Safe Prescribing Practices: Using NCCSRS & Naloxone

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Disclosures

NONE

- No potential conflicts of interest to report.
- No commercial interest in any pharmaceutical company.
- No other relevant financial relationships with any commercial interests.
Opioid Epidemic

- In 2012, healthcare providers wrote **259 million prescriptions** for opioids.

- From 1999-2014 **>165,000 people died** from prescription opioid overdoses.

- US makes up 4.6% of world population, but consumes 80% opioids and 99% Hydrocodone
EFFECTIVELY AND RESPONSIBLY MANAGE CHRONIC PAIN

GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

www.cdc.gov

CDC Guidelines – March 18, 2016

New CDC Opioid Prescribing Guidelines:
Improving the Way Opioids are Prescribed for Safer Chronic Pain Treatment

The problem:
Existing guidelines vary in recommendations, and primary care providers say they receive insufficient training in prescribing opioid pain relievers. It is important that patients receive comprehensive pain treatment, and that the benefits and risks of treatment options are carefully considered.

259 million

In 2012, health care providers wrote 259 million prescriptions for opioid pain relievers. Prescription opioid use in the United States has increased by 300% since 1999, but there has not
North Carolina Medical Board

- **06/2014:** Position Statement - Policy for the use of opiates for the treatment of pain

- **04/20/2016:** New NCMB program addresses opioid crisis
  - Safe Opioid Prescribing Initiative (SOPI)

- **01/23/2017:** Board adopted CDC opioid guidelines
  - This document replaces the Board’s previous opioid position statement
POLICY FOR THE USE OF OPIOIDS
FOR THE TREATMENT OF PAIN

The Board believes that a fundamental component of good medical practice includes the appropriate evaluation and management of pain. Responsibly prescribed opioid medications may help North Carolina licensees treat their patients’ pain safely and effectively, and improve their quality of life. It is the duty of any licensee prescribing opioid medications to be knowledgeable of both the therapeutic benefits, risks, and potential harm associated with opioid treatment. The Board expects any licensee prescribing opioids for the treatment of pain to provide diagnoses, treatments, and medical record documentation that are consistent with the standard of care in North Carolina. The Board notes that a failure to provide opioid treatment consistent with the standard of care in North Carolina may subject a licensee to disciplinary action by the Board.

The Board has previously attempted to provide guidance regarding opioid treatment of pain to its licensees through guidance documents generated and maintained by the Board. However, in order to provide its licensees with guidance that reflects the most current medical and scientific research and recommended practices, the Board has decided to adopt and endorse the CDC Guideline for Prescribing Opioids for Chronic Pain written and maintained by the Center for Disease Control and Prevention (“CDC”). While these guidelines do not constitute regulations or necessarily state the standard of care in North Carolina in every context, the Board’s believes that these guidelines can provide useful information to licensees related to the appropriate considerations to be made prior to and during treatment plans involving opioids.

The CDC Guideline for Prescribing Opioids for Chronic Pain can be found at the following link: https://www.cdc.gov/mmwr/volumes/65/mm6501e1.htm. In addition to its Guideline, the CDC has also provided a number of useful clinician resources related to opioid treatment of pain covering topics such as Nonopioid Treatments, Assessing Benefits and Harms, Calculating Dosage, and Tapering. These documents can be found at the following link: https://www.cdc.gov/drugoverdose/prescribing/resources.html

It is the Board’s hope that familiarity with the concepts included in the documents above will help licensees provide safe and effective care for their North Carolina patients.

Adopted July 2005; Amended May 2013; Amended January 2017
CDC Guidelines: Scope

Who?

You Talking To Me?

- Primary Care Providers
  - Family Medicine, Internal Medicine
  - Physicians, NP, PA
- Treating chronic pain (duration > 3 months)
- Outpatient Setting
2016 - CDC Guidelines

12 Recommendations, grouped into three conceptual areas:

- Determine when to initiate or continue opioids for chronic pain (#1-3)
- Opioid selection, dosing, duration, follow-up, and discontinuation (#4-7)
- Assessing risk and addressing harms of opioid use (#8-12)
  - 8. Naloxone
  - 9. Prescription Drug Monitoring Program (PDMP)
9. Clinicians should review the patient’s history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.
Prescription Drug Monitoring Program (PDMP)

- Review **before starting opioid therapy**

- Most fatal overdoses:
  - Opioids from multiple prescribers
  - High total daily dose of opioids

- Multiple Prescribers

- Medication History
Prescription Drug Monitoring Program (PDMP)

- Data for other controlled substances: dangerous combinations
- Periodically ranging from every prescription to every 3 months
  - Risk Stratification: Low/Moderate/High (ORT, SOAPP-R)
  - Ongoing monitoring (COMM)
- Aberrant Behavior
- Compliance
Prescription Drug Monitoring Program (PDMP)

- Discuss information from PDMP with the patient
- Discuss safety concerns & consider offering Naloxone
- Communicate with other physicians managing the patient
- Don’t dismiss patients on the basis of PDMP
This program is **NOT** administered by the Medical Board. It is a state-run resource that the NCMB considers to be an important tool. Licensees are encouraged to register for access and use the system.

- [https://nccsrsp.hidinc.com](https://nccsrsp.hidinc.com)
Practitioner’s Training Guide

North Carolina Department of Health and Human Services
Controlled Substance Reporting System

August 2016
NC CSRS

- Accounts
  - Master Account
  - Delegate Accounts
NC CSRS

- Delegate Accounts
NC CSRS – Practical Aspects

- Delegate Accounts
Recipients Query

Search History Query

Prescriber DEA Query

* Last Name:

* First Name:

Search Method: Fastest: Last name equals, first name begins

* Date of Birth:

Within: Exact Match

County: Statewide

ZIP Code:

* Dispensed Start Date:

* Dispensed End Date:

Preset Timeframe Ranges: Custom Timeframe

* Required Field

All required fields must be filled in. However, for the best search results, fill in as many fields as possible.
**NC CSRS – Types of Queries**

**Recipient Query:** regarding recipient usage of controlled substances

**Search History Query:** history of all queries performed by practitioners using their user ID, as well as all their delegates

**Prescriber DEA Query:** history of all dispensed prescriptions attributed to practitioners DEA number
**MED Summary**

This section displays cumulative MED values by unique recipient. The "MED Max" value is the maximum occurrence of cumulative MED sustained for any 3 consecutive days. This value is calculated based on prescriptions dispensed during the date range requested.

<table>
<thead>
<tr>
<th>MED Max</th>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Statesville, NC 28677</td>
</tr>
<tr>
<td>0</td>
<td>Statesville, NC 28625</td>
</tr>
</tbody>
</table>

**Note:**

- Payment Method
- MED Summary
<table>
<thead>
<tr>
<th>Date Dispensed</th>
<th>Drug Name</th>
<th>Qty. Dispensed</th>
<th>Refill #</th>
<th>RX #</th>
<th>Prescriber</th>
<th>Dispenser</th>
<th>Recipient</th>
<th>MED</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/16/2017</td>
<td>OXYCODON: ACETAMINOPHEN</td>
<td>90</td>
<td>0</td>
<td></td>
<td>STATESVILLE, NC</td>
<td>FOSTER DRUG COMPANY</td>
<td>MICKSVILLE, NC</td>
<td>64</td>
</tr>
<tr>
<td>02/10/2017</td>
<td>OXYCODON: ACETAMINOPHEN</td>
<td>30</td>
<td>0</td>
<td></td>
<td>ENFIELD, NC</td>
<td>NORTH CAROLINA CVS PHARMACY</td>
<td>STATESVILLE, NC</td>
<td>63</td>
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<tr>
<td>01/18/2017</td>
<td>MORPHINE SULF ER 30 MG TABLET</td>
<td>30</td>
<td>0</td>
<td></td>
<td>STATESVILLE, NC</td>
<td>ECKERD CORPORATION</td>
<td>STATESVILLE, NC</td>
<td>64</td>
</tr>
<tr>
<td>02/16/2017</td>
<td>LIVIRI 150 MG CAPSULE</td>
<td>60</td>
<td>0</td>
<td></td>
<td>STATESVILLE, NC</td>
<td>ECKERD CORPORATION</td>
<td>STATESVILLE, NC</td>
<td>64</td>
</tr>
<tr>
<td>02/16/2017</td>
<td>NUCYNTA 100 MG TABLET</td>
<td>60</td>
<td>0</td>
<td></td>
<td>STATESVILLE, NC</td>
<td>NORTH CAROLINA CVS PHARMACY</td>
<td>HUNTERSVILLE, NC</td>
<td>64</td>
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<tr>
<td>02/16/2017</td>
<td>TRAMADOL HCL 50 MG TABLET</td>
<td>60</td>
<td>1</td>
<td></td>
<td>Statesville, NC</td>
<td>THRIFT DRUG INC</td>
<td>Mocksville, NC</td>
<td>64</td>
</tr>
<tr>
<td>09/13/2016</td>
<td>NUCYNTA 100 MG TABLET</td>
<td>30</td>
<td>1</td>
<td></td>
<td>Statesville, NC</td>
<td>Statesville, NC</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUCYNTA 100 MG TABLET</td>
<td></td>
<td></td>
<td></td>
<td>Statesville, NC</td>
<td>Statesville, NC</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>

**MED Summary**

This section displays cumulative MED values by unique recipient. The "MED Max" value is the maximum occurrence of cumulative MED sustained for any 3 consecutive days. This value is calculated based on prescriptions dispensed during the date range requested.

<table>
<thead>
<tr>
<th>MED Max</th>
<th>Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>33.75</td>
<td>Statesville, NC 28625</td>
</tr>
<tr>
<td>33.75</td>
<td>Mocksville, NC 27020</td>
</tr>
<tr>
<td>19</td>
<td>Kannapolis, NC 28983</td>
</tr>
<tr>
<td>60</td>
<td>Statesville, NC 28677</td>
</tr>
<tr>
<td>15</td>
<td>Story Point, NC 28678</td>
</tr>
</tbody>
</table>
NC CSRS – Implementation in Practice

- Delegates
- Query 1 day in advance or the same day
- Website link incorporated into EMR
- Report – Print & Scan
- Patient phone calls (e.g. lost prescriptions)
- UDT (helps in interpreting results - Consistent/Inconsistent)
8. Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering Naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.
Naloxone

- It is a pure opioid antagonist that can reverse severe respiratory depression.

- Available for intravenous, intramuscular, intranasal and subcutaneous administration.

- Onset of action is generally apparent within two minutes (IV). (slightly less rapid when it is administered subcutaneously or IM)

- The requirement for repeat doses will be dependent upon the amount, type and route of administration of the opioid being antagonized.
Naloxone

Evaluate risk factors for opioid-related harms:

- COPD or other respiratory conditions
- Renal or Hepatic Insufficiency
- Age ≥ 65
- Mental Health Conditions (PHQ-9 & GAD-7)
- Substance Use Disorder (DAST-10 & AUDIT-C)
Naloxone

Consider offering Naloxone when factors that increase risk for opioid overdose are present:

- History of overdose
- History of substance use disorder
- Concurrent benzodiazepine use
- Higher opioid dosages (≥50 MME/day)
# Morphine Milligram Equivalents (MME) & Conversion Factor

## Calculating morphine milligram equivalents (MME)

<table>
<thead>
<tr>
<th>OPIOID (doses in mg/day except where noted)</th>
<th>CONVERSION FACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codeine</td>
<td>0.15</td>
</tr>
<tr>
<td>Fentanyl transdermal (in mcg/hr)</td>
<td>2.4</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>1</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>4</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
</tr>
<tr>
<td>1-20 mg/day</td>
<td>4</td>
</tr>
<tr>
<td>21-40 mg/day</td>
<td>8</td>
</tr>
<tr>
<td>41-60 mg/day</td>
<td>10</td>
</tr>
<tr>
<td>≥ 61-80 mg/day</td>
<td>12</td>
</tr>
<tr>
<td>Morphine</td>
<td>1</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>1.5</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>3</td>
</tr>
</tbody>
</table>

*These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.*
### So what does it translate for my patients?

<table>
<thead>
<tr>
<th>Drug</th>
<th>Examples trade names</th>
<th>Max Daily Doses (Morphine &lt;50mg)</th>
<th>Max Daily Doses: (Morphine &gt;90mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>Vicodin®, Lortab®, Lorcan-HD®, Hycodan®, Vicoprofen®</td>
<td>50mg</td>
<td>90mg</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Tylox®, Percodan®, OxyContin®</td>
<td>33mg</td>
<td>60mg</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Ultram®, Ultracet®</td>
<td>250mg</td>
<td>450mg</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Actiq®, FentoraTM, Duragesic®</td>
<td>21mcg/hr tts</td>
<td>42mcg/hr tts</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>Dilauidid®</td>
<td>12.5mg</td>
<td>22.5 mg</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>Opana®, Opana ER®</td>
<td>16.7 mg</td>
<td>30mg</td>
</tr>
<tr>
<td>Methadone</td>
<td>Dolophin, Methadose</td>
<td>5mg</td>
<td>7.5mg</td>
</tr>
<tr>
<td>Codeine</td>
<td>Tylenol #3®, Tylenol#4®, , Fiorecet®</td>
<td>333mg</td>
<td>600mg</td>
</tr>
</tbody>
</table>
Patient Education

- Overdose Prevention
- Signs of Opioid Overdose
- Naloxone Use
Patient Education – Overdose Prevention

- Only take prescription opioids prescribed to you
- Don’t take more than instructed
- Make sure prescribers know of all medications you are taking
- Don’t mix opioids with alcohol, illegal drugs or other sedatives
Patient Education – Overdose Prevention

- Abstinence lowers tolerance
- Store all medications in a safe & secure place (keep family/household safe)
- Lock Box
- Dispose of unused medications
Patient Education – Signs of Opioid Overdose

- Slow or shallow breathing
- Blue or gray lips & fingernails
- Person won’t wake up or respond even if you shake them
- Gasping for air when sleeping or weird snoring
Patient Education – Naloxone Use

- How to respond to overdose
- Learn how to use Naloxone
  - No harm if used & not really needed
- Expiration & Storage
  - Approx. 12 months
  - Dark & dry place at room temperature
- Compliance:
  - Verify if patient has filled the prescription, Cost?

Educate Family + Friends
Are they breathing?
Signs of an overdose:
• Slow or shallow breathing
• Gasping for air when sleeping or without moving
• Pale or bluish skin
• Slow heartbeat, low blood pressure
• Won’t wake up or respond (teeth chattering or shivering)

Call 911 for help
If you have to say...
• “Someone is unresponsive and not breathing.”
• Give your address and location.

Airway
Make sure nothing is inside the person’s mouth.

Rescue breathing
Oxygen saves lives. Breathe for them.
• One hand on chin, lift head back, pinch nose closed.
• Make a seal over mouth & breathe in
• 1 breath every 5 seconds
• Chest should rise not stomach

Evaluate
Are they one bottle? Can you get naloxone
and prepare it quickly enough that they won’t
go for too long without your breathing assistance?

Prepare naloxone
• Remove cap from naloxone and uncover needle
• Insert needle through rubber plug, with bottle upside down
• Pull back on plunger and take up 1 cc into syringe
• Don’t worry about air bubbles (they aren’t dangerous in muscle injections)

Muscular injection
Inject 1 cc of naloxone into a big muscle (shoulder or thigh).

Evaluate + support
• Continue rescue breathing
• Give another shot of naloxone in 3 minutes if no or minimal breathing
• Naloxone wears off in 30-90 minutes
• Comfort them; withdrawal can be unpleasant
• Get them medical care and help them not use more opiates right away
• Encourage survivors to seek treatment if they feel they have a problem

How to Avoid Overdose
• Only take medicine prescribed to you
• Don’t take more than instructed
• Call a doctor if your pain gets worse
• Never mix pain meds with alcohol
• Avoid sleeping pills when taking pain meds
• Dispose of unused medications
• Store your medicine in a secure place
• Learn how to use naloxone
• Teach your family and friends how to respond to an overdose

For More Info
PrescribeToPrevent.com

Poison Center
1-800-222-1222
(free & anonymous)
Naloxone – Formulations & Rx

- Evzio
- Narcan
- Naloxone Cartridge
- Naloxone Injection Solution
Naloxone – Evzio

- **Evzio**
  - Intramuscular or Subcutaneous voice & visual guidance
  - 0.4 mg per dose (2 included)
  - Repeat after 2-3 minutes if needed
  - Ease of use: comes with trainer

**Rx:**
Evzio, use prn for suspected opioid overdose
Qty1 x 0.4 ml package (2 packages)

**Coverage/Cost:** Expensive (?)
Cash price: $2000-4000
Naloxone – Narcan

- Narcan
  - Nasal Spray
  - 4 MG/0.1 ML Nasal Liquid (2 boxes)
  - Repeat after 2-3 minutes if needed
  - Ease of use: spray, needleless

Rx:
Narcan 4 MG/0.1ML Nasal Liquid; 1 spray in 1 nostril for suspected opioid overdose; may repeat q2-3 minutes until responsive or EMS arrives
Qty1 x 1 Liquid Box (2 Boxes)

Coverage/Cost: Moderate cost, most likely preferred
Cash price: $130-150
Naloxone – Naloxone Cartridge

- Naloxone Cartridge
  - Intramuscular
  - 0.4 MG/ML Injection Solution 1ml Cartridge (10 Cartridges)
  - Repeat after 2-3 minutes if needed
  - Ease of use: Prefilled Syringes

Rx:
Naloxone HCl - 0.4 MG/ML Injection Solution Cartridge; Administer 0.4 mg IM at time of suspected opioid overdose; may repeat q2-3 minutes until responsive or EMS arrives
Qty1 x 1 ml cartridge (10 cartridges)

Coverage/Cost: Moderate Cost
Cash price: $150-200 (10 cartridges)
Naloxone – Naloxone Injection Solution

- Naloxone Injection Solution
  - Intramuscular
  - 0.4 MG/ML Injection Solution 1ml vials (10 vials)
  - Repeat after 2-3 minutes if needed
  - Ease of use: ?patient has to draw

Rx:
Naloxone HCl - 0.4 MG/ML Injection Solution; Administer 0.4 mg IM at time of suspected opioid overdose; may repeat q2-3 minutes until responsive or EMS arrives
Qty1 x 1 ml vial (10 vials)
  - Can break the box
Pharmacy Instructions: 2 syringes + needles

Coverage/Cost: Cheaper
Cash price: $150-200 (10 vials)
“The Board is concerned about the rise in overdose deaths over the past decade in the State of North Carolina as a result of both prescription and non-prescription drugs. The Board is encouraged by programs that are attempting to reduce the number of drug overdoses by making available or prescribing an opioid antagonist such as naloxone to someone in a position to assist a person at risk of an opiate-related overdose.

The prevention of drug overdoses is consistent with the Board’s statutory mission to protect the people of North Carolina. The Board therefore encourages its licensees to cooperate with programs in their efforts to make opioid antagonists available to persons at risk of suffering an opiate-related overdose.”

“The Board expects physicians who prescribe opiates to help insure that naloxone is readily available to patients who are identified as being at risk of an opiate overdose.”

North Carolina Medical Board
New law expands access to overdose “rescue” drug

The opioid overdose-reversal medication naloxone is now available without a prescription at pharmacies statewide thanks to a new state law signed recently by Gov. Pat McCrory.

The move is North Carolina’s latest step to address the rising incidence of opioid overdose deaths in the state. Approximately 1,000 people die from opioid overdose in NC each year.

Session Law 2016-17 authorizes North Carolina pharmacies to begin providing the drug naloxone, also known as Narcan, to opioid users and/or family members of opioid users without a prescription. Previously, the medication could be dispensed only with a prescription or with a standing order issued by a physician. The new law allows NC’s State Health Director, Randall Williams, M.D., to issue a statewide standing order that applies generally to all patients and pharmacies. North Carolina is the third state in the country to issue a statewide standing prescription order for naloxone.

Notice:
- February, 2017
- January, 2017
- December, 2016
- October, 2016
- August, 2016
- July, 2016
- June, 2016
- May, 2016
- April, 2016
- March, 2016
- December, 2015
- October, 2015

Back to current
North Carolina State Health Director's Standing Order for Naloxone

This standing order signed by the North Carolina State Health Director authorizes any pharmacist practicing in the state of North Carolina and licensed by the North Carolina Board of Pharmacy to dispense the following Naloxone products to persons as directed below.

### Naloxone HCl Dispensing Protocol

**Eligible Candidates**
- Persons who voluntarily request Naloxone and are at risk of experiencing an opioid-related overdose, including, but not limited to:
  - Current illicit or non-medical opioid users or persons with a history of such use
  - Persons with a history of opioid intoxication or overdose and/or recipients of emergency medical care for acute opioid poisoning
  - Persons with a high-dose opioid prescription (>50 morphine mg equivalents per day)
  - Persons with an opioid prescription and known or suspected concurrent alcohol use
  - Persons from opioid detoxification and mandatory abstinence programs
  - Persons entering methadone maintenance treatment programs (for addiction or pain)
  - Persons with opioid prescription and smoking/COPD or other respiratory illness or obstruction
  - Persons with an opioid prescription who also suffer from renal dysfunction, hepatic disease, cardiac disease, HIV/AIDS
  - Persons who may have difficulty accessing emergency medical services
  - Persons enrolled in prescription lock in programs
  - Persons who voluntarily request Naloxone and are the family member or friend of a person at risk of experiencing an opioid-related overdose.
  - Persons who voluntarily request Naloxone and are in the position to assist a person at risk of experiencing an opioid-related overdose.

<table>
<thead>
<tr>
<th>Route(s) of Administration</th>
<th>Intranasal (IN)</th>
<th>Intramuscular (IM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred method</td>
<td>Nasal Spray</td>
<td>Inject into shoulder or thigh</td>
</tr>
</tbody>
</table>

### Medication and Required Device for Administration

- **Naloxone HCl 1 mg/mL IN**
  - 2 x 2 mL as pre-filled Luer-Lock syringes
  - Dispense 2 (two) doses
  - 2 (two) x Intranasal Microlon Atomizing Devices (MAD 300)
  - Available from Telephone (866-246-2900)
  - or Safety Works, Inc. (800-723-3992)

- **Narcan® 4 mg/mL IN**
  - 2 x 1 mL single dose vials (SDV)
  - Dispense 2 (two) SDV
  - 2 (two) x Intramuscular (IM) syringes
  - 3 mL, 26 G, 1 inch

### Directions for Use

- Spray 1 mL in each nostril. Repeat after 3 minutes if no or minimal response.

### Refills

- PRN

### Contraindications

- A history of known hypersensitivity to Naloxone or any of its components

### Patient Education

Every person dispensed Naloxone under this standing order shall receive education regarding the risk factors of overdose, signs of an overdose, overdose response steps, and the use of Naloxone. Examples of educational materials that incorporate the above information may be found at [http://www.naloxonesaves.org](http://www.naloxonesaves.org).

### Notification of Participation

Pharmacies choosing to participate in Naloxone distribution under the authority of this standing order shall notify the Division of Public Health when initiating their participation; see directions for notification at [http://www.naloxonesaves.org](http://www.naloxonesaves.org).

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**January 20, 2017**

**Date**

This order is effective immediately upon signing and may be revised or revoked by the State Health Director according to his/her discretion.

**Kelly Kimple, MD**

National Provider ID: 1008091919
Naloxone - Resources

- www.prescribetoprevent.org
- www.naloxonesaves.com
- www.naloxoneinfo.org
- North Carolina Harm Reduction Coalition www.nchrc.com
NCMB’s message is NOT, “Don’t treat pain” – It’s “Treat pain appropriately”