

Naloxone and Combating the Opioid Epidemic

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Objectives

- Discuss the current opioid crisis
- Define the role of Naloxone in opioid overdose
- Analyze the barriers to dispensing Naloxone to opioid patients

Patient – Prescription - Professional

- This topic will touch on all 3 Ps – Patient, Prescription, and Professional

Prescription Opioids

- Fentanyl
- Oxycodone
 - Immediate release
 - Extended release - Oxycontin
- Morphine
 - Immediate release
 - Extended release – MS Contin
- Hydrocodone
- Codeine

Opioid Uses

- Pain
 - Acute
 - Post Operative
 - Recent Injury
 - Chronic
 - Cancer
 - Back Pain

Opioid Side Effects

- Dependence
 - Can lead to withdrawal symptoms
- Drowsiness
- Nausea
- Constipation
- Slowed Breathing
- Overdose

Brief History of Combating Opioid Abuse

- Pharmacy drop off window
- Hotline
- Prescription Drug Monitoring Program

Pharmacy Drop Off Window

- Analyzing patient
 - Nervous
 - Overly friendly
- Analyzing the prescription
 - Quantity
 - Strength
 - Physician signature
- Calling physician to ensure validity

Hotline

- Fax network of local pharmacies
 - Send fax to the next pharmacy in the circle and to the pharmacy half way across the circle
- Somewhat effective
 - Fax rarely reached every pharmacy
 - Did stop some habitual offenders

Prescription Drug Monitoring Program

- Electronic format legislation passed in ND in late 2006
- Pharmacies are required to report all Control substance prescriptions electronically to the database
- Allows access to healthcare workers as well as law enforcement
- Significantly changed the ability of patients to use multiple providers and pharmacies



Opioid Epidemic Causes

- Addictive Properties of Medication
- Manufacturer Marketing
- Over Prescribing
 - Unethical Providers
 - Patient Demands
- Drug Seeking Behavior
- Medication Availability at Home

Opioid Use Disorder

- A clinically recognized disorder involving opioid misuse
- Involves having 2 or more criteria in a 12 month period
- Can be mild, moderate or severe

Table 1. Diagnostic Criteria for an Opioid-Use Disorder. ^a
Use of an opioid in increased amounts or longer than intended
Persistent wish or unsuccessful effort to cut down or control opioid use
Excessive time spent to obtain, use, or recover from opioid use
Strong desire or urge to use an opioid
Interference of opioid use with important obligations
Continued opioid use despite resulting interpersonal problems, social problems (e.g., interference with work), or both
Elimination or reduction of important activities because of opioid use
Use of an opioid in physically hazardous situations (e.g., while driving)
Continued opioid use despite resulting physical problems, psychological problems, or both
Need for increased doses of an opioid for effects, diminished effect per dose, or both [†]
Withdrawal when dose of an opioid is decreased, use of drug to relieve withdrawal, or both [‡]

^a If two or three items cluster together in the same 12 months, the disorder is mild; if four or five items cluster, the disorder is moderate; and if six or more items cluster, the disorder is severe. Criteria are from the *Diagnostic and Statistical Manual of Mental Disorders, fifth edition.*¹

[†] If the opioid is taken only as prescribed, this item does not count toward a diagnosis of an opioid-use disorder.

[‡] See *Journal of the American Academy of Child and Adolescent Psychiatry*, 2015; 54(10):1033-1040.

Opioid Overdose

- 1st dose overdose
 - Laced with other meds
 - Unfamiliar with dosing
- Dependence
 - Can lead to needing higher and higher doses to achieve relief
 - Overdose possible if weaned off and start again at previous dose
- Combining with other medications
 - Benzodiazepines
 - Sleep medications
 - Muscle Relaxants

Symptoms of Opioid Overdose

- Slow heartbeat
- Clammy skin
- Blue fingers or lips
- Shallow or no breathing
- Unable to be woken up

Naloxone

- Used to immediately reverse overdose
- Safe
 - Has no effect on a person who has not taken opioids
- Works to block the effects of opioids at the receptor level
- Works temporarily
 - Still need to seek immediate medical attention

Naloxone

- Available at many ND pharmacies with a prescription from a pharmacist
- Comes in multiple forms
 - Nasal spray
 - Brand and generic
 - Injection
 - Brand and generic

Naloxone Product Comparison for Community Programs

	Intramuscular injection: naloxone		Intranasal spray: naloxone	
Product	 Hydromorphone injection	 Naloxone injection	 Naloxone nasal spray vial	 Naloxone nasal spray vial
Package	2 single use 1 mL vials, Rescriptor 2, 100mcg/mL (10 mg/100 mL), 100, 1.5 L, 3L, and 100mg/10mL	Two vials of auto injector devices	2 Lantana [®] (one Lantana 201, one Lantana 401), two vials of auto injectors, two vials of auto injectors (4010, 4015) and necessary	Two vials of autoinjector devices and autoinjector packs
Administration	 Inject 1 mL in the upper or thigh	 Push button to activate device. Press back side firmly on upper thigh for 3 seconds	 Spray into 1 or 2 nostrils each nostril	 Spray into one or two nostrils
Strength	1 mg/mL	1 mg/1 mL	1 mg/mL	1 mg/1 mL
Storage	40-75°F (room temp), light	50-77°F (room temp), light	50-77°F (room temp), light	50-77°F (room temp), light
Cost	\$	\$14*	\$1	\$1*
*Special pricing for disaster programs is available. See manufacturer website.				
MANUFACTURER INFORMATION				
Manufacturer	Alkermes	Alkermes	Alkermes	Alkermes
Web address	alkermes.com	alkermes.com	alkermes.com	alkermes.com
Customer service	877-366-7707	1-800-445-6666	800-445-6666	800-445-6666
NAIC	00000 2111-01	01401 0101-01	01401 0101-01	01401 0101-01

Chart adapted from PrescriptionMonitor.org

Barriers to dispensing Naloxone

- Patient not educated about Naloxone
- Patient doesn't feel they need Naloxone
- Cost
- Pharmacists not enrolled in program

Barriers to dispensing Naloxone

- Patient not educated about Naloxone
 - Patient or caregiver does not understand the potential danger of overdose
 - Patient not aware the product exists
 - Patient thinks Naloxone would be too difficult to use

Barriers to dispensing Naloxone

- Patient doesn't feel they need Naloxone
 - Overdose will never happen to them
 - Naloxone is only for drug abusers
 - "I am in control"

Barriers to dispensing Naloxone

- Cost
 - Narcan nasal spray – \$141.10 for 2 nasal sprays (SPP)
 - Evzio auto injector – \$180 each (Eivio website direct order)
 - Generic Naloxone injection kit – \$34.99 for 2 vials including syringes(SPP)
 - Generic Naloxone nasal spray kit – ???
- Insurance coverage determines which formulation is most affordable

Barriers to dispensing Naloxone

- Pharmacists not enrolled in program
 - All ND pharmacists are eligible to prescribe and dispense Naloxone
 - Easy sign up process
 - No cost to pharmacist or pharmacy
 - Encourage your pharmacists to sign up

Combating those barriers

- One Rx Program **ONE Rx**
 - NDSU program launching this fall
 - Screening worksheet filled out by patient/caregiver either online or on paper
 - Pharmacist uses Opioid Triage Tool to determine overdose risk
 - Fill Naloxone prescription through insurance for those at risk and bring with to counter for counseling

One Rx Pilot Integration at Southpointe

- Patient Intake Form at drop off
- Opioid Risk Tool to determine risk factors
- Opioid Triage Tool determines ORT score
- Pharmacist counseling

Patient Intake Form

Circle patient's gender: MALE FEMALE

Put a check in the box next to those items which apply to the patient.

Family history of substance abuse	Yes
Alcohol	
Illicit Drugs	
Prescription medications	
Personal history of substance abuse	
Alcohol	
Illicit Drugs	
Prescription medications	
Age between 18 - 45 years	
History of prescription opioid abuse	
Psychological issues:	
Depression	
Anxiety	
Attention Deficit Disorder (ADD)	
Obsessive Compulsive Disorder (OCD)	
Bipolar Disorder	
Schizophrenia	
Diabetes	

Circle the age the patient is in: Less than 18 18-44 Greater than 44

Medical history: Check all those which apply to the patient.

asthma depression anxiety COPD/hypertension stroke/seizure heart disease kidney disease

Using this medication is there a chance the patient may experience any of the following? Circle YES or NO for each item.

YES NO Medication causes drowsiness

Examples: Xanax® (alprazolam), Valium® (diazepam), Klonopin® (clonazepam)

YES NO Medication causes mood depression

YES NO Medication causes a crash or rebound

Examples: Tramadol® (tramadol), Vicodin® (hydrocodone)

YES NO Medication used is not to sleep (prescription or over-the-counter)

YES NO Opioid or opioid medication

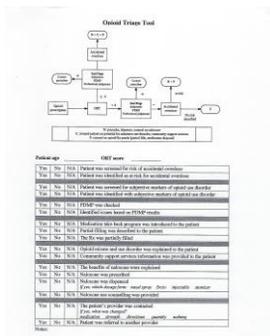
YES NO Alcohol

YES NO Other prescription pain medication

Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management.

	Female	Male
Family history of substance abuse		
Alcohol	1	1
Illicit Drugs	2	3
Prescription medications	4	4
Personal history of substance abuse		
Alcohol	3	3
Illicit Drugs	4	4
Prescription medications	5	5
Age between 18 - 45 years	1	1
History of prescription opioid abuse	3	6
Psychological Issues:		
Attention Deficit Disorder (ADD), Obsessive Compulsive Disorder (OCD), Bipolar, Schizophrenia	2	2
Depression	1	1
Scoring total		
	Low Risk 0-3	
	Moderate Risk 4-7	
	High Risk >7	



One Rx Pilot Project Results

- Increased staff awareness of risks
- Increased patient awareness of risks
- Increased empathy towards patients
- Increased Naloxone dispensing

Pharmacy Technician Role

- Observe Patient at Drop Off
 - Look for signs of intoxication, nervousness
 - Overly friendly
- Check Written Prescription for Discrepancies/Alterations
 - Unfamiliar provider
 - Change in quantity/directions/strength on written scripts
- Check Previous Fill Dates
 - Insurance regulations
 - Must last 30 days

Pharmacy Technician Role

- Have Patient Fill Out Opioid Worksheet
 - One Rx Program
- Check Prescription Drug Monitoring Program
 - Everyone should have their own log in information
 - Integration within software
- Explain the Importance of Disposing Unused Medication
 - Medsafe boxes preferred
 - Local take back programs
 - Coffee grounds/Cat litter

Pharmacy Technician Role

- Screening refills
 - Appropriate on all opioid scripts with refills
 - C-1s
 - Codeine
- Display empathy
- Ask open-ended questions
 - How are you taking this medication?
 - How do you feel this medication is working?

Where to Find Assistance

Location	Services	Contact Information	Hours	Payment Options
Southeast Homeless Service Center	Dual diagnosis services Mental health services Open access walk-in behavioral health assessments Substance abuse treatment	2524 1 st Ave S, Fargo 701-796-6500 nd.gov/hhs/behavioralhealth/mentalhealth	Monday-Friday 8 am-5 pm Open access walk-in Tues-Thurs 12:30 pm-3 pm & Wed 8:30 am-3 pm	Fees are adjusted for income & household size No one will be denied services to services due to inability to pay Private insurance
First Step Recovery, A program of The Village Family Service Center	Assessment & evaluation Consultation Intensive outpatient Partial hospital program	5201 Fichtner Dr, Fargo 701-233-3384 FirstStep-Recovery.com	24 hours a day, 7 days a week Same-day screenings	A Blue Cross/Blue Shield preferred provider Financial assistance may be available Private insurance
The Village Family Service Center	Counseling services Family-based services Online counseling	1291 2 nd St S, Fargo 701-651-6908 thefamily.org	Please call or visit the website to make an appointment	Cash or self-payment Medicaid/Medicare/State insurance plan or charitable government funds Private insurance
ShareHouse	Ask a counselor Chemical dependency COP medications OD residential treatment Mental health services Outpatient CO	4227 1 st Ave SW, Fargo 701-282-6861 sharehouse.org	Daily 9 am-6 pm Walk-in Tumblebug 8:30 am-2:30 pm	Minnesota host county - see CO MILWAUKEE NORWA (outpatient clinic only) Private insurance
Praxis III, John's	Addiction services COP services Free consultations Intensive outpatient Mental health services Partial hospitalization Substance use residential	110 1 st St S, Fargo 701-476-7306 For needs assessments 701-450-1278 or 877-333-9569 praxis-efjames.com	24 hours a day, 7 days a week calls Walk-ins accepted Appointments can be made for the same day	Actual elements program available Financial counselor available Private insurance