Naloxone Prescribing in Primary Care

Why, Who, and How

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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?

Opioid Overdose Deaths in San Francisco

Deaths Per Year


Rx opioid deaths
Heroin deaths

Source: SF Medical Examiner

Overdose fatality rates are lower in counties with higher naloxone implementation¹
Layperson distribution

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

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

Naloxone is Cost Effective

Cost:

$421 per quality-adjusted life-year gained

Benefit:

164 naloxone scripts = 1 prevented death

Naloxone Prescribing in Primary Care: Why, Who, and How / Diana Coffa, MD

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 Pain

![Graph showing the impact of naloxone prescription on opioid-related emergency department visits. The graph depicts a decrease in the expected number of opioid-related ED visits post-naloxone prescription.]
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 Behavior

• Total MEQ dropped 15% on average in the visit after naloxone prescription
Prescribing Naloxone Impacts Prescriber Behavior

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

<table>
<thead>
<tr>
<th>How does prescribing naloxone affect your opioid prescribing?</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No effect</td>
<td>80</td>
<td>72.1</td>
</tr>
<tr>
<td>Might prescribe less</td>
<td>25</td>
<td>22.5</td>
</tr>
<tr>
<td>Might prescribe more</td>
<td>4</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Naloxone Also Impacts Patient Behavior

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

- Negative change in opioid related behaviors: 63%
- No change in opioid related behaviors: 37%
- Positive change in opioid related behaviors: 0%
Naloxone may lead to safer opioid related behaviors

- Improved dose adherance: 88%
- Improved timing: 88%
- Improved knowledge about opioids and overdose: 63%
- Decrease in polysubstance use: 12%
- Decrease in using alone: 12%

Patients feel positively about receiving naloxone prescriptions

Reaction to Offer of Naloxone Prescription

- Positive: 57%
- Neutral: 22%
- Negative: 22%
Patients feel positively about receiving naloxone prescriptions

Reaction to Offer of Naloxone Prescription

- 57% Benefits the community (53%)
- 41% Appreciated that it was offered
- 29% Improved relationship with provider
- 77% Prescription was undeserved
- 69% Judged by clinician
- 61% Scared
- 23% Offended

Positive: 57%
Neutral: 22%
Negative: 22%
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 Pain:

- 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

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 overdose

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
- Stigma

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.

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
- Everyone is at some risk of overdose
- Simplicity
- Stigma\(^{10}\)

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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.

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.

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 study: 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

Provider Identifies patient → Provider prescribes medication → Pharmacist provides education

Provider Identifies patient → RN uses standing order to dispense medication → RN educates patient

Provider Identifies patient → Sends patient to pt educator → Pt educator provides education

Who should initiate prescribing?

Many options
- Providers
- Nursing staff
Examples of a few RN initiated workflows

RN notices pt rx’d opioids ➔ Reminds provider to rx naloxone ➔ Provider rx

RN notices order for urine drug test ➔ Per standing order, checks med list ➔ If opioids on list, dispenses naloxone

RN notices urine drug test ➔ Checks for naloxone Rx in last year ➔ If not present, requests rx

Who should initiate prescribing?

Many options
• Providers
• Nursing staff
• Panel management
Examples of a few panel management strategies

- Pull registry of pts receiving opioids
- Panel manager rx naloxone to every pt, send letter
- Pharmacist provides education

- Pull registry of pts receiving opioids
- Panel manager invites pt to naloxone group visit
- Quarterly naloxone group visits provide teaching and rx

- Pull registry of pts receiving opioids
- Call each pt with naloxone teaching
- Pts get naloxone from pharmacy without rx

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

- Pharmacist dispenses opioid
  - Checks for naloxone rx in last year
  - Automatically dispenses if none present

- Pharmacist dispenses opioid
  - Attaches an educational brochure to every opioid rx
  - Pt is reminded by brochure to request naloxone

- Pharmacist dispenses opioid
  - Asks pt if interested in naloxone
  - If yes, provides teaching and medication
Who should initiate prescribing?

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

Examples of a few patient initiated workflows

Patient sees poster in waiting room → Requests naloxone from provider → Provider Rx

Patient sees brochure in waiting room → Requests naloxone from MA → MA advises re availability in pharmacy

Patient sees brochure in waiting room → Requests naloxone from MA → MA reminds prescriber to rx
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 call their name
     - Breathing slows or stops
     - Lips and fingernails turn blue or gray
     - Skin gets cool or clammy

2. Call 911 and give naloxone
   You do not need a prescription, give second naloxone dose

3. Do rescue breathing and/or chest compressions
   Follow 911 dispatcher instructions

How to give naloxone:

Nasal spray
- Take off yellow cap
- Screw on white cap
- Take purple cap off capsule of naloxone
- Gently squeeze capsule of naloxone into hands of spray
- Insert entire spray-Way into nose, give a short, strong push on end of spray nozzle
- Spray into nose, push spray
- Place in 1 minute, give second dose

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

Injectable naloxone
- Insert needle through rubber plug with red cap down
- Pull back on plunger and take up 0.8 mL
- Inject 2 mL of naloxone into an upper arm or thigh muscle
- Place in 1 minute, give second dose

PrescribeToPrevent.org

Primary, Chronic Pain and Palliative Care Set

Medical providers may have the opportunity to maximize patient quality of life and decrease exacerbations of those same medicines that have contributed to the fact that drug overdose has been the #1 cause of injury death in the United States. Providers can consider taking the course of “Helping Patients” instead of “Nasty patients” and engage in proactive dialogue with patients to minimize poisoning, over sedation, and overdose risk with patients who need special medications to improve function. Discussing an emergency overdose procedure/overdose plan and naloxone prescribing is an essential component of that dialogue. We have developed some sample documents that may facilitate this process. Those desiring in-depth technical assistance can contact us for rates and availability at PrescribetPrevent@gmail.com.

Emergency Medication

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

- **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
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

• Pharmacy may not carry it the first time you order
  – Can order within 1-2 days
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• 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 AB635

• Providers are encouraged to prescribe naloxone to patients receiving a chronic opioid prescription.
Naloxone Access Law: CA AB635

• 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.
Naloxone Access Law: CA AB635

- 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

You can view our previous webinars
for a small fee for CME/CEU
on the CSAM Education Center at:
http://cme.csam-asam.org/

OR

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

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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.
Naloxone Prescribing in Primary Care: Why, Who, and How / Diana Coffa, MD

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and Board Exam Preparation
August 24 - August 27, 2017
Hilton San Francisco Union Square