

Everything you need to know about New Jersey Prescription Blanks

DEADLINE EXTENDED: November 2, 2014

The Division of Consumer Affairs granted a final extension through November 2, 2014 for prescribers to use the old prescription blanks. Both old and new prescription blanks may be used through November 2, 2014.

Effective November 3, 2014, prescriptions must be issued only on the new prescription blanks.

If you have not already placed your orders for new prescription blanks, do so immediately.

All prescribers or healthcare facilities using New Jersey Prescription Blanks (NJPBs) **must notify the Division of Consumer Affairs' Drug Control Unit of the destruction of NJPBs** by submitting the [Certification of Destruction form](#).

Here are some things you should know before completing this form:

This form is **MANDATED** by the state.

A **separate certification form** must be completed for each unique batch number.

Under "II. Reason for Destruction," **Unused blanks** should be checked.

The 15 Digit ID number corresponds with the new NJPBs only. *This does not apply to the old, blue NJPBs and therefore **the 15 Digit ID does not need to be included on the Certification of Destruction form.***

The person destroying the blanks **cannot** be the same person who witnesses the destruction.

A **photocopy of the first and last serial numbers** for the NJPBs in each batch must be submitted with the certification form.

Using a Third-Party Vendor to Destroy Your Old Blanks?

If you are using a third-party vendor (i.e. shredding company) to destroy the old NJPBs, the service must comply with HIPAA regulations.

The third-party vendor must complete the section on the top, right hand corner of the form, titled "**Person Destroying NJPBs.**" The third-party vendor should include the company name under "Affiliation," even though the form says "Name of prescriber or healthcare facility." (*This has been confirmed by the New Jersey Drug Control Unit.*)

A sample form for third-party vendors can be found [here](#).

The prescriber should obtain a copy of the receipt for the pick-up and/or destruction of the NJPBs from the third-party vendor. **A photocopy of this receipt must accompany the completed form.**

Submitting the Form

Upon destruction, the completed form, photocopies of each batch of NJPBs, and a photocopy of the third-party vendor receipt (if applicable), must be e-mailed or mailed to the Drug Control Unit:

New Jersey Office of the Attorney General
Division of Consumer Affairs
Drug Control Unit- NJPB
124 Halsey Street, 6th floor PO Box 45045
Newark, New Jersey 07101
NJPB@dca.lps.state.nj.us
(973) 504-6200

Physicians should retain a copy of their submission for their records.

As of November 3, 2014, all old, unused prescription blanks must be destroyed.

Only NEW NJPBs can be used as of November 3, 2014

Sample Form for Third-Party Vendors



CERTIFICATION OF THE DESTRUCTION of New Jersey Prescription Blanks (NJPBs)



Date: _____

Send to: New Jersey Office of the Attorney General Division of Consumer Affairs Drug Control Unit - NJPB 124 Halsey Street, 6th floor, P.O. Box 45045 Newark, New Jersey 07101 Telephone: 973-504-6200 Fax: 973-504-6326 E-mail: NJPB@dca.lps.state.nj.us	Person destroying NJPBs: Name: _____ Title: _____ Affiliation: _____ <small>(Name of prescriber or healthcare facility)</small> Street address: _____ City: _____ State: _____ ZIP code: _____ Telephone #: _____ Fax #: _____ <small>(include area code) (include area code)</small> E-mail address: _____
---	--

Third-party vendors used to destroy NJPBs should complete this entire section. "Affiliation" should include the third-party vendor company name (NOT the name of the prescriber or health care facility).

Consistent with the security objectives of the Uniform Prescription Act, all prescribers or healthcare facilities using New Jersey Prescription Blanks (NJPBs) must notify the Division of Consumer Affairs' Drug Control Unit of the destruction of NJPBs. The person who shall witness the destruction of the prescriber/healthcare facility NJPBs, shall complete this form. **Note:** The person destroying the NJPBs cannot be the same person who witnesses the destruction.

A separate certification form must be used for each unique batch number or unique order month (15 digit ID). A photocopy of the first and last serial numbers for the NJPBs in the batch must be submitted with this certification. Acceptable means of destruction include shredding, burning, pulping, or pulverizing the NJPBs so that every NJPB is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed. Upon destruction, this completed and signed form along with the NJPB copies, must be e-mailed or mailed to the Drug Control Unit at the above address. If mailing in the certification form and documents, please retain a copy of your submission for your records.

I. Description of the NJPB Destroyed

Name of prescriber(s) or healthcare facility appearing on the NJPB: _____

Professional license number(s) or healthcare facility provider number appearing on the NJPB: _____

Street address: _____

City, State, ZIP code: _____

Telephone #: _____ (include area code) Fax #: _____ (include area code)

DEA #: _____ Batch #: _____ Serial #: Start _____ End: _____

Quantity destroyed: _____ Date of destruction: _____ 15 Digit ID #: Start _____ End: _____

The 15 Digit ID # only applies to the new, green NJPBs. When destroying old, blue NJPBs, this number does not apply. Leave this portion blank.

II. Reason for Destruction

Check applicable incident and complete section III. Method of Destruction of this form.

Unused blanks Board Order Damaged/Spoiled Other (Please attach a detailed description to this form.)

Check "Unused blanks"

III. Method of Destruction

Pulp Shred Incinerate Pulverize

IV. Comments

If you have additional comments, please attach a detailed explanation to this form.

Attach a copy of the receipt for the pick-up and/or destruction of the NJPBs from the third-party vendor.

Witness Certification

I, _____ (print name), being of full age, certify and say under penalty of false statement, that I am the person described and identified in this certification; that the information given in this certification and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, I and/or the licensee may face legal sanctions. I understand that in signing this certification of destruction, I am consenting to any reasonable inquiry that may be necessary to verify the information that I have provided on this form or may provide in conjunction with this certification.

The witness from the practice or healthcare facility should complete this section. This does not need to be completed by the prescriber.

Name of witness (print) Title of witness (print) Signature of witness to destruction of NJPBs

Street address: _____

City, State, ZIP code: _____

NJPB Form II-A
Revised 4/14