PCSS
Providers' Clinical Support System
Monthly Update
August 2015

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Life-saving Heroin Antagonist Naloxone: High Cost, High Demand

As the demand for naloxone rises, so does the cost of the life-saving drug, effecting clinics, private practices, and municipalities throughout the country, and stretching budgets thin. With price increases of 300 percent in two years for the drug that counteracts the effects of heroin, healthcare professionals are feeling the impact. Naloxone, also known by the brand name Narcan, is an opioid antagonist that can reverse or block the effects of other opioids, such a heroin. Once administered, it restores normal respiration to a person whose breathing has slowed or stopped. According to the Centers for Disease Control (CDC), naloxone has reversed more than 10,000 overdoses since 1996.

Naloxone comes in three versions—a nasal spray, an injectable version, and a newer "Epi-pen" style device. The nasal spray, which most lay people find the easiest to administer, is the least expensive and the most popular. But even the price per dose of the nasal spray has spiked in recent years. In January 2013, the price of a dose of naloxone was $7.49. The current price is as high as $66 per dose, a price surge that has spurred concern and even investigations; in Massachusetts, Attorney General Maura Healey this year called for an investigation into the cost increases.

Robert Rust, MD, a retired family physician who is an addiction specialist in Sandpoint, Idaho, has seen overdoses even in his small community. Not only is the price of naloxone prohibitive, but it is difficult to find. Local pharmacies do not carry it and first responders and physicians' offices do not have kits on hand, he said.

"I can't afford to buy it for my patients, and even if I could, I don't know where to buy the kits," he said, adding he initially hoped to buy enough kits to supply every local physician. He added that naloxone itself is available, but the kits that allow nasal administration of the drug are not.

When Dr. Rust was recently traveling near the Canadian border, a man had overdosed in a restaurant bathroom, and local EMTs from Ontario—the closest medical care—did not carry the life-saving medicine. In the 45 minutes it took EMTs to arrive, the patient recovered, but it could have gone the other way. "It was the perfect situation for Narcan," Dr. Rust said.

Paul Seale, MD, Board Certified in Family Medicine and Addiction Medicine, said he is hopeful that not only will the availability of naloxone increase, but that the price will come down, making it more affordable. Dr. Seale is Professor and Director of Research for the Department of Family Medicine, Medical Center of Central Georgia and Mercer University School of Medicine.

"It's the basic law of supply and demand," Dr. Seale said.
In the meantime, several grassroots organizations, including the Atlanta Harm Reduction Coalition, are creating naloxone kits and dispensing them, Dr. Seale noted. Of the two issues—price and

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Naloxone cont.

availability—Dr. Seale believes availability is the more serious one. He is hopeful, however, that in the coming months supplies will increase even as demand continues to surge.

According to a National Institute on Drug Abuse (NIDA) report on Naloxone Overdose Prevention Laws issued last month, 37 states have naloxone laws, and about half the states offer legal immunities for healthcare professionals and lay people who administer naloxone.

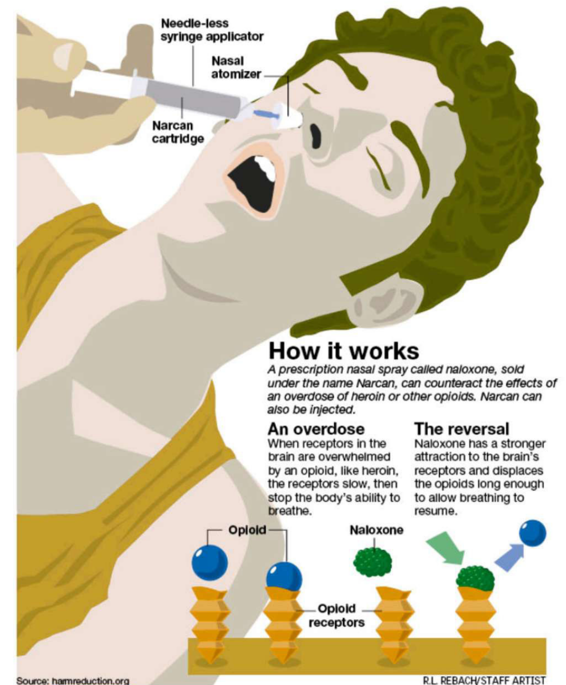
Another issue? Many physicians, particularly those practicing in rural areas, are not aware of the drug, noted Dr. Seale. Dr. Seale said that more needs to be done to educate physicians across the country. "The use of Narcan as an emerging standard of care is not widely known," he said. "Naloxone is not a new drug. It's been used for years in hospitals and now we're trying to get supplies out to the community."

A NIDA study found that primary care professionals "demonstrated substantial knowledge gaps about naloxone and its use in outpatient settings."

The need is great. Earlier this year, the CDC reported that heroin use has increased across the U.S. "among men and women, most age groups, and all income levels." Between 2002 and 2013, the rate of heroin-related overdose deaths nearly quadrupled, according to the CDC. In its July report, the CDC recommended the expansion of the use of naloxone; nine states this year have passed naloxone legislation.

The statistics for heroin use are staggering. According to NIDA, 4.2 million Americans over the age of 11 have tried heroin at least once, and nearly half of those using heroin started with prescription opioids.

Several states have implemented overdose education and naloxone distribution (OEND) programs that issue naloxone directly to opioid users, their family, and friends. In a Massachusetts study on its OEND program, naloxone was successful in 98 percent of rescue attempts.



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The Substance Abuse and Mental Health Services Administration (SAMHSA) is holding a Community Naloxone Education Program next month.

Pharmacists' Role Growing in Naloxone Dispensing, Prescribing

When naloxone is available, lives are saved, which is spurring regulatory change across the country, while also increasing accessibility. In the past two years, such changes have allowed pharmacists to have a much greater role in dispensing and prescribing naloxone in several states, increasing the life-saving drug's availability in many parts of the country. And in some states, pharmacists may prescribe naloxone, also known by the brand name Narcan, to individuals who meet specific criteria.

Nearly every state in the union has naloxone laws on the books, but laws vary widely. For example, in California, Idaho, New Mexico, Ohio, and Connecticut, pharmacists may prescribe naloxone. New Mexico was the first in the country to initiate a law allowing pharmacists to prescribe the opioid antagonist.

Fourteen states have policy provisions allowing pharmacists to dispense naloxone under a "standing order" agreement with a physician. Thirty-seven states also allow the prescriptions to naloxone to be written to a third party, a person who knows someone who may be at risk for overdose.

Such laws are making access to naloxone much broader, says Jeffrey Bratberg, PharmD, BCPS, a professor of Pharmacy at the University of Rhode Island who helped craft Rhode Island's naloxone regulations. Rhode Island, with one of the highest heroin overdose rates in the country, was one of the first states in the country to allow pharmacists to dispense naloxone via a collaborative practice agreement.

"There's been a massive change in access to naloxone," Bratberg said. Allowing pharmacists to prescribe and dispense has made naloxone far more accessible to the public, particularly in rural or underserved areas of the country.

Having pharmacists more involved in dispensing and prescribing naloxone was a logical step, Bratberg said. Many people with heroin addiction began by taking prescription painkillers. According to the National Institute on Drug Abuse, nearly half of people who were using heroin first became addicted to prescription opioids.

As part of the College of Psychiatric and Neurologic Pharmacists Bratberg is conducting a PCSS-O webinar, "Putting Naloxone into Action!" on Aug. 13. More information.

When you have a patient in pain and don't have the answers, one of our experts is there to help.

You're not alone.

Are you struggling to help a patient get pain under control—without opening the door to opioid use disorder? **Providers' Clinical Support System for Opioid Therapies**' (PCSS-O) **Colleague Support Program** connects you with experts in the use of evidence-based practices in treating opioid use disorders and pain.

Join the thousands of providers who are tapping into PCSS-O's no-cost, evidenced-based education and training resources.

Go to www.pcss-o.org to learn more.

Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Opioid Therapies (grant no. 1H79TI025595) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Physician Groups Band Together to Address America's Opioid Crisis

Opioid abuse is a serious public health problem that has reached crisis levels across the United States, with 44 people dying each day from overdose of opioids, and many more becoming addicted. Recognizing the urgency and serious impact of this issue on the health of hundreds of thousands of patients across the country, today the American Medical Association (AMA) Task Force to Reduce Opioid Abuse announced the first of several national recommendations to address this growing epidemic.

The AMA Task Force to Reduce Opioid Abuse is comprised of 27 physician organizations including the AMA, American Academy of Addiction Psychiatry, 17 specialty and seven state medical societies as well as the American Dental Association that are committed to identifying the best practices to combat this public health crisis and move swiftly to implement those practices across the country.

"We have joined together as part of this special Task Force because we collectively believe that it is our responsibility to work together to provide a clear road map that will help bring an end to this public health epidemic," said AMA Board Chair-Elect Patrice A. Harris, MD, MA. "We are committed to working long-term on a multi-pronged, comprehensive public health approach to end opioid abuse in America."

The task force's initial focus will be on efforts that urge physicians to register for and use state-based prescription drug monitoring programs (PDMPs) as part of the decision-making process when considering treatment options. When PDMPs are fully-funded, contain relevant clinical information and are available at the point of care, they have been shown to be an effective tool to help physicians identify patients who may be misusing opioids, and to implement treatment strategies including referral for those in need of further care. "PDMPs vary greatly in efficacy and functionality from state to state," said Dr. Harris. "Alone, they will not end this crisis, but they can provide helpful clinical information, and because they are available in nearly every state, PDMPs can be effective in turning the tide to end opioid abuse in the right direction."

The AMA has long advocated in support of important initiatives aimed at addressing prescription drug abuse and diversion. This includes continued work with the administration and Congress toward developing balanced approaches to end prescription opioid misuse, as well as supporting congressional and state efforts to modernize and fully fund PDMPs.

The new initiative will seek to significantly enhance physicians' education on safe, effective and evidence-based prescribing. This includes a new resource web page that houses vital information on PDMPs and their effectiveness for physician practices, as well as, a robust national marketing, social and communications campaign to significantly raise awareness of the steps that physicians can take to combat this epidemic and ensure they are aware of all options available to them for appropriate prescribing.

"America's patients who live with acute and chronic pain deserve compassionate, high-quality and personalized care and we will do everything we can to create a health care response that ensures they live longer, fuller and productive lives," said Dr. Harris.

Family Physicians in Mississippi Learn about Safe Opioid Prescribing

The Mississippi chapter of the American Academy of Family Physicians held its annual meeting July 18-22 where Paul Seale, MD, gave a talk on Safe Opioid Prescribing.

Announcements and Educational Opportunities

If you have an educational resource or training on opioid use disorders that you would like to share, contact: jane@aaap.org.

PCSS

Monthly Update

Trainings

PCSS-O Upcoming Webinars
PCSS-O Archived Webinars
PCSS-O Online Modules

PCSS-MAT Upcoming Webinars
PCSS-MAT Archived Webinars
PCSS-MAT Online Modules

Upcoming Buprenorphine Waiver Trainings

Small Group Discussions

PCSS-O

Marijuana Clinical and Policy Issues
Thursday, August 13, 2015, 12:00 - 1:00 pm ET
Jeanette M. Tetrault, MD, FACP

PCSS-MAT

Determining the Most Appropriate First Line Treatment for Opioid Dependency
Wednesday, August 5, 2015, 12:00 - 1:00 pm ET
Alan Wartenberg, MD

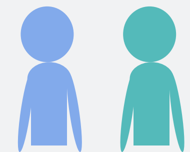
Note: These programs are designed as a coaching session on clinical issues. Invitations are sent to those already enrolled in PCSS-MAT Mentor or PCSS-O Colleague Support programs at least three weeks prior to the event. Learn more by emailing Seth (PCSS-MAT) or Justina (PCSS-O).

Case Study: What would you do?

Ms. M is a 24-year-old who presents for her first prenatal visit at 17 weeks. She missed her first scheduled visit a month prior because of transportation difficulties. Her last pregnancy was complicated by a pre-term delivery at 30 weeks. She should be screened for substance use because

- She is late to receive care
- She is non-compliant with prior visits
- She has a history of a pre-term delivery
- Depends what the urine toxicology shows
- All patients should be screened

Find the answers and more case studies here.



PCSS-MAT Steering Committee Members

PCSS-O Steering Committee Members

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