Managing Pain Safely
Naloxone Toolkit
Partnership HealthPlan of California

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Updated: September 20, 2018
Partnership HealthPlan of California
Naloxone Toolkit
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**Purpose:** The purpose of this kit is to provide resources to provider sites, pharmacists, and community partners to assist in developing a site level Naloxone program.

Resource material found in this toolkit is public domain.

For additional resources related to Naloxone, please visit [http://prescribetoprevent.org/](http://prescribetoprevent.org/).
Naloxone Guidelines for Primary Care Physicians

Indications for Prescription
- Prescribe naloxone for patients on long term, high dose opioids (a dose of 90mg MED or greater, with consistent opioid prescriptions for at least the previous three months)
- Prescribe for patients with concomitant prescriptions for benzodiazepines
- Prescribe for patients with known concomitant alcohol use

How to Prescribe Naloxone
- Offer naloxone/ discuss opioid safety
- Select formulation/prescribe
- Educate patient on the importance and proper use of naloxone
- Create standing orders for pharmacy to dispense naloxone

Formulation
- Naloxone HCL 4mg spray, non-aerosol (EA)
- Naloxone HCL, 0.4mg/ml syringe
- Naloxone HCL 1mg/ml syringe
- Naloxone HCL, 0.4mg/ml vial

Provider and Patient Protections
- Provider
  - Naloxone prescriptions also can be written directly to third party individuals who are in a position to witness and assist a person at risk of an opioid overdose. Both the doctor and lay person receive legal protection.
  - A licensed healthcare prescriber can issue a standing order to allow community organizations and other entities in California that are currently not working with a physician to distribute naloxone to individuals at risk of experiencing or witnessing an overdose. The California Department of Public Health also issued a standing order, which community based organizations can apply to use. More information can be found here.
  - Lay persons can possess and administer naloxone to others during an overdose situation.
- Good Samaritan Protection (CA AB472 effective 9/17/12)
  - Witnesses of an overdose who seek medical help are provided legal protection from arrest and prosecution for minor drug and alcohol violations.
- Pharmacists
  - Pharmacists are allowed to directly furnish naloxone to patients at risk of experiencing or witnessing an opioid overdose. Naloxone is reimbursable through Medi-Cal fee-for-service when furnished by a pharmacist within their scope of practice. Reimbursement includes drug costs and dispensing fees (Senate Bill 493).

Billing
Naloxone is covered by MediCal as a “carve-out”. Submit bill directly to fee-for-service MediCal. Do NOT send a PA to the HMO plan.
Naloxone Guidelines for Primary Care Physicians

Key Conversation Tips

- Instead of using the word “overdose” consider using language like “accidental overdose”, “bad reaction”, or “opioid safety”
- Opioids can sometimes slow or even stop your breathing
- Naloxone is the antidote to opioids- to be sprayed in the nose if there is a bad reaction where you can’t be woken up
- Naloxone is for opioid medications like epinephrine pen is for someone with an anaphylactic allergy

Educate Patient

- When should they use naloxone
- How do they use the device
- Ensure someone else knows when and how to use it
- Once naloxone is used, patient should be taken to the ED, as the naloxone can wear off before the remaining opioid

Storage

- Naloxone should be stored at room temperature and protected from sunlight
- Extreme and repeated temperature fluctuations have been shown to degrade the medication over time. Avoid temperature variations as much as possible

Side Effects

- Anxiety, sweating, nausea/vomiting or shaking. Talk to your doctor if these occur. This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.

Resources

2. California Department of Public Health, Safe and Active Communities Branch; https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Naloxone-Standing-Order.aspx
3. California Society of Addiction Medicine, Naloxone Resources; https://www.csam-asam.org/naloxone-resources
5. Medi-Cal Formulary; http://www.dhcs.ca.gov/services/pages/ft.html
7. PrescribeToPrevent; http://prescribetoprevent.org/
The following are a list of considerations and recommendations generated from the pilot program.

**Considerations**

- Consider forming a naloxone subcommittee to create the protocol and procedures for your naloxone program. Potential members include your site’s medical director, an RN or PCP assigned to the program, the lead drug and alcohol counselor, an operational representative, and a Suboxone program manager, if applicable.
- Create an EHR template prior to project start.
- Third party prescribing- Naloxone prescriptions also can be written directly to third party individuals who are in a position to witness and assist a person at risk of an opioid overdose.
- Consider adding the prescription to the short list in order to facilitate easier ordering.
- Consider adding a “smart phrase” to document prescribing of naloxone/atomizer in the chart.
- Write and send the prescription in the EHR prior to seeing the patient.
- Distribute pharmacy fact sheet (provided in resource material) to patients if going to an outside pharmacy.

**High Risk Patient Thresholds Others Have Considered**

- Any patient over 45mg MED.
- Any patient with concomitant benzodiazepine prescriptions.
- Any patient who admits using illicit drugs and/or heroin.
- Any patient who is a heavy user of alcohol.
- Any patient in a Suboxone program.
- Any patient for whom any level of respiratory depression poses a health risk (obstructive sleep apnea, COPD).

**Recommended Workflows**

*See attached for recommended workflows.*
Following are suggested workflows for prescribing naloxone at the PCP site.

1. Naloxone added to EHR → Provider identifies patient → Naloxone prescribed in EHR at point of contact → RN provides patient and family education → RN instructs patient on pick-up → Patient retrieves naloxone from pharmacy

2. Naloxone added to EHR → RN, Bx. Health, Drug Alcohol Counselor identifies patient → Patient referred to RN to assess if high risk → RN gets verbal order from Provider, phones in Rx and documents in system → RN provides patient (and family) education → RN instructs pt. on pick-up → Patient retrieves naloxone from pharmacy

3. Provider Identifies Patient → Provider prescribes naloxone, discusses why → RN provides patient (and family) education → RN dispenses atomizer and instructs Pt. on pick-up → Patient retrieves naloxone from pharmacy
Furnishing

- As outlined in section 4052.01 of the Business and Professions Code, pharmacists can furnish naloxone upon completing a one-hour training.
- Naloxone furnished by pharmacists within their scope of practice is billable to Medi-Cal for pharmacy claims, including drug costs and dispensing fees

Ordering

Intranasal Spray (Narcan) – NDC#69547-0353-02

Billing

- Naloxone is covered by Medi-Cal (as a “carve-out” so submit directly to fee-for-service Medi-Cal do not send a PA to the HMO plan)

Counseling

- Instruct patients to administer if non-responsive from opioid use
- Explain how to assemble naloxone kit (if needed), administer naloxone, and provide Board of Pharmacy approved naloxone fact sheet.
- Include family/ caregivers in patient counseling or instruct patients to train others

Storage

- Naloxone should be stored are room temperature and protected from sunlight
- Extreme and repeated temperature fluctuations have been shown to degrade the medication over time- avoid temperature variations as much as possible

Side Effects

- Anxiety, sweating, nausea/vomiting or shaking. This is not a complete list of possible side effects. Instruct patients to talk to a doctor or pharmacist if these occur.

**Information gathered from prescribetoprevent.org and DHCS Medi-Cal Online Contract Drug List**
What is an opioid overdose?

Opioids can cause bad reactions that make your breathing slow or even stop. This can happen if your body can’t handle the opioids that you take that day.

**TO AVOID AN ACCIDENTAL OPIOID OVERDOSE:**

- Try not to mix your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill, or start new medications.

Now that you have naloxone…

Tell someone where it is and how to use it.

### Common opioids include:

<table>
<thead>
<tr>
<th>GENERIC</th>
<th>BRAND NAME</th>
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<tr>
<td>Hydrocodone</td>
<td>Vicodin, LorCet, Lortab, Norco, Zohydro</td>
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<tr>
<td>Oxycodone</td>
<td>Percocet, OxyContin, Roxicodone, Percodan</td>
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<tr>
<td>Morphine</td>
<td>MSContin, Kadian, Embeda, Avinza</td>
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<tr>
<td>Codeine</td>
<td>Tylenol with Codeine, TyCo, Tylenol #3</td>
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<tr>
<td>Fentanyl</td>
<td>Duragesic, Actiq</td>
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<tr>
<td>Hydromorphone</td>
<td>Dilaudid</td>
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<tr>
<td>Oxymorphone</td>
<td>Opana</td>
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<tr>
<td>Meperidine</td>
<td>Demerol</td>
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<tr>
<td>Methadone</td>
<td>Dolophine, Methadose</td>
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<tr>
<td>Buprenorphine</td>
<td>Suboxone, Subutex, Zubsolv, Bunavail, Butrans</td>
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* Heroin is also an opioid.

For patient education, videos and additional materials, please visit [www.prescribetoprevent.org](http://www.prescribetoprevent.org)
In case of overdose:

1. **Check responsiveness**
   Look for any of the following:
   - No response even if you shake them or say their name
   - Breathing slows or stops
   - Lips and fingernails turn blue or gray
   - Skin gets pale or clammy

2. **Call 911 and give naloxone**
   If no reaction in 3 minutes, give second naloxone dose

3. **Do rescue breathing and/or chest compressions**
   Follow 911 dispatcher instructions

>> STAY WITH PERSON UNTIL HELP ARRIVES.

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How to give naloxone

There are 4 common naloxone products. Follow the instructions for the type you have.

**Nasal spray**

This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.

**Auto-injector**

The naloxone auto-injector needs no assembly and can be injected into the outer thigh, even through clothing. It contains a speaker that provides step-by-step instructions.

**Nasal spray with assembly**

This requires assembly. Follow the instructions below.

**Injectable naloxone**

This requires assembly. Follow the instructions below.

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1. **Take off yellow caps.**
2. **Screw on white cone.**
3. **Take purple cap off capsule of naloxone.**
4. Gently screw capsule of naloxone into barrel of syringe.
5. **Insert white cone into nostril; give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**
6. Push to spray.
7. If no reaction in 3 minutes, give second dose.
8. **Inject 1 ml of naloxone into an upper arm or thigh muscle.**
9. **If no reaction in 3 minutes, give second dose.**