

Naloxone for Opioid Overdose - Pharmacist Prescribing

New Mexico Pharmacists Association
& Project ECHO
2014

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)

Patient Screening YES TO NALOXONE

- Elderly patients (> 65) receiving an opioid prescription
- Households with people at risk of overdose, such as children and/or someone with a substance abuse disorder
- Patients who may have difficulty accessing EMS (i.e. distance, remoteness, lack of transportation, homelessness, and/or without phone services)
- Patients as determined by using your professional judgment

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
 - piloerection
 - yawning or weakness
 - shivering, 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 levorpropoxyphene; 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