

Naloxone Access Policies & the Role of the Pharmacist



Anna Legreid Dopp, PharmD
 Vice President of Public Affairs
 Pharmacy Society of Wisconsin
 annad@pswi.org

Naloxone: Availability, Safety & Efficacy

- Availability
 - Requires a prescription
 - Cost
 - Naloxone: \$15-45
 - Evzio Autoinjector: \$345
 - Lack of intranasal product
 - History of drug shortages
- Safety
 - Potential for needle stick injuries
 - No potential for abuse
 - No association with increased drug use
- Efficacy
 - Incremental Cost Effectiveness Ratio: \$438
 - Evidence suggests decrease in misuse/abuse
 - Co-prescribing with opioids decreases misuse/abuse
 - More likely to seek treatment for addiction



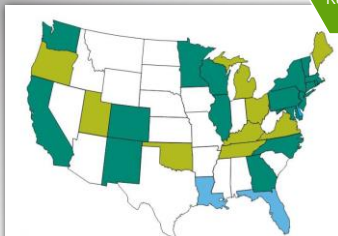
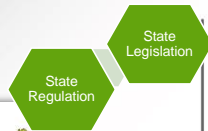
Federal Efforts



- Congress
 - HR 953 / S 524 : Comprehensive Addiction & Recovery Act (CARA)
 - Authorizes Attorney General to provide grants to law enforcement for naloxone training and purchasing
- FDA
 - Naloxone as an OTC drug
 - New Drug Application
 - Rulemaking



State Efforts



Heroin, Opiate, Prevention, and Education (HOPE) Legislative Package

Bill/Act	Description
AB445/Act 199	Identification for unknown patients required when picking up schedule II or III controlled substance
AB446/Act 200	Allows all EMTs, first responders, police and fire to administer opioid antagonist; allows Rx to be written to a patient or person in a position to assist in the setting of an opioid related drug overdose
AB447/Act 194	Grants limited immunity from certain criminal prosecutions for a person seeking assistance for someone experiencing an overdose
AB448/Act 198	Authorizes DOJ to approve drug disposal programs in accordance to state and federal law
AB668/Act 197	Expands Treatment Alternatives and Diversion (TAD) with an appropriation
AB701/ Act 195	Creates regional pilot programs to address opioid addiction in underserved areas and promotes referral to county-based or private post-treatment care
AB702/Act 196	Creates "swift and certain" punishments for individuals who violate parole or probation



Pharmacist Naloxone Distribution: Opportunities

- Prescription from prescriber
- Third-party prescription
 - an order written for medication dispensed to one person with the intention that it will be administered to another person
- Standing orders
 - used to allow one prescriber to write an order covering administration of medication by others to a patient who may be unknown to the prescriber at the time of the order
- Collaborative Practice Agreement / Delegation Protocol
 - practitioner delegates medication management authority to a pharmacist
- Naloxone training & distribution
- State-wide Protocol
- OTC naloxone

Health Care Policy

Professional Policy



Collaborative Pharmacy Practice 2013 Wisconsin Act 294

2013 Senate Bill 251	Date of enactment: April 16, 2014 Date of publication: April 17, 2014
2013 WISCONSIN ACT 294	
AN ACT to create 49.498 (2) (a) 3., 50.045, 450.01 (16) (bm) and 450.033 of the statutes, relating to: therapeutic alternate drug selections in nursing homes, performance of patient services by a pharmacist, and the practice of pharmacy.	
<p><i>For people of the state of Wisconsin, represented in senate and assembly, do enact as follows:</i></p> <p>SECTION 1. 49.498 (2) (a) 3. of the statutes is created to read:</p> <p>49.498 (2) (a) 3. A quality assessment and assurance committee developed under subd. 2. may establish written guidelines or procedures for making therapeutic alternate drug selections for the purposes of s. 450.01 (16) (bm) if the committee members include a pharmacist, as defined in s. 450.05 (15).</p> <p>SECTION 2. 50.045 of the statutes is created to read:</p> <p>50.045. Therapeutic alternate drug selections in nursing homes. (1) A nursing home that does not maintain a quality assessment and assurance committee under s. 49.498 (2) (a) 3. may maintain a committee that consists of the director of nursing services, a physician, as defined in s. 448.01 (5), a pharmacist, as defined in s. 450.01 (15), and at least 2 other members of the nursing home staff.</p> <p>(2) A committee with the members specified under sub. (1) may establish written guidelines or procedures</p>	<p>for making therapeutic alternate drug selections for the purposes of s. 450.01 (16) (bm).</p> <p>SECTION 3. 450.01 (16) (bm) of the statutes is created to read:</p> <p>450.01 (16) (bm) Making therapeutic alternate drug selections in accordance with written guidelines or procedures previously established by a quality assessment and assurance committee of a nursing facility under s. 49.498 (2) (a) 3. or by a committee established for a nursing home under s. 50.045 (2), if the use of the therapeutic alternate drug selection has been approved for a patient during the period of the patient's stay within the nursing facility or nursing home by any of the following:</p> <ol style="list-style-type: none"> 1. The patient's personal attending physician. 2. The patient's physician assistant, if the physician assistant is licensed under s. 450.01 (15). <p>SECTION 4. 450.033 of the statutes is created to read:</p> <p>450.033. Services delegated by a pharmacist. A pharmacist may perform any patient care service delegated to a pharmacist by a physician, as defined in s. 448.01 (5).</p>



Pharmacist Naloxone Distribution: Challenges

- Stigma
 - Provider: enables riskier behavior
 - Patient: privacy concerns
 - Fear of legal consequences
- Payment Policies (does not apply to out-of-pocket)
 - Coverage for direct administration in a medical setting only
 - May not cover syringe or nasal atomizer
 - May not cover third-party prescriptions
- Administration Restrictions
 - Needle phobias
 - Caregiver fear
 - Pharmacist administration barriers



Thank You

