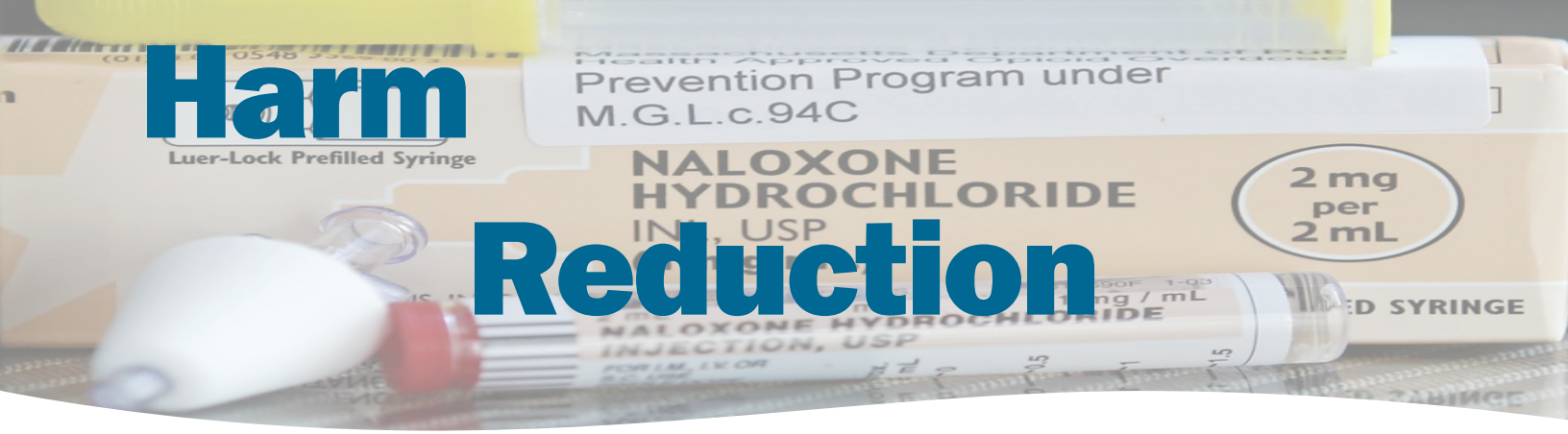

Reduction

Why Am I Needed?

Health Care Centers & Providers: Health centers can play a role in reducing overdose deaths by educating people and giving them access to the opioid antidote naloxone. 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.

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.

The steps to prescribing naloxone are as follows:

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. Overdose prevention education could be a part of a Screening, Brief Intervention, or 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).

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

Households: 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. 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.

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What Do I Need to Know?

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.

Rescue kits are available through Project Lazarus that can help simplify bystander naloxone use. Individuals can order kits for themselves or
clinics and prescribers can order in bulk for distribution. The kit provides everything necessary for a nasal rescue except the naloxone vials, including two nasal atomizers, a step-by-step naloxone use guide (English & Spanish), and an overdose prevention DVD and comes in a small durable hard plastic container for $12.

There are three ways to order rescue kits:
Project Lazarus website at this link:
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.

P.O. Box 261, Moravian Falls, NC 28654 USA +1. 336.667.8100 projectlazarus.org info@projectlazarus.org

What Needs To Be Done?

- 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.

- ***Take Correctly, Store Securely, Dispose Properly, Store Securely.*** ™

Resources

Prescribe to Prevent:
www.prescribetoprevent.org/

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

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

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

Project Lazarus Pain Patient Video:
http://www.projectlazarus.org/patients-families/videos

Treatment Options:
www.findtreatment.samhsa.

For more information visit
projectlazarus.org
or call
+1.336.667.8100

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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
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.