Development and Implementation of a Pharmacist-Managed Intranasal Naloxone Distribution Program in a Veterans Affairs Healthcare Facility and Associated Community Clinics

Innovative Practices Award Finalist
Melissa Joy Brewster, PharmD, BCPS
Clinical Psychiatric Pharmacy Specialist
George E. Wahlen VA Medical Center, Salt Lake City, Utah
Co-investigator: Christopher Stock, PharmD, BCPP

Objectives

• Define patient-specific factors that increase the risk of opioid overdose
• Describe the components of Overdose Education and Naloxone Distribution (OEND)
• Imagine how you could provide OEND in your current pharmacy practice

Background

• Drug overdose is now the leading cause of injury death in the United States
  – 120 deaths and 6,748 emergency room visits daily
  – Veterans have twice the risk of overdose
• 2013 Congressional Hearing on Veterans Affairs
  – VA National Opioid Safety Initiative
Overdose Education and Naloxone Distribution (OEND)

- Identified by SAMHSA as a key tool in reducing the opioid-overdose epidemic
  - Does not increase abuse or high-risk use
- Massachusetts OEND 2006-2013
  - 22,000 enrollees
  - 2,600 rescues
  - Death rate reduced by 46% in towns with high utilization of OEND

Walley et al. BMJ 2013; 346: f174

2014 Utah Legislation

- HB 119 Opiate Overdose Emergency Treatment
  - Any person can administer an opiate antagonist to another person they believe to be suffering an opiate-related drug overdose
  - A healthcare provider may prescribe and dispense an opiate antagonist without a prescriber-patient relationship
  - A person who prescribes or dispenses an opiate antagonist shall provide education to the individual that includes instructions to call for or seek emergency medical attention
- HB 11 Overdose Reporting Amendments “Good Samaritan Law”

Intranasal Naloxone

- Not FDA approved or commercially available
- Kit contents include:
  - Two luer-lock naloxone 1 mg/mL (2 mL) syringes
  - Two intranasal foam adapters
  - One set of latex gloves
  - Protective shield for rescue breathing
  - Instructional materials on how to use intranasal naloxone
  - Cost ~ $45

www.prescribetoprevent.org
Salt Lake City OEND

- Five OEND pilot programs within VA
  - Targeted patients with opioid-use disorder
- Identified clinical pharmacy specialists willing to be trained for OEND
  - 19 Clinical Pharmacy Specialists
  - Two nurses
  - Three prescribers
  - Homeless Team
- Every major clinic in our facility
- Kits at all residential facilities

OEND Inclusion Criteria

- History of overdose
- Substance use disorder
- High risk for suicide
- Opioid-use disorder and recent period of abstinence
- Opioid dose >100mg morphine eq/day
- Opioid and benzodiazepine
- Compromising medical condition
  - Lung or heart disease
  - Sleep apnea
- Serious mental illness
- Patient/family member self-selection

Overdose Education

- Patient selection during clinics
- Family member/caregiver included
- Education
  - How to use opioids safely
  - Signs and symptoms of overdose
  - How to respond to overdose
  - How to use intranasal naloxone
OEND Documentation

VA OEND Outcomes

- 96 naloxone rescue kits administered
- One local rescue
  - Nationwide VA OEND 46 rescues
- Reduction in opioids and benzodiazepines prescribed concomitantly
- Local OEND program used as a national model

Expanding OEND in Utah

- Collaborative Practice Agreements
- Exporting program, working with community partners to implement OEND throughout Utah
- Intermountain Healthcare
  - All outpatient pharmacies carry naloxone rescue kits and all pharmacists be trained in OEND
Conclusions

• Pharmacists ideal providers of naloxone
• This intervention has the potential to save lives and reduce the harms from opioid dependence and addiction
• Patients feel empowered to use medications safely, know how to respond in an emergency situation

Question 1

Which of the following is not a risk factor for opioid overdose?

A. Opioid dose > 100 mg morphine eq/day
B. Concomitant opioid and benzodiazepine use
C. Recent period of heavy opioid use
D. Sleep apnea

Question 2

Which of the following is a risk in providing overdose education and naloxone to a patient?

a. Opioid users who have access to naloxone are more likely to use higher doses of opioids because they are less worried about overdose
b. Dangerous for children to have access
c. If used, risk of uncomfortable opioid withdrawal in patient
d. Increases in high-risk drug use, including using multiple substances together