

Policy Approach to Prevent Opioid Overdose Deaths: Role of Pharmacists

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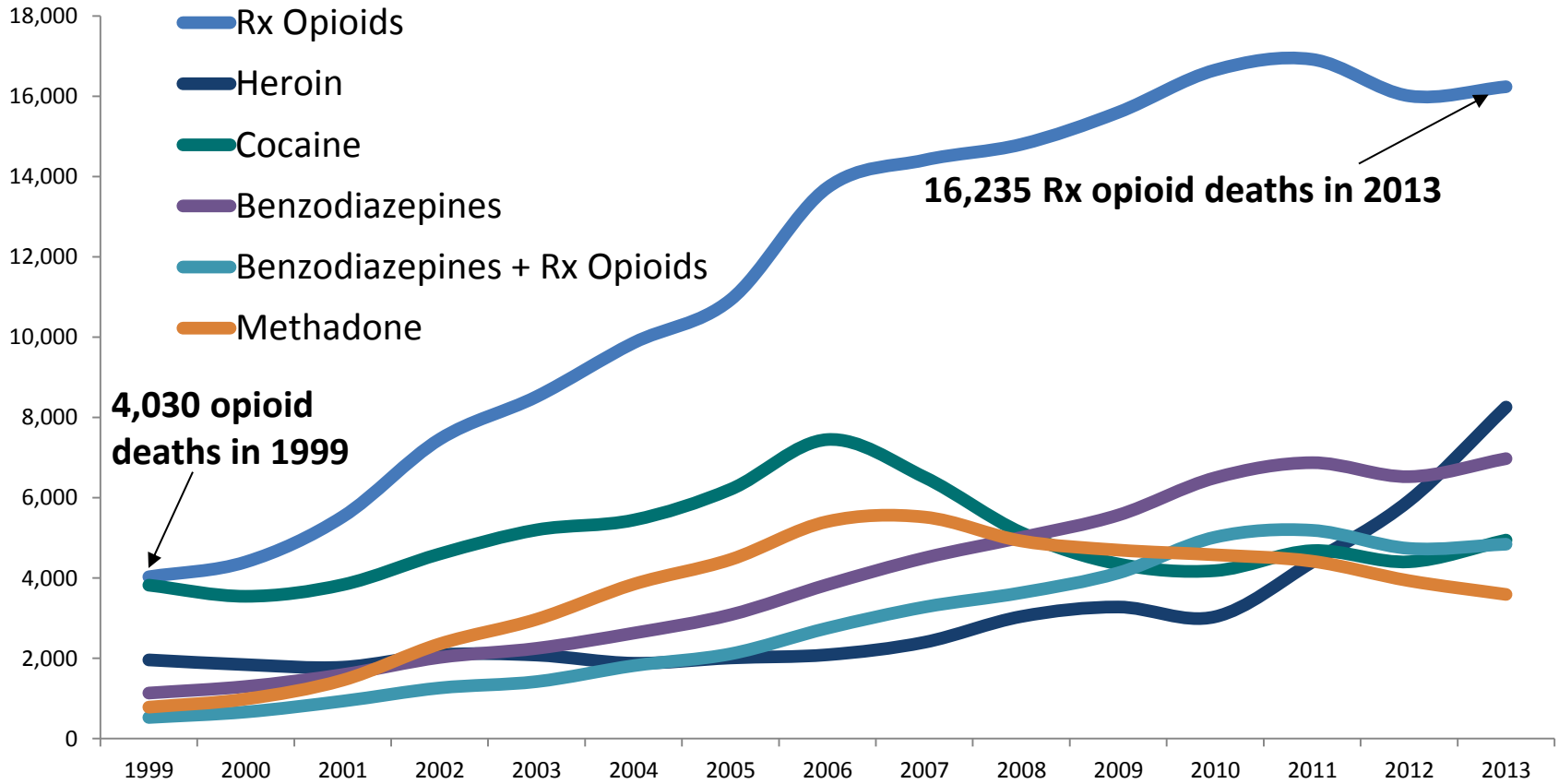
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Prescription and Non-Prescription Opioid Harm Prevention Program

Family Health Section, Bureau of Community Health Promotion

Division of Public Health

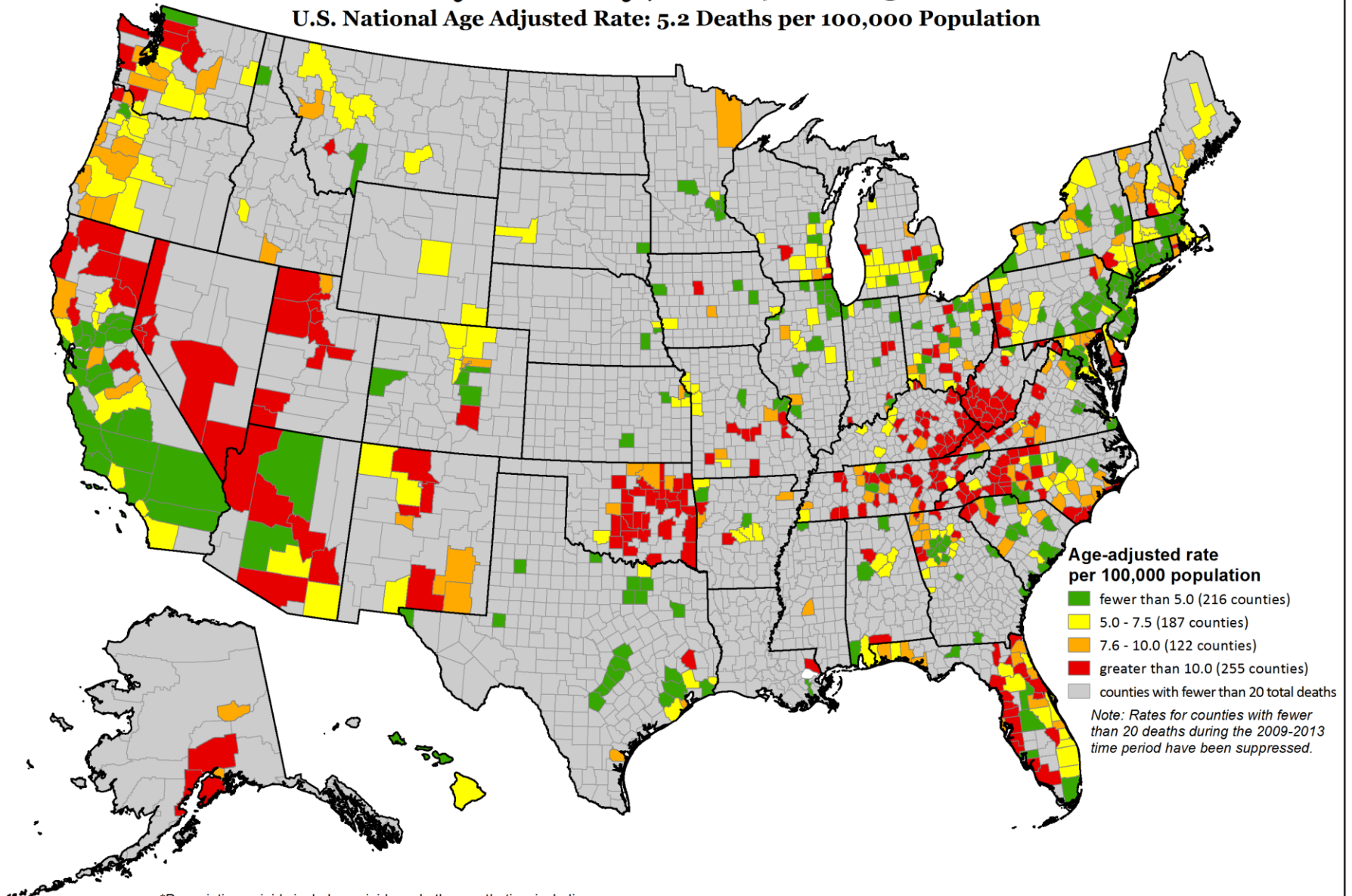
Increasing Trend of Opioid Overdose Deaths in the US, Especially Opioid Pain Relievers



Original Data CDC Matt Gladden, CDC

Drug Poisoning Deaths Involving Prescription Opioids* by County, 2009-2013

U.S. National Age Adjusted Rate: 5.2 Deaths per 100,000 Population



*Prescription opioids includes opioids and other synthetics, including methadone and prescription pain relievers (ICD-10 codes T40.2 to T40.4).

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death Data on CDC WONDER Online Database, extracted August 5, 2015.

Naloxone Saves Lives

Naloxone reverses respiratory depression caused by an opioid overdose

- Prescription pain medication or heroin



Need to educate about overdose and provide access to naloxone **every way we can** to all those at risk of an overdose

Legislation to Allow Possession and Distribution of Naloxone

Wisconsin Act 200

- Enacted April 2014
- Expanded access to life-saving opioid antagonists for the reversal of an opioid overdose

State of Wisconsin



2013 Assembly Bill 446

Date of enactment: April 7, 2014
Date of publication*: April 8, 2014

2013 WISCONSIN ACT 200

AN ACT *to renumber and amend* 448.015 (4) (bm); *to amend* 256.15 (8) (e), 441.07 (1g) (d), 450.10 (1) (a) (intro.), 450.11 (1), 450.11 (3), 450.11 (4) (a) 5. a., 450.11 (7) (h) and 895.48 (1); and *to create* 256.01 (13), 256.40, 441.07 (1g) (d) 2., 441.18, 448.015 (4) (bm) 2., 448.037, 450.01 (1) (d), 450.01 (13v), 450.11 (1i) and 450.11 (4) (a) 5. c. of the statutes; **relating to:** prescription, possession, dispensing, delivery, and administration of opioid antagonists; training and agreements for administering opioid antagonists; requiring emergency medical technicians to carry opioid antagonists; and immunity for certain individuals who prescribe, dispense, deliver, or administer opioid antagonists.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 256.01 (13) of the statutes is created to read:

256.01 (13) "Opioid antagonist" has the meaning given in s. 450.01 (13v).

SECTION 2. 256.15 (8) (e) of the statutes is amended to read:

256.15 (8) (e) A certified first responder is authorized

tion of medications that are specified by the department by rule. In promulgating the rules under this paragraph, the department shall consult with the state medical director for emergency medical services and the emergency medical services board. The rule shall include those techniques that are specified in the most current guidelines issued by the National Highway Traffic Safety Administration under [23 CFR 1205.3](#) (a) (5).

SECTION 3. 256.40 of the statutes is created to read:
256.40 Opioid antagonists. (1) In this section:

Legislation to Allow Possession and Distribution of Naloxone

Wisconsin Act 115

- Enacted December 2015
- Allows prescriber to authorize pharmacists to dispense opioid antagonists to patients under a standing order



WISCONSIN LEGISLATIVE COUNCIL ACT MEMO

2015 Wisconsin Act 115
[2015 Assembly Bill 427]

Dispensing of Opioid Antagonists

Wisconsin Act 115 clarifies the law regarding the use of standing orders to authorize the dispensing of opioid antagonists.

Opioid antagonists are prescription drugs, such as the drug naloxone, some of which can, when administered to a person undergoing an overdose on drugs such as heroin or prescription narcotics, have the effect of countering the effects of the overdose.

Under current law, a prescriber may prescribe an opioid antagonist to a person in a position to assist an individual at risk of undergoing an opioid-related drug overdose and may deliver the opioid antagonist to that person.¹

The Act further authorizes a prescriber to issue a standing order to one or more persons authorizing the dispensing of an opioid antagonist, and authorizes a pharmacist to deliver an opioid antagonist to an individual in accordance with a standing order.

The Act specifies that a “standing order” is an order transmitted electronically or in writing by a practitioner for a drug or device for multiple patients or for one or more groups of patients, and is considered to be a prescription order for purposes of the pharmacy law. A standing order is not required to specify the name and address of a patient.

DHS Implements

Statewide Standing Order for Naloxone

All pharmacies across state can dispense naloxone without a direct prescriber to patient prescription and use signed statewide standing order, if they meet certain **requirements**:

1. Complete minimum of one hour of recommended training
2. Provide education and distribute materials to patient about overdose and use of naloxone at time of dispensing
3. Maintain records of specified data and send summary reports to DHS every quarter

Steps for Setting Up Statewide Standing Order

1. Obtain Buy-in from state agency
2. Collaborate with key stakeholders
3. Identify and recruit physician to sign
4. Develop standing order documents
5. Determine pharmacist training requirement
6. Develop pharmacist tools and patient materials
7. Determine data tracking method
8. Promote and generate interest by pharmacists

Pharmacist Tools and Patient Materials

Multi-disciplinary input

- Wisconsin Society of Addiction Medicine
- Alcohol and Other Drug Abuse Counselor
- AIDS Resource Center of Wisconsin (ARCW)
- People and parents of people in recovery



Pharmacist Tools and Patient Materials

Patient Education Materials

Pharmacist Tools

OPIOID SAFETY AND OVERDOSE PREVENTION

A GUIDE FOR PATIENTS AND CAREGIVERS:

What you need to know about risks, prevention and more

Wisconsin Pharmacy Examining Board | PSW Pharmacy Society of Wisconsin | Wisconsin Department of Health Services

HOW TO GIVE NALOXONE

There are four ways to give naloxone. Follow instructions for the type that you have.

-- To see video instructions on how to administer the four kinds of naloxone, visit www.prescribetoavoid.org. --

Nasal spray (ready to use) <ol style="list-style-type: none"> 1. Peel back the package to remove the device. 2. Place the tip of the nozzle in a nostril until your fingers touch the bottom of the nose. 	<ol style="list-style-type: none"> 3. Press the plunger firmly to release the dose into either nostril. 4. Provide a second dose in the other nostril if there is no response after 2-3 minutes.
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Nasal spray (assembly required) <ol style="list-style-type: none"> 1 Remove the two colored caps from the delivery syringe. 2 Screw the white atomizer cone onto the top of the delivery syringe. 3 Remove the cap off the capsule of naloxone. 4 Gently screw the capsule of naloxone into the barrel of syringe. 5 Insert white cone into nostril; give a short, strong push on the end of capsule to spray naloxone into nose. One half (1 mL) of the capsule in each nostril. 6 If there is no reaction in 2-3 minutes, give a second dose. 	Auto-injector (EVZIO™) <ol style="list-style-type: none"> 1. Pull auto-injector from outer case. 2. Pull off red safety guard. 3. Place the black end of the auto-injector against the outer thigh—through clothing if needed—press firmly and hold in place for 3 seconds. 4. Repeat the injection if there is no response after 2-3 minutes.
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Injectable naloxone <ol style="list-style-type: none"> 1 Put on gloves, if available. Remove cap from naloxone vial and uncover the needle. 2 Insert needle through rubber plug with vial upside down. Pull back on plunger and draw up 1 mL of naloxone. 3 Insert the needle into the muscle of the bare upper arm or thigh. Push on the plunger to inject the naloxone. 4 Repeat the injection if there is no response after 2-3 minutes. 	
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Wisconsin Department of Health Services P-0152 (08/2016)

Red Flags

Are you about to fill a prescription for opioids?

Pay special attention to whether any of the following apply to those receiving this prescription:

- Known respiratory disorder, e.g., COPD, asthma
- History of smoking
- Renal dysfunction or hepatic disease
- Prescription for:
 - Benzodiazepine
 - SSRI or TCA antidepressant
 - High dose of opioid (higher than 90 mg morphine daily)
- Receiving methadone, Suboxone® or Vivitrol®
- Never been prescribed opioids

If any of these apply, this patient may also need naloxone.

Wisconsin Department of Health Services P-0152 (08/2016)

Screening Checklist

There are some factors that could put someone at a HIGHER risk of overdose. Please answer these questions and give this to a pharmacist during your consultation.

Who is this for?
 Myself Someone else

Do any of the following apply to the person taking opioids?

- Known breathing problem, like asthma?
 Yes No Unsure
- History of smoking?
 Yes No Unsure
- Known kidney or liver problems?
 Yes No Unsure
- Prescription for a benzodiazepine, like a muscle relaxer or sedative?
 Yes No Unsure
- Prescription for an antidepressant?
 Yes No Unsure
- Receiving methadone, Suboxone® or Vivitrol®?
 Yes No Unsure
- First time being prescribed opioids?
 Yes No Unsure
- Have a high-dose opioid prescription (higher than 90 mg morphine daily)?
 Yes No Unsure

Wisconsin Department of Health Services P-0152 (08/2016)

RESPONDING TO AN OVERDOSE

Know how to keep yourself and your loved ones safe.

-- Ask your pharmacist about how to safely dispose of medications and sharps. --

1 IDENTIFY OVERDOSE Try to wake the overdose victim by yelling their name or rubbing your knuckles in the middle of their chest.	4 GIVE NALOXONE See reverse side for how to give naloxone. After giving naloxone, continue rescue breaths. If there is still no response after 2-3 minutes, give naloxone again. More than one dose is sometimes needed.
2 CALL 9-1-1 Indicate if the overdose victim has stopped or slowed breathing.	5 RECOVERY POSITION Once the overdose victim is breathing again, put the person on their side with the top leg and arm crossed over the body to prevent choking (see below).
3 OPEN AIRWAY AND GIVE RESCUE BREATHS If the overdose victim is not breathing, open the airway. Remove any object from the victim's mouth. If breathing has stopped or slowed, start rescue breathing: tilt head back, lift chin, pinch nose with other hand, give one breath every five seconds. Continue this for 30 seconds. If the overdose victim is still not breathing on own, give naloxone.	6 STAY UNTIL HELP ARRIVES Stay with the overdose victim until emergency responders arrive.

Wisconsin Pharmacy Examining Board | PSW Pharmacy Society of Wisconsin | Wisconsin Department of Health Services

PATIENT RESOURCE GUIDE

Protect yourself and your loved ones.

Know your options when it comes to opioid safety.

Wisconsin Pharmacy Examining Board | PSW Pharmacy Society of Wisconsin | Wisconsin Department of Health Services

Do you know someone who takes opioids, like prescription pain medication or heroin? People who use opioids are at risk of overdose.

NALOXONE REVERSES OVERDOSE and SAVES LIVES.

Ask your pharmacist about lifesaving naloxone and help protect yourself and your loved ones.

Wisconsin Pharmacy Examining Board | PSW Pharmacy Society of Wisconsin | Wisconsin Department of Health Services

Wisconsin Department of Health Services P-0157 (08/2016)

Promotion of Standing Order to Pharmacists

Joint memo to pharmacists

- DHS, Pharmacy Society of Wisconsin, and Pharmacy Examining Board)

Video production

DHS web pages

Launch at Pharmacy Society of Wisconsin annual conference (with Governor Scott Walker)

Press release

Presentation to Pharmacy Examining Board

PSW implementation webinar and Q&A

Successes



Successes

Short timeline to develop materials, get on web page and launch

Ongoing partnership with Pharmacy Society of Wisconsin

First pharmacy signed up within hours of launch
(Chair of Pharmacy Examining Board)

139 pharmacies signed on:

- Independent
- Small and large chains
- Health care organizations



Next Steps



Next Steps for the Standing Order

Individual prescriber standing order with resources

Adding naloxone to Prescription Drug Monitoring Program (PDMP) for easier tracking

Producing searchable directory of all pharmacies distributing naloxone

- Statewide and individual prescriber

Future outreach

Continued promotion of standing order



Challenges and Addressing Gaps



Challenges

Reimbursement of naloxone

- Medicaid covers patient of record
- Private health care insurers – inconsistent
- Undetermined coverage for family or friends



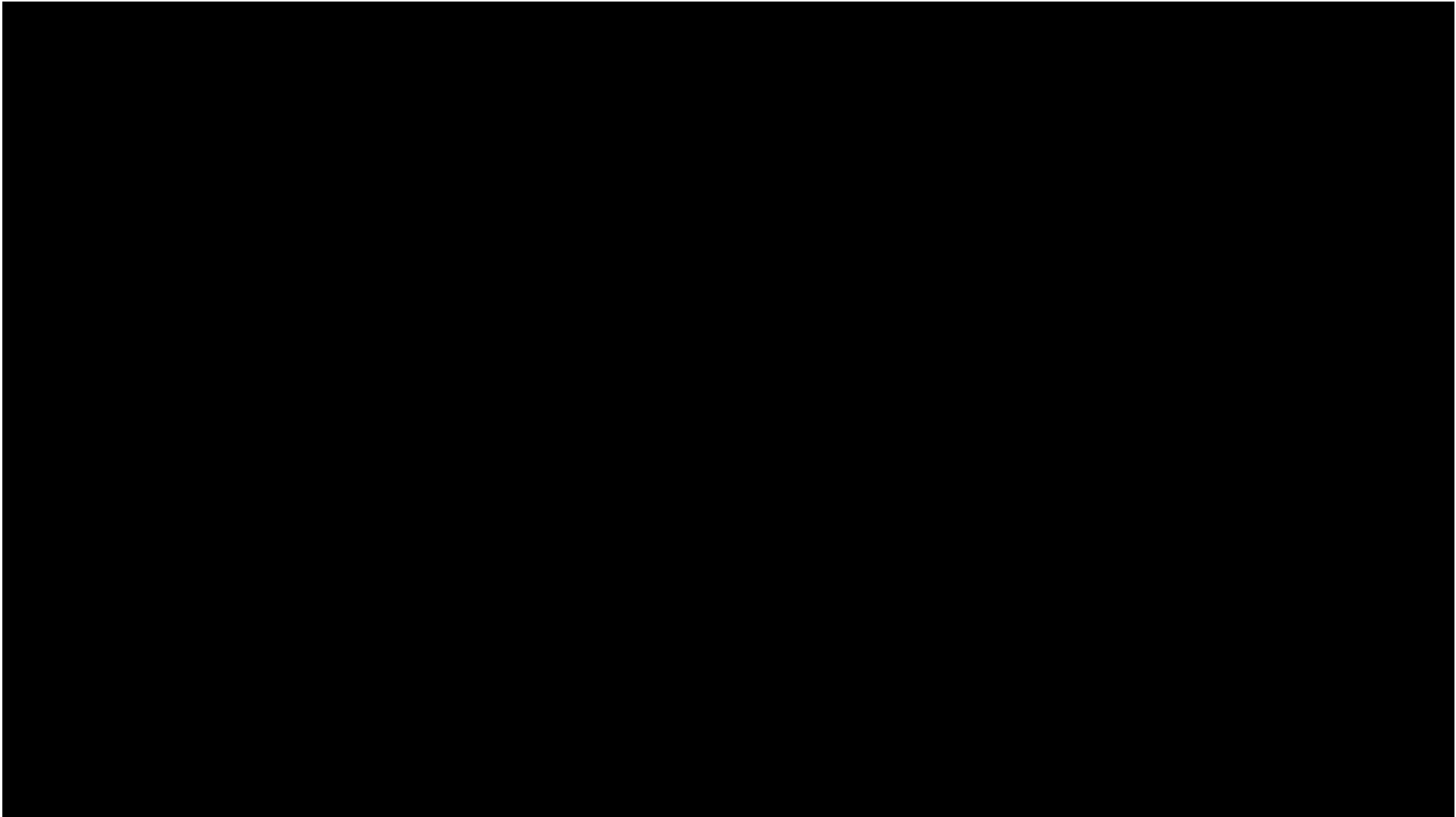
Addressing Gaps

Expand community programs

Target those at high risk of an overdose

- People who inject drugs (PWID)
 - Chicago Recovery Alliance (CRA) and ARCW
- When released from jail/prison
- Those prescribed high dose of opioids
- When leaving hospital after overdose

Statewide Standing Order for Naloxone Promotional Video



Additional Resources:

dhs.wisconsin.gov/opioids/standing-order

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