

Naloxone Standing Orders

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Naloxone History in New Mexico

- First state syringe exchange-based naloxone program in U.S., established in law in 2001
 - In 2015: 4 million syringes exchanged, 7,186 doses of naloxone distributed, and 780 reversals reported in NM.
- Good Samaritan Law was passed in 2007.
- Medicaid reimbursement for naloxone began in 2013.
- Pharmacist Prescriptive Authority to dispense naloxone under NMBOP Protocol established in 2014.
- In an October 2015 meeting with the Board of Pharmacy and Medical Board, it was agreed to pursue legislation regarding the availability of naloxone.
- Legislation to increase the availability of naloxone was introduced in the 30 day session in January 2016.

2016 Naloxone Legislation: SB 262/HB 277

SB 262 Administration of Opioid Antagonists

- Sponsored by:
 - Senator Richard C. Martinez (D-Rio Arriba)

HB 277 Administration of Opioid Antagonists

- Sponsored by:
 - Representative Terry H. McMillan, MD (R-Dona Ana)

- Bills are duplicate, mirror-bills, with identical language
- Passed in both houses of the Legislature
- Signed by Gov. Martinez on March 4, 2016
- Went into effect immediately pursuant to an emergency clause

2016 Naloxone Legislation: Provisions

- Storage – moves Regulation regarding naloxone storage from Board of Pharmacy to Department of Health (DOH)
- Possession – anyone may possess naloxone regardless of whether they have a prescription
- Usage – anyone can use or administer naloxone, so long as they are doing so in good faith
- Further establishes Overdose Prevention & Education (OPE) Programs
 - Registered with DOH, Public Health Division (PHD)
 - Must use an approved curriculum to teach overdose prevention and naloxone administration
 - May receive naloxone from DOH PHD pharmacy free of charge

2016 Naloxone Legislation: Provisions

- Naloxone acquisition for registered Overdose Prevention & Education Programs(OPEs) – Pharmacies can sell naloxone to registered OPEs even if the program does not have a pharmacy license
 - All OPEs must register with DOH
 - To confirm they are a registered OPE, pharmacists may ask OPEs to provide a copy of their current standing order signed by a licensed prescriber
- Release from liability – “A person who possesses or who administers, dispenses or distributes an opioid antagonist to another person shall not be subject to civil liability, criminal prosecution or professional disciplinary action provided that actions are taken with reasonable care and without willful, wanton or reckless behavior.”

2016 Naloxone Legislation: Provisions

- Standing Order Provision – **any licensed prescriber**
 - DOES NOT need to register with the Department of Health
 - May directly or by standing order prescribe, dispense or distribute an opioid antagonist to:
 - A person at risk for experiencing an opioid-related drug overdose;
 - A family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose;
 - An employee, volunteer or representative of a community-based entity providing overdose prevention and education (OPE) services that is registered with the department; or
 - A first responder

Naloxone Standing Orders

- A Standing Order is a set of instructions or prescribed procedure that is either patient specific or non-patient specific.
- Goal is to expand access to and increase the availability of naloxone
- Can be written to cover any one, or a combination, of the following:
 - Naloxone acquisition
 - Administration
 - Storage
 - Dispensing
 - Distributing
- Can be written by **any licensed prescriber**
 - A standing order written by a licensed prescriber does not need to be registered with or sent to DOH.
 - Pharmacist Clinicians can write standing orders for naloxone if naloxone is included in their scope/protocol.

NMDOH Statewide Standing Order for Pharmacists

- Signed by Michael Landen, MD, State Epidemiologist at Department of Health on March 18, 2016
- Authorizes all registered pharmacists to dispense naloxone to:
 - Any person who uses an opioid, regardless of how the opioid is used or obtained.
 - Any person in a position to assist a person at risk of experiencing an opioid overdose.
- Does require the pharmacist to educate the individual on opioid overdose recognition, overdose response, and naloxone administration
- Does not require a specific training program or class

New Mexico Pharmacists and Naloxone

NMDOH Standing Order for Pharmacists

- No additional training requirement
- Counseling and patient education required
- No signed patient consent form
- No naloxone CE required
- No PCP notification
- Prescriber: Michael Landen, MD

Pharmacist Prescriptive Authority Protocol

- 4 hour training required
- Counseling and patient education required
- Signed patient consent form
- Naloxone CE required
- PCP notification within 15 days
- Prescriber: trained pharmacist

NMDOH Statewide Standing Order for Pharmacists

Who can receive naloxone:

- People who request naloxone:
 - Identify as being at risk for experiencing or witnessing an opioid overdose.
 - Healthcare provider referred individual to pharmacy for naloxone.
- Offer naloxone to individuals at increased risk:
 - Using opioids for more than 3 months
 - Using opioids with benzodiazepines, alcohol, or muscle relaxants
 - High dose opioids (total daily dose \geq 90 MME)
 - Being treated for opioid use disorder with buprenorphine or methadone
 - History of opioid overdose
 - Living in rural areas

Contraindications: Known hypersensitivity to naloxone.

NMDOH Statewide Standing Order for Pharmacists

Naloxone Product and Quantity: Dispense one of the three following naloxone products based on product availability and individual's request.

1. Naloxone HCl Solution 1 mg/mL; 2 mL pre-filled Luer-Lock Syringe
 - Qty: 2 x 2 mL syringes (4 mL total) with two nasal mucosal atomization devices
2. Narcan[®] Nasal Spray (naloxone HCl) 4 mg/0.1 mL Nasal Spray
 - Qty: 1 box containing two 4 mg/0.1 mL doses of naloxone
3. Evzio[®] (naloxone HCl) 0.4 mg/0.4 mL auto-injector
 - Qty: 1 box containing two auto-injectors

Naloxone Products

Naloxone HCl Solution 1mg/mL;
2 mL pre-filled LL Syringe

Disp: 2 x 2 mL syringes (4 mL) with
two nasal mucosal atomizers

Sig: Spray 1 mL (one-half of prefilled
syringe) in each nostril; Repeat
after 3 minutes if no response

Known as “Naloxone Kit”



Naloxone Products

Narcan[®] Nasal Spray 4mg/0.1mL
Nasal Spray

Disp: 1 box containing two
4mg/0.1mL doses of naloxone

Sig: Administer a single spray of
Narcan[®] Nasal Spray in one nostril.
If no response after 3 minutes, open
second dose of Narcan[®] Nasal Spray
and administer in alternate nostril.



Naloxone Products

Evzio® Auto-injector

Disp: 1 box containing two auto-injectors and one training device

Sig: Follow audio instructions from device. Place on thigh and inject 0.4 mL. Repeat after 3 minutes if no response



NMDOH Statewide Standing Order for Pharmacists

Process and adjudicate like other prescriptions:

- Date: date dispensed
- Patient name and DOB: patient or individual requesting naloxone
- Drug: naloxone product being dispensed
- Quantity: quantity relevant to naloxone product dispensed
- Day supply: one
- Directions for use/Sig: relevant to naloxone product dispensed
- Refills: PRN
- Prescriber: Michael Landen, MD
 - NPI: 1811198732
 - 1190 S St. Francis Dr., Ste. N1320, Santa Fe, NM 87505; (505)827-0006

NEW MEXICO DEPARTMENT OF HEALTH

1190 S St. Francis Dr., Santa Fe, NM 87505 (505)827-0006

New Mexico Statewide Standing Order for Naloxone

Name: John Smith DOB: 8/8/88 Date: 6/25/2016

Address: 123 Main St., Albuquerque, NM 87505

Dispense one of the three following naloxone products based on product availability and individual's request.

Naloxone HCl Solution 1 mg/mL; 2 mL pre-filled Luer-Lock Syringe

Qty: 2 x 2 mL syringes (4 mL total) with two nasal mucosal atomization devices.

Sig: Spray 1 mL (one-half of prefilled syringe) in each nostril. Repeat after 3 minutes if no response.

Narcan® Nasal Spray (naloxone HCl) 4 mg/0.1 mL Nasal Spray

Qty: 1 box containing two 4 mg/0.1 mL doses of naloxone

Sig: Administer a single spray of Narcan® in one nostril. Repeat after 3 minutes if no response.

Evzio® (naloxone HCl) 0.4 mg/0.4 mL auto-injector

Qty: 1 box containing two auto-injectors

Sig: Follow audio instructions from device. Place on thigh and inject 0.4 mL. Repeat after 3 minutes if no response.

Refills: PRN

Michael Landen, MD

NPI: 1811198732

NMDOH Statewide Standing Order for Pharmacists

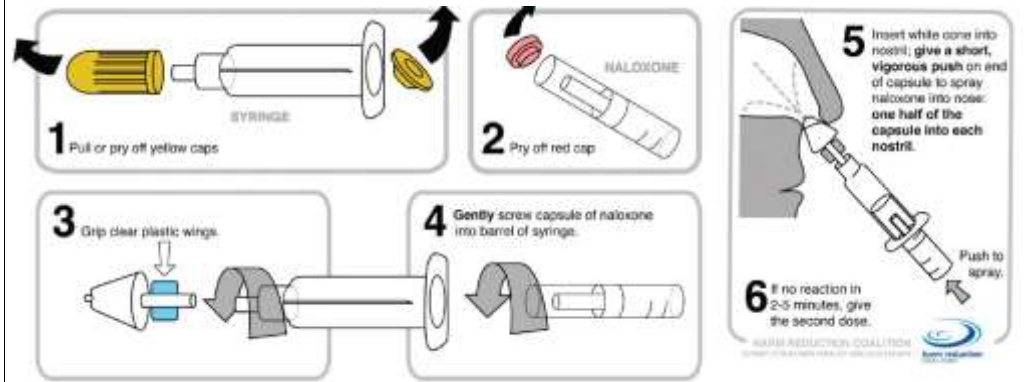
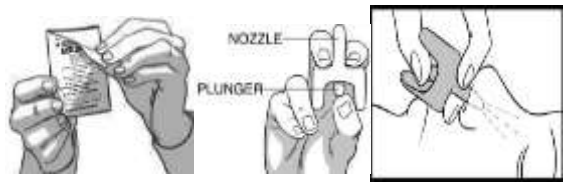
- Medicaid/Centennial plans will cover naloxone kit
 - Quantity should be in volumetric units not quantity of syringes dispensed
 - Make sure quantity billed is 4 mL (2 X 2 mL pre-filled syringes)
- Most commercial plans will cover at least one naloxone product
- Many insurance plans will include NARCAN[®] NasalSpray in addition to traditional naloxone kit on formularies on July 1, 2017

Information on Opioid Safety and How to Use Naloxone

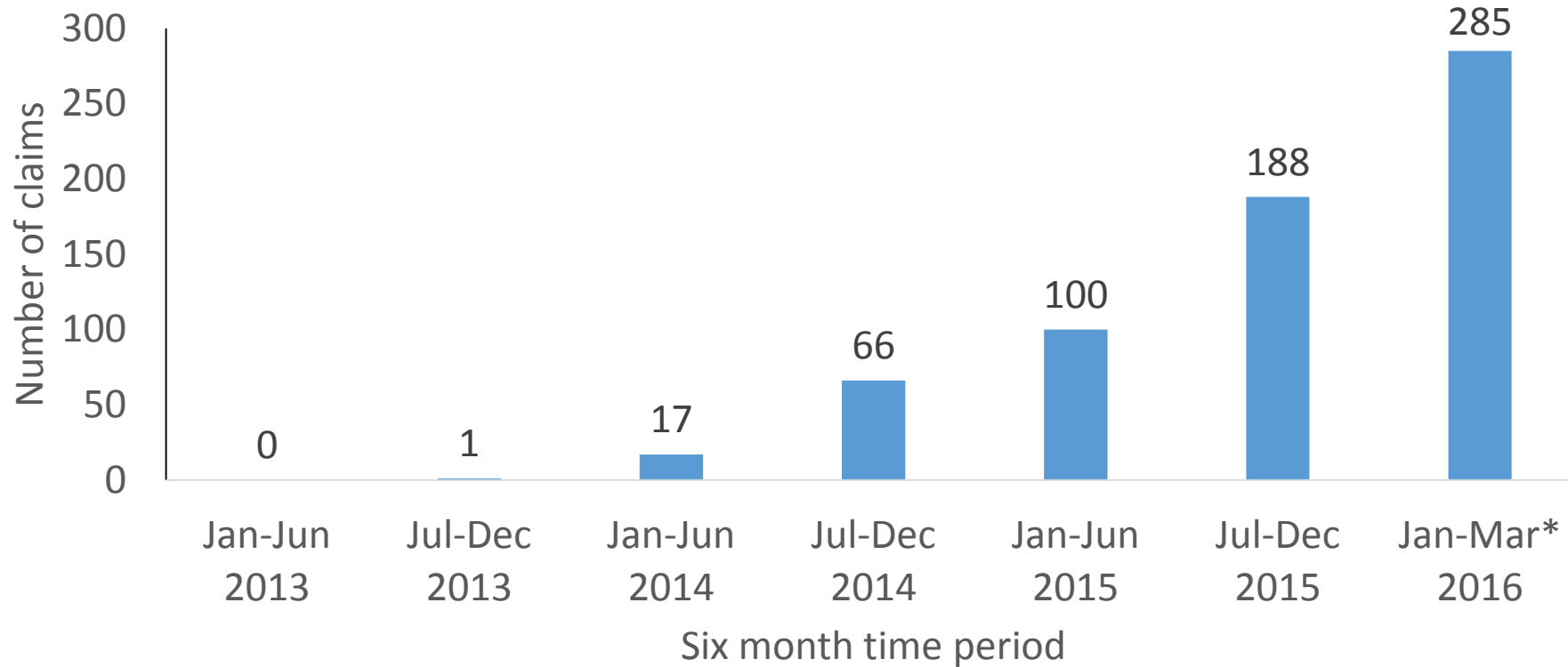
Accidental opioid overdose death is preventable

<p>What are opioids? Most opioids are narcotic pain relievers such as:</p> <ul style="list-style-type: none"> Oxycodone (PERCOET®, OXYCONTIN®, ROXICET®, etc.) Hydrocodone (VICODIN®, NORCO®, LORTAB®, etc.) Oxymorphone (OPANA®, OPANA® ER) Hydromorphone (DILAUDID®, EXALGO®, etc.) Codeine (TYLENOL® #3) Morphine (MS CONTIN®, KADIAN®, AVINZA®, etc.) Fentanyl (DURAGESIC®) Methadone (METHADOSE®) Buprenorphine (SUBOXONE®, BUTRANS®, SUBUTEX®, ZUBSOLV®, etc.) <p>*Heroin is also an opioid drug.</p>	
<p>What is an opioid overdose?</p> <ul style="list-style-type: none"> Opioids, like all medications, can have adverse reactions. Opioids can cause harmful and severe reactions that slow or even stop breathing. This can happen when a person ingests too much of the opioid medication or when a person mixes an opioid with another substance. Because opioids slow or even stop breathing, opioid overdoses can be fatal. 	<p>How to prevent accidental overdose:</p> <ul style="list-style-type: none"> Tell the pharmacist about all prescription and non-prescription medications. Do not mix opioids with alcohol, benzodiazepines (alprazolam, clonazepam, diazepam, etc.), or other drugs. Do not take opioids more often or in higher quantities than prescribed. Taking opioids after a period of abstinence may decrease tolerance and increase overdose risk. Talk to the pharmacist about naloxone.
<p>What is naloxone?</p> <ul style="list-style-type: none"> Naloxone is a safe medication that reverses and blocks the effects of opioids and can be used to treat a known or suspected opioid overdose. Naloxone is easy to use. Ask the pharmacist how to use naloxone for an opioid overdose. Naloxone only reverses the effects of opioids. It will not have an effect on an overdose caused by another substance (e.g. alcohol, benzodiazepines, stimulants, etc.). 	
<p>Are there any adverse effects from naloxone?</p> <ul style="list-style-type: none"> Naloxone may cause opioid withdrawal symptoms such as: nausea/vomiting, diarrhea, chills, sweating, anxiety, and combativeness/disorientation. People who take opioids chronically are more likely to experience these effects. Opioid overdose complications, such as brain damage or death from lack of oxygen, are more alarming than potential side effects from naloxone administration. If naloxone is given to a person who has not taken opioids, it will not have any effect on that person. 	
<p>Additional information:</p> <ul style="list-style-type: none"> Naloxone is usually not self-administered. Tell others about the possible need to use naloxone, how to use it, and where it's kept in case of overdose. Using expired naloxone will not hurt the individual but it may have lost some of its effectiveness. Keep naloxone in date and protect it from too much heat or cold. See your doctor or pharmacist if you have questions or want additional information about opioid safety, naloxone, or opioid treatment programs. 	

Opioid Overdose and How to Use Naloxone

<p>How to recognize an opioid overdose:</p> <ul style="list-style-type: none"> Unresponsive or unconscious; will not wake up even when shaken. Not breathing or breathing is slow and shallow. Lips or fingernails are blue or grey. Skin is pale and clammy. 	<p>What to do in case of an overdose:</p> <ol style="list-style-type: none"> Call 911 as soon as possible and follow dispatcher instructions. Administer naloxone. If no response in 3 minutes, give a second dose. Follow dispatcher instructions for rescue breathing if appropriate. Stay with the person until help arrives.
<p>How to administer naloxone (follow instructions for the product you have):</p> <p>Intranasal naloxone:</p> <ol style="list-style-type: none"> Remove all colored caps. Screw white cone on to syringe. Gently screw naloxone vial into barrel of syringe. Insert white cone into nostril; give a short, strong push on end of naloxone vial. Spray half of naloxone vial in each nostril. If no reaction in 3 minutes, give a second dose. 	
<p>Narcan® Nasal Spray (naloxone):</p> <ol style="list-style-type: none"> Open NARCAN® Nasal Spray and peel back tab to open. Hold nasal spray with thumb on plunger and first and middle finger on either side of nozzle. Insert nozzle into one nostril and press plunger firmly with thumb to give dose of NARCAN®. If no response after 3 minutes, open second NARCAN® and spray in other nostril. 	
<p>Evzio® Auto-injector: Follow audio instructions from purple and yellow Evzio® device. Place on thigh and inject 0.4 mL. Repeat after 3 minutes if no response.</p>	

Medicaid Claims for Naloxone from Outpatient Pharmacies, NM January 2013- March 2016



Source: NM HSD Medicaid Claims

*Only first 3 months of 2016 reported

Other Naloxone Standing Orders

- NMDOH issued statewide standing order for all law enforcement agencies
 - Authorizes trained law enforcement officers to carry and possess naloxone and authorizes officers to administer naloxone to a person experiencing a suspected opioid-related drug overdose
- NMDOH Public Health Offices
 - Authorizes clinical staff in local public health offices to store and dispense/distribute naloxone to eligible clients.
 - Authorizes non-clinical staff in local public health offices who have completed the Hepatitis and Harm Reduction Certification training to store and dispense/distribute naloxone to eligible clients.
- More NMDOH statewide standing orders coming in future:
 - Schools, correctional facilities

Naloxone and Increased Access

- Traditional prescription from licensed prescriber
 - Co-prescribing with high dose opioids, Medication Assisted Treatment, overlapping opioid/benzodiazepine prescriptions, chronic pain patients, etc.
- Standing Orders
 - Registered pharmacists: NMDOH Statewide Standing Order for Naloxone
 - Registered Overdose Prevention and Education Programs
 - Public health offices
 - First responders
 - Firefighters, EMS, Law Enforcement
 - Other non-clinical/clinical community organizations via standing orders from licensed prescribers

Naloxone Education Resources

- www.prescribetoprevent.org
 - Patient, Provider, and Pharmacist Education
 - Training videos and printouts
 - Product information
- www.nmpharmacy.org
 - Medicaid billing instructions
 - Link to onsite training
 - Patient education materials
- [NMDOH Opioid Safety Website](#)
 - Click “topics” then click “opioid safety”

Contact Information

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“Identification of substance use disorder represents an opportunity for a clinician to initiate potentially life-saving interventions...”
– CDC Guideline for Prescribing Opioids for Chronic Pain - United States, 2016