Naloxone for Opioid Overdose - Pharmacist Prescribing

Objectives
- Following completion, participants will understand:
  - Record requirements/maintenance
  - Patient information & education materials
  - Informed consent & privacy
  - Prescription requirements
  - Appropriate use and compliance with the Prescribing Naloxone Protocol as approved by:
    - New Mexico Board of Pharmacy, Medical Examiners, Nursing

Board of Pharmacy Requirements
- RPhs must complete certification prescriptive authority training
- RPhs must maintain this certification by completing 2 hours of live CE every two years
- Failure to do so will require full course completion again

Prescriptive Authority Requirements
- Include a primary option of naloxone administration & include the following contents:
  - The pharmacist will be responsible for the dispensing/assembly of:
    - Two naloxone 2mg/2ml prefilled syringes
    - Two intranasal trumpet devices
    - Educational handouts containing:
      - Instructions on how to administer, information on overdose prevention, recognizing overdose, responding to overdoses, and aftercare information (refill info)
  - Other FDA approved products may be used

Pharmacy Workflow
1) Patient is screened & evaluated
2) Patient consent form completed and signed
3) Hardcopy written
4) Adjudicate claim
5) Fill & dispense
6) Educate patient (handouts)
7) Notify patient’s PCP within 15 days of the original prescription

So Who Is High Risk?

Be Curious, Not Judgmental… Walt Whitman
Patient Screening

YES TO NALOXONE

- If a patient is prescribed any long-acting opioid (oxycodone ER, oxymorphone ER, morphine ER, transdermal fentanyl, methadone or buprenorphine)
- A high daily dose of opioid is prescribed
- Prescribed opiates or opioid use greater than 30 days
- History of or current polyopioid use
- Concurrent prescription or OTC medication that could potentiate the CNS and respiratory depressant properties of opioid medications (i.e. such as benzodiazepines, antipsychotics, Carisoprodol, and/or antihistamines)

YES to NALOXONE

- Professional judgment examples…
  ◦ Heroin user comes to you for needles
  ◦ Patient calls for drug IDs
  ◦ Patient has kids having sleep overs
  ◦ Patients purchasing drug testing kits
  ◦ Patients with opiate refills too soon
  ◦ Patients who often take meds twice by mistake

Contraindication

- Hypersensitivity to naloxone
  ◦ Does not cause harm if a patient takes this and there is no overdose of opioids involved

Precautions/Warnings

- Abrupt reversal of opioid depression may result in:
  ◦ nausea, vomiting, sweating, tachycardia, increased blood pressure, and tremulousness
- Abrupt reversal of opioid effects in persons who are physically dependent on opioids may precipitate an acute withdrawal syndrome which may include, but not limited to:
  ◦ body aches, fever, sweating
  ◦ runny nose, sneezing
  ◦ piloerrection
  ◦ yawning or weakness
  ◦ shivering or trembling, nervousness, restlessness, or irritability
  ◦ diarrhea, nausea, vomiting or abdominal cramps
  ◦ Increase in BP or tachycardia

Precautions/Warnings

- Known or suspected physical dependence on opioids; naloxone will precipitate withdrawal symptoms within minutes after administration and will subside in about 2 hours
  ◦ Observe patients for recurrence of respiratory depression and other narcotic effects for at least 2 hours after the last dose of naloxone
Precautions/Warnings

- Acute toxicity caused by levopropoxyphene; naloxone is not effective
- Agitation; excessive doses of naloxone may result in significant reversal of analgesia
- Newborns of mothers suspected of long-term opioid use; do not administer naloxone due to risk of seizures and/or acute withdrawal

Adverse Reactions (<10%)

- Naloxone produces no adverse effects in opioid naïve or nondependent patients
- Rapid reversal of acute opioid overdose in the nondependent patient may precipitate an adrenergic response
  - mydriasis, tachycardia, tremor or mild increase in BP
- Rapid reversal may precipitate opioid withdrawal in opioid dependent patients

Patient Education

- Once the patient is identified to be at high risk and naloxone is dispensed, you will provide:
  - Overdose prevention education and training
    - Includes proper administration of nasal naloxone and required immediate medical follow-up after use
  - Face-to-face education is required on the proper use of the naloxone (plan for ADEs)
  - **A designated rescue person or persons must be identified by the patient**

Patient Education

- Patients will be provided educational material and a handout describing administration
- Family member, caregiver, and/or friend strongly encouraged to attend (discretion of the prescribing pharmacist to receive training)
- Follow-up training and reinforcement is encouraged, provide your contact information for questions/concerns
- In the event the naloxone is used or expired, the patient will return to you for a new script
- Reporting forms should be faxed to the NM Poison Center using the provided Fax Cover Sheet

Informed Consent & Privacy

- Before giving your consent, understand the pros and cons of the naloxone rescue kit
- Do not sign your name at the end of this form until you have read and understood each section
- Do not sign until the pharmacist has answered your questions and can witness your signature
- This information is confidential

Prescription/Record Requirements

- Hardcopy/Rx number filed x 3 yrs
- Duplicate label copy (on consent)
- Consent form with patient information
- Date and documentation of primary care provider notification of the prescription
Barriers to Care and Potential Legal Issues

- Time and workload
  - Get technicians involved within their BOP allowable functions
- Reimbursement
  - Currently CMS is working on administrative fees to be included in payment
- Service is covered under your malpractice as within the scope of a NM pharmacist
- Stocking nasal trumpet issues

Legal Areas

- Consider consulting with employer to legal team to ensure they support this clinical outreach
- Explain this is within the scope of a New Mexico pharmacist as per legislation and approved protocol

Summary

- The Oath of a Pharmacist gives us the opportunity to help patients
- Patients trust our clinical judgment
- This prescriptive authority can and will save lives
- Pharmacists can make a significant impact on our overdose death concerns in New Mexico

Ordering Info.

1) Order via drop ship through Cardinal, McKesson, Anda
2) Order directly through Health Care Logistics 1-800-848-1633 or gohcl.com
3) Order directly through LMA MAD Nasal 1-800-788-7999 or www.lmana.com
4) Order directly through EMP, Inc. at 1-800-558-6270 or www.buyemp.com/product/mad-mucosal-atomization-device

Completion

- Please submit your eval forms or email them to Julie Weston
- CE will get posted to your NABP eprofile
- Begin prescribing

Patient: Jane Smith  
Date: 03/20/2014  
Dob: 03/25/1980  
Naloxone Rescue Kit (one 2ml prefilled syringe + 1 LMA MAD)  
Use one-half spray in each nostril as needed for overdose  
#2ml  
Refills: 0  
Prescriber: Bachyrycz, Amy  
(505) 299-9541