ARTICLE 61-04
PROFESSIONAL PRACTICE

CHAPTER 61-04-12
LIMITED PRESCRIPTIVE AUTHORITY FOR NALOXONE

61-04-12-01. Definitions. For purposes of this chapter:

1. "Opioid-related drug overdose" means a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid or another substance with which an opioid was combined. This would include an overdose that requires medical assistance or a coroner, clinical suspicion for drug overdose (respiratory depression, unconsciousness, altered mental status), and either a urine toxicology screen positive for opiates or negative urine toxicology screen without other conditions to explain the clinical condition.

2. "Patient" means both an individual who is at risk of opioid overdose and a person who is not as risk of opioid overdose but who may be in a position to assist another individual during an overdose and who has received patient information.

3. "Patient information" means the information provided to the patient on drug overdose prevention and recognition; opioid antidote dosage and administration; the importance of calling 911; care for the overdose victim after administration of the overdose antidote; and other issues as necessary.

61-04-12-02. Pharmacists Furnishing Naloxone.

1. Protocol.
   a. Pharmacists are authorized to furnish naloxone drug therapy solely in accordance with the written protocol for naloxone drug therapy approved by the board.
   b. Any pharmacist exercising prescriptive authority for naloxone drug therapy must maintain a current copy of the written protocol for naloxone drug therapy approved by the board.

2. Procedure. When a patient requests naloxone, or when a pharmacist in his or her professional judgement decides to advise of the availability and appropriateness of naloxone, the pharmacist shall complete the following steps:
   a. Screen for the following conditions:
      (1) Whether the potential recipient currently uses or has a history of using illicit or prescription opioids (if yes, skip to item b and continue with procedure);

(2) Whether the potential recipient is in contact with anyone who uses or has a history of using illicit or prescription opioids (if yes, continue with procedure);
(3) Whether the person to whom the naloxone would be administered has a known hypersensitivity to naloxone (if yes, do not furnish).

b. Provide training in opioid overdose prevention, recognition, response, and administration of the antidote naloxone.
c. When naloxone is furnished:
(1) The pharmacist shall provide the patient with appropriate patient information and counseling on the product furnished including dosing, effectiveness, adverse effects, storage conditions, shelf-life, and safety. A pharmacist furnishing naloxone drug therapy shall not permit the patient to whom the drug is furnished to waive the patient information required by the board.
(2) The pharmacist shall provide the patient with any resources and/or referrals to appropriate resources if the patient indicates interest in addiction treatment, recovery services, or medication disposal resources at this time.
(3) The pharmacist shall answer all questions the recipient may have regarding naloxone.

3. Authorized drug(s).
a. Prescriptive authority shall be limited to naloxone and shall include any device(s) approved for the administration of naloxone.
b. Those administering naloxone should choose the route of administration based on the formulation available, how well they can administer it, the setting, and local context.

4. Education and training. Prior to furnishing naloxone, pharmacists who participate in this protocol must successfully complete a minimum of one hour of an approved continuing education program specific to the use of naloxone, or an equivalent curriculum-based training program completed in a board recognized school of pharmacy.

5. Records**.** The prescribing pharmacist must generate a written or electronic prescription for any naloxone dispensed and the pharmacist shall record themselves as the prescriber or the protocol practitioner if appropriate. Documentation shall be made in a medication record for the patient. The prescription shall be kept on file and maintained for 5 years as required in 43-15-31.

6. Notification**.** If the patient is the potential individual to whom the naloxone will be administered, then the pharmacist shall notify the patient's primary care provider of any drug(s) and/or device(s) furnished, or enter the appropriate information in a record system shared with the primary care provider.

If the patient does not have a primary care provider, then the pharmacist shall provide a written record of the drug(s) and/or device(s) furnished and advise the patient to consult an appropriate health care provider of the patient's choice.

History: Effective July 1, 2016.
General Authority: NDCC 28-32-02, 43-15-10
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