified on the records release.
 - b. If a patient refuses to sign the consent for records, the issue will be brought to the attention of the appropriate clinical team to review and determine a course of action.

D. Reporting Requirements to Division of Mental Health and Addiction Services

1. The DMHAS will request that each OTP provide a copy of their program policies on the use of the PMP and that they annually report the number of PMP checks conducted on clients in their programs.



Lynn A. Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services

Date