Save a Life, Give Naloxone

What you need to know about naloxone and how to be compliant with state law

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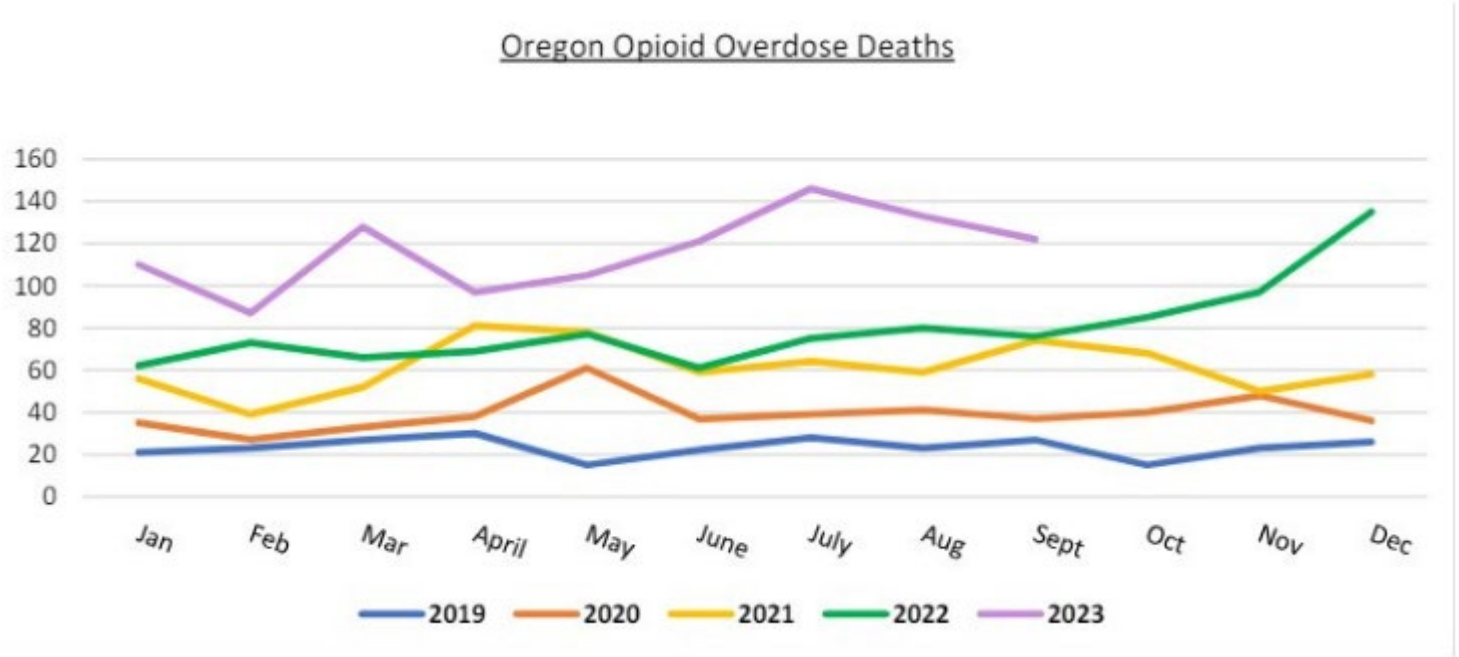
Objectives

- Understand Senate Bill 1043 requirements
- Recognize potential systems changes to be compliant with regulations
- Educate patients on how to recognize signs of opioid overdose
- Effectively counsel patients on how to properly administer naloxone

Why?

- Fentanyl entered Oregon's drug supply in 2019
- 400% rise in overdose (OD) deaths from 2019-2023
- 3 people in Oregon die each day from an opioid OD
- Oregon has the fastest growing rate of 15-19 year-olds to die from OD and 3rd highest rate of SUD amongst adolescence



2023	1043
2022	956
2021	738
2020	472
2019	280

Illicit Fentanyl

- Potent
  - 50x more potent than heroin
  - 80-500x more potent than morphine
  - Many different analogs with differing potency
- Lipophilic
  - Rapidly crosses into the brain
  - Stays in adipose tissue for many days
  - Positive UA for up to 21 days after last use

DEA Fact Sheet

Why?

- Patients with an OUD are at a high rate of death post discharge (8%)
  - Patients with OUD die at similar rate to those who suffered heart attacks
  - 15% die from an overdose within 12 months after discharge
- Naloxone *prescribing* does not translate to medication in hand
  - Studies show a prescription fill rate of 18-50%
  - Less than 2% of patients deemed high risk of OD were prescribed naloxone in the emergency department

King 2021, Hardin 2024

Senate Bill 1043 (441.052)

- Upon the discharge or release of a patient, a hospital licensed under this chapter shall provide to the patient at least two doses of an opioid overdose reversal medication and the necessary medical supplies to administer the medication if:
  - The hospital actively treated the patient for the patient's opioid use disorder; and
  - The patient is discharged or released to an unlicensed private residence or other unlicensed setting.

- Great idea! Tricky to implement and fund

Senate Bill 1043 Definitions

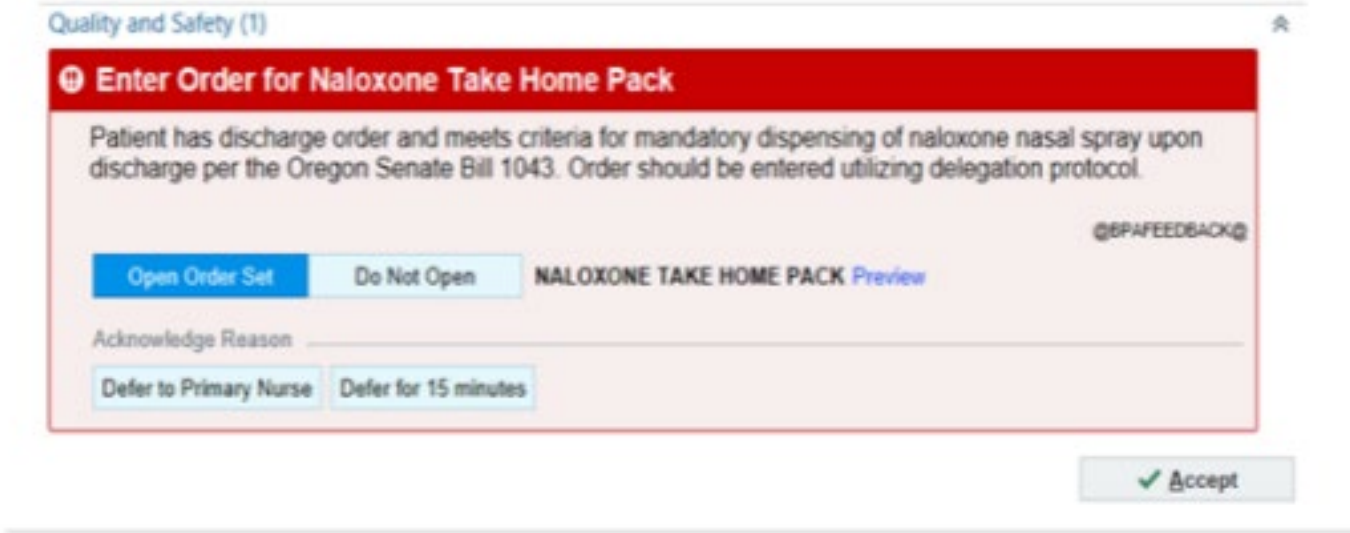
- Provide vs prescribe
  - The intend of the law is for patient to leave with naloxone in hand
  - Simply prescribing at discharge is not in compliance with the regulation

- Actively treated
  - Received methadone or buprenorphine
  - Any full opioid agonist (oxycodone, hydromorphone) for withdrawal management
  - Supportive care medications

OHSU's Approach

- Nurse driven BPA alert

- Criteria to fire:
  - OUD diagnosis
  - OUD in problem list
  - buprenorphine order
  - COWS
  - ED -> CC of Intentional OD, OD or Substance Abuse
  - Peds -> + CRAFFT screening



OHSU's Approach

- Order goes on inpatient MAR and stays until discharge

naloxone nasal spray (Take Home Pack - Opioid Use Disorder) 4 mg
Dose: 1 spray
Freq: DAY OF DISCHARGE Route: nasl
PRN Reason: suspected opioid overdose
Start: 09/29/24 1500 End: 11/20/25 0600
Admin Instructions:
TAKE HOME PACK Not to be administered.
TAKE HOME PACK

OHSU's Approach

- Order must be charted on before AVS can print

Due
Supplied for Outpatient Use
Patient Refused Naloxone THP
Naloxone Unavailable

- RN removes from drug dispensing cabinet and educates → patient leaves with naloxone!

OHSU's Approach

- Education
  - QR codes on naloxone boxes and standard naloxone education in AVS
- Billing
  - Outpatient pharmacy runs report on naloxone charted as given and back bills insurance

Results

- ~250 patients have BPAs triggered per month
  - 30% leave AMA
  - 20% refuse
  - 50% left with naloxone in hand!

- Reimbursement
  - Average 50% successful adjudication

Other Ways

Pharmacy lead review/BPA	• Triggers an inpatient order • Caution with ED setting
Provider BPA	• Triggers an inpatient order or consult for pharmacy to dispense
Meds to Bed delivery	• OUD patients are automatically enrolled in MTB

Payment

- SB 1043 did not appropriate any funds for hospitals to purchase naloxone
  - Not a standard process to bill for medications dispensed from inpatient pharmacy
  - 340B eligible hospitals have reduced pricing
  - CareOregon CCOs opened Medicaid billing codes for reimbursement
    - Code: G1028 or call OHA Medicaid department
  - Save Live Oregon Clearinghouse
    - 501 (c)(3) status organizations
  - Meds to Bed delivery
  - County distribution program
  - Back bill through outpatient pharmacy

Labeling

- SB 450 exempts naloxone in the form of a nasal spray from labeling requirements

(2) A Pharmacist is not required to label the prescription according to OAR 855-041-1130 if dispensing a FDA approved short-acting opioid antagonist.¶

FAQ

- Is it okay to send a prescription to their pharmacy for naloxone rather than giving naloxone?
  - No! patients must leave with naloxone in hand to be compliant

- My patient left AMA, am I required to give them naloxone?
  - No, requirements do not apply if they leave AMA

- I offered my patient naloxone, but they refused. Am I violating the regulation?
  - No, patients have autonomy to refuse but its important you documented that you attempted to give naloxone

FAQ

- Does this apply to pediatric patients?
  - Yes, pediatrics should still be provided naloxone if you treat them for OUD
- I work in the emergency department, am I still required to provide naloxone?
  - Yes, EDs are still required to be compliant with SB 1043
- Will there be regulatory audits?
  - Nothing formally planned but will be driven by OHA complaints

Patient Education

SIGNS OF AN OPIOID OVERDOSE. B.L.U.E.

BREATHING — Breathing during an overdose is shallow, gurgling, erratic, or completely absent.

LIPS — Lips and fingertips are blue, due to decreased oxygen throughout the body.

UNRESPONSIVE — The victim will not respond to verbal or physical stimulation.

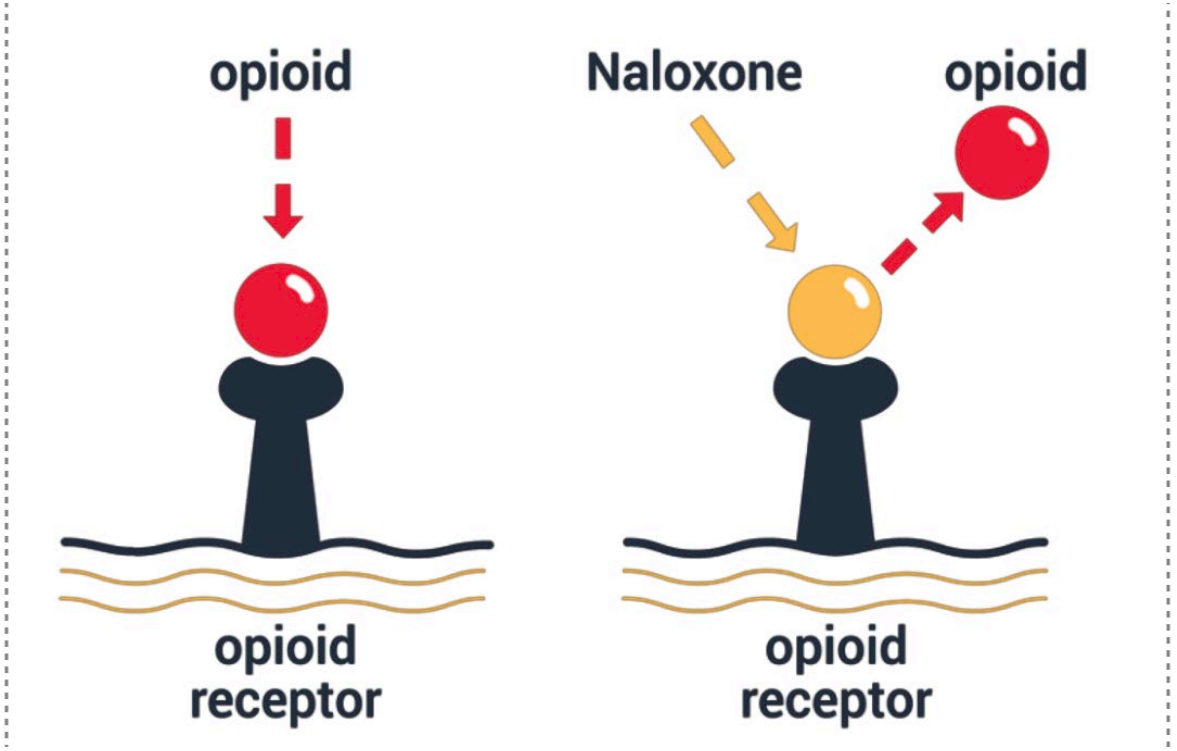
EYES — Pupils are pinpoint, as the opioids constrict the pupils to an unusually small size.

How does Naloxone Work?

Opioid blocker

Kicks opioids off the receptors in the brain, reversing their effects

Steals the parking space



Naloxone Pharmacokinetics

Onset: 2-5 minutes

Duration: 30-60 minutes

Formulations

Intramuscular

Intravenous

Nasal

- Narcan (4mg)
- Kloxxado (8mg)

Lexi comp 2024

Naloxone Administration

- Check signs of overdose
- Remove nasal spray from package and place in persons nare
- Press down QUICKLY on the plunger
- CPR or rescue breaths if trained or place in rescue position
- Repeat in 2 minutes
- Tell person that you administered naloxone once they respond

Naloxone Administration Tips

- Aim nozzle straight back
  - Do not angle it towards the outside of the nare
  - Do not angle up towards the eyes
- Press down quickly on plunger
  - Slow pressure causes medication to drip into nose instead of atomizing
  - Goal is to create a mist
- Ensure the nostril isn't clogged

Side Effects

- Abrupt opioid withdrawal
  - Agitation
  - Nausea/vomiting
  - Diarrhea
  - Gooseflesh
  - Muscle aches

NALOXONE IS NOT HARMFUL IF PERSON IS NON-RESPONSIVE FROM SOMETHING ELSE BESIDES AN OPIOID OVERDOSE

Naloxone and Fentanyl

- Increased need for *multiple doses* to reverse OD
  - Multifactorial
    - Fentanyl potency
    - Increased bystander administration
    - Improper administration
    - Challenging to wait 2 minutes if person doesn't respond
    - Other substances causing sedation (benzo, xylazine)

- **Still effective in reversing fentanyl overdose!**

4 mg or 8 mg?

- New York law enforcement compared 4 mg and 8 mg for survival, withdrawal symptoms and hospital transport incidence
- They found:
  - No difference in survival
  - No difference in number of doses administered
  - Suggests 8 mg is unnecessary
  - **2.5 times higher risk of withdrawal symptoms with 8 mg**
  - Cost difference

Educational Points

- Many types of pills could contain fentanyl
- Signs of overdose
- Importance of calling 911
- How to administer naloxone
  - Pressing down FIRMLY on plunger
- Naloxone is safe and will not be harmful if the person is unresponsive from anything besides an opioid overdose
- Good Samaritan law protect anyone involved in an opioid overdose response

Resources

- OHA FAQ
  - https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/HEALTHCAREPROVIDERSFACILITIES/HEALTHCAREHEALTHCAREREGULATIONQUALITYIMPROVEMENT/Documents/HOSPITALSB1043FactSheet.pdf

- Joint Statement from OMB, BOP and Oregon State Board of Nursing
  - https://www.oregon.gov/pharmacy/Documents/Joint_Statement_OMB_OSBN_OBOP_Aug_2023.pdf

- Save Lives Oregon for patient friendly education

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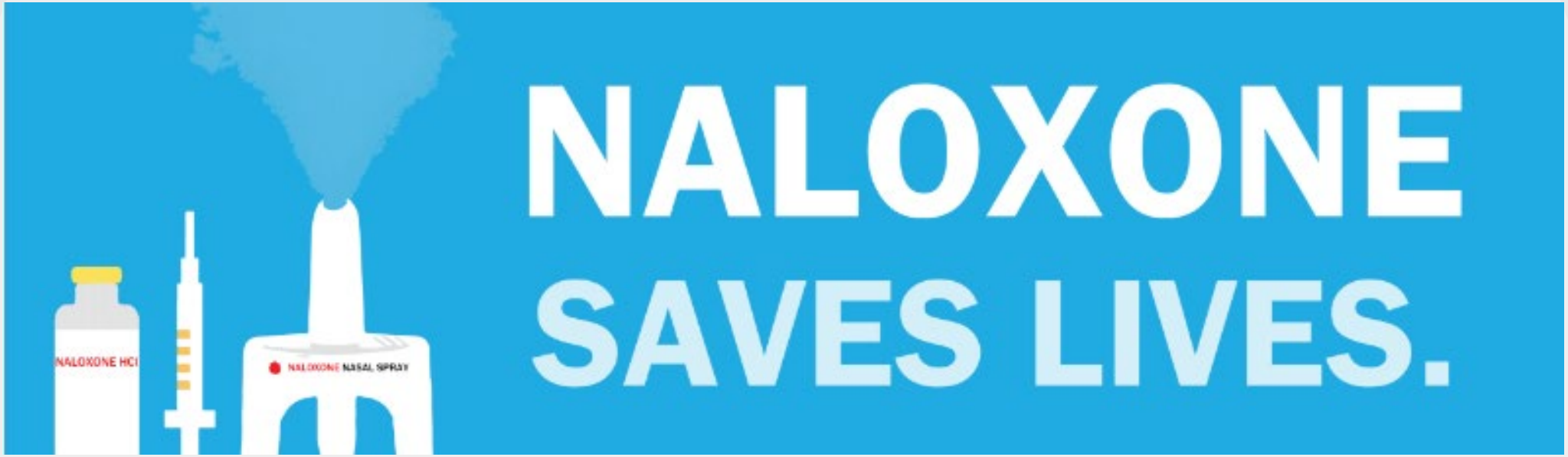
NALOXONE HCl
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SAVES LIVES.