

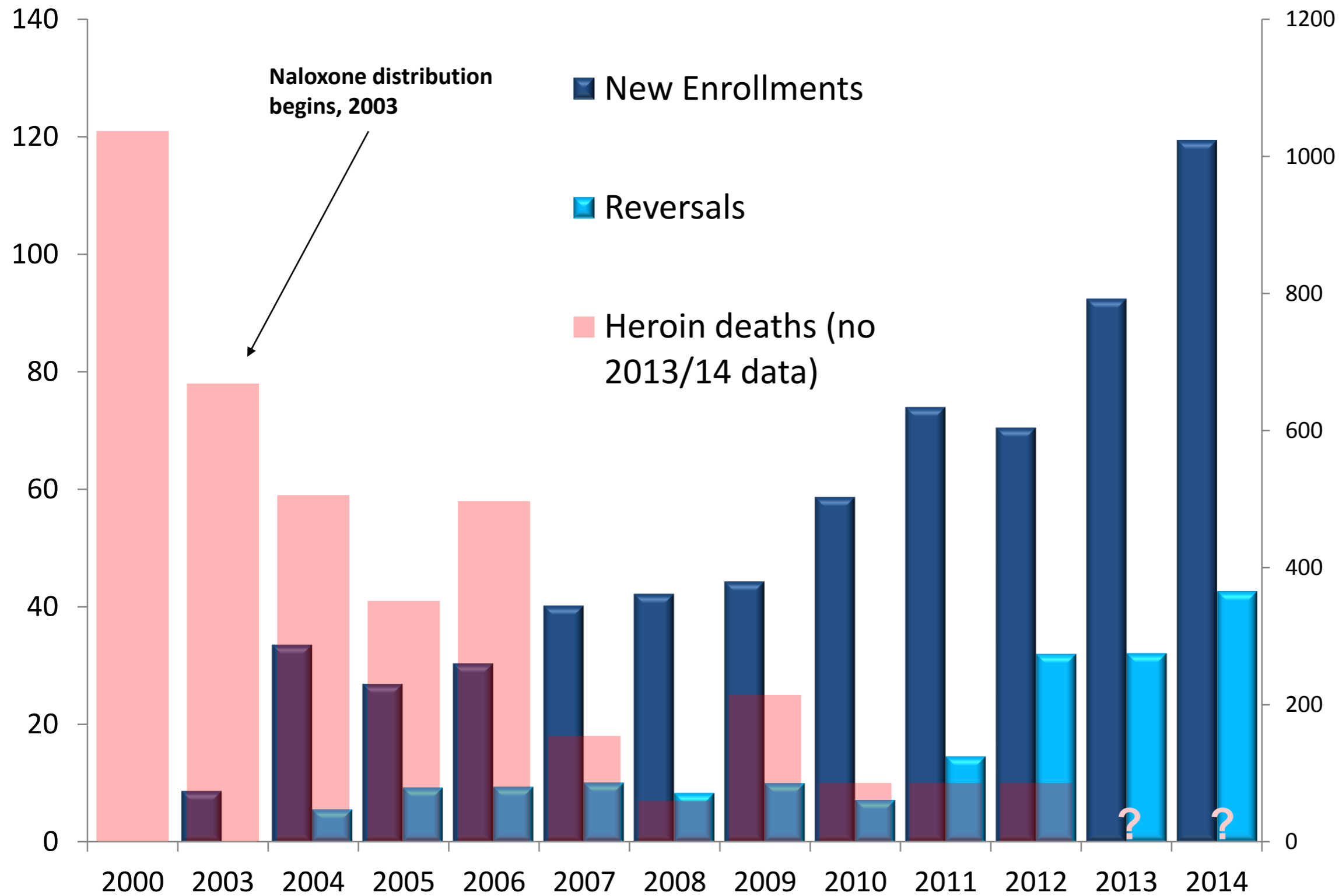
Academic Detailing Intervention for Opioid Safety: **ADIOS**

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Disclosures

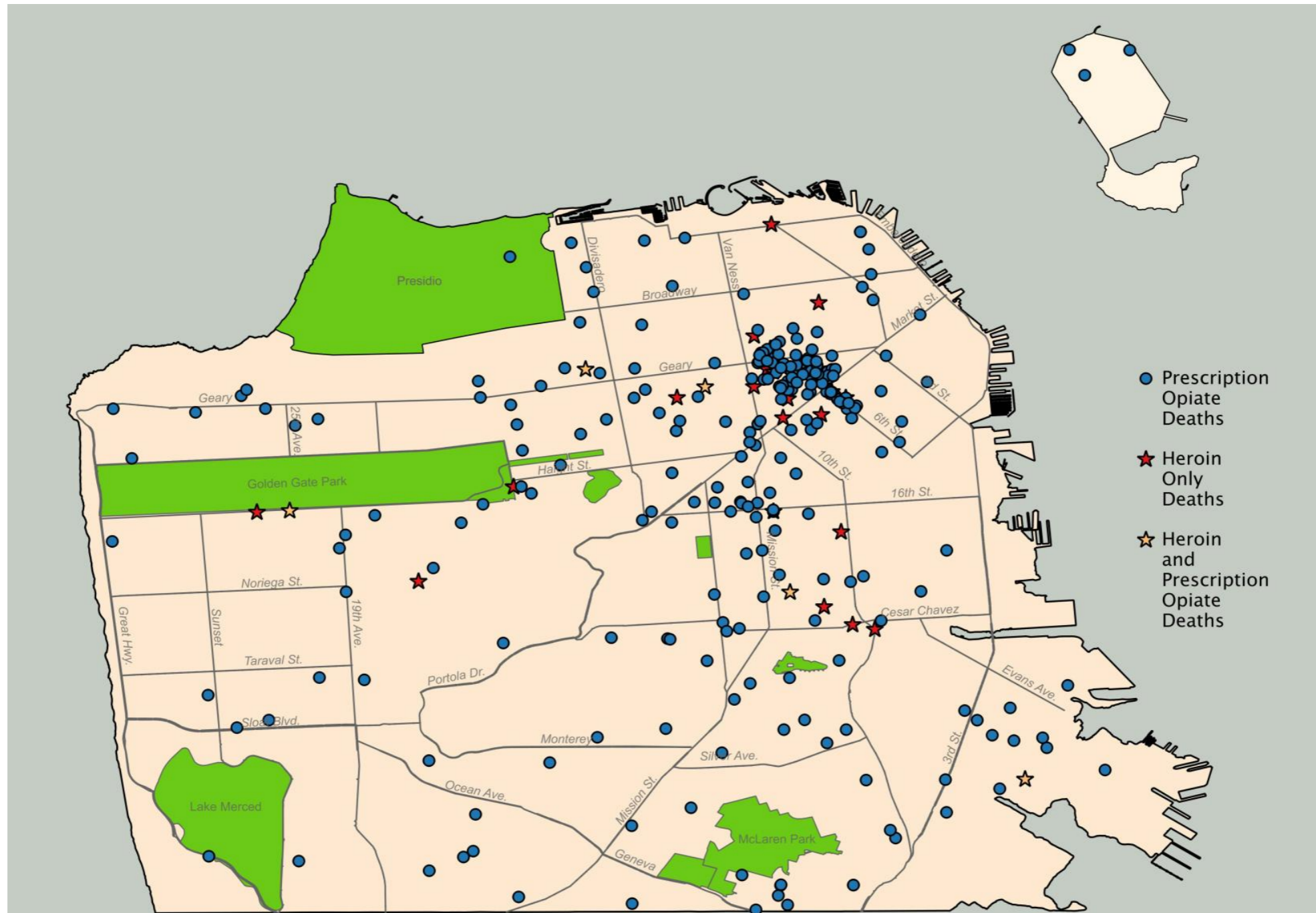
- No financial disclosures
- Discussion of intranasal use of naloxone, a route of administration not yet FDA-approved

Naloxone Enrollments, Refills, and Reversal Reports to the Drug Overdose Prevention and Education Project, 2003-2013; Heroin Poisoning Deaths 2000-2012



*Heroin death data (left axis) compiled from San Francisco Medical Examiner Reports, www.sfgsa.org, fitted to trailing fiscal year, no data for 2001-02/2013-14; Naloxone data (right axis) from DOPE Project enrollments and refills

Opioid Overdose Deaths in San Francisco, 2010-2012



<10% involved heroin

Primary care data available for 50% of decedents, 80% of whom were prescribed opioids

Naloxone for Opioid Safety Pilot Program

- 6 safety net clinics
- Staff trained
- Prescribe to any patient using opioids chronically
- Atomizer/brochure in ziplock bag
- IM or IN naloxone prescribed (covered by all public insurance)
- Pharmacists trained as needed

Do you take strong pain medications?

For example:

Percocet, Vicodin, methadone, oxycodone, morphine, MSContin, Dilaudid, fentanyl, or any other "opiate" medication?



Ask your provider for naloxone!!

Naloxone is an antidote sprayed into the nose if you are too sleepy or can't be woken up due to these pain medications.

Talk to your provider for more information.

Naloxone for opioid safety



A provider's guide to prescribing naloxone to patients who use opioids

- Epidemiologic data
- Risk factors
- Naloxone pharm.
- Effectiveness
- Indications
- Patient interaction
- Legislative protection
- How to prescribe
- Pharmacy access
- Other resources

Accidental opioid overdose is preventable

The main risk of death from an opioid overdose is prior overdose. A patient who has previously overdosed is 6 times more likely to overdose in the subsequent year.³

OTHER FACTORS THAT INCREASE RISK OF OVERDOSE:

Reduced tolerance:
Period of abstinence, change in
dose, release from prison

Genetic
predisposition

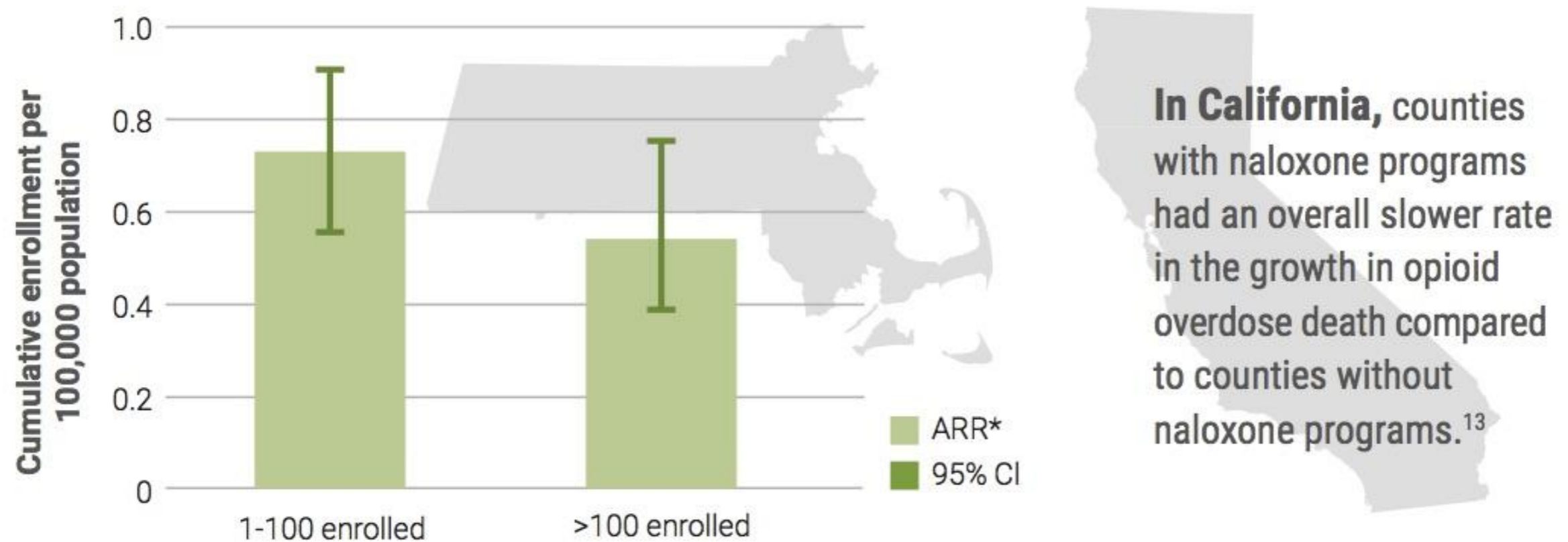
Concomitant use of substances:
benzodiazepines, alcohol, cocaine



➤➤ **The majority of opioid overdose deaths involve at least one other drug, including benzodiazepines, cocaine or alcohol.⁴**

Naloxone is effective

FIGURE 5. FATAL OPIOID OVERDOSE RATES BY NALOXONE IMPLEMENTATION IN MASSACHUSETTS¹⁰



* Adjusted Rate Ratios (ARR) adjusted for population age <18, male, race/ethnicity, below poverty level, medically supervised inpatient withdrawal, methadone and buprenorphine treatment, prescriptions to doctor shoppers, year

...and cost-effective¹⁴

A manuscript in the *Annals of Internal Medicine* indicated that providing naloxone to heroin users is robustly cost-effective and possibly cost-saving. Investigators believe similar results apply to other opioid users.

Cost:



Benefit:

164 naloxone scripts = 1 prevented death



Emerging data suggests that providing naloxone may encourage patients to be safer with their opioid use. If this is the case, the intervention would be cost-saving and **36 prescriptions** would prevent one death.

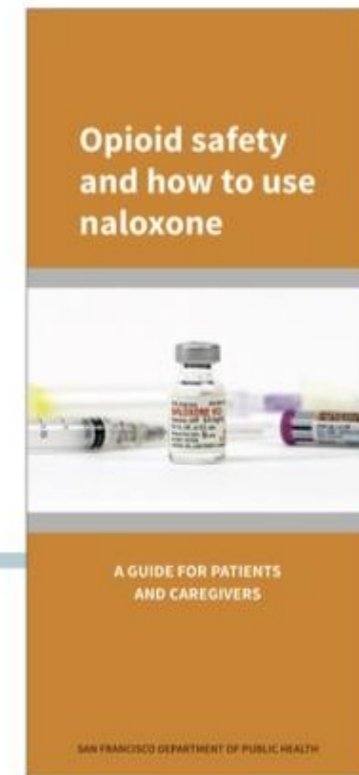
How to educate patients on naloxone

Clinic staff can educate patients about naloxone.

Education generally includes:

- When to administer naloxone
- How to administer naloxone (including demonstration)
- Informing patients to alert others about the medication, how to use it and where it's kept, as it is generally not self-administered

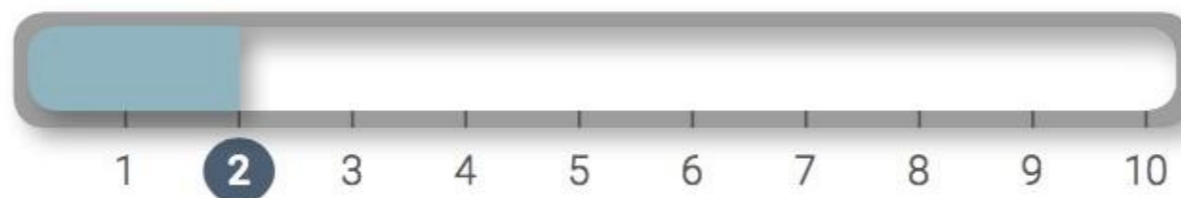
Brochures remind patients and caregivers how to manage an overdose. Example brochures can be found at www.prescribetoprevent.org.



OPIOID SAFETY LANGUAGE

The word “overdose” has negative connotations and prescription opioid users may not relate to it.

Patients prescribed opioids (including high-risk persons with a history of overdose) reported their risk of “overdose” was 2 out of 10.¹⁹



Examples of how to prescribe naloxone

INJECTABLE

- Naloxone 0.4mg/1ml IM if overdose. Call 911. Repeat if necessary. #2
- IM syringes (3ml 25g 1" syringes are recommended) #2



INTRANASAL (OFF-LABEL)

- Naloxone 2mg/2ml prefilled syringe, spray ½ into each nostril if overdose. Call 911. Repeat if necessary. #2
- MAD (Mucosal Atomization Device) nasal adapter

Atomizer access is complicated. Select pharmacies now carry the atomizer, but most still have trouble accessing it. Insurers may require a TAR for reimbursement.



AUTO-INJECTOR

- Naloxone auto-injector 0.4mg #1 two pack, use PRN for suspected opioid overdose

SBIRT CODES COVER TRAINING (per 15 min intervals)

MediCare: G0396

MediCal: H0050

Commercial: CPT99408

Pharmacy access

All pharmacies can fill naloxone prescriptions, but naloxone is new for many pharmacists so some may not know how. If a pharmacist is unsure how to fill a naloxone prescription, the information outlined on this page may be helpful.

ORDERING:

- Injectable: **Hospira** NDC#00409-1215-01; **Mylan** NDC#67457-292-00
- Intranasal: NDC#76329-3369-01
- MAD (atomizer) nasal devices produced by Teleflex*
- Auto-injector: NDC#60842-030-01

BILLING:

- Naloxone is covered by MediCal (as a “carve-out” **so submit directly to FFS MediCal**—do NOT send a PA to the HMO plan), and many other plans
- The MAD does not have an NDC, therefore cannot be billed through usual pharmacy billing routes. Pharmacies may be willing to cover the cost of the MAD or patients may be requested to pay for the cost of the MAD, which is around \$5 per atomizer.

COUNSELING:

- Instruct patients to administer if non-responsive from opioid use and how to assemble for administration.
- Include family/caregivers in patient counseling or instruct patients to train others.

What is an opioid overdose?



Opioids can cause bad reactions that make your breathing slow or even stop. This can happen if your body can't handle the opioids that you take that day.

TO AVOID AN ACCIDENTAL OPIOID OVERDOSE:

- Try not to mix your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill, or start new medications.

Now that you have naloxone...

Tell someone where it is and how to use it.

Common opioids include:

GENERIC	BRAND NAME
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

* Heroin is also an opioid.

For patient education, videos and additional materials, please visit www.prescribetoprevent.org



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Opioid safety and how to use naloxone



A GUIDE FOR PATIENTS AND CAREGIVERS

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

How to identify an opioid overdose:

Look for these common signs:

- The person won't wake up even if you shake them or say their name
- Breathing slows or even stops
- Lips and fingernails turn blue or gray
- Skin gets pale, clammy

In case of overdose:

1 Call 911 and give naloxone

If no reaction in 3 minutes, give second naloxone dose

2 Do rescue breathing or chest compressions

Follow 911 dispatcher instructions

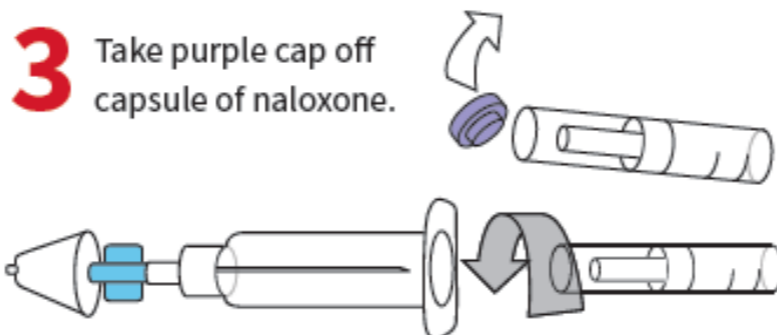
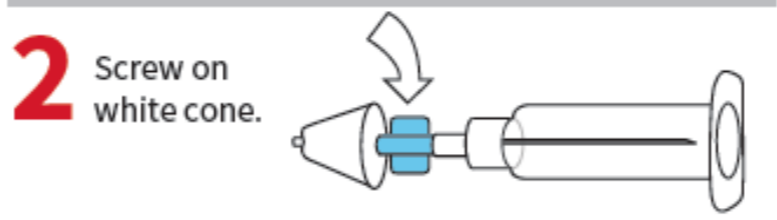
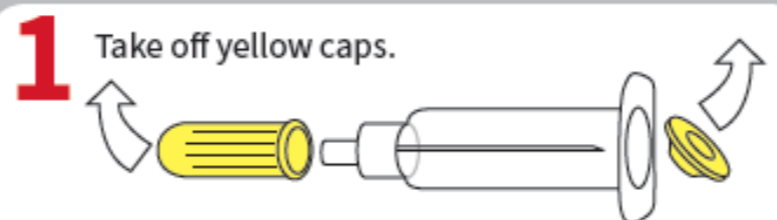
3 After naloxone

Stay with person for at least 3 hours or until help arrives

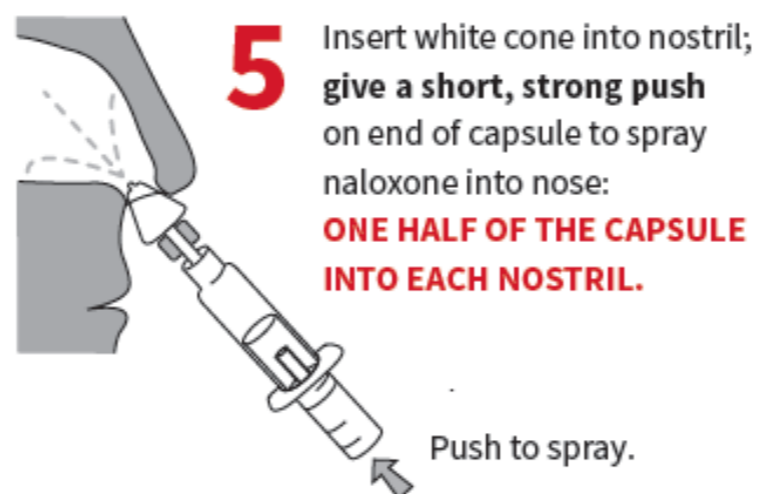
How to give naloxone:

There are 3 ways to give naloxone. Follow the instructions for the type you have.

Nasal spray naloxone

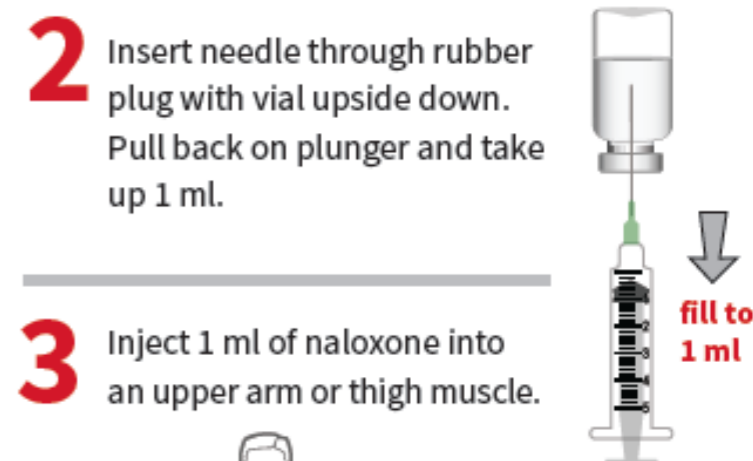
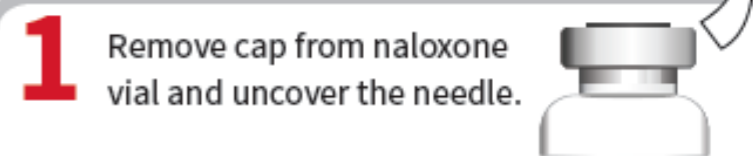


4 Gently screw capsule of naloxone into barrel of syringe.

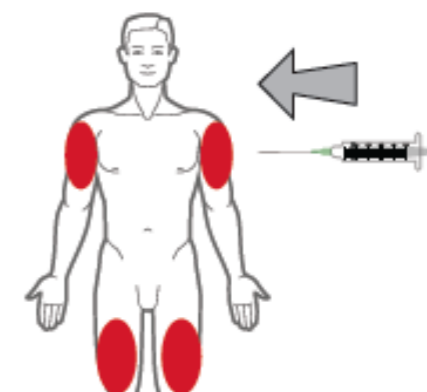


6 If no reaction in 3 minutes, give second dose.

Injectable naloxone



3 Inject 1 ml of naloxone into an upper arm or thigh muscle.



4 If no reaction in 3 minutes, give second dose.

Auto-injector

The naloxone auto-injector is FDA approved for use by anyone in the community. It contains a speaker that provides instructions to inject naloxone into the outer thigh, through clothing if needed.

Target Population

- Primary care providers who prescribe opioids to Medi-Cal patients
- List obtained from Medi-Cal
- Manually reviewed to select valid prescribers
 - Active practice
 - Outpatient
 - Provide primary care services
 - Include selected providers from subspecialties including infectious disease, rheumatology, hematology (non-malignant), others
- Randomly order prescribers to allow for a comparison group of those providers not contacted

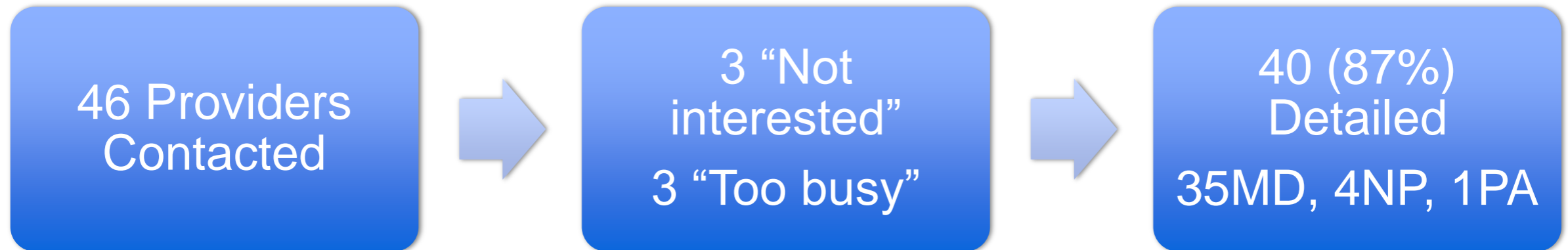
Detailer Training

- NaRCAD
- Detailers
 - Phillip Coffin MD
 - Emily Behar MS

The Approach

- Email
- Call
- In-person visit

Results



Getting In

Number of Attempts

1	8 (20%)
2	12 (30%)
3	11 (28%)
4	6 (15%)
5	3 (7%)

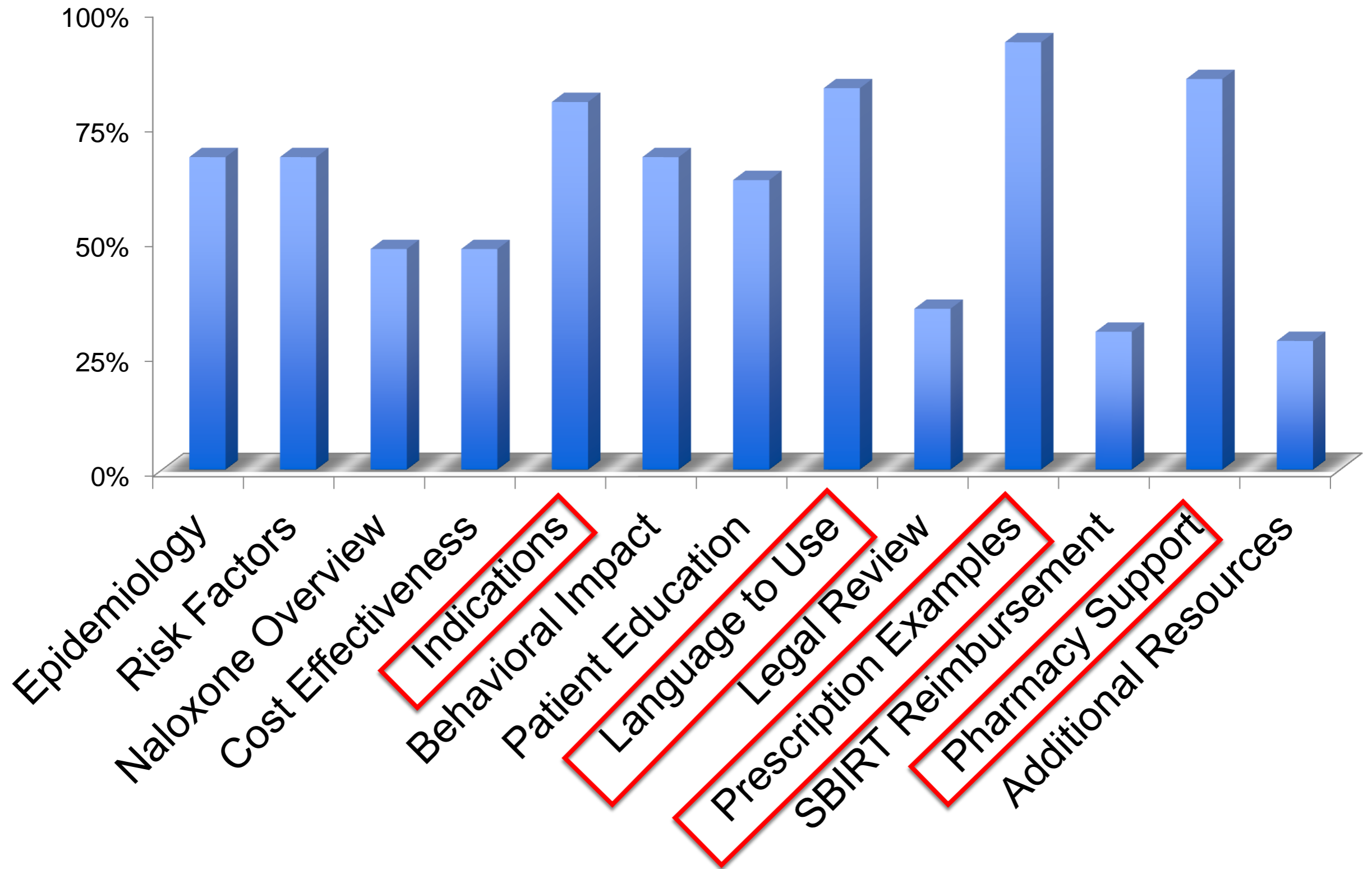
Successful Medium

Email	18 (45%)
Phone	21 (53%)
In-Person	1 (2%)

Service Delivered

- Mean duration of detailing = 28 minutes
- Mean # atomizers provided = 22

Training Topics Covered



Follow-Up

- Out of 19 providers reached for follow-up, 11 (58%) had prescribed naloxone.
- Naloxone and opioid prescription data pending from Medi-Cal.

Conclusions

- Public health detailing can be successfully delivered
- Detailing on naloxone for opioid safety generated a high level of interest and was well-received by prescribers

Acknowledgments

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- Project Coordinator: Emily Behar