



What Psychiatrists
Need to Know
About...

Opioid
Prescribing
Monitoring

A Letter from the NC Medical Board

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The state of North Carolina is in the midst of a public health crisis related to deaths from prescription opioid overdose. It is generally recognized that most opioid medications implicated in unintentional overdose deaths were originally prescribed by a licensed medical professional. In an effort to address this crisis, the North Carolina General Assembly amended state law to authorize the Department of Health and Human Services (DHHS) to release certain opioid prescribing information to the North Carolina Medical Board (NCMB) and other medical regulatory boards.*

NCMB began receiving prescribing information in late 2015 and is now in the process of implementing a new investigative program based on DHHS data. We are writing to provide you with general information on this initiative, which might impact physicians and physician assistants employed with, insured by or otherwise involved with your organization. Please share this information with those who may be impacted by this new program. We are a resource to answer questions on the programs and initiatives put in place to address this public health crisis.

The Board will contact prescribers who meet one or more of the following criteria:

- The prescriber falls within the top one percent of those prescribing 100 milligrams of morphine equivalents (MME) per patient per day.
- The prescriber falls within the top one percent of those prescribing 100 MMEs per patient per day in combination with any benzodiazepine and is within the top one percent of all controlled substance prescribers by volume.
- The prescriber has had two or more patient deaths in the preceding twelve months due to opioid poisoning.

The Board will determine the appropriateness of prescribing through standard methods, including review of patient records, independent expert medical reviews and written responses from the prescriber.

We recognize that prescribers identified through the criteria stated above may be practicing and prescribing in accordance with accepted standards of care. However, given the known risks of opioids and the rising incidence of unintentional overdose deaths, the Board has an obligation to verify the appropriateness of care and prescribing.

Thank you,



Pascal O. Udekwu
President, North Carolina Medical Board

*See, N.C. Gen. Stat. § 90-113.74 and related administrative rule, 21 NCAC 32Y .0101

NOTE: The North Carolina Medical Board has set up a comprehensive web page with multiple resources for physicians and other medical professionals. The page includes links to clinical guidance document from NCMB as well as CDC guidelines for the treatment of pain. There are links to enforcement documents and FAQs for the board's Safe Opioid Prescribing Initiative. Of particular interest is information about registering for access to the NC Controlled Substances Reporting System and various CME offerings. You can reach this page at: <http://www.ncmedboard.org/landing-page/safeopioids>
NCPA's Addiction Committee is actively engaging on this issue, working to develop resources and materials for psychiatrists.