Indian Health Service
Grand Rounds
Co-Prescribing Naloxone

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Disclosure

• The speakers have no disclosures or conflicts of interest
• Only FDA approved naloxone formulations and routes of administration will be discussed
Objectives

- Recognize the role of Co-prescribing Naloxone as part of a Harm Reduction and Risk Mitigation Strategy to prevent opioid overdoses.

- Implement the national response strategies to reduce opioid overdose deaths.

- Develop collaborative practice agreements for pharmacists and local first responders.

- Identify resources available to provide comprehensive naloxone prescribing.
Epidemiology

1. Overdose deaths involving Rx opioids quadrupled between 1999-2014
   - 165,000 deaths
   - ~91 people daily

2. ~2 million abused or were dependent on Rx opioids in 2014

3. As many as 1 in 4 people who receive Rx opioids long term for non-cancer pain struggles with addiction

4. Over 1,000 people are treated in EDs for misusing Rx opioids every day

www.cdc.gov/drugoverdose/data/overdose.html
American Indians and Alaska Natives (AI/AN) are a high risk group for opioid overdose.

Drug-related deaths per 100,000 AI/AN increased sharply from 5.0 (1989-1991) to 22.7 (2007-2009).

AI/AN have almost 2X rate of the general U.S. population = 12.6.

Deaths from Rx opioid overdose increased almost 4X from 1.3 (1999) to 5.1 (2013) per 100,000.

www.ihs.gov/newsroom/pressreleases/2015pressreleases/new-effort-targets-drug-overdoses-in-indian-country
Opioid overdoses driving increase in drug overdoses overall

Drug overdose deaths involving opioids, by type of opioid, United States, 2000-2014

Deaths involving any opioid
Natural & semi-synthetic opioids (e.g., oxycodone, hydrocodone)
Heroin
Other synthetic opioids (e.g., fentanyl, tramadol)
Methadone

SOURCE:

www.cdc.gov/drugoverdose

References

www.cdc.gov/drugoverdose/data/analysis.html
Responding to the Heroin Epidemic

PREVENT People From Starting Heroin
- Reduce prescription opioid painkiller abuse.
- Improve opioid painkiller prescribing practices and identify high-risk individuals early.

REDUCE Heroin Addiction
- Ensure access to Medication-Assisted Treatment (MAT).
  - Treat people addicted to heroin or prescription opioid painkillers with MAT which combines the use of medications (methylone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

REVERSE Heroin Overdose
- Expand the use of naloxone.
  - Naloxone, a life-saving drug that can reverse the effects of an opioid overdose when administered in time.

SOURCE: CDC Vitaeings, July 2015
Office of National Drug Control Policy (ONDCP)

Prescription Drug Abuse Epidemic strategy

• Includes
  • Responsible prescribing practices
  • Optimized patient monitoring through routine use of PDMP data and urine drug testing
  • **Provide early access to naloxone**
    • Expand and Evaluate Screening for Substance Use in All Health Care Settings, specifically Screening, brief intervention and referral to treatment (SBIRT)

• Goal - Getting Naloxone where it is needed

Surgeon General

Asking Prescribers to **take the pledge** to turn the tide on the opioid crisis

1. Treat pain safely and effectively
2. Screen patients for OUD and provide/connect them with treatment
3. Talk and treat as a chronic illness not a moral failing

http://turnthetiderx.org
SAMSHA Overdose Toolkit

• Updated in 2016
• Material to **develop practices and policies** to help prevent opioid-related overdoses and deaths

“Consider prescribing naloxone along with the patient’s initial opioid prescription

http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742
Indian Health Service

Opioid Dependence Management

• **Tools** to promote safe and effective therapies and reduce medication misuse and diversion

  “Early access to the opioid reversal agent Naloxone through community-based models has demonstrated positive outcomes during its use in the last decade.”

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Co-Prescribing of Naloxone with Chronic Opioids

Early access to the opioid reversal agent Naloxone through community-based models has demonstrated positive outcomes during its use in the last decade. Pain patients and their loved ones can be educated on overdose symptoms of intranasal naloxone in the community setting. Prescribers and pharmacists given prescriptive authority can identify patients at high risk for overdose. Pharmacists working on the frontline can be invaluable in identifying providing access to naloxone, as well as educating on signs and symptoms of overdose—this can potentially reduce overdose deaths. Pharmacists with prescriptive authority should be encouraged to provide naloxone along with mucosal atomization device and user training at the time of dispensing of chronic opioid prescriptions.

Consider co-prescribing naloxone in these situations:

- Recently rotated to a new opioid
- Prescribed morphine equivalent daily (MED) dose of 50mg or more
- On long-acting opioids, particularly if in conjunction with short-acting opioids

https://www.ihs.gov/odm/overdose-prevention-treatment/naloxone-prescribing/
Legislation
(as of August 2016)

• Increased Naloxone Access Law
  • 47 states and Washington D.C.
    • Third-party prescribing
    • Behind-the-counter medication for pharmacists dispensing
  • New Mexico was the first in 2001

• Since 2014 more than 150,000 laypeople had received naloxone training
  • More than 26,000 reported overdose reversals
Legislation (as of August 2016)

• Overdose Good Samaritan Laws
  • 37 states and Washington D.C.
  • Provides immunity to those experiencing or observing an overdose from supervision violations or low level drug possessions when seeking emergency assistance

• Good Samaritan Laws
  • Protect health care providers

Tribal Codes

• Good Samaritan laws may not be applicable on tribal lands
• Be familiar with local tribal codes/laws
• If there isn’t a tribal code/law, consider working with the tribal leaders to develop one
Good Samaritan and Naloxone Access Laws

State Naloxone and Good Samaritan Legislation

as of December, 2015

(Please check the individual statute as the language is nuanced and varies from state to state.)

Source: Office of National Drug Control Policy (ONDCP) searches of state legislative information from the following online databases yielded the information on this chart, and were current as of December, 2015:
https://advance.unl.edu/
https://www.capitoltrak.com/
http://openstates.org/

Prescribing Naloxone
Co-Prescribing Naloxone

Co-Prescribing Naloxone concurrently with opioid prescriptions as part of risk mitigation

• Opioids can cause fatal respiratory depression
• Providing a prescription for naloxone as a reversal medication is similar to providing epinephrine to someone at risk for anaphylactic reactions.
Co-Prescribing Naloxone

- **Opportunity** to discuss risks of opioid medications, responsible use of opioids and possibility of overdoses
  - “Universal Precaution for Opioids”
- **Remove stigma**
  - Change conversation from “high risk patients” to “high risk medications”
  - Incorporate as part of chronic pain treatment plans
- **Educate** on overdose prevention and response

Expanding Naloxone Use

Naloxone Co-prescription

• Coprescribing naloxone to patients prescribed opioids for pain independently reduced opioid-related ED visits
  • Reduced by 47% in the 6 months after
  • Reduced by 63% in the 12 months after

• Naloxone co-prescription to primary care patients have ancillary benefits of reducing opioid-related events in addition to preventing overdose deaths

Who Should Receive a Naloxone Prescription

- **CDC Naloxone Recommendation**
  - Offer to patients at an increased risk for Opioid-Related Harms
    - History of overdose
    - History of substance use disorder
    - Concurrent use with benzodiazepines, alcohol and opioids
    - Intolerance and risk of returning to high dose (recent prison release)
    - On ≥50 MME/day

Who Should Receive a Naloxone Prescription

- **Indian Health Service Recommendations**
  - Recently rotated to new opioid
  - On ≥ 50 MME/day
  - On long-acting opioids particularly in conjunction with short-acting opioids
  - Poly-opioid use
  - Prescribed opioids > 30 days
  - Over the age of 65 years
  - Households with people at risk of overdose (children, someone with substance use disorder)
  - Those with difficulty accessing emergency medical services
  - Concurrent prescriptions or OTC medications that increase risk (Benzodiazepines, antipsychotics, antiepileptics, muscle relaxers, hypnotics, antihistamines)

Identifying High-Risk Patients

- **RPMS Report and Information Processor (RRIP)**
  - Excel-based program that imports the Controlled Substance Management (CSM) report – available through pharmacy
  - Calculates MMEs for patients
    - Can highlight patients above specified MME
  - Calculates average daily MME by division or prescriber
  - Number of controlled prescriptions by drug, division, and prescriber
Identifying High-Risk Patients

• Brief Screening Tools
  • Drug Abuse Screening Test (DAST)
  • CAGE-AID
  • NIDA Modified Assist

• Risk Assessment Tools
  • Screener and Opioid Assessment for Patient’s with Pain-Revised (SOAPP-R)
  • Opioid Risk Tool (ORT)
  • Brief Risk Interview (BRI)
  • Current Opioid Misuse Measure (COMM)
  • Diagnosis, Intractability, Risk, Efficacy (DIRE)

• State Prescription Drug Monitoring Programs
Co-Prescribing Naloxone

Being offered a naloxone prescription may lead to safer opioid use.

U.S. army base Fort Bragg in North Carolina averaged 8 overdoses per month. After initiating naloxone distribution, the overdose rate dropped to zero—with no reported naloxone use.

“[W]hen I prescribe naloxone...there’s that realization of how important this is and how serious this is in their eyes.” — US army Fort Bragg primary care provider

Offering a naloxone prescription can increase communication, trust and openness between patients and providers.

“Best Practice”

Project Lazarus, Wilkes County, NC

- The rate of overdose-related deaths has been reduced
- A greater percentage of prescribers have utilized pain agreements and prescription monitoring programs
- There has been a **26% reduction** in ED visits related to substance use/abuse within North Carolina counties that have implemented and embedded the Project Lazarus model
- Unintentional overdose deaths in Wilkes County have **decreased by 69%** from 2009-2011 and are continuing their downward trajectory

www.ruralhealthinfo.org/community-health/project-examples/870
Providing “Third Party” Prescriptions

• Third party - person who receives the prescription has the expressed intention of using it on another person

• Examples of State Practices
  
  • California passed Assembly Bill 2145 in 2010 that explicitly states that third-party administrators of naloxone are protected from liability in participating counties.
  
  • The Massachusetts Department of Public Health states that third-party administrators are protected in their overdose prevention pilot project guidelines

Collaborative Practice Agreements (CPA)

Protocol for Pharmacists to prescribe and dispense naloxone and provide patient education on risk of opioid overdoses

• Includes
  • Pharmacist Education and Training
  • Patient Screening and Consent
  • Patient Education
  • Provider notification
  • Documentation in electronic chart
First Responders

• Increase access and availability of naloxone in communities
• MOU
• Standardized Training
  • Opioid Overdose
  • Naloxone
  • Administration
• Forms
  • Standing Orders for Naloxone
  • Acquisition
  • Administration
  • Competency
Naloxone

• Opioid antagonist
• Indicated for complete or partial Opioid Overdose reversal
• Not scheduled
• Not able to be abused
• Effective in 3-5 minutes
• Duration of action lasts 60-90 minutes
• On the Indian Health Service National Core Formulary
Evzio® Auto-Injector

Evzio 0.4mg

Evzio 2mg
Evzio® Auto-Injector

• Available through Mckesson
• Voice instructions
• May be administered through clothing
• Automatically retracts needle after administration
• IM injection
• SC injection for < 1 year old by pinching thigh to give dose
Narcan® Nasal Spray

Patient Name: John Doe Date of Birth: ______________

Address: __________________________ Date Prescribed: November 18, 2016

Narcan Nasal Spray 4mg
#1 (Two Pack)
Administer as directed PRN for suspected overdose

DAW / No Substitution

Refills: 2

Prescriber: Sue Smith, MD

Signature: [Signature]
Narcan® Nasal Spray

• Twin-pack
  • ~$75 NSSC/Adapt Pharma
    • Cannot seek reimbursement if directly through Adapt
  • ~$125 McKesson

• May be administered to anyone
  • Pregnant women
  • Children

• May be administered every 2 - 3 minutes until initial response
Patient Education

Prevention
The risks
• Using multiple substances
• Abstinence - low tolerance
• Using alone
• Unknown source
• Chronic medical disease
• Using Long acting opioids

Recognition
Signs of an overdose
• Unresponsive to sternal rub
• Slowed or absent breathing
• Blue lips
• Pinpoint pupils

Response
What to do
• Call for help
• Rescue breaths
• Deliver naloxone and wait 3-5 minutes
• Stay until help arrives

Patient education should be delivered to patient and caregiver/family/friend
Patient Education

- **Are they breathing?** → Call 911 for help
  - Signs of an overdose:
    - Slow or shallow breathing
    - Gasping for air when sleeping or weird snoring
    - Pale or bluish skin
    - Slow heartbeat, low blood pressure
    - Won’t wake up or respond (rub knuckles on sternum)
  - All you have to say:
    - “Someone is unresponsive and not breathing.”
    - Give clear 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, tilt head back, pinch nose closed.
  - Make a seal over mouth & breathe in
  - 1 breath every 5 seconds
  - Chest should rise, not stomach

- **Prepare Naloxone**
  - Are they any better? Can you get naloxone and prepare it quickly enough that they won’t go for too long without your breathing assistance?

  1. Pull or pry off yellow caps
  2. Pry off red cap
  3. Grip clear plastic wings
  4. Gently screw capsule of naloxone into barrel of tube
  5. Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose: one half of the capsule into each nostril
  6. Push to spray

- **Evaluate + support**
  - Continue rescue breathing
  - Give another 2 sprays of naloxone in 3 minutes if no or minimal breathing or responsiveness
  - Naloxone wears off in 30-90 minutes
  - Comfort them; withdrawal can be unpleasant
  - Get them medical care and help them not use more opiate right away
  - Encourage survivors to seek treatment if they feel they have a problem

- **PrescribeToPrevent.org**

- **POISON Help**
  - 1-800-222-1222
  - AAPCC

Source: HarmReduction.org
Naloxone Administration

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

- Nozzle
- 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.
6. Push to spray.
7. If no reaction in 3 minutes, give second dose.

**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.

**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.
Naloxone Resources

- **Indian Health Service**
  - Brochure
  - Consent
  - Documentation
  - Patient Education
  - CPA

- **Prescribe to Prevent**

- **Harm Reduction Coalition**
Naloxone Videos

- [Indian Health Service First Responder](https://www.indianhealth.gov/) (~18 minutes)
- [Prescribetoprevent.org](https://www.prescribetoprevent.org) (~3 minutes)
- [Getnaloxonenow.org](https://www.getnaloxonenow.org) (~20 minutes, interactive)
- [Chicago Recovery Alliance](https://chicagorecoveryalliance.org) (~13 minutes)
- VA Tutorial Video (~7 minutes each)
  - [Evzio](https://www.evzio.com)
  - [Intra nasal kit](https://www.aristoclide.com)
  - [IM kit](https://www.sanofi.com)
Prescribing Considerations

• Consent Forms
  • Important to have written consent form completed by patient or “third party”
  • Sample consent forms
    • Indian Health Service

• Refills
  • Eligible
  • Encourage open communication and non-judgmental environment if patient returns for refill
  • Opportunity to engage in brief negotiated intervention (BNI) to start conversation about treatment
Prescribing Considerations

• Screening Tools
  • Help identify patients at high risk for substance abuse disorders (SUD)
  • Start the conversation about treatment if SUD is present

• Local resources
  • American Society of Addiction Medicine (ASAM) assessment
  • Detox facilities
  • Medication Assisted Treatment options
  • Behavioral health services
  • Support Staff

• Screening, Brief Intervention and Referral to Treatment (SBIRT)
SBIRT Training

SAMSHA – Integrated Health Solutions

• Several available courses

Indian Health Service Training

• SBIRT training
## Reimbursement

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<th>Description</th>
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<td>CPT 99409</td>
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<td>Alcohol and/or drug screening, brief intervention per 15 minutes</td>
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Prescribing Summary

1. Identify patients *(CDC or IHS guidance as a starting point)*
2. Select naloxone product *(work with your pharmacy)*
3. Determine who will provide patient education/training *(many pharmacy CPAs in practice already)*
4. Understand local “Good Samaritan Laws” or Tribal Codes
5. Identify local resources for substance use disorder referrals
6. Identify screening tools for your site
7. Use available [Indian Health Service](https://www.ihs.gov) resources
Conclusion

• **Naloxone saves lives in Indian Country**

• The risk of fatal respiratory depression can occur with prescribed opioids as well as misused/abused opioids and heroin

• Increasing access to Naloxone through co-prescribing provides the opportunity to discuss the risks of opioids with patients in a non-judgmental environment and increase the awareness surrounding opioid overdoses and use disorders

• Successful programs integrate a multi-disciplinary team approach with strong community support and action and include collaborative practice agreements and first responder training
Resources

4. https://www.ruralhealthinfo.org/community-health/project-examples/870

Indian Health Service Opioid Dependence Management
- http://www.ihs.gov/odm

Substance Abuse and Mental Health Services Administration (SAMHSA)
- Opioid Overdose Toolkit: http://www.samhsa.gov
- Behavioral Health Treatment Locator: https://findtreatment.samhsa.gov to search by address, city, or zip code
- State Substance Abuse Agencies: https://findtreatment.samhsa.gov/TreatmentLocator/faces/about.jspx

Centers for Disease Control and Prevention (CDC)
- http://www.cdc.gov/drugoverdose/epidemic
- http://www.cdc.gov/homeandrecreationalsafety/poisoning

White House Office of National Drug Control Policy (ONDCP)
- State and Local Information: http://www.whitehouse.gov/ondcp/state-map

Association of State and Territorial Health Officials
- (ASTHO) ASTHO 214 Policy Inventory: State Action to Prevent and Treat Prescription Drug Abuse: http://www.astho.org/rx/profiles/Rx-Survey-Highlights
- National Association of State Alcohol and Drug Abuse Directors (NASADAD)
  - Overview of State Legislation to Increase Access to Treatment for Opioid Overdose:

American Association for the Treatment of Opioid Dependence (AATOD)
- Prevalence of Prescription Opioid Abuse: http://www.aatod

Prescribe to Prevent
- http://www.prescribetoprevent.org