

Preventing and treating opioid overdose: A managed care perspective

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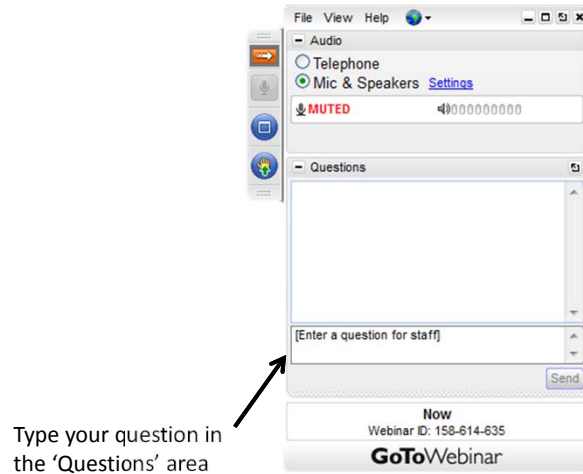
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PREVENTING AND TREATING OPIOID OVERDOSE: A MANAGED CARE PERSPECTIVE

Krystalyn Weaver, PharmD
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Objectives

- Provide a legal and regulatory overview of state level access to opioid overdose antidotes
- Provide guidance on ensuring appropriate medical referral and follow through for patients that have been administered an opioid overdose antidote

About NASPA

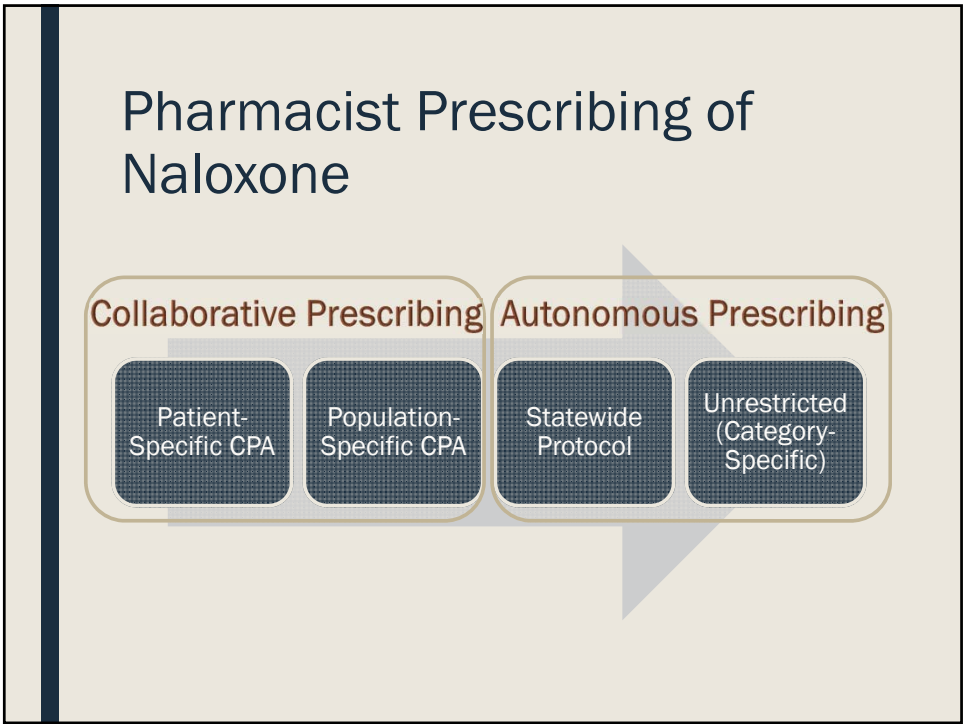
The National Alliance of State Pharmacy Associations (NASPA), founded in 1927 as the National Council of State Pharmacy Association Executives, is dedicated to enhancing the success of state pharmacy associations in their efforts to advance the profession of pharmacy. NASPA's membership is comprised of state pharmacy associations and over 70 other stakeholder organizations. NASPA promotes leadership, sharing, learning, and policy exchange among its members and pharmacy leaders nationwide.

Pharmacists Can Increase Access

- Pharmacists' accessibility and qualifications for increasing naloxone access
 - *Uniquely accessible - WHO: "the health professionals most accessible to the public"*
 - *Doctoral level training with a focus on medication safety, monitoring, and selection*
 - *Access to prescription records from all of the patients' prescribers*
 - *Regularly use PDMPs*
 - *Priority for the profession*
- "APhA supports... laws and regulations that permit pharmacists to furnish opioid reversal agents to prevent opioid-related deaths due to overdose."

LEGAL AND REGULATORY REVIEW

Pharmacists Prescribing Naloxone



Terminology and Definitions Matter

Initiate

Furnish

Sort of...

Prescribe

Dispense
without a
Prescription

Building Consensus on Statewide Protocols

- Step 1: Stakeholder meeting
- Step 2: Develop consensus based document containing:
 - *Recommendations for the model elements of statewide protocol authority*
 - *A template for what elements should be included in the clinical protocol used for pharmacist prescribing under a statewide protocol*
- Step 3: Develop model language based on the consensus based model elements
- Step 4: Develop sample/model protocols that could be used as a ready-to-go resource for states enacting statewide protocols

MEDICAL REFERRAL AND FOLLOW THROUGH

Post naloxone administration

World Health Organization: Community management of opioid overdose

- Recommendation 1: People likely to witness an opioid overdose should have access to naloxone and be instructed in its administration to enable them to use it for the emergency management of suspected opioid overdose.
- Recommendation 2: Naloxone is effective when delivered by intravenous, intramuscular, subcutaneous and intranasal routes of administration. Persons using naloxone should select a route of administration based on the formulation available, their skills in administration, the setting and local context.
- Recommendation 3: In suspected opioid overdose, first responders should focus on airway management, assisting ventilation and administering naloxone.

http://apps.who.int/iris/bitstream/10665/137462/1/9789241548816_eng.pdf

World Health Organization: Community management of opioid overdose

- Recommendation 4: After successful resuscitation following the administration of naloxone, the affected person should have their level of consciousness and breathing closely observed until they have fully recovered.
 - *Strength of Recommendation: Strong*
 - *Quality of Evidence: Very Low*

Rationale

- The half-life of naloxone compared to other opioids
 - *Risk of rebound toxicity*
 - *Ideally observation by properly-trained professionals, especially when overdose is due to long-acting opioids*
 - *At least two hours, even for short-acting opioids like heroin*

Fully Recovered

- Return to pre-overdose levels of consciousness two hours after the last dose of naloxone
- Remind patient not to use opioids and other drugs that will interfere with recovery from the overdose
- “Teachable moment”
 - *Take the opportunity to offer discussion of a range of treatment options*
 - *Train the patient in the prevention and management of any future overdoses*


Resources for More Information

- Naloxone Access: A practical guideline for pharmacists
<https://cpnp.org/docs/guideline/naloxone/naloxone-access.pdf>
- World Health Organization: Community management of opioid overdose
http://apps.who.int/iris/bitstream/10665/137462/1/9789241548816_eng.pdf
- Naloxone for opioid safety: A provider’s guide to prescribing naloxone to patients who use opioids
http://prescribetoprevent.org/wp2015/wp-content/uploads/CA.Detailing_Provider_final.pdf
- PrescribeToPrevent.org

<h1>Preventing and treating opioid overdose</h1> <p>A managed care perspective</p>	<ul style="list-style-type: none">■ Krystalyn Weaver, PharmD<ul style="list-style-type: none">- Vice President, Policy & Operations- National Alliance of State Pharmacy Associations- Email: kweaver@naspa.us- Twitter: @Statepharmacy
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Objectives

- Discuss best practices for educating both patients and providers on the prevention of opioid overdoses
- Discuss best practices for increasing access and availability of opioid overdose antidotes through managed care

**Best practices for educating both patients
and providers on the prevention of opioid
overdoses**

Overdose Education: *Multi-Pronged Approach*

**BREAKING
THE STIGMA:**
MYTHS OF ADDICTION

- Reduce the stigma associated with addiction
- Understand that data = knowledge
 - Who, what, when, where
- Learn what programs are available, e.g.
 - Harm Reduction Coalition (HRC)
 - Opioid Safety and Naloxone Network

Harm Reduction Coalition: Guide to Developing and Managing Overdose Prevention and Take-Home Naloxone Projects; 2012. Available from: <http://harmreduction.org/wp-content/uploads/2012/11/od-manual-final-links.pdf>
Image: <http://soberup.com/breaking-the-stigma-from-addiction-treatment>



Overdose Education: *Providers*

Prescribers

- Medical Education
 - American Medical Association (AMA) Task Force to Reduce Opioid Abuse
 - Co-prescribing of naloxone with opioids
- Increased awareness of naloxone and standing orders
- Prescribe to Prevent
- SCOPE (Safe and Competent Opioid Prescribing Education)



<https://www.prescribetoprevent.org>
<https://www.scopeofpain.com/>



Overdose Education: *Providers*

Pharmacists

- Encourage having a standing order
- Provide tips on how to suggest naloxone
- Offer training for counseling patients and others on signs and symptoms of overdose, as well as naloxone administration



<https://www.prescribeprevent.org>
<https://www.scopsyn.org/>
<http://www.mass.gov/eohhs/docs/qa/quality/boards/pharmacy/example-naloxone-standing-order-4-18-14.pdf>



Overdose Education: *Patient, Family, and Friends*

- Know about opioid safety
- Discard any “leftovers”
 - National and local “Take Back” Days
 - Take back bins at pharmacies, hospitals, police departments
- Learn about overdose signs and symptoms
- Know how to use naloxone and save a life
- Be familiar with available community resources



<http://www.deadiversion.org/srchnum01.asp?cat=takeback/index.html>



Best practices for increasing access and availability of opioid overdose antidotes through managed care



Access and Availability: *Progress*

- Standing orders
 - More than **half of U.S. states** have a naloxone standing order program
 - Some states have issued a **statewide standing order** (issued by state Physician General)
 - Pennsylvania, Maryland
 - 1996 to June 2014: more than 26,000 documented overdose reversals by **layperson administration** of naloxone



<http://www.mass.gov/eohhs/docs/health/boards/pharmacy/example-naloxone-standing-order-4-18-14.pdf>



State Efforts to Collaborate

- WellCare and Kentucky Pharmacist Association
 - Free atomizers
- Chicago Recovery Alliance (CRA)
 - First naloxone take-home program
- San Francisco Drug Overdose Prevention Education (DOPE) Project
 - Multidisciplinary collaboration to educate



<http://www.bostonwire.com/news-releases/wellcare-of-kentucky-and-the-kentucky-pharmacists-association-partner-to-make-the-city-of-nashville-the-first-city-to-approve-300279269.html>
<http://drugreduction.org/wp-content/uploads/2012/11/2012-11-21-2012-11-21.pdf>



Best Practice State Examples

- Washington:
 - Good Samaritan laws, waiving criminal liability
- North Carolina: Project Lazarus
 - Targeted pilot prior to state expansion
 - Wilkes County, NC: Overdose rates were 4x state average
- Massachusetts: Overdose Education and Naloxone Distribution (OEND)
 - Comprehensive statewide naloxone distribution program funded by DPH
 - Fatal overdose rates decreased in cities and towns where OEND was implemented

Milken Institute School of Public Health-The George Washington University. Medicaid Reimbursement or Take-home Naloxone: A Toolkit for Advocates. Accessed from: <http://www.milkeninstitute.org/wp-content/uploads/2014/04/Medicaid-Reimbursement-or-Take-home-Naloxone-A-Toolkit-for-Advocates.pdf>

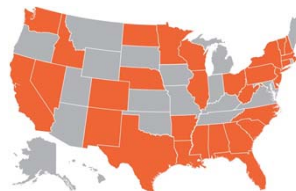


Naloxone Overdose Prevention Laws



Naloxone Access Laws
42 jurisdictions now have laws that address access to naloxone for people at risk of opiate overdose

Immunity from Criminal Prosecution for Prescribers
30 jurisdictions provide criminal immunity for prescribers who prescribe, dispense, or distribute naloxone to laypersons



Prescription by Standing Order Authorized
33 jurisdictions authorize prescriptions of naloxone by standing order for people at risk of opiate overdose

Report from Prescription Drug Abuse Policy System (PDAPS); February 2016. Accessed from: http://lawatlas.org/files/upload/20160209_Naloxone_Reports_PDAPS.pdf



First Responders

National Drug Control Strategy

*“President Obama’s FY16 budget included \$133 million in new investments aimed at addressing the opioid epidemic, including **expanding state-level prescription drug overdose prevention strategies, medication-assisted treatment programs, and access to the overdose-reversal drug naloxone**”*

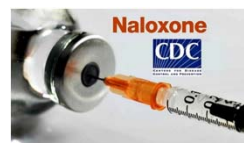
Police officers, EMTs, firefighters

- Many sponsored by grants through public health departments
- Naloxone bulk purchasing



Take-Home Naloxone

- Targets for take-home naloxone programs:
 - Syringe access/harm reduction programs
 - Drug treatment programs
 - Jail and corrections
 - Parent and family groups
 - Health care settings and pain management clinics



Access and Availability: *Barriers*

- Stigma
 - Pharmacy refusal to stock and distribute naloxone
- Reimbursement
 - Some atomizers do not have a billable NDC code
 - Developing "workaround" or patient or pharmacy to pay for device
 - Fear of fraud
 - Billing a claim for someone who may not be the intended or end user
- Liability Concerns
 - Legal protection for both prescribing or bystander administration

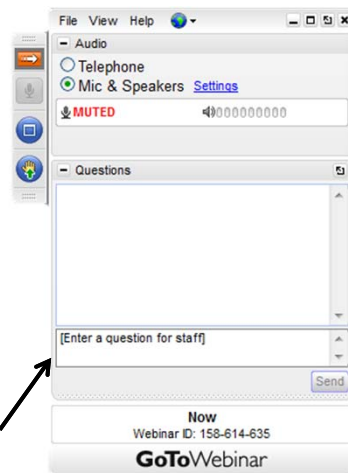


Comments/Questions

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the 'Questions' area

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