

Naloxone Prescribing in Primary Care

Why, Who, and How

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CSAM Webinar 5/19/17



CSAM

No Disclosures

Objectives

By the end of this session, you should be able to:

- Explain the evidence for overdose prevention with naloxone
- Discuss the impact of naloxone prescribing on patient and prescriber behavior
- Implement practical strategies for making naloxone available to at-risk patients in primary care settings

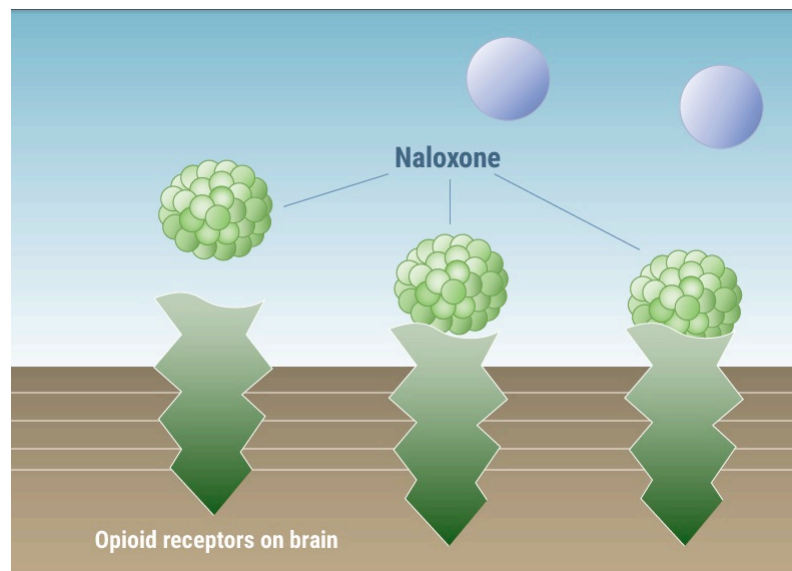
Poll Question

How many times have you prescribed naloxone for patients receiving opioid prescriptions?

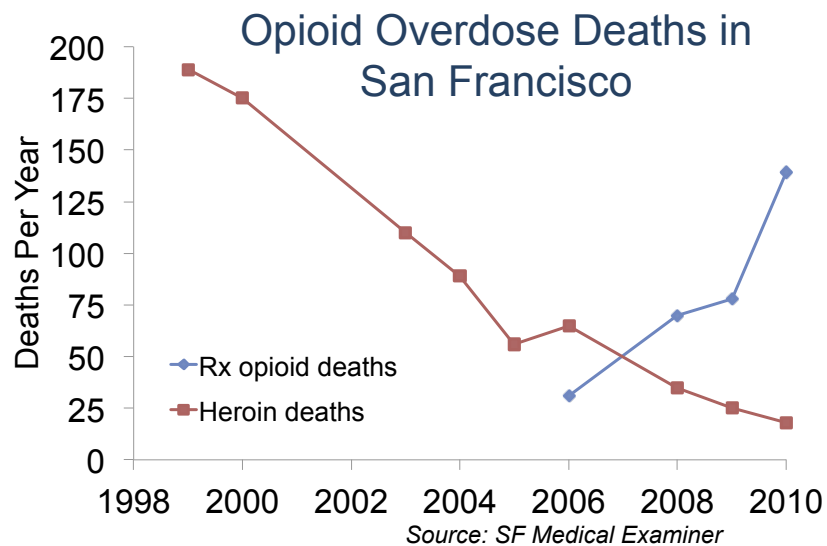
- a) Never
- b) 1-5 times
- c) 5-10 times
- d) >10 times

Outline

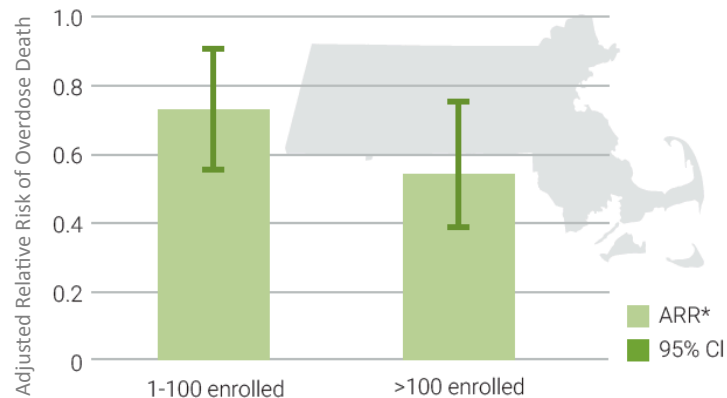
- Why should I prescribe naloxone?
- To whom should I prescribe naloxone?
- How do I prescribe naloxone?



Why naloxone?



Overdose fatality rates are lower in counties with higher naloxone implementation¹



Layperson distribution

- AMA endorses naloxone provision²
- Since 1996, more than 150,000 people have received naloxone³
- Over 26,000 reversals

Artists: Mike Reger, Erin Ruch **Location:** Clarion Alley and Valencia St, San Francisco



Layperson distribution

- AMA endorses naloxone provision²
- Since 1996, more



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Naloxone is Cost Effective⁴

Cost:



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Cost:



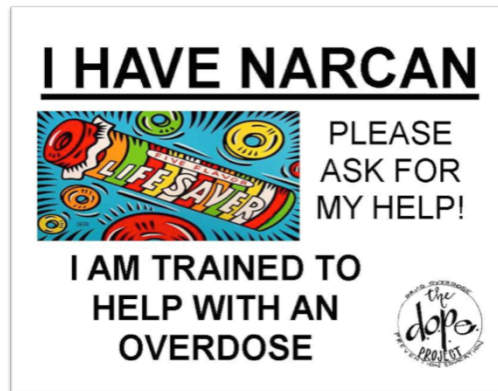
Benefit:

164 naloxone scripts = 1 prevented death

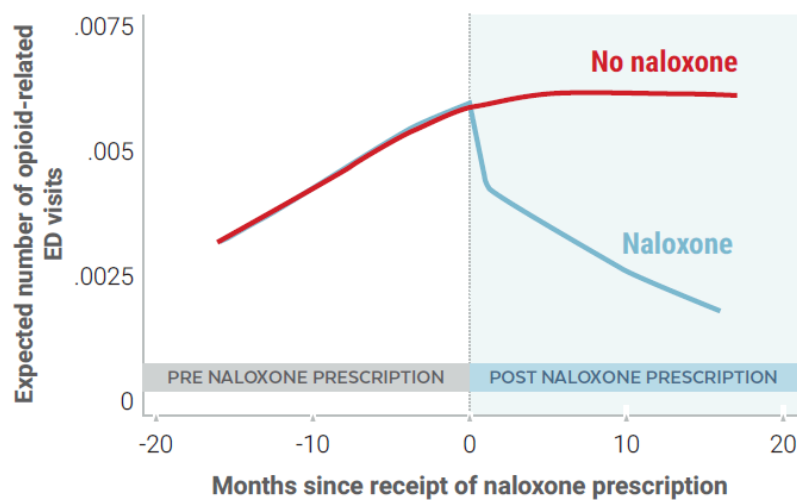


What about for people who don't inject?

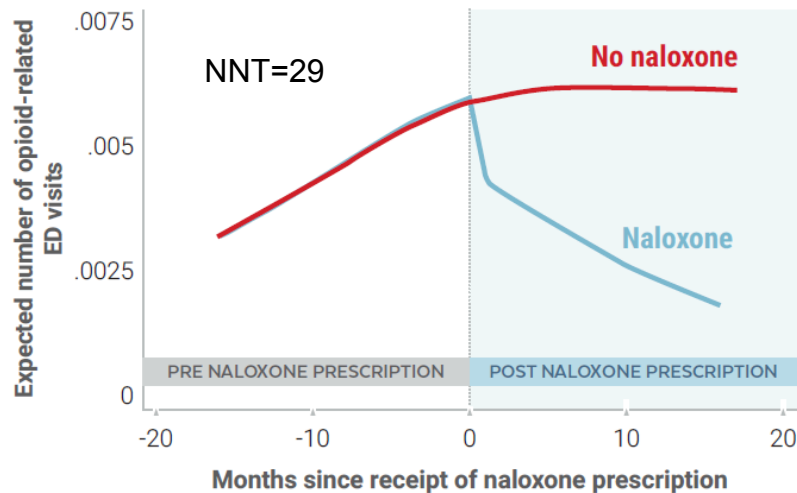
- Epidemiology is different
 - More likely to use alone
 - Less clearly defined community



Opioid Related Emergency Department Visits Among Primary Care Patients With Chronic Pain⁵



Opioid Related Emergency Department Visits Among Primary Care Patients With Chronic Pain⁵



Poll Question

Which of these is a known impact of naloxone prescribing?

- a) Prescribers give higher doses
- b) Patients feel insulted by the offer
- c) Patients are cautious with opioid
- d) Patients overdose on naloxone

Correct Answer

Which of these is a known impact of naloxone prescribing?

- c) Patients are cautious with opioid

Prescribing Naloxone Impacts Prescriber Behavior⁶

- Total MEQ dropped 15% on average in the visit after naloxone prescription

Prescribing Naloxone Impacts Prescriber Behavior⁶

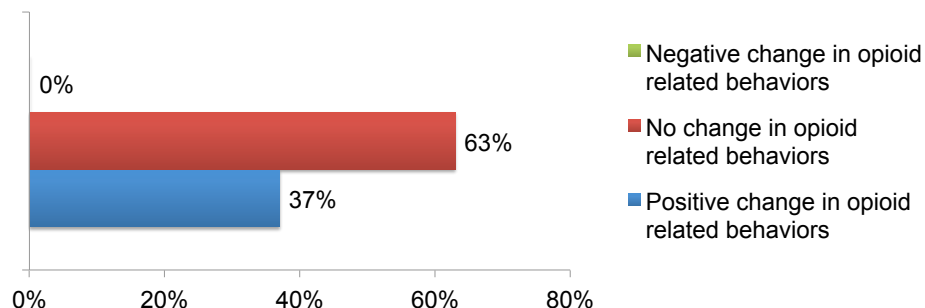
- Total MEQ dropped 15% on average in the visit after naloxone prescription

How does prescribing naloxone affect your opioid prescribing?

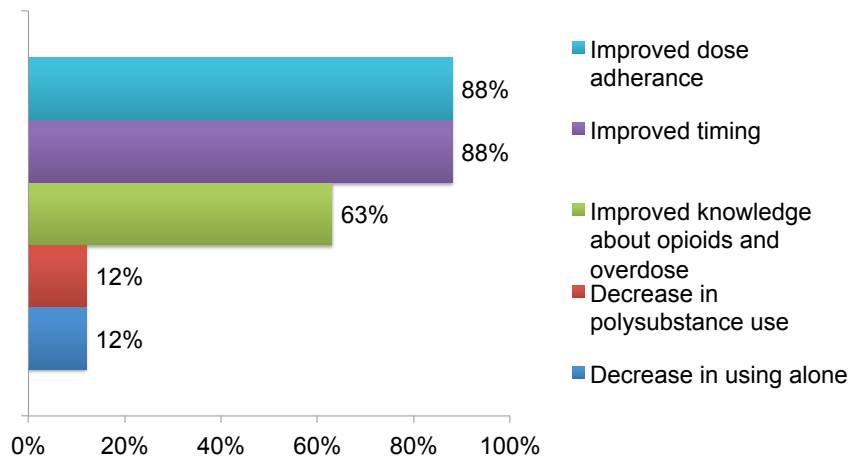
	Number	%
No effect	80	72.1
Might prescribe less	25	22.5
Might prescribe more	4	3.6

Naloxone Also Impacts Patient Behavior⁷

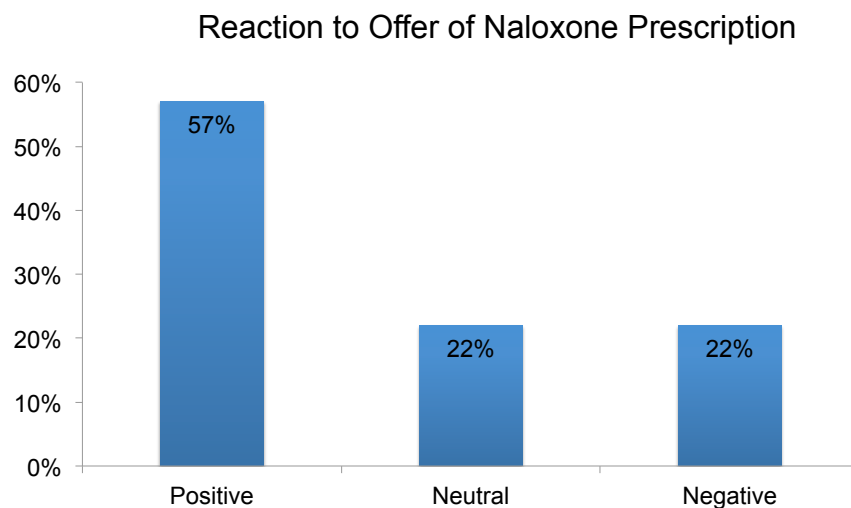
In 111 patients with chronic pain who were interviewed after receiving naloxone



Naloxone may lead to safer opioid related behaviors

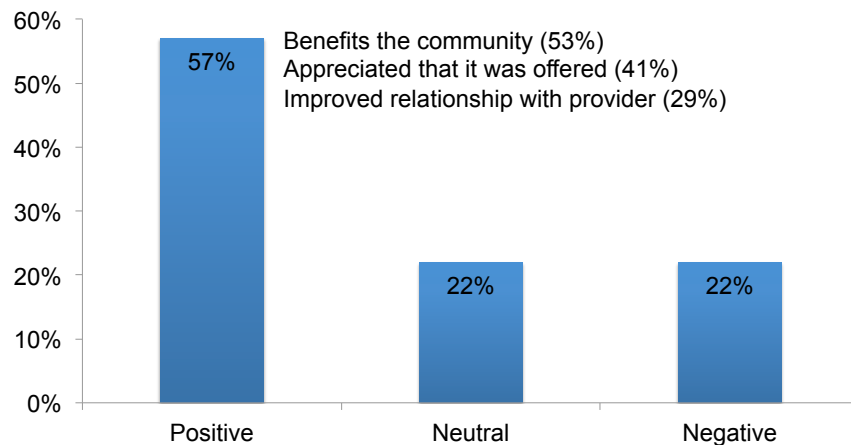


Patients feel positively about receiving naloxone prescriptions



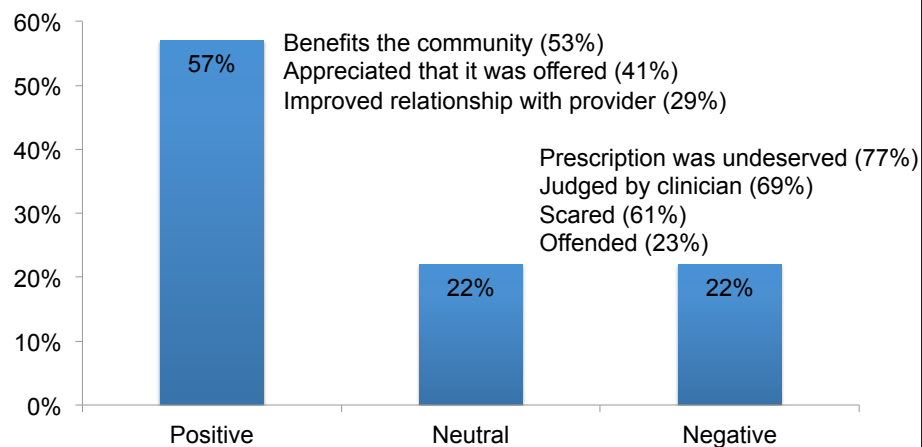
Patients feel positively about receiving naloxone prescriptions

Reaction to Offer of Naloxone Prescription



Patients feel positively about receiving naloxone prescriptions

Reaction to Offer of Naloxone Prescription



Patients think naloxone is a good idea

- 95% of patients said they would want a naloxone prescription in the future
- 97% said it should be prescribed to patients with opioid prescriptions



Poll Question

Who should receive naloxone? A patient on opioids who is/has

- a) Also taking benzodiazepines
- b) Taking 120 mg morphine per day
- c) Alcohol abuse hist., in remission
- d) All of the above

Correct Answer

Who should receive naloxone? A patient on opioids who is/has

d) All of the above

CDC Guidelines for Managing Chronic Pain⁸

- Consider offering naloxone when factors that increase risk of overdose are present.
e.g.
 - History of overdose
 - History of substance use disorder
 - ≥ 50 MME/day
 - concurrent benzodiazepine use



Or should everyone prescribed opioids also be prescribed naloxone?

- Safe medication



Or should everyone prescribed opioids also be prescribed naloxone?

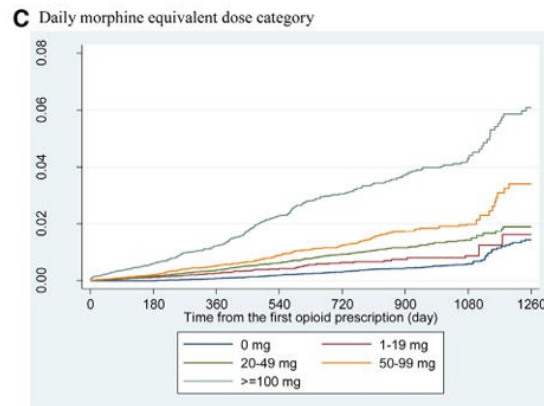
- Safe medication
- Positive behavior changes

I've probably been a little more cautious. Just being careful to take the right amount, count the hours... just thinking more cautiously about dosing.

I think if any opioid's prescribed at all that they definitely should make the patient get [naloxone] cause it's very useful especially for us with kids

Or should everyone prescribed opioids also be prescribed naloxone?

- Safe medication
- Positive behavior changes
- Everyone is at some risk of overdose⁹



Or should everyone prescribed opioids also be prescribed naloxone?

- Safe medication
- Positive behavior changes
- Everyone is at some risk of overdose
- Simplicity



Or should everyone prescribed opioids also be prescribed naloxone?

- Safe medication
- Positive behavior changes
- Everyone is at some risk of overdose
- Simplicity
- Stigma¹⁰

And a lot of the times, like, they already feel like people think that they're a drug seeker so, like, bringing up that conversation [offering naloxone] kind of like makes me feel uncomfortable, like I'm accusing them of something, but it's really just, like, about a safety thing

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They are going to call my doctor and say I am abusing my pill, and they are going to want to do this, and they are going to want to do that, and you are red flagged if you ask for it.

Or should everyone prescribed opioids also be prescribed naloxone?

- Safe medication
- Positive behavior changes
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And a lot of the times, like, they already feel like people think that they're a drug seeker so like bringing up that

If it was up to me, every single opiate prescription that was being filled would also be dispensed with Narcan. Even if the patients aren't using them or the families aren't using it, it would help, I think, to over time kind of reduce the stigma and that Narcan is only for heroin

all my abusing my pill, and they are going to want to do this, and they are going to want to do that, and you are red flagged if you ask for it.

How to prescribe naloxone in California



Discussing naloxone with patients who are prescribed opioids

- **Normalize**
 - “These medicines can be very strong and it’s easy to have a bad reaction to them. So I give all of my patients this antidote in case that happens.”
- **Avoid the word “overdose”**
 - Patients equate it with heroin, addiction, and illicit use
 - They do not identify as being at risk for overdose.

Overdose

- In one study¹⁰: 22/60 (37%) patients with long term opioid prescriptions had stopped breathing and required help to wake up
 - 45% of those people did not describe themselves as having overdosed

An interview from that study

- Interviewer: How many times would you say you've had these bouts of delirium, or you've stopped breathing because of opioids?
- Patient: Ever? Eight to 10 times.
- I: And how many times has [naloxone] been used on you?
- P: Oh, boy. That would be really hard to answer. I'd say somewhere in the neighborhood of 12 to 15 times.
- I: So, around 12 to 15 times someone has given you [naloxone] because you've stopped breathing because of opioids?
- P: Yes. Medical staff each time. Because of the opioids, I've stopped breathing.
- I: Over what period of time?
- P: Over 1 year.

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- P: Yes. Medical staff each time. Because of the opioids, I've stopped breathing.
- I: Over what period of time?
- P: Over 1 year.

This patient denied ever having experienced an overdose

Suggested language when working with people who are prescribed opioids

"Opioids can sometimes slow or even stop your breathing."

"Naloxone is the antidote to opioids—it can be used if there is a bad reaction where you can't be woken up."

"Naloxone is for opioid medication like an epinephrine pen is for someone with an allergy."

"Naloxone is important to have in the home in case someone is accidentally exposed to opioid painkillers."

Video: Talking about naloxone in a primary care or pain management setting

<https://www.youtube.com/watch?v=F52K2GVCBtE>

Logistics

- Who should initiate prescribing?
- Who should do the teaching? What kind of teaching is required?
- Which formulation is covered?
- What do pharmacies carry?
- Am I at legal risk if I prescribe?

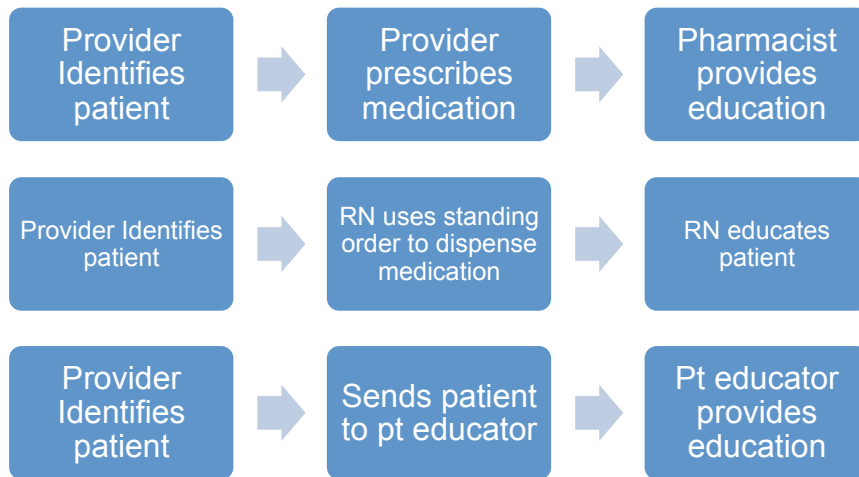
Who should initiate prescribing?

Many options

- Providers



Examples of a few provider initiated workflows



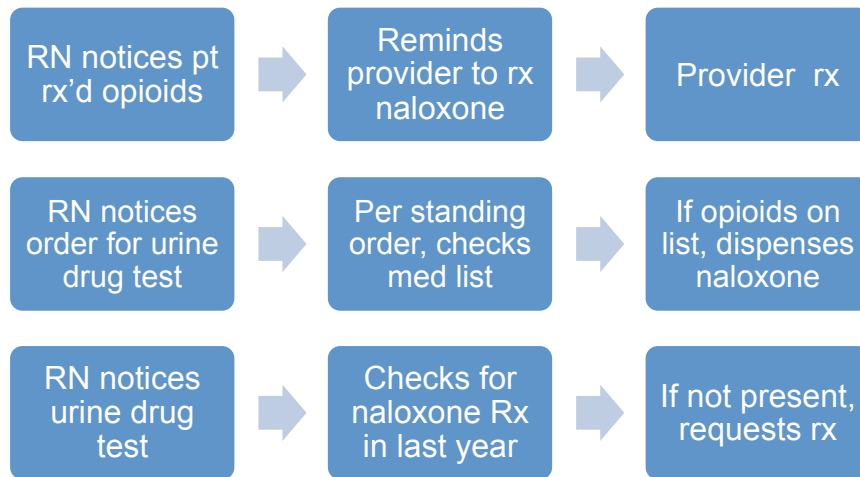
Who should initiate prescribing?

Many options

- Providers
- Nursing staff



Examples of a few RN initiated workflows



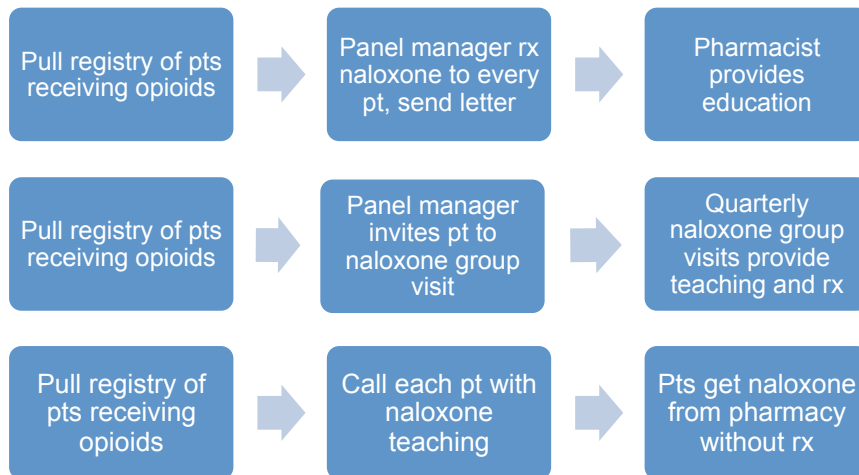
Who should initiate prescribing?

Many options

- Providers
- Nursing staff
- Panel management

[illegible]

Examples of a few panel management strategies



Who should initiate prescribing?

Many options

- Providers
- Nursing staff
- Panel management
- Group visits



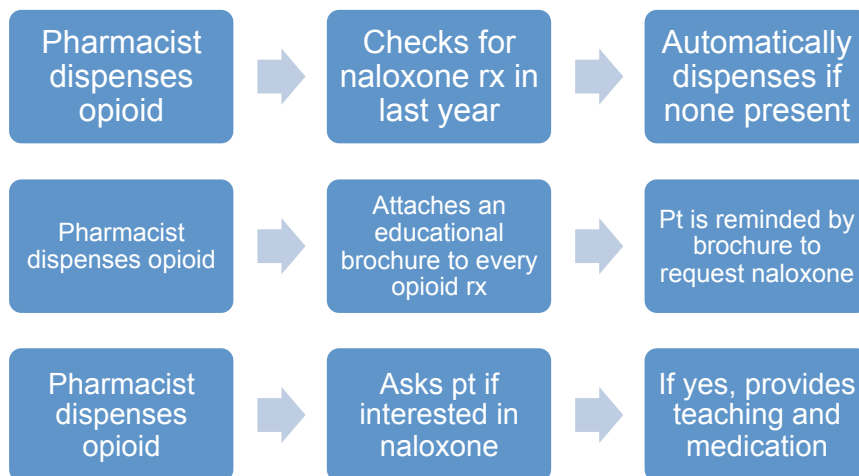
Who should initiate prescribing?

Many options

- Providers
- Nursing staff
- Panel management
- Group visits
- Pharmacists



Examples of a few pharmacist initiated workflows



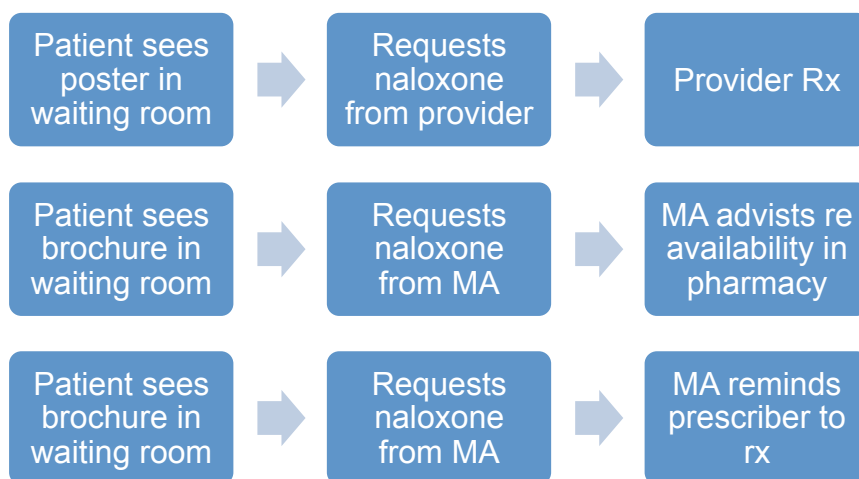
Who should initiate prescribing?

Many options

- Providers
- Nursing staff
- Panel management
- Group visits
- Pharmacists
- Patients



Examples of a few patient initiated workflows



Who should initiate prescribing?

Many options

- Providers
- Nursing staff
- Panel management
- Group visits
- Pharmacists
- Patients
- Public



Patient education

- Signs of overdose
- How to administer naloxone
- Call 911



Patient education

In case of overdose:

1 Check responsiveness

Look for any of the following:

- No response even if you shake them or say their name
- Breathing slows or stops
- Lips and fingernails turn blue or gray
- Skin gets pale or clammy

2 Call 911 and give naloxone

If no reaction in 3 minutes, give second naloxone dose

3 Do rescue breathing and/or chest compressions

Follow 911 dispatcher instructions

**>> STAY WITH PERSON
UNTIL HELP ARRIVES.**

How to give naloxone:

There are 4 common naloxone products. Follow the instructions for the type you have.

Nasal spray

This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.



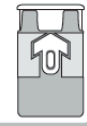
Nasal spray with assembly

This requires assembly. Follow the instructions below:

- 1 Take off yellow caps.
- 2 Screw on white cone.
- 3 Take purple cap off capsule of naloxone.
- 4 Gently screw capsule of naloxone into barrel of syringe.
- 5 Insert white cone into nostril, give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.** Push to spray.
- 6 If no reaction in 3 minutes, give second dose.

Auto-injector

The naloxone auto-injector needs no assembly and can be injected into the outer thigh, even through clothing. It contains a speaker that provides step-by-step instructions.



Injectable naloxone

This requires assembly. Follow the instructions below:

- 1 Remove cap from naloxone vial and uncover the needle.
- 2 Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 mL.
- 3 Inject 1 mL of naloxone into an upper arm or thigh muscle.
- 4 If no reaction in 3 minutes, give second dose.

PrescribeToPrevent.org



Prescribe Naloxone, Save a Life

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PRIMARY, CHRONIC PAIN AND PALLIATIVE CARE SETTINGS

Medical providers may have the opportunity to maximize patient quality of life by prescribing those same medicines have contributed to the fact that drug overdose has become the #1 cause of injury death in the United States. Providers can consider taking the stance of "risky medicines", instead of "risky patients" and engage in proactive dialogue with patients to minimize poisoning, over sedation, and overdose risk with patients who need opioid medications to improve function. Discussing an emergency overdose/poisoning/overdose plan and naloxone prescribing is an essential component of that dialogue. We provide some sample documents that may facilitate the process. Those desiring in-depth technical assistance can contact us for rates and availability at PrescribeToPrevent@gmail.com.

OVERDOSE RISK AND PATIENT HISTORY

- Review medications
- Take a substance use history
- Check the prescription monitoring program
- Take an overdose history – Ask your patient whether they have:

PAGES IN THIS SECTION:

- Primary, Chronic Pain and Palliative Care Settings
- Emergency Medicine
- Substance Use Disorder Treatment

CONTINUING EDUCATION UNITS

Prescribe to Prevent's CEU
California Society of Addiction Medicine

The Prescription

MediCal covers 4 formulations

- Nasal Spray
 - Simplest: no injection, no assembly
 - High dose
 - Rx: 1 two-pack of two 4 mg/0.1 mL intranasal devices
 - Spray 0.1 mL into one nostril and call 911. Repeat with second device into other nostril after 2-3 minutes if no or minimal response.
 - NDC 69547-353-02



Also covered by MediCal

- Naloxone 0.4mg/ml vial + syringe
 - Requires injection
 - Least expensive option
 - Rx: #2 single-use 1 mL vials PLUS #2 3 mL syringe w/ 23-25 gauge 1-1.5 inch IM needles
 - Inject 1 mL in shoulder or thigh. Repeat after 2-3 minutes if no or minimal response.
 - NDC 67457-0292-02
00409-1215-01



Also covered by MediCal

- Naloxone 1mg/ml syringe
 - Complicated assembly
 - Requires the clinic or pharmacy to stock atomizers
 - Atomizers not covered
 - Requires teaching about atomizer assembly
 - Rx: #2 Naloxone 1mg/ml with luerlock needleless syringe PLUS #2 mucosal atomizer devices (MAD 300)
 - Spray 1 ml (1/2 of syringe) into each nostril. Repeat after 2-3 minutes if no or minimal response.
 - NDC 76329-3369-01









Also covered by MediCal

- Naloxone 0.4mg syringe
 - Not recommended
 - Difficult to assemble
 - Requires injection



Prescribing Summary

- Program the intranasal rx into your EMR
- Dose is the same for adults and children

Product comparison					
					
FDA approved Labeling includes instructions for layperson use	X (for IV, IM, SC)	X X	X	X	X X
Layperson experience	X		X		X
Assembly required	X		X	X	
Fragile	X				
Can titrate dose	X		X	X	
Strength	1 mg/mL	4 mg/0.1 mL	0.4 mg/mL OR 4 mg/10 mL	0.4 mg/mL	0.4 mg/0.4mL
Total volume of kit/package	4 mg/4 mL	8 mg/ 0.2 mL	0.8 mg/2 mL OR 4 mg/10 mL	0.8 mg/2 mL	0.8 mg/0.8 mL
Storage requirements (All protect from light)	Store at 59-77 °F Fragile: Glass.	Store at 59-77 °F Excursions from 39-104 °F	Store at 68-77 °F Breakable: Glass.	Store at 68-77 °F Breakable: Glass.	Store at 59-77 °F Excursions from 39-104 °F
Cost/kit ¹	\$5	\$5	\$	\$	\$55 ²
Prescription variation					
Refills	Two	Two	Two	Two	Two

Prescribe to Prevent
PRESCRIPTION MONITORING - SAVE A LIFE

PrescribeToPrevent.org

January 21, 2016

Prescribing Summary

- Program the intranasal rx into your EMR
- Dose is the same for adults and children

	Injectable (and intranasal-IM) generic ¹	Intranasal branded ²	Injectable generic ³	Injectable generic	Auto-injector branded	
Rx and quantity	#2 2 mL Luer-Jet™ Luer-Lock needleless syringe plus #2 mucosal atomizer devices (MAD-300)	#1 two-pack of two 4 mg/0.1 mL intranasal devices	#2 single-use 1 mL vials OR #1 10mL multidose vial PLUS #2 3 mL syringe w/ 23-25 gauge 1-1.5 inch IM needles	#2 single-use 1 mL vials PLUS #2 3 mL syringe w/ 23-25 gauge 1-1.5 inch IM needles	#1 two-pack of two 0.4 mg/0.4 mL prefilled auto-injector devices	
Sig. (for suspected opioid overdose)	Spray 1 mL (1/2 of syringe) into each nostril. Repeat after 2-3 minutes if no or minimal response.	Spray 0.1 mL into one nostril. Repeat with second device into other nostril after 2-3 minutes if no or minimal response.	Inject 1 mL in shoulder or thigh. Repeat after 2-3 minutes if no or minimal response.	Inject 1 mL in shoulder or thigh. Repeat after 2-3 minutes if no or minimal response.	Inject into outer thigh as directed by English voice-prompt system. Place black side firmly on outer thigh and depress and hold for 5 seconds. Repeat with second device in 2-3 minutes if no or minimal response.	
Ordering information						
How supplied	Box of 10 Luer-Jet™ prefilled glass syringes	Two-pack of single use intranasal devices	Box of 10 single-dose flip-top vials (1 mL) OR Case of 25 multi-dose flip-top vials (10 mL)	Box of 10 single-dose flip-top vials	Two pack of single use auto-injectors + 1 trainer	
Manufacturer	IMS/ Amphastar	Teleflex (IN adapter)	Adapt Pharma	Hospira	Mylan	kaliéo
Web address	Amphastar. com	Teleflex. com	Narcanaspray.com	Hospira.com	Mylan.com	Evzio.com
Customer service	800-423-4136	866-246-6990	844-462-7226	877-946-7747	724-514-1800	855-773-8946
NDC	76329-3369-01	DME- no NDC	69547-353-02	00409-1215-01 (1 mL) 00409-1219-01 (10 mL)	67457-0292-02	60842-030-01

Pharmacy Issues

- Pharmacists can be champions of naloxone
 - Can dispense independently (AB 1535)
 - Can provide teaching
 - A pharmacist champion can help you communicate with local pharmacies
 - Consider contacting the regional manager



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- Pharmacy may not carry it the first time you order
 - Can order within 1-2 days



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 - A pharmacist champion can help you communicate with local pharmacies
 - Consider contacting the regional manager
- Pharmacy may not carry it the first time you order
 - Can order within 1-2 days
- Medi-Cal carve out
 - Some pharmacists may need coaching



Naloxone Access Law : CA AB635¹¹

- Providers are **encouraged to prescribe naloxone** to patients receiving a chronic opioid prescription.

Naloxone Access Law : CA AB635¹¹

- Providers are **encouraged to prescribe naloxone** to patients receiving a chronic opioid prescription.
- Naloxone can be prescribed to people on whom it is not intended to be used. It is legal to prescribe to potential witnesses.

Naloxone Access Law : CA AB635¹¹

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Naloxone Access Law : CA AB635¹¹

- Providers are **encouraged to prescribe naloxone** to patients receiving a chronic opioid prescription.
- Naloxone can be prescribed to people on whom it is not intended to be used. It is legal to prescribe to potential witnesses.
- A licensed healthcare prescriber can issue a **standing order** for the dispensing of naloxone by healthcare or community workers.
- Lay persons can possess and administer naloxone to others during an overdose situation.

Key Resources

Patient education:

[SFDPH patient brochure](#)

Provider education:

[SFDPH monograph](#)

[Prescribe To Prevent](#)

[CSAM naloxone webpage](#)



References

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NEXT WEBINAR: Friday, 06/23/2017

Complex Chronic Pain, Opioid Prescribing and Opioid Use Disorder: Pitfalls, Pearls and New Directions

Friday, 07/28/2017
Friday, 08/18/2017*
Friday, 09/22/2017



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CSAM
California Society of Addiction Medicine
CHCF
California Health Care Foundation

You can view our previous webinars

for a small fee for CME/CEU
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<http://cme.csam-asam.org/>

OR

Free on the CHCF TAPC Program Resource Page at:
<https://tapcprogram.com/>

Thank you for participating in today's webinar.

Stay online after the webinar ends
and you will be connected to the post webinar
quiz and evaluation.

You will also receive a link via email.

