



Contents lists available at ScienceDirect

Journal of the American Pharmacists Association

journal homepage: [www.japha.org](http://www.japha.org)

## TOOLS FOR ADVANCING PHARMACY PRACTICE

## Pharmacy-based statewide naloxone distribution: A novel “top-down, bottom-up” approach

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## ARTICLE INFO

## Article history:

Received 1 September 2016

Accepted 22 January 2017

## ABSTRACT

**Objective:** To highlight New Mexico’s multifaceted approach to widespread pharmacy naloxone distribution and to share the interventions as a tool for improving pharmacy-based naloxone practices in other states.

**Setting:** New Mexico had the second highest drug overdose death rate in 2014 of which 53% were related to prescription opioids. Opioid overdose death is preventable through the use of naloxone, a safe and effective medication that reverses the effects of prescription opioids and heroin. Pharmacists can play an important role in providing naloxone to individuals who use prescription opioids.

**Practice description:** Not applicable.

**Practice innovations:** Not applicable.

**Interventions:** A multifaceted approach was utilized in New Mexico from the top down with legislative passage of provisions for a statewide standing order and New Mexico Department of Health support for pharmacy-based naloxone delivery. A bottom up approach was also initiated with the development and implementation of a training program for pharmacists and pharmacy technicians.

**Evaluation:** Naloxone Medicaid claims were used to illustrate statewide distribution and utilization of the pharmacist statewide standing order for naloxone. Percent of pharmacies dispensing naloxone in each county were calculated. Trained pharmacy staff completed a program evaluation form. Questions about quality of instruction and ability of trainer to meet stated objectives were rated on a Likert scale.

**Results:** There were 808 naloxone Medicaid claims from 100 outpatient pharmacies during the first half of 2016, a 9-fold increase over 2014. The “A Dose of Reality” training program evaluation indicated that participants felt the training was free from bias and met all stated objectives (4 out of 4 on Likert scale).

**Conclusions:** A multi-pronged approach coupling state and community collaboration was successful in overcoming barriers and challenges associated with pharmacy naloxone distribution and ensured its success as an effective avenue for naloxone acquisition in urban and rural communities.

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## Background

Drug overdose continues to be the leading cause of unintentional death in the United States, with an average of 78 Americans dying each day from an opioid overdose.<sup>1</sup> New Mexico had the second highest drug overdose death rate in the

**Disclosure:** The authors declare no conflicts of interest or financial interests in any product or service mentioned in this article.

**Funding:** The “A Dose of Reality” campaign was supported by funding from the Behavioral Health Services Division of the New Mexico Human Services Department.

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nation in 2014 with a total of 540 deaths, a 20% increase from 2013. The statewide overdose death rate for 2014 was 26.8 per 100,000, which is approximately twice the national rate. The New Mexico Department of Health (NMDOH) reports that during 2010–2014, 48% of unintentional drug overdose deaths were caused by prescription drugs, 38% were caused by illicit drugs, and 14% involved both prescription and illicit drugs. The most common drugs involved in overdose death during this period were prescription opioids (48%) and heroin (34%).<sup>2</sup>

Opioid overdose death is preventable with naloxone, a safe and effective medication that reverses the effects of prescription opioids and heroin. Expanding access to this life-saving medication is a nationally recognized strategy for preventing death from opioid overdose.<sup>3</sup> Although naloxone distribution is a part of

**Key Points****Background:**

- New Mexico had the second highest drug overdose death rate in the United States in 2014; 53% of those deaths were related to prescription opioids.
- Opioid overdose death is preventable with naloxone, a safe and effective medication that reverses the effects of prescription opioids and heroin.
- Pharmacists are well positioned in communities to provide naloxone to individuals who use prescription opioids.
- The objective of this article is to highlight New Mexico's unique, multifaceted approach to widespread pharmacist naloxone distribution and to share interventions used in this approach as a tool for successful implementation and improvement of pharmacy-based naloxone practices in other states.

**Findings:**

- Because of a statewide naloxone standing order in combination with our community-based pharmacist and pharmacy technician training program, there was a significant increase in the number of pharmacies dispensing naloxone, number of naloxone doses dispensed, and number of counties in which naloxone was available through pharmacies.
- There were 808 naloxone Medicaid claims from 100 outpatient pharmacies during the first half of 2016, a 9-fold increase compared with 2014.

many community-based harm reduction programs nationwide, nearly half of all drug overdose deaths now involve prescription opioids,<sup>4</sup> underscoring the important role pharmacists can play in providing naloxone to individuals who use prescription opioids.

Prescription trends nationwide indicate a significant increase in naloxone dispensed from outpatient pharmacies since 2013.<sup>5</sup> Descriptions of various pharmacy naloxone access and distribution models have also been published.<sup>6</sup> Recently, many states have made legislative changes designed to expand community access to naloxone. However, naloxone laws vary by state, and they can influence how pharmacy naloxone distribution models are implemented. Challenges associated with pharmacy naloxone distribution have also been documented. Bailey et al.<sup>7</sup> described several barriers to pharmacy-based naloxone programs using pharmacists' survey data. Billing and reimbursement challenges, education, and naloxone prescription processing were cited as some of the major roadblocks, and New Mexico pharmacists echoed these concerns.<sup>7</sup> Bachyrycz et al.<sup>8</sup> recently described implementation of pharmacist naloxone prescriptive authority in New Mexico. Results suggested that patients may feel comfortable seeking naloxone from their local community pharmacist. Armed with this valuable information, the NMDOH sought to build upon the existing framework and take pharmacy naloxone distribution throughout the state one step further.

**Objective**

The objective of this article is to highlight New Mexico's multifaceted approach to widespread pharmacist naloxone distribution and to share interventions used from this approach as a tool for successful implementation and improvement of pharmacy-based naloxone practices in other states.

**Setting**

Early on, New Mexico recognized the importance of increasing access to naloxone for individuals at risk for opioid overdose. New Mexico was the first state to distribute naloxone legally through harm reduction and syringe service programs beginning in 2001. New Mexico's Good Samaritan Law followed in 2007, further emphasizing the importance of access to naloxone and emergency medical services during an opioid overdose.<sup>9</sup> New Mexico established the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council (hereafter, "Advisory Council") in 2012. The Advisory Council is administered by the NMDOH, and it addresses overdose prevention strategies for consumers and professionals, such as improving prescribing practices and expanding access to naloxone. Recognizing that medical users of legally prescribed opioids can also be at significant risk for overdose, the NMDOH began distributing naloxone through naloxone coprescription pilot programs established in various communities in 2013.<sup>10</sup> In addition, the New Mexico Human Services Department (NMHSD) aimed to increase access to naloxone for individuals at risk for overdose by expanding the state's Medicaid formulary to include coverage for naloxone in 2014.<sup>11</sup> Statewide overdose prevention efforts continued to grow when, in 2014, New Mexico became the first state to allow pharmacist certification to prescribe naloxone under their license.<sup>12</sup> Pharmacists were encouraged to attend naloxone prescriptive authority training and receive their prescriptive authority for naloxone certification. According to New Mexico Pharmacists Association (NMPhA) training records, 221 registered pharmacists completed the naloxone prescriptive authority training and were certified to prescribe naloxone as of December 31, 2015. There are a total of 2990 pharmacists registered with the New Mexico Board of Pharmacy (NMBOP), although the exact number of pharmacists practicing in a community setting in New Mexico is unknown.

**Interventions***Top-down approach*

Obtaining prescriptive authority for naloxone was a step forward in improving pharmacy-based naloxone distribution in New Mexico, but there were challenges associated with widespread adoption and use (Figure 1). These challenges along with the 2014 mortality data indicated that expanding access to naloxone would require additional interventions. The NMDOH pursued legislation in 2016 to expand access to naloxone with standing orders. Legislation was passed and signed into law on March 4, 2016. The NMDOH immediately issued a statewide standing order allowing all registered

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