
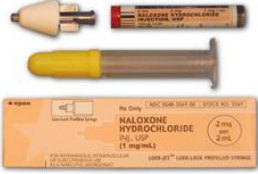




## Improving Naloxone Distribution in Maine

Maine Pharmacist-Provider Task Force, Spring 2018 | Questions, comments, corrections: Nicholss@husson.edu

<b>Types of Naloxone</b>	Naloxone IV Injection	Naloxone nasal kit (contains vial with nasal adapter)	Narcan NS (naloxone nasal spray)	Evzio (naloxone auto-injector)
				
Dose	0.4 – 2mg	2mg-4mg	4mg	2mg <i>(0.4mg no longer made)</i>
Route	IV, SQ, IM	1/2 vial (1mg) sprayed in each nare	4mg dose sprayed in single nare	2mg IM with spoken instructions
Strength Available	1mg/ml (2ml syringe) 0.4mg/ml (vial)	1mg/ml (2ml syringe)	2mg/0.1ml*, 4mg/0.1ml	0.4mg/0.4ml*, 2mg/0.4ml
Storage requirements	59-86 °F (syringe) 68-77 °F (vial) Fragile: Glass.	59-86 °F (syringe) Fragile: Glass.	Store at 59-77 °F Excursions from 39-104 °F	Store at 59-77 °F Excursions from 39-104 °F
Cost (cash)	\$13 (0.4mg vial) \$33-41 (2mg syringe)	\$33-41/dose + \$10/adapter	\$133-141/box (Each box contains two 4mg doses)	\$5,236-5,482/carton (Each carton contains two 2mg autoinjectors)
MaineCare Status <i>(as of 3/2018)</i>	Non-Preferred	Non-Preferred	Preferred, but limited to 2 units (1 box) per 28days	Non-preferred. Use PA form #20420.
Pros	Fast acting, less costly, and easily titratable	Less costly (but not covered by MaineCare)	Easy to administer and less invasive than injections	1. Easy to use with spoken instructions 2. Trainer demo is available for educational purposes.
Cons	Requires needle technique and introduces risk of needle stick injury	1. Pharmacy must have adapter and be willing to put together kit. 2. May not be covered by insurance since it's not FDA approved. 3. Single 2mg dose is often not high enough for synthetic overdoses.	1. Each unit is one dose. 2. May be cost prohibitive for some patients 3. MaineCare limitations on units/months	1. Very expensive. 2. Once the dose is opened, it must be wasted even if it is not used. 3. Each unit is one dose.
Rx and quantity	#2 single-use 1 mL vials PLUS #2 3 mL syringe w/ 23-25 gauge 1-1.5 inch IM needles	#2- 2mL Luer-Jet™ Luer-Lock needleless syringe plus #1 mucosal atomizer devices (MAD-300)	#1 two-pack of two 4mg/0.1 mL Intranasal devices	#1 two-pack of two 2 mg/0.4 mL prefilled autoinjector devices
Prescription Instructions	Inject 1 mL in shoulder or thigh. Repeat after 2-3 minutes if no or minimal response.	Spray 1 ml (1/2 of syringe) into each nostril. Repeat after 2-3 minutes if no or minimal response.	Spray 0.1 mL into one nostril. Repeat with second device into other nostril after 2-3 minutes if no or minimal response.	Inject into outer thigh as directed by English voice-prompt system. Place black side firmly on outer thigh and depress and hold for 5 seconds. Repeat with second device in 2-3 minutes if no or minimal response

\*strength no longer manufactured

## Who should receive a prescription for take-home naloxone?

- People with history of overdose, including those currently receiving care for an opioid overdose.
- People who inject drugs.
- People with opioid use disorder (even those who do not inject), including people released from criminal justice or leaving residential treatment with a history of non-medical use of opioids.
- Patients receiving higher dose opioids (50+ MME).
  - *Shockingly, 1 in 32 patients started on opioid therapy with doses >200 MME died of opioid related causes.<sup>1</sup> The CDC recommends avoiding opioid doses of 90 MME or greater, although OD risk increases with doses as low as 20 MME.<sup>1</sup> Specifically, doses >100 morphine mg equivalents (MME) are associated with overdoses risks of 7-fold higher than doses 1-<20 MME. Risk is 5-fold higher for doses 50-<100 MME, and 2 fold higher for 20-<50 MME vs 1-<20 MME.<sup>2</sup>*
- Patient receiving any dose opioids and are co-prescribed a benzodiazepine or barbiturate.
- Patient receiving any dose opioids who have co-morbid conditions that lead to respiratory compromise (such as sleep apnea or COPD).
- Patients receiving any dose opioids and have an alcohol use disorder.

1. N Engl J Med. 2016 April 21; 374(16): 1501–1504.

2. JAMA. 2011;305(13):1315-1321

## What about payment? Don't forget to bill through other healthcare providers!

- MaineCare:
  - Narcan NS: 2 units per 28 days
  - Evzio: Non-preferred but can be obtained via PA
- Anthem/BCBS:
  - Naloxone 1mg/ml injection (to make kit): \$40 copay
  - Narcan NS: \$40 copay
- Harvard Pilgrim Healthcare:
  - Narcan NS is covered with \$0 copay: 4 units (2 packs) per 30 days
  - Evzio is available via prior auth
- Maine Community Health Options:
  - Narcan NS is the preferred brand
  - Naloxone 1mg/ml injection is the preferred generic

## Naloxone Best Practices:

- Naloxone is part of the greater public health message about harm reduction.
- Motivational Interviewing should be employed including an explanation about why the clinician is concerned enough to offer naloxone.
- It is important to include family and caregivers in the conversation as they are the ones administering the naloxone when necessary.
- If an OUD is diagnosed, patients should be offered treatment including MAT combined with other psychosocial therapies.
- Healthcare providers and systems need to educate the entire practice (from the front desk out) about opioid overdose, take home naloxone, and reducing stigma regarding patients with

substance use disorders. It is important to include local pharmacists and pharmacies in the conversation. Stigma needs to be reduced at providers offices and pharmacies alike.

- Pharmacists are important members of the team and can now prescribe naloxone to patients of any age in Maine
- Law enforcement officers in Maine are now carrying intranasal naloxone
  - The supply from AG office and various grants (e.g. Bangor PD)
    - The AG has purchased naloxone nasal spray from Adapt Pharma since June of 2016 and provided the product to law enforcement agencies.
  - Agencies must provide a written policy respecting the administration of the product, demonstrate that officers have been trained, and sign a MOU.
  - The training for the administration of the naloxone nasal spray has been accomplished locally by EMS personnel, medical facilities, or other qualified healthcare personnel.

### **Naloxone Community Resources:**

- Health Equity Alliance has free naloxone in a number of communities
- Needle exchange programs often have naloxone
- Greater Portland Health
- Milestone home team
- Any veterans enrolled with VA Maine Healthcare System can receive a naloxone nasal kit and overdose education without a copay, but must be prescribed through the VA
- MMC outpatient pharmacy offers naloxone with a sliding scale price based on income
- Naloxone can be prescribed by pharmacists at Hannafords via standing order under Dr. Noah Nesin

### **Naloxone Information Resources:**

- Teaching videos: <http://prescribetoprevent.org/>
- VA Academic detailing site: [https://www.pbm.va.gov/PBM/academicdetailingservice/Opioid\\_Overdose\\_Education\\_and\\_Naloxone\\_Distribution.asp](https://www.pbm.va.gov/PBM/academicdetailingservice/Opioid_Overdose_Education_and_Naloxone_Distribution.asp)
- College of Psychiatric and Neurologic Pharmacists: <https://cpnp.org/guideline/naloxone>
- VA videos illustrating how to use agents:
  - [Narcan NS nasal spray: https://www.youtube.com/watch?v=0w-us7fQE3s](https://www.youtube.com/watch?v=0w-us7fQE3s)
  - [Naloxone nasal spray kit: https://www.youtube.com/watch?v=WoSfEf2B-Ds](https://www.youtube.com/watch?v=WoSfEf2B-Ds)
- Maine Independent Clinical Information Service academic detailing naloxone info:
  - [https://www.mainemed.com/sites/default/files/content/MICIS\\_Naloxone\\_Provider\\_110316%2002.pdf](https://www.mainemed.com/sites/default/files/content/MICIS_Naloxone_Provider_110316%2002.pdf)
  - [https://www.mainemed.com/sites/default/files/content/MICIS\\_Naloxone\\_PatientFlyer\\_041416.pdf](https://www.mainemed.com/sites/default/files/content/MICIS_Naloxone_PatientFlyer_041416.pdf)
- Where to obtain naloxone throughout the country:
  - <http://prevent-protect.org/individual-resources/where-to-get-naloxone/>

- Wabanaki naloxone video:  
[https://www.youtube.com/watch?time\\_continue=5&v=ivJUqxTuS\\_Q](https://www.youtube.com/watch?time_continue=5&v=ivJUqxTuS_Q)

### Frequently Asked Questions:

1. Can a bystander be arrested if they call 911 after an overdose?
  - a. It is recommended to advise patients to minimize risk and get rid of paraphernalia and clean up situation as best as possible to avoid arrest
  - b. Good Samaritan laws protect prescribers and pharmacists
2. What do providers counsel patients about the possibility that overdose victims wake up agitated? How likely is this to happen?
  - a. This is an important part of the provider naloxone education and should be done when naloxone is prescribed and when it is dispensed.
  - b. It is possible that patients will wake up agitated and angry. Uncommonly, people may wake up and be violent. People who administer naloxone should be aware of this possibility and be vigilant and protect themselves during administration and shortly thereafter.
  - c. People who administer naloxone should consider the naloxone reversal patient similar to the patient that has just had a seizure, or just received glucose after an episode of hypoglycemia and provide verbal redirection and de-escalation as well as calming and re-orientation.
  - d. In the event of an unexpected adverse effect or if a patient wakes up combative, back away and call EMS or the police, as indicated
  - e. Experience in a large urban New York fire department found that less than 5% of reversals caused the patient to become agitated, and less than 1% required physical and/or chemical restraint because of combativeness.  
(<http://www.dhss.ny.gov/ofpc/resources/naloxone/documents/naloxone-participant.pdf>)
3. For whom can providers and pharmacists prescribe naloxone (other than the intended for the patient)?
  - a. Family members, friend, or a person in a position to assist (homeless shelters, soup kitchens, etc) are all able to administer naloxone. The good Samaritan law gives immunity.
  - b. Anyone who might witness an overdose should be someone that should consider carrying naloxone therapy
4. Are pharmacists in Maine allowed to prescribe this and if so to whom?
  - a. Pharmacists can prescribe naloxone to patients of any age
  - b. Pharmacist must obtain 2 hours CE in the area (once), which is available via the MSHP website, MPA website (coming Fall 2018), and the UNE website.
5. Who can administer Naloxone, can you say whether clinicians within an organization such as ours would be allowed to do so? We have staff interested in receiving the training, but want to make sure we are on solid ground.
  - a. People with less clinical background than nurses, after training, would be included in the “person in a position to assist” category. A prescriber could write a standing order, or the treating clinicians could prescribe, for the individuals in the program.