

The Opioid Overdose Epidemic and Naloxone

In 2016, nearly 33,000 people died from an opioid overdose, with the majority of these deaths coming from prescription painkillers. ^[1] In order to combat this epidemic, doctors are now routinely prescribing naloxone along with opioids to both patients and their loved ones. Furthermore, naloxone is now able to be dispensed by California pharmacists without a prescription at participating pharmacies.

Naloxone, also known as Narcan[®], reverses the respiratory depression due to toxic opioid exposure by displacing opioids within the brain. The administration of naloxone is frequently followed by a return to normal breathing patterns and the regaining of consciousness. According to estimates from the Centers for Disease Control and Prevention, the administration of naloxone by laypersons has reversed more than 10,000 overdoses. ^[2]

Questions and Answers:

Who should get a naloxone prescription?

Naloxone should be considered for all patients being prescribed opioids. Certain patients - such as those with a history of heroin use, high dose opioid therapy, or the use of opioids with other sedating medications such as benzodiazepines - are highest risk for overdose, and should definitely be prescribed opioids. However, even the most careful people can mix up medications, and children and older adults with cognitive impairment may take an opioid not realizing what it is. As such, naloxone is an important part of home safety in any home that has opioids in it - almost like a fire extinguisher...something to protect people from a rare but very dangerous event.

How does naloxone work?

Naloxone has a stronger affinity for opioid receptors than opioid pain medication and heroin. When administered, either intramuscularly or intranasally, naloxone blocks the opioid receptors that cause respiratory depression, the primary cause of death in opioid overdoses.

Should I prescribe the intranasal or intramuscular form of naloxone?

Giving naloxone via the intranasal route and the intramuscular route have almost identical rates of success^[3]. The decision is up to you and your patient. Some individuals are more comfortable carrying and administering the intranasal spray,^[4] as it does not involve a needle and avoids any risk of the transmission of bloodborne diseases.

What is the difference between Narcan®, EVZIO®, and naloxone?

Naloxone is a generic medication, but is considered non-generic when prepared in specific formulations or using specific delivery devices. Narcan® Nasal Spray is a pre-filled nasal delivery system for naloxone made by Adapt Pharma. EVZIO® is an auto-injector device that delivers naloxone in similar fashion to an EpiPen®. The delivery device has a small speaker that plays a recording of instructions on how to use it, and is made by Kaleo Pharma.

Does naloxone have any potential for abuse?

No. Naloxone is a non-narcotic and has not been shown to have any potential for abuse.

Do I need to keep and submit any records for prescriptions I write for naloxone?

No. California law allows doctors to prescribe naloxone without submitting records to government agencies.

What are some of the risk factors for an opioid overdose related death?

- Mixing opioids with CNS depressants, such as, benzodiazepines (Xanax®, Klonopin®, Ativan®), muscle relaxants (Soma®, Flexeril®), or sleep medication (Ambien®, Lunesta®, Sonata®).
- Mixing opioids with alcohol
- Previous overdose
- **Taking high doses of opioids, either as directed or illicitly.**
- Recent discharge from addiction treatment (patients' tolerance is decreased while not using)
- Recent incarceration (patients' tolerance is decreased while not using)

How can I educate my patients on how to use it?

There are multiple resources on the Monterey County Prescribe Safe Initiative website that can be provided to patients to educate them on how to use Naloxone. One very useful handout that covers how to use all the different formulations of Naloxone is

http://www.chomp.org/app/files/public/7421/naloxone_fact_sheet.pdf. The handout is available in Spanish as well.

How would I bill for this time?

The Screening Brief Intervention Referral to Treatment (SBIRT) can be used to bill time for this purpose. To do so, a doctor should complete the DAST-10 and counsel the patient on how to recognize overdose and how to administer naloxone.

What are the Billing Codes for this training?

Commercial insurance: CPT 99408 (15-30 mins)

Medicare: G0396 (15 to 30 mins)

Medicaid: H0050 (per 15 mins)

Does insurance pay for naloxone?

Medi-Cal and most private insurance companies cover naloxone.

When prescribing naloxone for a family member or friend, whose name is put on the prescription?

The prescription may be written for the person who will administer or the person at risk for overdose to give to family member or friend.

Does prescribing naloxone put healthcare providers at any risk of a lawsuit?

Legislation in 2013 in California (AB365) protects healthcare providers from lawsuits related to prescribing naloxone.

How to write a prescription for Naloxone:

1. Nasal Narcan: Naloxone nasal, 4 mg, Disp #2
1 spray in 1 nostril for opiate overdose, repeat q 2 minutes in other nostril if no response
2. Evzio: Evzio Auto Injector, 0.4 mg, #2
Inject into thigh for opiate overdose

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^[1] American Society of Addiction Medicine (ASAM). (2016). *Opioid Addiction 2016 Facts and Figures*. Retrieved from <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>. Accessed July, 2016.

^[2] Centers for Disease Control and Prevention (CDC). (2012). *Community-based opioid overdose prevention programs providing naloxone-United States, 2010*. MMWR. Morbidity and mortality weekly report, 61(6), 101. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm> Accessed July, 2014.

^[3] Doe-Simkins, M., Walley, A. Y., Epstein, A., & Moyer, P. (2009). Saved by the nose: bystander-administered intranasal naloxone hydrochloride for opioid overdose. *American Journal of Public Health, 99*(5), 788.

^[4] Kerr, D., Dietze, P., Kelly, A. M., & Jolley, D. (2008). Attitudes of Australian heroin users to peer distribution of naloxone for heroin overdose: perspectives on intranasal administration. *Journal of Urban Health, 85*(3), 352-360.