1. Shall 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;

2. Shall remain alert to problems associated with physical and psychological dependence; and

3. Shall periodically make reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled substance, decrease the dosage, try other drugs such as nonsteroidal anti-inflammatories, or treatment modalities in an effort to reduce the potential for abuse or the development of physical or psychological dependence.

(e) If treatment objectives are not being met, the practitioner:

1. Shall assess the appropriateness of continued treatment with controlled substances or undertake a trial of other drugs or treatment modalities; and

2. Shall consider referring the patient for independent evaluation or treatment in order to achieve treatment objectives.

(f) A practitioner shall remain alert to the possibility that controlled substances may be misused or diverted. A practitioner managing pain in a patient with a history of substance abuse shall exercise extra care by way of monitoring, documentation and possible consultation with addiction medicine specialists, and should consider the use of an agreement between the practitioner and the patient concerning controlled substance use and consequences for misuse.

(g) The practitioner shall keep accurate and complete records including that information required by (a) above as well as:

1. The medical history and physical examination of the patient;

2. Other evaluations and consultations;

3. Treatment plan objectives;

4. Evidence of informed consent;

5. Treatments and drugs prescribed or provided, as in (a) above;

6. Any agreements with the patient; and

7. Periodic reviews conducted.

Amended by R.2003 d.263, effective July 7, 2003.
See: 34 N.J.R. 3441(a), 35 N.J.R. 2935(a).
Rewrote (c).

13:35–7.7 Prohibitions on prescribing, administering or dispensing of controlled substances for detoxification; limited exceptions

(a) A practitioner shall not issue a prescription for a narcotic drug or for a depressant drug listed in any schedule which drug is intended for the purpose of "detoxification" or "maintenance treatment."

(b) Unless registered with the New Jersey Department of Health and Senior Services to conduct a narcotic treatment program pursuant to N.J.S.A. 24:21–10 and N.J.A.C. 8:65–11.2, a practitioner shall not dispense or administer a narcotic drug or a depressant drug listed in any schedule which drug is intended for the purpose of "detoxification" or "maintenance treatment," except:

1. To relieve acute withdrawal symptoms, provided that:

i. Such treatment shall not exceed 72 hours;

ii. No more than one day's supply of the drug is provided to the patient at a time; and

iii. Arrangements are made for referring the patient to an addiction specialist or a drug treatment program for treatment; or

2. As an adjunct to other medical or surgical treatment for conditions other than addiction in a licensed health care facility.

Amended by R.2000 d.400, effective October 2, 2000.
See: 31 N.J.R. 2454(a), 32 N.J.R. 3576(a).
In (a), and (b), inserted references to depressant drugs.

13:35–7.8 Prohibitions and limitations in the prescribing, administering or dispensing of amphetamines and sympathomimetic amines

(a) A practitioner shall not prescribe, order, dispense, administer, sell or transfer any amphetamine or sympathomimetic amine designated as a Schedule II controlled substance for use in weight management, dieting or any other anorectic purpose, or for the treatment of fatigue.

(b) A practitioner may prescribe, dispense or administer amphetamine or sympathomimetic amine drugs or compounds designated as Schedule II controlled substances, only as follows:

1. For the treatment of the following conditions:

i. Narcolepsy established by recognized diagnostic criteria;

ii. Idiopathic Central Nervous System Hypersomnia established by recognized diagnostic criteria;

iii. Attention Deficit Disorder established by recognized diagnostic criteria;

iv. Drug-induced brain dysfunction;

v. Epilepsy;

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vi. Depression shown to be refractory to other therapeutic modalities; and

vii. Senile apathetic behavior;

2. For immediate use in a hospital for acute conditions such as depression associated with illness or surgery;

3. For the differential diagnostic psychiatric evaluation of depression; or

4. For the clinical investigation of the effects of such drugs or compounds in which case, in addition to other requirements of applicable law, prior application therefor shall have been made to the Board and approval granted before any such investigation is begun.

(c) A practitioner who prescribes, dispenses or administers amphetamines or sympathomimetic amines shall prepare and maintain patient medical records which accurately reflect the utilization of any drug subject to this section, the specific diagnosis, the information upon which the diagnosis is based, including testing and consultations, and the treatment objectives for which the drug is being prescribed.

(d) The following list, although not exhaustive or exclusive, includes many of the generic and brand-name Schedule II drugs which are subject to this section:

Adderall
Amphetamine
Desoxyn
Dexedrine
Dextroamphetamine
Methamphetamine
Methylphenidate
Ritalin

13:35-7.9 Prohibitions and special limitations on prescribing, administering or dispensing anabolic steroids

(a) Unless an accepted medical necessity exists, a practitioner shall not prescribe, order, dispense, administer, sell or transfer any anabolic steroid or human growth hormone, for the purpose of hormonal manipulation intended to increase muscle mass, strength or weight. Body building, muscle enhancement, or increasing muscle bulk or strength through the use of anabolic steroid or human growth hormone by a person in good health for the intended purpose of improving performance in any form of exercise, sport or game is not a valid medical purpose.

(b) A practitioner shall prepare and maintain patient medical records which accurately reflect the utilization of any substance or drug subject to this section, which records must indicate the diagnosis, the information upon which the diagnosis is based, and the purpose for which the substance or drug has been prescribed.

(c) The following list, although not exhaustive or exclusive, includes many of the generic and brand-name anabolic steroids and human growth hormones subject to this section:

Bolenone
Chlorotestosterone
(4-chlortestosterone)
Chorionic gonadotropin
Closebol
Dehydrochlormethyltestosterone
Dihydrotestosterone
(4-dihydrotesterone)
Ethylestrenol
Fluoxymesterone
Mesterolone
Methandienone
Methandriol
Methandrostenolone
Methenolone
Methyltestosterone
Mibolerone
Nandrolone
Norethandrolone
Oxandrolone
Oxymesterone
Oxymetholone
Somatrem
Somatropin
Stanolone
Stanozolol
Testolactone
Testosterone
Trebolone

13:35-7.10 Enforcement

(a) A violation of N.J.A.C. 13:35-7.1 through 7.9 may be deemed to constitute one or more of the following:

1. Distribution or dispensing of a controlled substance in an indiscriminate manner, or not in good faith, or without good cause, as prohibited by N.J.S.A. 45:1-13;

2. Gross or repeated malpractice, neglect, or incompetence in the practice of medicine, as prohibited by N.J.S.A. 45:1-21(c) and (d);

3. Professional misconduct, as prohibited by N.J.S.A. 45:1-21(e);

4. A failure to comply with the provisions of an Act or regulation administered by the Board, as prohibited by N.J.S.A. 45:1-21(h); and

5. Unprofessional conduct which would present an imminent danger to an individual patient or to the public health, safety or welfare, within the meaning of N.J.S.A. 45:9-19.5.