



Nasal Naloxone (Narcan) Co-Prescribing Guidelines for Chronic Opioid Patients

It is recommended that at that all Medical Offices; Emergency Departments; Drug Treatment Centers; the Jail; Nursing Homes; and at discharge, all Hospitals should have a policy in place in regards to having Naloxone on hand for emergencies and for co-prescribing. The Coalition believes that all facilities treating at risk patients should have Naloxone on site in case of emergency.

The following are the Co-Prescribing Guidelines.

The Chronic Opioid Patient is defined as any patient who is using opioids for more than 90 days.

Who is the High Risk Patient? Patients that fall into any of these categories should be prescribed Naloxone.

- Opioid patients with MME 50 (combined) or greater (morphine equivalent) For an easy to use, downloadable calculator <https://www.cdc.gov/drugoverdose/prescribing/app.html>
- Patients using opioids concurrently with benzodiazepine
- Opioid Patients with hx SUD (evaluate)
- Opioid Patients who are heavy alcohol users
- Patients with hx overdose
- Opioid patients with liver or lung disease ex. Sleep apnea
- Anyone who injects opioids or has an opioid use disorder

How Often Should Naloxone be Refilled?

At a minimum, Naloxone should be re-filled annually.

It is also recommended that there be no restrictions placed on refills though they may be done by request so that a discussion could ensue.

As a prescriber we would want to know if an overdose had occurred.

A patient may be giving the medication to family members or friends as “insurance.” This is of course at the discretion of the prescriber.

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Payment Options Should be Considered:

- Medi-Cal will fill a prescription for Naloxone without a TAR and will cover the whole cost.
- Medi-Medi will cover Naloxone when Medicare has denied payment and provided the rejection letter. Then Medi-Cal will pay.
- Medicare does not cover Naloxone.
- All other insurance must be checked.
- Out of pocket pay.
- MCAVHN has Naloxone for free. They currently have the injectable and will get the nasal delivery system 8/2017 until they run out. Stop by at: 148 Clara Ave., Ukiah or call 707-462-1932 for more information.

Key Conversation Tips:

- Instead of using the word “overdose” consider using language like “accidental overdose”, “bad reaction”, or “opioid safety”.
- Opioids can sometimes slow or even stop your breathing.
- Naloxone is the antidote to opioids - to be sprayed in the nose if there is a bad reaction where you can’t be woken up.
- Naloxone is for opioid medications like epinephrine pen is for someone with an allergy.



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Prescribing to Others than the Patient:

- It is the Coalition's goal is to ensure that as many people who need this medication have it. Clearly, the overdosed patient cannot self-administer.
- Naloxone prescriptions can be written directly to third party individuals who are in a position to witness or assist a person at risk of an opioid overdose.
- Medi-Cal will pay for the prescription if they have that insurance. Any other insurance should be checked prior to prescribing.
- Good Samaritan Protection (CA AB472 effective 9/17/12) says that witnesses of an overdose who seek medical help are provided legal protection from arrest and prosecution for minor drug and alcohol violations.

Patient Education and Work Flow:

- Patient education on use and storage are required. Please see the attached handouts, and video <https://www.youtube.com/watch?v=tGdUFMrCRh4>
- Important points to communicate are:
 - When should they use naloxone
 - How do they use the device
 - Ensure someone else knows when and how to use it
 - Once naloxone is used, patient should be taken to the ED, as the naloxone can wear off before the remaining opioid
 - In addition, there are work flow considerations. Attached is a sheet with 3 possible solutions to work flow that will assist you in thinking about ways to do patient education effectively in your setting.

Medical Records:

Initially, some clinics have done a search of all of their records and flagged those that are opioids and started there, making sure that each of those patients with an MME>50 was prescribed Naloxone at their next visit. Once Naloxone is prescribed, the chart should have a tickler- at most at a year interval to refill the prescription. Some clinics have added it to their EHR such that it comes up automatically when an Opioid is prescribed or refilled.

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Possible Workflow Solutions

