to achieve treatment objectives, if those objectives are not being met.

(g) 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, 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;

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.

(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.

(i) The requirements for prescribing controlled dangerous substances set forth in (d) through (h) 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.

(j) Nothing in (g) above shall be construed to limit a practitioner's professional judgment to authorize a subsequent prescription for an opioid drug in a quantity consistent with (g)4 above for the continued treatment of acute pain associated with the condition that necessitated the initial prescription.

Emergency New Rule, R.2017 d.052, effective March 1, 2017 (to expire April 30, 2017).
See: 49 N.J.R. 558(a).

13:37-7.10 Requirements for dispensing medications

(a) An advanced practice nurse may dispense a medication directly to a patient pursuant to a joint protocol. An advanced practice nurse who dispenses medications shall assure that follow-up care is provided and that the effects of the medication are properly evaluated and integrated into the treatment plan of the patient.

(b) An advanced practice nurse who dispenses medications in the office shall maintain those medications in accordance with pharmaceutical standards and manufacturer recommendations concerning storage conditions. An advanced practice nurse shall not maintain in inventory any medications, which are outdated, misbranded, deteriorated, adulterated, recalled, unlabeled, damaged, discontinued or which were previously dispensed to a patient.

(c) When an advanced practice nurse dispenses a medication to a patient, he or she shall record the dispensing in the patient's record.

(d) All medications dispensed, except for those dispensed as pharmaceutical samples shall be recorded in a permanent, contemporaneous dispensing log, which shall contain the following:

1. The full name of the patient;

2. The complete name of each medication dispensed;

3. The strength and quantity of the medication dispensed;

4. Instructions as to the frequency of use;

5. The date of dispensing; and

6. The identity of the dispensing advanced practice nurse, if more than one individual dispenses in the office.

(e) (Reserved)

(f) Every medication dispensed, except for pharmaceutical samples, shall bear a legible label, which includes:

1. The full name of the patient;

2. The complete name of the medication dispensed;

3. The strength and quantity of the medication dispensed;

4. Instructions as to the frequency of use;

5. Special precautions, if appropriate;

6. The date of dispensing;

7. The expiration date of the medication;

8. A list of the ingredients if the medication was compounded, not manufactured; and

9. The identity of the dispensing advanced practice nurse.

(g) (Reserved)

(h) An advanced practice nurse shall not charge a fee for a medication packaged and labeled by a manufacturer as a sample.

(i) An advanced practice nurse may charge a fee for dispensing any medication that is not packaged and labeled by a manufacturer as a sample. This fee shall not exceed the actual acquisition cost for the medication plus an administrative amount which shall not exceed 10 percent of the actual acquisition cost.

(j) Except as exempted by (k) below, an advanced practice nurse who dispenses a medication for a fee shall:

1. Not dispense the medication or a substantially equivalent medication in a quantity or in dosages greater than that which would allow the patient a seven-day supply;

2. Not dispense the medication or a substantially equivalent medication more than once every 30 days:

3. Assure that information is given to the patient regarding the availability of the medication outside of the advanced practice nurse's office; and

4. Disclose to the patient in advance of purchase and again on the bill the actual acquisition cost of the medication.

(k) An advanced practice nurse need not comply with (j) above if:

1. The office at which the dispensing occurs is situated 10 or more miles from the nearest licensed pharmacy;

2. The medication is dispensed pursuant to an oncological or AIDS protocol;

3. The medication dispensed is a salve, ointment or drops; or

4. The medication is dispensed in, and directly related to, the services rendered to the patient at:

i. A hospital emergency room;

ii. A student health center at an institution of higher education; or

iii. A publicly subsidized community health center, family planning clinic or prenatal clinic.

(*l*) The requirements set forth in (d) through (g) above shall not apply to the dispensing of nonprescription substances.

Repeal and New Rule, R.2008 d.160, effective June 16, 2008.
See: 39 N.J.R. 1991(b), 40 N.J.R. 3729(a).
Section was "Practice as registered professional nurse".

13:37-7.11 Practice as a registered professional nurse

Nothing in N.J.S.A. 45:11-45 et seq. or this subchapter shall be construed to limit, preclude or otherwise interfere with the practice of nursing as defined by N.J.S.A. 45:11-23 by a person licensed as a registered professional nurse in this State, provided that the licensee does not represent himself or herself as an advanced practice nurse.

Amended by R.1996 d.304, effective July 1, 1996.
See: 27 N.J.R. 2091(a), 28 N.J.R. 3303(a).
In (a) added Critical care, Emergency/Burns/Trauma, Medical-Surgical and Rehabilitation.
Recodified from N.J.A.C. 13:37-7.10 and amended by R.2008 d.160, effective June 16, 2008.
See: 39 N.J.R. 1991(b), 40 N.J.R. 3729(a).
Former N.J.A.C. 13:37-7.11, Categories of advanced practice, repealed.

13:37-7.12 (Reserved)

Repealed by R.1995 d.88, effective February 21, 1995.
See: 26 N.J.R. 4731(a), 27 N.J.R. 728(a).
Section was "Reporting".

SUBCHAPTER 8. NURSING PRACTICE

13:37-8.1 Standards for joint protocols between advanced practice nurses and collaborating physicians

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise.

"Collaboration" means the ongoing process by which an advanced practice nurse and a physician engage in practice, consistent with agreed upon parameters of their respective practices.

"Device" means an article, other than medication, for use in the diagnosis, cure, mitigation, treatment or prevention of disease, injury, pain or deformity or physical or emotional condition or health problem in humans or intended to affect the structure or function of the human body.

"Joint protocol" means an agreement or contract between an advanced practice nurse and a collaborating physician which conforms to the standards established by the Director of the Division of Consumer Affairs pursuant to this rule.

"Medication" means any substance for which a prescription is required which is intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease, injury, pain or deformity or physical or emotional condition or health problem in humans or intended to affect the structure or function of the human body.