tipSC
Timely Information for Providers in South Carolina
An outreach service for Medicaid providers to help identify and prevent potential gaps in evidence-based care, as well as detect fraud, abuse, overuse or inappropriate use.

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NALOXONE CAN SAVE A LIFE

Special Edition for Pharmacists

https://msp.scdhhs.gov/tipsc/

PICK UP QUICK TIPS ON... expanding access to naloxone

Offer naloxone to patients at higher risk for opioid-related overdose along with patient education on how to prevent and respond to an accidental overdose.

QUICK tipSC

South Carolina pharmacists can dispense naloxone to a patient or caregiver without a prescription or standing order

QUICK FACTS TO CONSIDER

- **Patients see pharmacists** as many as **8 times more often** than they see their primary care provider.

Don't miss a chance to make an impact

- **Pharmacists** are among the top three **most trusted** and one of the **most accessible healthcare professionals** in the US.
- Data suggests **providing naloxone and overdose education** to patients, family, and friends **encourages safer opioid use** and reduces overdose rate.
- **Physical dependence is different than addiction;** everyone who takes opioids for a while will become physically dependent.
- Poison Control Centers average **32 calls a day** about children exposed to opioids (2000 – 2015).

NALOXONE: A QUICK ACTING ANTIDOTE FOR OPIOID OVERDOSE

Naloxone is an opioid antagonist that effectively reverses respiratory depression in opioid overdose. Naloxone poses minimal risk of harm to patients overdosing on a drug other than opioids, but only reverses the effects of opioids. Acute physical withdrawal is possible in patients on opioids. Naloxone displaces opioids from opioid receptors for only 30 – 90 minutes, which is shorter than the duration of many opioids. **Remind patients and caregivers to always call 911 prior to administering naloxone.**

CANDIDATES FOR NALOXONE

Although guidelines/guidances offer varying suggestions, many agree on co-prescribing naloxone to **patients currently on chronic opioids in ANY ONE of the following higher risk groups:**

- Opioid dose ≥ 50 MME/day
- Concomitant benzodiazepine and opioid use
- History of opioid overdose
- History of substance use disorder
- Respiratory conditions (e.g., COPD, sleep apnea)
- Mental health condition(s)
- Excessive alcohol use

Multiple guidelines/guidances also suggest prescribing naloxone to patients **previously on chronic opioids who have lost tolerance** to a previous dose **and are at risk of resuming that dose** using prescription or illicit drugs (e.g., opioid taper underway, recent release from prison or detoxification facility).

Tolerance (including respiratory depression) to previous opioid dose is lost after 1 – 2 weeks on a reduced dose or abstinence.

- Patients tapering off opioids need to be educated on this loss of tolerance and risk of overdose if they return to a previous higher dose.

Any home with opioids carries some risk of overdose for the patient or others

NALOXONE PATIENT EDUCATION

Your conversation about naloxone and overdose education is just as important as the co-prescribed or pharmacist-initiated prescription; it **may lead to more careful, safer opioid use** among patients at higher risk for an opioid-related overdose and **can increase trust and improve communication** between you and your patient. **Consider offering** information on response to an opioid overdose **to all patients on chronic opioids** (regardless of risk factors) as a routine and automatic part of patient education on opioid side effects, just like discussing constipation management.

Approach patients with care. Naloxone can be associated with stigma and may be a sensitive subject for some patients and healthcare professionals. It is important to emphasize that the opioid medication carries the risk; it is NOT the patient that is "risky."

Consider sharing that:

- **"Prescribing naloxone is like prescribing an Epi-pen® to someone with a food allergy."**
- **"It is there to keep you safe in case something accidentally happens."**
- **"Naloxone is like a fire extinguisher. It is there to keep you and your family safe."**

It is important to **educate patients on how to prevent, recognize, and respond to an opioid overdose** *BEFORE* there is an emergency. Encourage them to share the information (and training) you provide with family and friends.

STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP 1 LOOK FOR SIGNS OF OPIOID OVERDOSE

Signs of Overdose:
- Slow or shallow breathing
- Very sleepy and cannot talk
- Pale skin, bluish lips and/or fingertips
- Gurgling or deep snoring sounds
- Won't wake up or respond to you

If you see signs of overdose:
Shout the person's name and rub your knuckles hard up and down the middle of their chest where the ribs meet (the breastbone).
If no response, follow steps 2-5.

STEP 2 CALL 9-1-1

Say, "Someone is not breathing and cannot respond."

Give a clear address or tell the person where you are.

STEP 3 GIVE NALOXONE

Naloxone comes in different forms such as nasal spray and auto-injector. To use, do what your pharmacist says. Go to https://opirescue.com/rescue and click on 'Step 4 – Administer Naloxone' to read and see pictures on how to use each form.

Instructing patients and caregivers on the proper use of naloxone and taking time to have them demonstrate technique is one way to show you care

STEP 4 BEGIN RESCUE BREATHING (If you know the person)

Put person on their back • Make sure there is nothing in the mouth • Pinch the nose closed, put hand on chin, and tilt head back • Make a mouth-to-mouth seal and breathe 2 breaths (chest should rise) • Give 1 breath every 5 seconds

STEP 5 WAIT & EVALUATE

Stay with person until help comes • If little or no breathing, keep rescue breathing and give second dose of naloxone in 2–3 minutes • If breathing, place person on their side with top leg and arm crossed over body to prevent choking

HOW TO PREVENT ACCIDENTAL OPIOID OVERDOSE

Take meds as instructed • Only take meds prescribed to you • Don't take street drugs or borrow meds from anyone • Don't stop taking or change dose of opioids without talking to your doctor • Don't mix opioids with alcohol, benzodiazepines (meds such as Xanax® or Ativan®), or meds that make you sleepy • Store meds in safe place • Safely get rid of meds you don't want or are not going to use *(safe med disposal patient handout available at:* https://msp.scdhhs.gov/tipsc/site-page/march-2019*)* • Don't sell or give away opioids

NALOXONE DOSAGE AND ADMINISTRATION

Naloxone is available as a nasal spray, intranasal kit, auto-IM injector, and solution for IM injection. All naloxone formulations are **dispensed as two individual doses** as there is a chance of having to repeat the dose after two to three minutes if no response to the first dose or if respiratory symptoms return before emergency medical assistance arrives. Overdoses involving **long-acting or more potent opioids** (e.g., fentanyl) **may require more than two doses** of naloxone.

NALOXONE FORMULATION OPTIONS

Electronic prescriptions and pharmacy systems may use default SIGs for naloxone prescriptions

Formulation[1,2]	Sample SIG
Naloxone Nasal Spray[3]	Call 911. Spray contents of one sprayer into one nostril. Repeat with second sprayer into other nostril after 2-3 minutes if no or little response
Naloxone HCl 1 mg/mL Injection[4] for Intranasal Kit	Call 911. Spray 1 mL (half the syringe) into each nostril. Use with mucosal atomizer devices (MAD-300). Repeat after 2-3 minutes if no or little response
Naloxone HCl Auto-IM Injecton[5] 2 mg/0.4 mL	Call 911. Follow audio instructions from device. Press black side firmly on outer thigh. Repeat after 2-3 minutes if little or no response

1. Naloxone remains fully effective until at least the expiration date on original packaging when stored properly (i.e., in original packaging, room temperature, and away from light). **2.** Solution for IM Injection is also available. **3.** Generic approved (Narcan®, brand example). **4.** Naloxone injection (for IM, IV, SC) is used in intranasal kit; it is not FDA-approved for intranasal administration. **5.** Brand only (Evzio®).

Familiarity with educating patients about use of naloxone can put you and the patient more at ease and hopefully improve communication and outcomes (just like with inhalers and other medical devices)

Go to http://opirescue.com/rescue and bookmark OR download OpiRescue app and click on 'Step 4 – Administer Naloxone' for formulation specific administration instructions

http://opirescue.com/rescue

https://opirescue.com/download

SOUTH CAROLINA OVERDOSE PREVENTION ACT [SC CODE SECTION 44-130]

The Act **allows: pharmacists to dispense naloxone to a patient or caregiver without a prescription or standing order**; a physician, physician assistant, or nurse practitioner to prescribe naloxone to a person at risk for opioid-related overdose or a caregiver of person at risk; and community organizations to distribute naloxone with a standing order. Note: The Act provides immunity from civil liability and criminal prosecution to prescribers, dispensers, and community distributors of naloxone.

Each time naloxone is dispensed, pharmacists must:

- **Personally dispense** naloxone and **provide the required education** on how to prevent, recognize, and respond to an opioid overdose **(delegation is not allowed)**
- **Document** in pharmacy record that patient or caregiver was provided required information on opioid overdose and prevention, naloxone dosage and administration, activation of emergency medical services (i.e., calling 911), and care for overdose victim after naloxone administration
- **Obtain Eligibility and Informed Consent** from patient or caregiver dispensed naloxone
- **Send a copy** of the informed consent to any primary care provider listed by the patient or caregiver on the signed form
- **Maintain** all pertinent patient **records** for two years

Keep a current copy of the SC Board of Medical Examiners and the SC Board of Pharmacy's Joint Protocol to Initiate Dispensing of Naloxone HCl Without a Prescription (includes sample patient materials and Informed Consent)
Go to: http://naloxonesavessc.org/dispensers/

PATIENTS WITH OPIOID ADDICTION NEED TREATMENT – NOT STIGMA

–AMA Task Force 2015

Established myths about opioid use disorder (OUD) lead to continued misconceptions on life-altering treatment options for patients. Just like hypertension and diabetes, OUD can be managed with ongoing medication treatment and counseling. The most successful patients are likely to be engaged with strong support systems (that includes their pharmacist).

OUD is a chronic manageable disease, just like hypertension or diabetes

MYTH: "Addiction is a moral failing"

Addiction is not a moral failing or a sign of weak willpower; it occurs because opioids can change your brain. People with OUD don't choose addiction just like someone doesn't choose hypertension or diabetes. Like most patients with chronic diseases, patients will have times of successes interspersed with exacerbations.

MYTH: "Taking buprenorphine or methadone for OUD is just trading one addiction for another"

There is good evidence that patients with OUD can be well-managed with medication assisted treatment (MAT)[1] that includes opioid agonist medications (e.g., buprenorphine/naloxone, methadone). Any OUD medication options, including long-acting naltrexone[2] (the non-opioid option) is considered better than no medication treatment at all. OUD treatment improves social functioning, allows for lifestyle/behavior changes, increases patients' retention in treatment, and decreases rates of relapse and numbers of fatal overdoses.

The CDC recommends naloxone distribution for patients receiving any OUD treatment

1. Gold standard includes medications and counseling. **2.** There is good evidence that naltrexone also reduces unhealthy opioid use once patients complete the opioid-free period.

COUNTER STIGMA

Instead of:		Use:
Overdose	→	Bad reaction, accidental overdose
Addict, user, junkie	→	Person with opioid use disorder
Abuse	→	Misuse, unhealthy use
Former addict, clean	→	Person in recovery or long-term recovery

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