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Evaluating Naloxone Access and Prescribing Requirements in the Opioid Epidemic across the United States

Krista Brooks
Tom Davis
Khoa Nguyen
Ngan-Dinh Nguyen
Tashrique Rahman

See next page for additional authors

Abstract

- Deaths related to opioid overdose has been an increasing problem in the United States
- Deaths related to opioid overdoses can be prevented by the use of naloxone which reverses the effects of opioids
- Approaches to promote naloxone access have been described by federal agencies, including the Substance Abuse and Mental Health Services Administration

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Authors
Krista Brooks, Tom Davis, Khoa Nguyen, Ngan-Dinh Nguyen, Tashrique Rahman, and Lucero Villa
INTRODUCTION

• Deaths related to opioid overdose has been an increasing problem in the United States
• Deaths related to opioid overdoses can be prevented by the use of naloxone which reverses the effects of opioids
• Approaches to promote naloxone access have been described by federal agencies, including the Substance Abuse and Mental Health Services Administration

OBJECTIVES

• The primary objective of this study is to examine naloxone access in community pharmacies for each state
• Secondary objectives include which states require physicians to prescribe naloxone to patients receiving opioids, and layperson access to naloxone

METHODS

Using national and state databases, information was collected and analyzed for each state regarding the following:

• Requirements of concurrently prescribing naloxone with opioid prescriptions
• Naloxone access in community pharmacies
• Layperson access to naloxone without a prescription

REFERENCES


AUTHOR DISCLOSURE

Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

RESULTS

• New state laws have expand access to naloxone without a patient-specific prescription
• All community pharmacies have increased access to naloxone through state policies such as:
  • Standing orders
  • Protocol orders
  • Pharmacists Prescriptive Authority
  • Collaborative Practice Agreements
• Only 5 states require prescribers to provide a naloxone prescription along with an opioid prescription
• Several states have implemented programs that provide intranasal naloxone outside of pharmacies
• The majority of states have passed Good Samaritan Laws

CONCLUSION and FUTURE IMPLICATIONS

• Changing laws have helped make naloxone easier for people to access this life-saving medication by increasing how it can be distributed beyond traditional prescriptions. Increased access allows individuals at risk, as well as friends and families of those at risk, be prepared in the event of an opioid overdose
• As the removal of barriers are making it easier for individuals to obtain naloxone, it is important that pharmacists are able to help provide risk identification and administration education to the public

STATE SPECIFIC INFORMATION AND DEFINITIONS

Non-patient Specific Prescriptions in Pharmacies

Standing orders - Written by prescribers, these orders authorize pharmacists to dispense naloxone to patients without a prescription from a provider.

Protocol orders. These are similar to a standing order except the authorization to dispense naloxone comes from a state board of health or pharmacy licensing board instead of a licensed prescriber.

Collaborative practice agreements. These are another type of formal agreement between prescribers and specific pharmacies or pharmacy chains within a state. Like standing and protocol orders, they permit the pharmacist to dispense naloxone without the patient first seeing a prescriber.

Pharmacist prescriptive authority. This approach allows pharmacists to prescribe naloxone without an order or agreement from a physician, pharmacist, or board of health.

Layperson Access To Intra-nasal Naloxone (NARCAN®)

Many states have passed legislation that allows non-medical professionals to distribute naloxone within community settings (outside of pharmacies) even if they are not otherwise permitted to distribute prescription medications.

Examples of States with Layperson Access:

Community Distribution sites (Hubs): OK, RI, VT
Emergency Stations (along with AEDs): DE, RI, VA
Health Departments: IL, IN, MD, MA, NH, NJ, VA

Required Naloxone Co-Prescriptions

States that require practitioners to co-prescribe naloxone with opioids:

- Arizona *
- Colorado **
- Rhode Island *, ** *
- Virginia *, ** *
- Washington **

Good Samaritan Laws

Laws that provide immunity from arrest, charge or prosecution for certain controlled substance possession and paraphernalia offenses when a person who is either experiencing an opioid-related overdose or observing one calls 911 for assistance or seeks medical attention.

States with Good Samaritan Laws

Arizona, Idaho, Iowa, Kansas, Maine,

States without Good Samaritan Laws

Missouri, Oklahoma, South Carolina, Texas, Wyoming

Death Rates from Opioids Per 100,000 persons 2017 Data

CONCLUSION

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Dr. Krista Brooks, Dr. Tom Davis, Khoa Nguyen, Ngan-Dinh Nguyen, Tashrique Rahaman, Lucero Villa

Southwestern Oklahoma State University™, Weatherford, Oklahoma

Methodology:

- Using national and state databases
- Analyzing data from each state regarding:
  - Requirements of concurrently prescribing naloxone with opioid prescriptions
  - Naloxone access in community pharmacies
  - Layperson access to naloxone without a prescription

Results:

- New state laws have expanded access to naloxone without a patient-specific prescription
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Conclusion:

- Changing laws have helped make naloxone easier for people to access this life-saving medication by increasing how it can be distributed beyond traditional prescriptions.
- Increased access allows individuals at risk, as well as friends and families of those at risk, to be prepared in the event of an opioid overdose.
- As the removal of barriers are making it easier for individuals to obtain naloxone, it is important that pharmacists are able to help provide risk identification and administration education to the public.

Future Implications:

- Further research is needed to evaluate the effectiveness of the new laws and programs that have been implemented.