

# KN**UCK** OUT OPIOID ABUSE

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COLLABORATING PARTNERS



Prescribing Opioids in the Time of COVID-19



# Marlon Addison

Manager, Provider  
Partnerships



# Sharon Joyce

Assistant Attorney General

Director, The Office of the  
New Jersey Coordinator of  
Addiction Response and  
Enforcement Strategies (NJ  
CARES)



# Featured Panelists



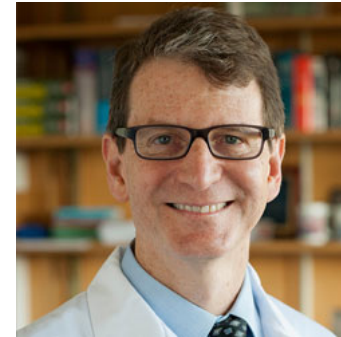
**Paul Rodriguez, Acting Director, NJ  
Division of Consumer Affairs**

Attorney General Gurbir S. Grewal appointed Paul R. Rodriguez to serve as the acting director of the Division of Consumer Affairs in March 2018. Before assuming leadership of the Division, Rodriguez served as acting counsel to New York City Mayor Bill de Blasio where he provided advice and strategic guidance to the mayor and top administrative officials on legal management and policy objectives. Rodriguez will serve in an acting capacity pending confirmation by the State Senate.



**Susan A. Gibson, Special  
Agent in Charge, Drug  
Enforcement Administration  
– NJ Division**

Susan A. Gibson is the Special Agent in Charge of the Drug Enforcement Administration – New Jersey Division. In 1997, Ms. Gibson was hired as a DEA Special Agent and was assigned to the New York City Division's High Intensity Drug Trafficking Unit. She went on to serve as Group Supervisor and Assistant Special Agent in Charge of the New York City Drug Enforcement Task Force before being selected to serve as Deputy Assistant Administrator in DEA's Diversion Control Division's Regulatory Program in 2017.



**Dr. Lewis Nelson, MD, Professor and  
Chair, Department of Emergency  
Medicine, Rutgers New Jersey Medical  
School**

Dr. Lewis Nelson became the inaugural chair of emergency medicine at Rutgers New Jersey Medical School in 2016. He is a board-certified physician in emergency medicine, medical toxicology and addiction medicine. Dr. Nelson previously served as the director of the fellowship in medical toxicology at New York University's School of Medicine and as vice-chair for academic affairs in the department of emergency medicine.



**Paul Rodriguez, Acting Director, NJ**  
**Division of Consumer Affairs**

**NJ Office of the Attorney General  
Division of Consumer Affairs**

**Prescribing Opioids in the Time of  
COVID-19**

**Paul R. Rodríguez, *Acting Director***  
New Jersey Division of Consumer Affairs

August 20, 2020



# NJ Division of Consumer Affairs

- Oversees 51 occupational and professional boards
- Licenses over 750,000 individuals
- Including over 300,000 healthcare practitioners



# Combatting Opioid Abuse

- Professional Boards
  - Education, Regulation, Enforcement
- Prescription Monitoring Program (PMP)
- Project Medicine Drop
- Drug Control Unit / Prescription Blank Program
- Litigation Against Opioid Manufacturers



# Responses to COVID-19

- Telemedicine Expansions
- Workforce Expansions
- Safety Protocols
- Outreach and Education to Practitioners / Public



# Telemedicine

- Authorized in NJ since 2017 (P.L. 2017, c. 117)
- Open to all NJ licensed health care practitioners
- Standard of care, recordkeeping, and prescribing requirements applicable to in-person visits continue to apply when utilizing telemedicine
- Several expansions in response to Public Health Emergency (PHE)



# Telemedicine: Temporary Expansions

- **Technology**
  - Expansion to commonly used platforms
  - Audio-only allowed, except for CDS prescriptions without initial in-person exam
- **Establishment of practitioner/patient relationship**
  - Unavailability of records not a barrier to provision of services
- **Location**
  - NJ has waived the site of service requirement for Medicaid



# Telemedicine: Temporary Expansions

## Out-of-State Providers

- Exception to requirement for NJ licensure if:
  - Practitioner has pre-existing relationship with patient in NJ
- If no pre-existing relationship, practitioner may still provide care if:
  - Licensed or certified (in good standing) in another State;
  - Practicing within scopes; and
  - Only providing screening, testing, and treatment for COVID-19.



# CDS Requirements

## Prescribers must:

- Take a thorough history;
- Conduct a physical exam;
  - During PHE, may utilize telemedicine;
    - First visit must use real time, interactive, audio-visual methods;
    - Phone permitted for subsequent visits;
- Develop a treatment plan with identified goals;



# CDS Requirements

## In all circumstances:

- Services provided through telemedicine must be consistent with the standard of care for services provided in person;
- Prescription must be issued for a legitimate medical purpose; and
- Practitioner must be acting in accordance with applicable federal and state law.



# CDS Requirements: 5-Day Rule

**When issuing an initial prescription for a CDS II or any opioid for patients suffering from acute pain, the prescriber must:**

- Discuss the risks and benefits of opioid treatment and alternatives;
- Limit the prescription to no more than a 5-day supply at the lowest effective dose of an immediate-release formulation;

**If, after the initial 5-day prescription, the patient requests a subsequent opioid prescription, the prescriber must:**

- Wait until at least the 4th day from the date of the initial prescription;
- Determine, after a consultation, in-person or by telephone, that an additional supply is necessary and does not present a risk of abuse, addiction or diversion;
- Tailor the supply to the patient's need, and never provide more than 30 days.



# CDS Requirements: Chronic Pain

## Every 3 months, prescriber must:

- Reiterate the discussion of the risks of opioids;
- Enter into a pain management agreement with the patient;
- Reassess treatment goals and make a reasonable periodic effort to taper or stop the prescribing.

During PHE, these assessments and treatment plan reviews may be accomplished utilizing telemedicine



# Medical Cannabis

## During PHE

- Physicians may utilize telemedicine to satisfy comprehensive medical history and physical exam requirements when issuing certification for medical use of cannabis, if:
  - The authorization is for a recognized qualifying condition.
  - The use of telemedicine is consistent with the standard of care for assessment and treatment of the patient's conditions.
- Must be conducted using an audio-visual, real-time, two-way interactive communication;
- Telemedicine is permitted to provide subsequent authorizations for use of medical cannabis.



# Co-Prescribing of Opioid Antidotes

**During PHE, prescribers must also co-prescribe an opioid antidote if the patient:**

- has one or more prescriptions totaling 90 MME or more each day; or
- is concurrently obtaining an opioid and a benzodiazepine.

## **Exceptions:**

- actively being treated for cancer;
- receiving hospice care from a licensed hospice;
- receiving palliative care;
- residing in a long-term care facility;
- administered pursuant to medication orders in in-patient facilities;
- when prescribing for treatment of substance abuse or opioid dependence.

**Note: Patient need not fill, but prescriber must provide co-prescription.**



## Take-home Medications and Opioid Treatment Programs (OTP)

The Department of Health has modified rules to ensure clients of OTPs have access to needed medications.

OTPs are permitted to provide medication to clients at locations other than what is listed on the OTP facility license.

OTPs are required to comply with DEA guidance, including limitations on transportation and storage of methadone. Additional guidance found at:

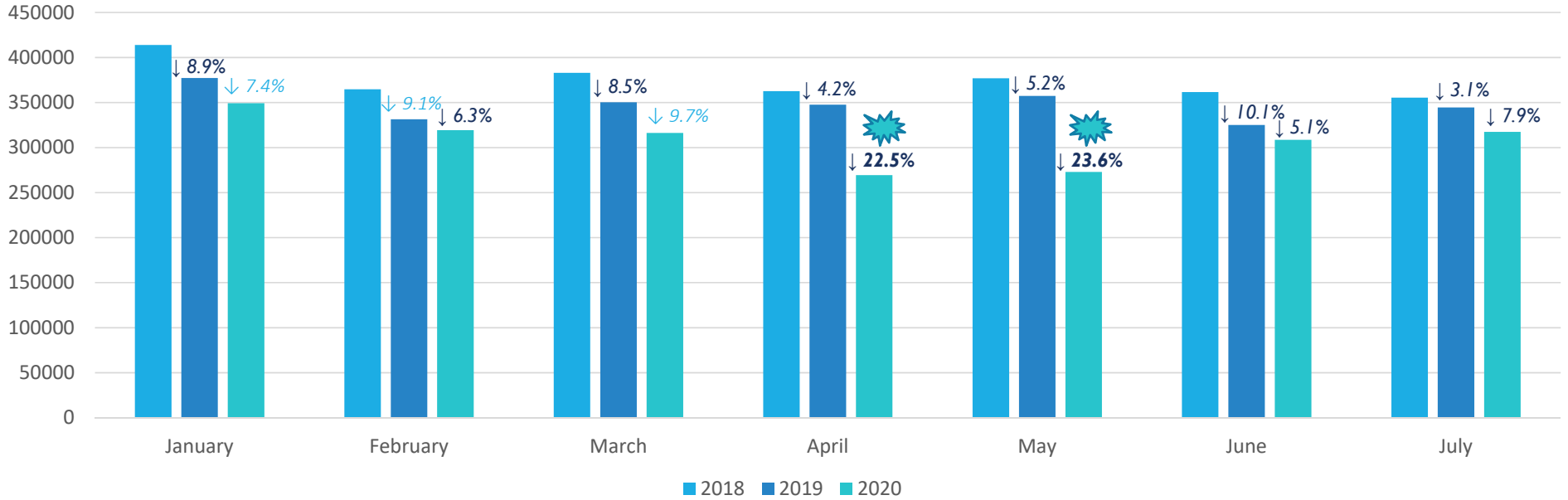
[www.state.nj.us/health/legal/covid19/05-08-2020\\_WaiverTakeHomeMedication\\_forOpioidTreatmentPrograms.pdf](http://www.state.nj.us/health/legal/covid19/05-08-2020_WaiverTakeHomeMedication_forOpioidTreatmentPrograms.pdf).

OTPs must maintain policies and procedures required by regulation, and others imposed by the DOH May 8, 2020 waiver and modification of eligibility for take-home medication.

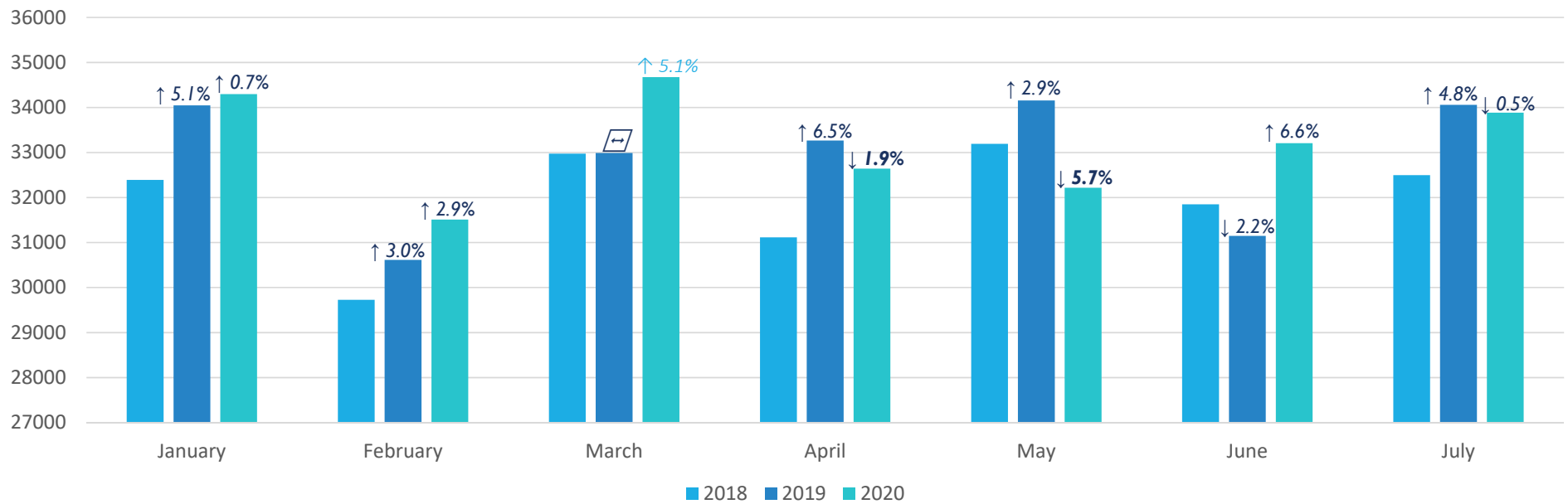


# NJPMP OPIOID Dispensation Trend

(Prescriptions Processed)



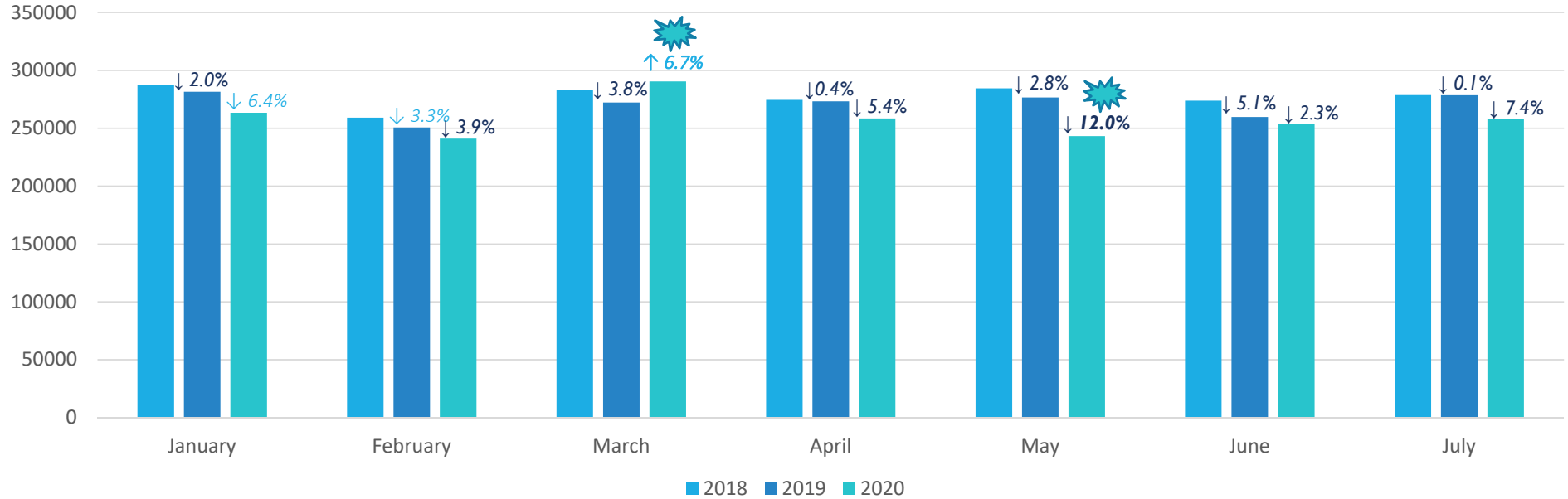
# NJPMP BUPRENORPHINE\* Dispensation Trends



\*Data reflective only of the buprenorphine-containing products indicated for the treatment of opioid dependence

# NJPMP Benzodiazepine Dispensation 1

(Prescriptions Processed)



# Mental Health Practitioners & the

The Division of Consumer Affairs shall now provide access to the New Jersey Prescription Monitoring Program to 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 provided that the licensed mental health practitioner:

1. Certifies that the request is for the purpose of providing health care to a current patient at a residential or outpatient substance abuse treatment center licensed by the Department of Health, or verifying information with respect to a patient or practitioner; and
2. Provides the Division with the written consent of the patient for the mental health practitioner to obtain prescription monitoring information about the patient.
  - a. Patient consent shall be valid for the period of treatment by the mental health practitioner at the residential or outpatient substance abuse treatment center or for one year, whichever is less. After one year, the mental health practitioner shall re-obtain, and re-submit to the Division, the written consent of the patient.

***“Mental health practitioner” is defined as: a clinical social worker, marriage and family therapist, clinical alcohol and drug counselor, professional counselor, psychologist, or psychoanalyst***

# NJPMP: NarxCare

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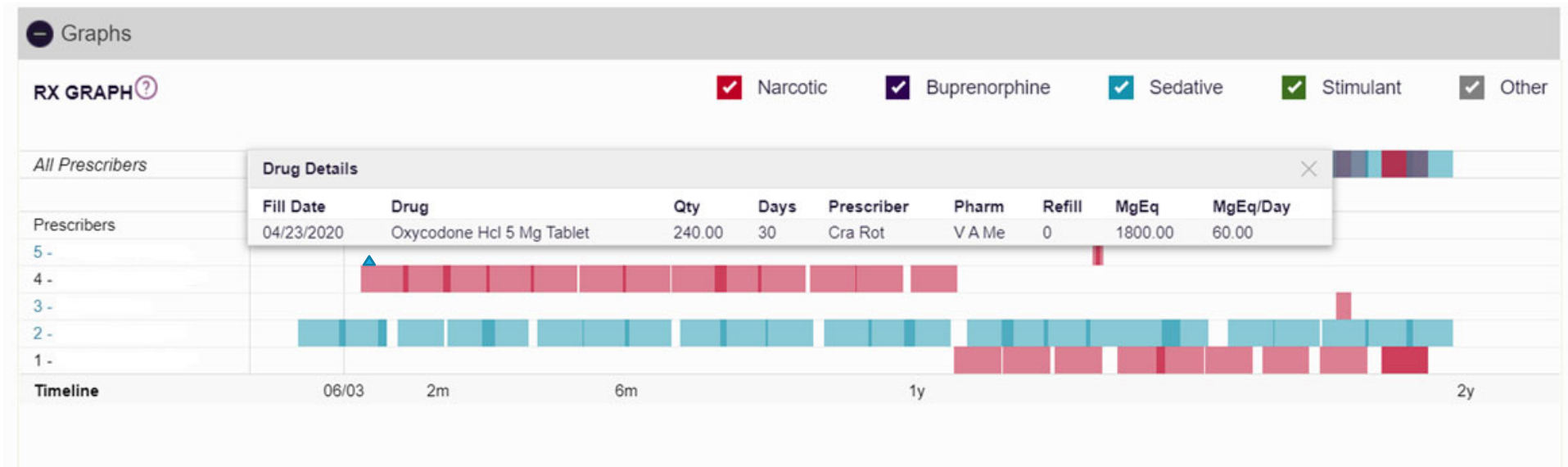
On December 2<sup>nd</sup>, 2019 the NJPMP upgraded its operating platform to NarxCare which allows program users to more easily identify, prevent, and manage substance use disorder and detect potential cases of substance misuse and diversion. With NarxCare, the NJPMP data is translated into a color-coded, interactive timeline which more easily displays patients' medication histories and prescriber visits.

Additionally, a communications module is now available which allows for direct messaging between prescribers and pharmacists and also permits the addition of clinical care notes to a patients' NJPMP report.

NJPMP users can also use the NarxCare platform to search for local addiction treatment providers and access opioid-related educational materials from the CDC, which can be printed out and given to patients at the time of a visit.

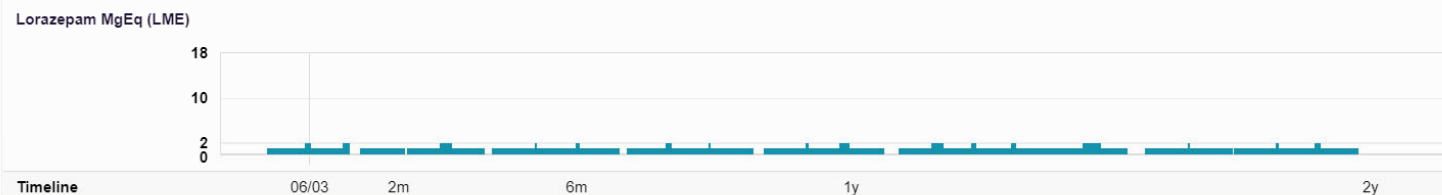
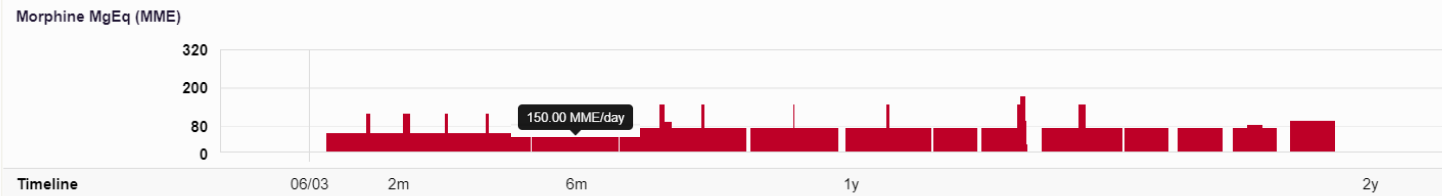
Moreover, On December 4<sup>th</sup>, 2019 the NJPMP launched clinical alerts which provides users unsolicited notifications when a patient meets or exceeds the following potentially harmful thresholds: multiple prescriber and pharmacy episodes; receiving high-dose opioid therapy; receiving opioids and benzodiazepines concomitantly; and/or receiving opioid therapy for an excessive duration.

# NJPMP: Interactive Rx Graph



This graph is interactive: Hold and drag your mouse around an area on the graph to see details about the prescriptions in that time period.

# NJPMP: Interactive Rx Graph



\*Per CDC guidance, the MME conversion factors prescribed or provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. LME = Lorazepam milligram equivalents. mg = dose in milligrams.

**Summary**

Summary	Narcotics* (excluding Buprenorphine)		Sedatives*		Buprenorphine*		
Total Prescriptions:	53	Current Qty:	0	Current Qty:	30	Current Qty:	0
Total Prescribers:	5	Current MME/day:	0.00	Current LME/day:	2.00	Current mg/day:	0.00
Total Pharmacies:	4	30 Day Avg MME/day:	38.00	30 Day Avg LME/day:	1.10	30 Day Avg mg/day:	0.00

# NJPMP: Treatment Facility Locator



## 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 <http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

Name	Address	City	State	Zip	Phone	Distance
Dr. Ulysses Agpaoa M.D.	9 Lincoln Park	Newark	New Jersey	07102	(973) 375-4634	0.0 miles
David Alabi NP	394 University Avenue	Newark	New Jersey	07102	(973) 877-6096	0.0 miles
Dr. Mariza Del Rosario-Garcia M.D.	Saint Michaels Medical Center268 Martin Luther King Jr. Boulevard	Newark	New Jersey	07102	(973) 877-5000	0.0 miles
Gordon Kusi NP	394 UNIVERSITY AVENUE	NEWARK	New Jersey	07102	(973) 877-6096	0.0 miles
Dr. Stephen Manocchio M.D.	451 Doremus aveDelaney Hall	Newark	New Jersey	07102		0.0 miles
Dr. Stephen Manocchio M.D.	111 Central Avenue	Newark	New Jersey	07102	(973) 877-5070	0.0 miles
Dr. Isaac O'Neal MD	394 University Avenue	Newark	New Jersey	07102	(973) 877-6174	0.0 miles
Susan Pepe NP	449 Broad Street	Newark	New Jersey	07102	(973) 732-6040	0.0 miles
Dr. Paulo Pinho M.D.	213 Washington Street - 2nd floorPrudential Global Health Organization	Newark	New Jersey	07102	(973) 912-7273	0.0 miles
Suzanne Salamanca NP	449 Broad Street	Newark	New Jersey	07102	(973) 732-6040	0.0 miles
Dr. Henry Sherman MD	Circle Of Life9 Lincoln Park	Newark	New Jersey	07102	(973) 242-6599	0.0 miles
Dr. Henry Sherman MD	Circle Of Life9 Lincoln Park	Newark	New Jersey	07102	(973) 242-6599	0.0 miles
Dr. Suzanne Zemel M.D.	50 Park Place	Newark	New Jersey	07102	(973) 796-4222	0.0 miles
Dr. Rafik Istafanus M.D.	UMDNJ/NJMS183 South Orange Avenue	Newark	New Jersey	07101	(973) 972-1612	0.8 miles
Dr. Cheryl Kennedy M.D.	183 South Orange Avenue	Newark	New Jersey	07101	(973) 972-2977	0.8 miles

RxSearch > Patient Request

, 73M

Narx Report Resources

Access to Treatment

### MAT Providers

Find the 30 closest MAT providers for

Search for providers near:

Zip Code

07102

Submit

Educational Resources

### INFORMATIONAL DOCUMENTS

Click the associated link and

### What You Need

PRESCRIPTION OPIOIDS:  
WHAT YOU NEED TO KNOW

Please note: opioids can be used to help relieve moderate to severe pain. However, they can also be addictive and can be an important part of treatment for some people. It is important to use opioids as directed and to avoid alcohol and other drugs while taking them. For more information, visit [www.samhsa.gov](http://www.samhsa.gov).

# NJPMP: Clinical

**Risk Indicators**

**STATE CLINICAL ALERTS (4)**

- ⚠ Overlapping Opioid & Benzodiazepine
- ⬇ Below Daily Active MME Threshold
- ⬇ Below Opioid Consecutive Day Threshold
- ⬇ Below Prescriber & Dispensary Threshold

[Explanation and Guidance](#)

This NarxCare report is based on search criteria supplied and the data entered by the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decisions. The information on this report is not warranted as accurate or complete.

### Additional Indicators Print

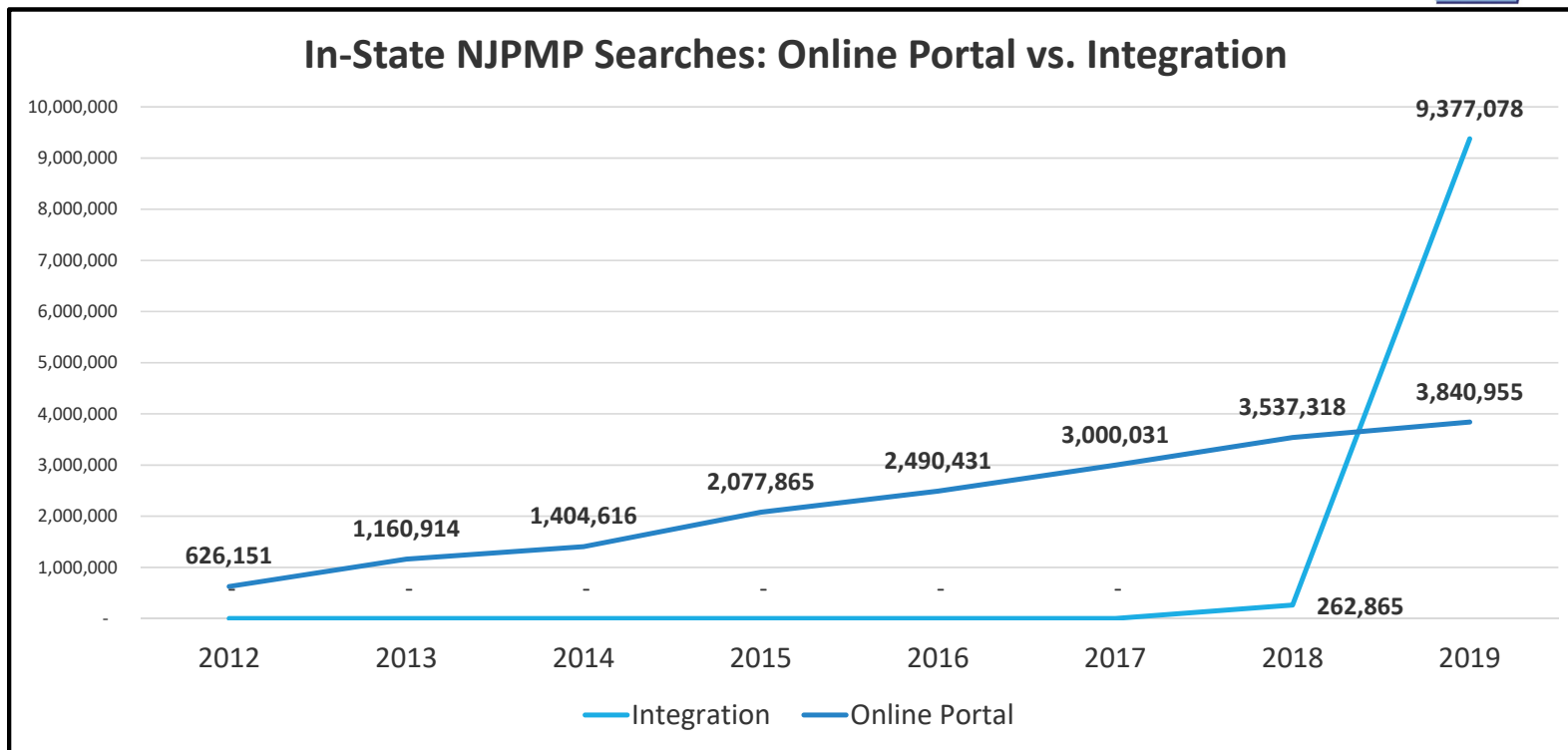
An additional risk indicator assessment reveals the following concerns for |

<b>⚠ Exceeds Opioid &amp; Benzodiazepine Threshold</b>	<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: 8/19/2020				
<b>⬇ Below Daily Active MME Threshold</b>	<table border="1"><thead><tr><th>Patient's Counts</th><th>Alert Thresholds</th></tr></thead><tbody><tr><td>10</td><td>90</td></tr></tbody></table>	Patient's Counts	Alert Thresholds	10	90
Patient's Counts	Alert Thresholds				
10	90				
<b>⬇ Below Opioid Consecutive Day Threshold</b>	<table border="1"><thead><tr><th>Patient's Counts</th><th>Alert Thresholds</th></tr></thead><tbody><tr><td>Days: 30</td><td>Days: 90</td></tr></tbody></table>	Patient's Counts	Alert Thresholds	Days: 30	Days: 90
Patient's Counts	Alert Thresholds				
Days: 30	Days: 90				
<b>⬇ Below Prescriber &amp; Dispensary Threshold</b>	<table border="1"><thead><tr><th>Patient's Counts</th><th>Alert Thresholds</th></tr></thead><tbody><tr><td>Prescribers: 2 Pharmacies: 1 Time Frame: 90 Days</td><td>Prescribers: 4 Pharmacies: 4</td></tr></tbody></table>	Patient's Counts	Alert Thresholds	Prescribers: 2 Pharmacies: 1 Time Frame: 90 Days	Prescribers: 4 Pharmacies: 4
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[Close](#)

On December 4<sup>th</sup>, 2019 the NJPMP launched clinical alerts which provides users unsolicited notifications when a patient meets or exceeds the following potentially harmful thresholds: multiple prescriber and pharmacy episodes; receiving high-dose opioid therapy; receiving opioids and benzodiazepines concomitantly; and/or receiving opioid therapy for an excessive duration.

# NJPMP In-State Searches



The NJPMP is capable of integration with electronic health records (EHRs) and pharmacy management systems (PMS). With integration, prescribers and pharmacists are able to seamlessly access patients' NJPMP reports at the point-of-care within their primary clinical workflow software programs.

## Additional Resources

[www.njconsumeraffairs.gov/COVID19/Documents/FAQ-Telehealth.pdf](http://www.njconsumeraffairs.gov/COVID19/Documents/FAQ-Telehealth.pdf)

[www.njconsumeraffairs.gov/COVID19/Documents/DCA-AO-2020-15\\_DCA-W-2020-14.pdf](http://www.njconsumeraffairs.gov/COVID19/Documents/DCA-AO-2020-15_DCA-W-2020-14.pdf)

[www.njconsumeraffairs.gov/COVID19/Documents/DCA-W-2020-06.pdf](http://www.njconsumeraffairs.gov/COVID19/Documents/DCA-W-2020-06.pdf)

[www.njconsumeraffairs.gov/pmp/Pages/default.aspx](http://www.njconsumeraffairs.gov/pmp/Pages/default.aspx)

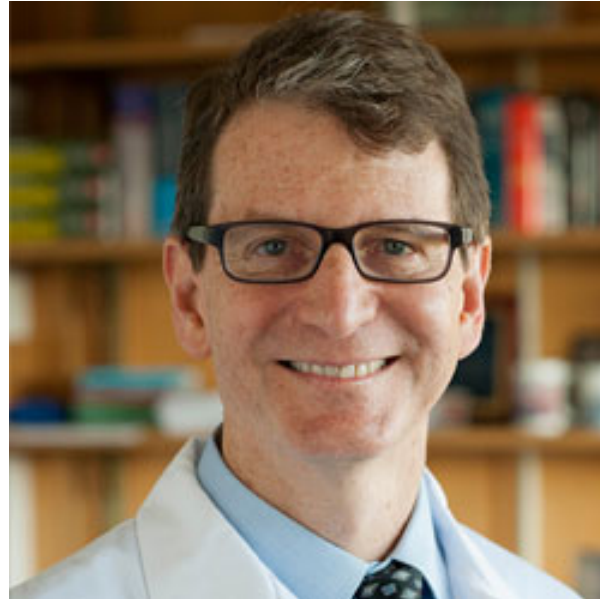
[www.state.nj.us/health/legal/covid19/05-08-2020\\_WaiverTakeHomeMedication\\_forOpioidTreatmentPrograms.pdf](http://www.state.nj.us/health/legal/covid19/05-08-2020_WaiverTakeHomeMedication_forOpioidTreatmentPrograms.pdf)

[www.nj.gov/humanservices/dmhas/information/stakeholder/OTP%20Preparedness%20Guidelines%20March%2024%202020.pdf](http://www.nj.gov/humanservices/dmhas/information/stakeholder/OTP%20Preparedness%20Guidelines%20March%2024%202020.pdf)





**Susan A. Gibson, Special Agent in  
Charge, Drug Enforcement  
Administration – NJ Division**

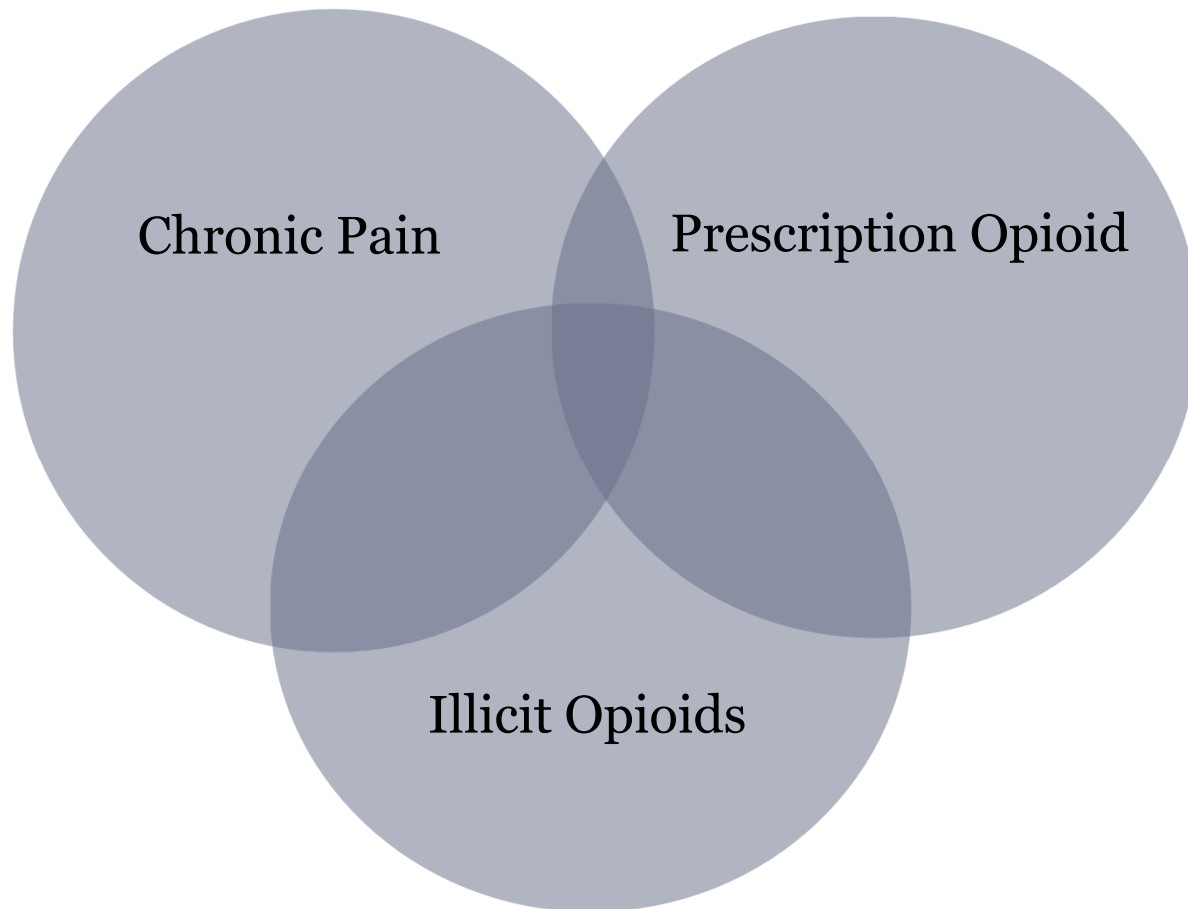


**Dr. Lewis Nelson, MD, Professor and**  
**Chair, Department of Emergency**  
**Medicine, Rutgers New Jersey Medical**  
**School**

"Prescribing Opioids in the Time of Covid-19"

The Epidemic During  
the Pandemic  
Opioid Use during COVID-19

# Three Inextricable Concurrent Epidemics



## Monthly overdoses grew dramatically during the pandemic

For every **10** suspected overdoses reported to ODMAP in **May 2019** ...



... **14** overdoses were reported in **May 2020**.



Overdoses increased up to 42% per month during the pandemic, as compared to the same months in 2019.



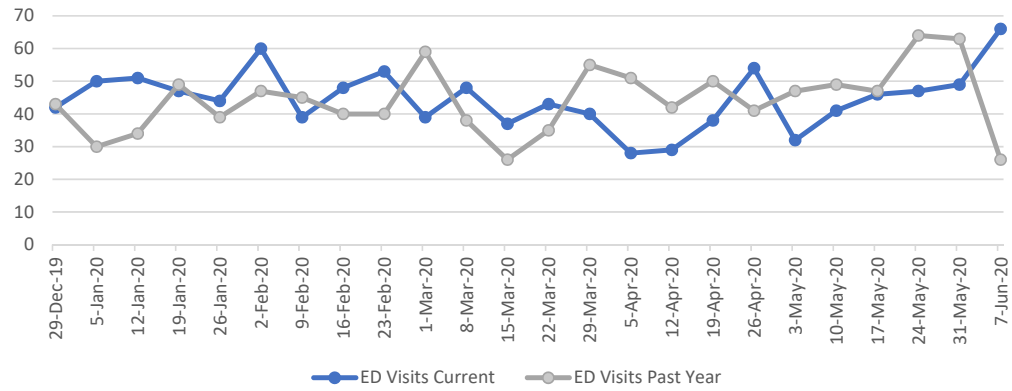
Note: Percent growth references the 1,201 agencies reporting to ODMAP by January 2019.

Source: ODMAP

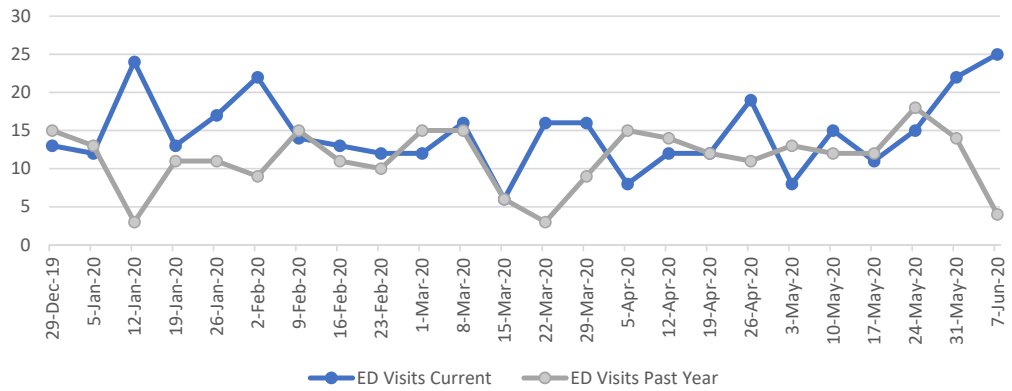
ALYSSA FOWERS/THE WASHINGTON POST



Weekly Alcohol and Drug Related Visits



Drug Overdose Visits





**KEEP  
CALM  
AND  
CARRY  
NALOXONE**



Urgency		
Emergent/urgent*	<ul style="list-style-type: none"> <li>• Cancer-associated pain syndromes</li> <li>• Poorly controlled pain requiring opioid initiation or escalation in dosing</li> <li>• Presence of new neurological symptoms</li> <li>• Serious co-morbid psychiatric conditions (i.e., suicidal ideation or severe depression related to pain)</li> <li>• Procedural complications</li> <li>• Evaluation for acute complex regional pain syndrome</li> <li>• Severe, intractable headaches or trigeminal neuralgia</li> <li>• Acute pain or pain exacerbation with high likelihood that the patient will seek emergency services or initiate opioids</li> </ul>	In-person evaluation, telemedicine evaluation if high risk for infection (patient- or location-specific)
Elective	<ul style="list-style-type: none"> <li>• Chronic lower back or neck pain</li> <li>• Chronic musculoskeletal pain</li> <li>• Arthritic disorders</li> <li>• Myofascial pain</li> <li>• Chronic headaches</li> <li>• Fibromyalgia</li> <li>• Chronic abdominal or pelvic pain</li> <li>• Chronic headaches</li> <li>• Connective tissue disorders</li> <li>• Medication refills</li> <li>• Second opinions</li> </ul>	Postpone or telemedicine evaluation

\*For cases deemed “urgent,” discuss risks and benefits with patients, participating health care personnel, and facility leadership. May proceed if resources support.

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Urgency

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Emergent/urgent*	<ul style="list-style-type: none"><li>• Cancer-associated pain syndromes</li><li>• Poorly controlled pain requiring opioid initiation or escalation in dosing</li><li>• Presence of new neurological symptoms</li><li>• Serious co-morbid psychiatric conditions (i.e., suicidal ideation or severe depression related to pain)</li><li>• Procedural complications</li><li>• Evaluation for acute complex regional pain syndrome</li><li>• Severe, intractable headaches or trigeminal neuralgia</li><li>• Acute pain or pain exacerbation with high likelihood that the patient will seek emergency services or initiate opioids</li></ul>	In-person evaluation, telemedicine evaluation if high risk for infection (patient- or location-specific)
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\*For cases deemed “urgent,” discuss risks and benefits with patients, participating health care personnel, and facility leadership. May proceed if resources support.



## Some (of the several) changes to MAT prescribing

- Able to dispense extended quantities of the addiction treatment medications methadone and buprenorphine to patients whom providers deem stable
- Certain medical assessments to be done by phone.
- Forgoing tools such as random urine drug sampling and in-person patient screening for opioid

# Options for OUD management



Medications



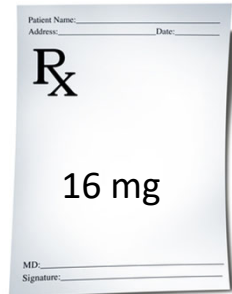
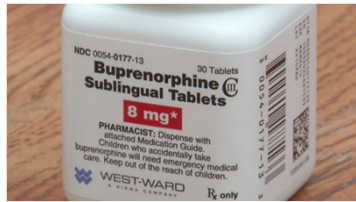
Home  
induction



72 hour rule



Warm Handoff



## Management and Disposition

**RUTGERS**

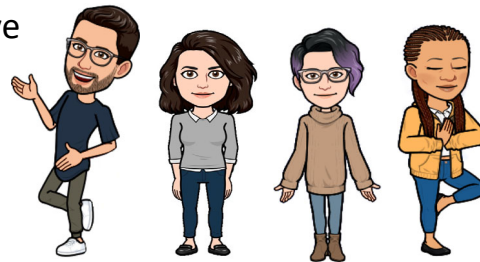
New Jersey Medical School

Department of Emergency Medicine

## CARE Navigators are here to help!

CARE Navigators connect patients with opioid use disorder to services, including medication-assisted treatment, counseling, and insurance.

**C**omprehensive  
**A**ddiction  
**R**esources &  
**E**ducation



**Call & Connect to a CARE Navigator**  
**973-494-6453**

Available from **Monday—Friday 9:30 am – 5:30 pm**

For after hours, Tiger Text Leonardo Torres. Please include the patient's name, MRN and the best way to contact the patient.  
We'll follow up after discharge!



Lewis.Nelson@Rutgers.edu  
@LNelsonMD

# KN**UCK** OUT OPIOID ABUSE

Brought to you by



Partnership for a  
Drug-Free New Jersey



COLLABORATING PARTNERS



**NJCARES**  
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

Upcoming Webinar:

**September 24, 2020**

11 am – 12 pm

Athletes and Opioids:  
The Impact and Risks