

Section IV:

Project Lazarus Appendix

IV.I Naloxone

Details on how to order and prescribe naloxone are given in this section of the appendix.



Naloxone can reverse an overdose caused by opioids. With a naloxone kit the steps to responding to an overdose become simplified by providing step-by-step picture instructions and keeping necessary materials organized in one location.

Who Should Have a Project Lazarus Rescue Kit?

Anyone using or in contact with a user of opioids, such as heroin or prescription pain relievers like oxycodone, methadone, or hydrocodone, should have naloxone available.

What Is In a Project Lazarus Rescue Kit?

Rescue kits are available through Project Lazarus that can help simplify bystander naloxone use. Individuals can order kits for themselves or clinics can order in bulk for distribution. The kit provides everything necessary for a nasal rescue except the naloxone vials.

Kit Contents

Two nasal atomizers, a step-by-step naloxone use guide (English & Spanish), and an overdose prevention DVD are all included in a small durable hard plastic container for just \$12.

How Do I Order a Rescue Kit?

There are three ways to order rescue kits:

- Through the Project Lazarus website at this link:
<http://www.projectlazarus.org/naloxone-od-antidote/naloxone-kit-order-form>
- By email at: rescuekit@projectlazarus.org. Complete form, scan, and email back or fax to 866-400-9915.
- Call 336-667-8100 and request by phone.

How Do I Get Naloxone?

Since naloxone is a prescription medication, speak with a health care provider about getting a naloxone prescription or look for a community public health program that distributes naloxone kits. An overdose program locator can be found at: <http://www.overdosepreventionalliance.org/p/od-prevention-program-locator.html>.

What are the risk factors of an overdose?

Changes in tolerance after a period of abstinence, such as incarceration, hospitalization or outpatient/inpatient treatment, increase the risk of an overdose. Taking other substances such as alcohol, benzodiazepines, anti-depressants and illicit drugs with an opioid may cause overdose. Other risk factors may depend on co-morbid physiological and biological factors such as emphysema, asthma, sleep apnea, COPD, heavy smoking, renal issues and metabolism rate. An overdose occurs when the body consumes more opioids than can be tolerated and the aforementioned factors increase the likelihood of an overdose.

Where Can I Learn More?

Prescribe to Prevent: prescribetoprevent.org/

Naloxone Info: naloxoneinfo.org/get-started/about-naloxone

UptoDate: uptodate.com/contents/naloxone-drug-information

Project Lazarus: projectlazarus.org/naloxone-od-antidote

Treatment Options: findtreatment.samhsa.gov/



Prescription drug overdose is an increasing problem in North Carolina. Health centers can play a role in reducing overdose deaths by educating people and giving them access to the opioid antidote naloxone. With naloxone in hand, bystanders can reverse overdoses and save lives.

Naloxone programs could be useful in any medical clinic, especially community clinics, federally qualified health centers, (FQHC), opioid treatment programs, (OTP), and pain clinics. Clinic naloxone programs can take a variety of shapes: ranging in size, scope, and cost. A program could be as simple as writing prescriptions to patients who ask for naloxone, or as complex as handing out complete naloxone kits and holding training classes. The type of program will depend on feasibility and patients' needs. Here is information to get a program started and ideas to consider when expanding a program further. Please contact Project Lazarus if you would like more information and guidance.

Start Prescribing

The simplest and fastest approach is to encourage providers to prescribe naloxone. Here are the steps to prescribing naloxone:

1. Educate patients on how to recognize an overdose, how to respond with naloxone, and how changes in tolerance can increase the risk of opioid overdose. (See risk factors and signs of an overdose, page 2.)

2. Write a prescription for either nasal or intramuscular naloxone hydrochloride.

Nasal Naloxone: 2x 2mg/2ml pre-filled Luer-Lock ready needleless syringes (NDC 76329-3369-1). The atomization devices (MAD 300) can be purchased by patients through a pharmacy or obtained in a Project Lazarus Rescue Kit. (See below.)

Intramuscular Naloxone: 2x 0.4mg/ml single dose 1 ml vials (NDC 0409-1215-01) and 2x intramuscular syringes (23 gauge, 3cc, 1 inch).

3. Gauge patient's interest in behavioral change. As appropriate, present support services and treatment options.

Liability

Prescribing naloxone to patients at risk of an opioid overdose is legal.¹ Some states, including North Carolina, have passed laws that protect providers who write prescriptions for friends and family members in contact with people at risk of an opioid overdose.² The bill absolves civil liability for providers who write naloxone prescriptions.

Prepare Pharmacies

Most outpatient chain pharmacies do not carry naloxone. Before sending off prescriptions, alert local pharmacies so they can start stocking naloxone and the atomization devices, unless purchasing a Project Lazarus Rescue Kit which contains the nasal atomizers. There might also be some pharmacies that are interested in partnering with the clinic on overdose prevention. Reach out to pharmacies to see if a pharmacy wants to be involved in your effort. The clinic could also order naloxone directly from the manufacturer: nasal at Amphastar and intramuscular at Hospira, or through distributors.

Cost Considerations

The type of naloxone administration needs to be considered whether it is being paid for by the clinic or patient. Nasal administration is more expensive, about \$25 per dose with atomizer, compared to \$5 per dose for intramuscular. The intramuscular administration requires drawing naloxone from a vial into a syringe and using a needle. Atomizers, which are needed for nasal delivery of naloxone, are not covered by insurance and increases the cost of kits. Educational materials and people's time are also not free. Overdose prevention education could be a part of a Screening, Brief Intervention and Referral to Treatment (SBIRT), which can be billed as CPT 99408, G0396, or H0050.

Develop a Naloxone Policy

A policy should outline how naloxone will be offered to patients, when patient education will take place, what information will be given, how the program will be paid for, and who is responsible for documenting kit distribution and restocking supplies. Here are some options to consider when developing a program.

- *Initiate Conversation or Respond to Patients?*

How will conversations about naloxone begin? The approach can be passive, using signs to let patients know that

naloxone is available, or more proactive, where prescriptions could be offered to any patient getting an opioid analgesic prescription. The tactic might vary by physician, but there needs to be some indication that the clinic is willing to talk to patients about naloxone.

- *Patient Education Handouts or Conversations?*

Information about overdose prevention and naloxone use could be conveyed through a conversation, video or handout. The conversation could be with a medical provider or a different health center staff member. The discussion could occur as part of a patient visit, or if there were enough interest, classes could be organized to train people to recognize and respond to an overdose.

- *Educate Patients about what are the risk factors of an overdose?*

Changes in tolerance after a period of abstinence, such as incarceration, hospitalization or outpatient/inpatient treatment, increase the risk of an overdose. Taking other substances such as alcohol, benzodiazepines, anti-depressants and illicit drugs with an opioid may cause overdose. Other risk factors may depend on co-morbid physiological and biological factors such as emphysema, asthma, sleep apnea, COPD, heavy smoking, renal issues and metabolism rate. An overdose occurs when the body consumes more opioids than can be tolerated and the aforementioned factors increase the likelihood of an overdose.

- *Educate Patients about what are the signs of an opioid overdose?*

- Unresponsiveness to stimulation, such as a sternal rub
- Shallow or absent breathing
- Blue or ashen lips

- *Prescriptions or Distribution?*

Naloxone can be offered to patients as a prescription that they fill at a pharmacy or distributed directly from the clinic. Naloxone is covered by most insurance, including North Carolina Medicaid. To make sure that patients get naloxone, the clinic could order naloxone to distribute on its own or as part of a rescue kit.

- *Individual Prescription or Standing Order?*

If a clinic is going to distribute naloxone from the office, a standing order could be used to separate naloxone education from the medical visit. A standing order would enable clinic staff to evaluate a patient's need for naloxone and train them, rather than making it part of the medical provider's visit.

- *How does a Health Center Naloxone Program order Project Lazarus Rescue Kits?*

Kits are available through Project Lazarus and can help simplify bystander naloxone use. The rescue kit keeps all materials together, includes step-by-step instructions for responding to an overdose, and contains 2 nasal atomizers. Patients can order kits for themselves for \$12 or a clinic can order in bulk for distribution. There are three ways to order rescue kits:

1. Orders can be placed through the Project Lazarus website at this link:
<http://www.projectlazarus.org/naloxone-od-antidote/naloxone-kit-order-form>
2. Order forms can be requested by email at rescuekit@projectlazarus.org. Complete form, scan, and email back or fax to 866-400-9915.
3. Call 336-667-8100 and request by phone.

More information

Prescribe to Prevent: prescribetoprevent.org

Naloxone Program Development Guide: harmreduction.org/issues/overdose-prevention/tools-best-practices/manuals-best-practice/od-manual/

Naloxone Info: naloxoneinfo.org

Project Lazarus: projectlazarus.org

UptoDate: uptodate.com/contents/naloxone-drug-information

1. Davis C, Webb D, Burris S. Changing law from barrier to facilitator of opioid overdose prevention. The Journal of Law, Medicine and Ethics. 2013; 41 (s1)33-36.

2. Good Samaritan Law/Naloxone Access, NC [statue on the internet]. c2013 [cited 2013 July 6]. Available from: ncleg.net/Sessions/2013/Bills/Senate/HTML/S20v7.html

Naloxone can reverse an overdose caused by opioids. With a naloxone kit the steps to responding to an overdose become simplified by providing step-by-step picture instructions and keeping necessary materials organized in one location. Educate patients on how to recognize an overdose, how to respond with naloxone, and how changes in tolerance can increase the risk of opioid overdose. Educational materials and people's time are not free. Overdose prevention education could be a part of a Screening, Brief Intervention and Referral to Treatment (SBIRT), which can be billed as CPT 99408, G0396, or H0050.

The Project Lazarus Rescue Kit

Rescue kits are available through Project Lazarus that can help simplify bystander naloxone use. Individuals can order kits for themselves or clinics can order in bulk for distribution. The kit provides everything necessary for a nasal rescue except the naloxone vials.

Kit Contents

Two nasal atomizers, a step-by-step naloxone use guide (English & Spanish), and an overdose prevention DVD are all included in a small durable hard plastic container for just \$12.

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How Do I Prescribe Naloxone?

Naloxone can be legally prescribed to those at risk of an opioid overdose or the family/friends of someone at risk. To complete a Project Lazarus rescue kit, a prescription should be written for 2x 2mg/2ml pre-filled Luer-Lock ready needleless syringes (NDC 76329-3369-01). Refer to the Prescribe Naloxone Today information sheet to learn more.

Where Can I Learn More About Naloxone?

Prescribe to Prevent: prescribetoprevent.org/

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UptoDate: uptodate.com/contents/naloxone-drug-information

Project Lazarus: projectlazarus.org/naloxone-od-antidote

Treatment Options: findtreatment.samhsa.gov/

Steps to Prescribing Nasal Naloxone

1. Educate patients on how to recognize an overdose, how to respond with naloxone, and how changes in tolerance can increase the risk of opioid overdose. (See risk factors and signs of an overdose on right.) Educational materials and people's time are not free. Overdose prevention education could be a part of a Screening, Brief Intervention and Referral to Treatment (SBIRT), which can be billed as CPT 99408, G0396, or H0050.
2. Write a prescription for either nasal or intramuscular naloxone hydrochloride.
 - Nasal Naloxone: 2x 2mg/2ml pre-filled Luer-Lock ready needleless syringes (NDC 76329-3369-1). The atomization devices (MAD 300) can be purchased by patients through a pharmacy or obtained in a Project Lazarus Rescue Kit. (See below.)
 - Intramuscular Naloxone: 2x 0.4mg/ml single dose 1 ml vials (NDC 0409-1215-01) and 2x intramuscular syringes (23 gauge, 3cc, 1 inch).
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Frequently Asked Questions About Naloxone

Is prescribing naloxone legal?

Prescribing naloxone to patients at risk for an opioid overdose is legal.¹ Some states, including North Carolina, have passed laws that protect providers who write prescriptions for friends and family members in contact with people at risk of an opioid overdose.²

What are the benefits and risks in using naloxone?

Naloxone is an effective, non-addictive opioid antagonist that can reliably reverse an overdose and is not a controlled substance. Community-based organizations have been successfully training bystanders to use naloxone for over 15 years.³ The risks lie in the rapid onset of withdrawal symptoms and naloxone's short half-life. When someone is revived by naloxone they can vomit, be agitated, and have diarrhea, body aches, rapid heart rate, and increased blood pressure. Naloxone wears off faster than some extended-release opioids and there is the potential for someone to overdose again, although this is rarely observed in community-based programs. Patients should be encouraged to call 911.

What are the risk factors of an overdose?

Changes in tolerance after a period of abstinence, such as incarceration, hospitalization or outpatient/inpatient treatment, increase the risk of an overdose. Taking other substances such as alcohol, benzodiazepines, anti-depressants and illicit drugs with an opioid may cause overdose. Other risk factors may depend on co-morbid physiological and biological factors such as emphysema, asthma, sleep apnea, COPD, heavy smoking, renal issues and metabolism rate.

An overdose occurs when the body consumes more opioids than can be tolerated and the aforementioned factors increase the likelihood of an overdose.

What are the signs of an opioid overdose?

- Unresponsiveness to stimulation, such as a sternal rub
- Shallow or absent breathing
- Blue or ashen lips

How to respond to an overdose?

- Call 911
- Start rescue breathing
- Administer naloxone
- Put the person in recovery position
- Stay with the person until help arrives

How is nasal naloxone used?

Assemble the vial, syringe, and atomizer. Spray half of the naloxone into each nostril. If the person does not wake up in five minutes, use the second vial of naloxone. There are instructional videos in the links below.

Where to learn more?

Prescribe to Prevent: prescribetoprevent.org/

Naloxone Info: naloxoneinfo.org/get-started/about-naloxone

Up-to-date: uptodate.com/contents/naloxone-drug-information

Project Lazarus: projectlazarus.org/naloxone-od-antidote

Treatment Options: findtreatment.samhsa.gov/

1. Davis C, Webb D, Burris S. Changing law from barrier to facilitator of opioid overdose prevention. *The Journal of Law, Medicine and Ethics*. 2013; 41 (s1):33-36.

2. Good Samaritan Law/Naloxone Access, NC. c2013 [cited 2013 July 6]. Available from: <http://www.ncleg.net/Sessions/2013/Bills/Senate/HTML/S20v7.html>.

3. Wheeler E, Davidson PJ, Jones TS, Irwin KS. Community-based opioid overdose prevention programs providing naloxone-United States, 2010. *Morbidity and Mortality Weekly Report* 2012; 61(06):101-105.



Naloxone Rescue Kit Order Form

Contact Name: _____

Date: _____

Phone: _____

Email: _____

Shipping Address: _____

Organization Name: _____

Type of Organization:

- | | |
|--|---|
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Treatment Facility |
| <input type="checkbox"/> Health Center | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Household | <input type="checkbox"/> Other: _____ |

Number of Kits: _____

Cost: _____ (number of kits x \$12)

Would you like to make a donation?

Amount: _____

Total Included: _____

Payment Type:

- ☐ Check (pay to the order of Project Lazarus)
☐ Invoice Later

Thank you for your efforts to stop overdose deaths.

Please allow two weeks for shipping.



P.O. Box 261, Moravian Falls, NC 28654 USA +1.336.667.8100 projectlazarus.org info@projectlazarus.org

