

Naloxone Information for Community Pharmacies – What You Need to Know



Your pharmacy may start receiving an increased volume of prescriptions for naloxone (Narcan®) due to “Project Lazarus,” a Project of Community Care of North Carolina, funded by Kate B. Reynolds and the N.C. Office of Rural Health and Community Care. Be prepared!

Dispensing a Prescription For Naloxone:

1. Determine if the prescription is written for intranasal or intramuscular naloxone:
 - a. Intranasal naloxone typically uses the 2mg/2mL concentration (needleless syringe).
 - b. Intramuscular naloxone typically uses the 0.4mg/mL concentration (single dose 1 mL vials).



2. You will typically dispense 2 doses to complete one patient’s prescription.
3. Determine if you have naloxone (correct concentration) in stock.
4. If no, skip to “Ordering Naloxone and Supplies.”
5. Determine if you have accompanying supplies:
 - a. Intranasal naloxone requires a nasal atomizer device in order to deliver the medication.
 - b. Intramuscular naloxone requires 2-intramuscular syringes (23 gauge, 3 cc, 1 inch) and alcohol swabs. Gloves and mask are recommended if available.
6. Remember, a patient will typically receive 2 doses.

Ordering Naloxone and Supplies:

1. If you don’t have naloxone or accompanying supplies in stock, you’ll want to order the following:
 - a. Intranasal naloxone: 2 doses of the 2mg/2mL pre-filled Luer-Lock ready needleless syringes (NDC: 76329-3369-1, Amphastar/IMS, LTD). The nasal atomization devices (MAD 300, LMA/Teleflex) can be purchased through your distributor or obtained in a Project Lazarus Rescue Kit. (See what’s included below.)
 - b. Intramuscular naloxone: 2 doses of the 0.4mg/mL single dose 1 ml vials (NDC: 0409-1215-01, Hospira), 2-intramuscular syringes (23 gauge, 3cc, 1 inch), and alcohol swabs. Gloves and mask are recommended if available.

Billing a Patient's Insurance:

1. NC Medicaid and some private insurances cover the naloxone with a copay.
2. Insurance may not cover the nasal atomizer, so if a patient has not already obtained a Project Lazarus Rescue Kit, they may have to pay the cash price for 2 nasal atomizer devices.

The Project Lazarus Rescue Kit:

Rescue kits are available through Project Lazarus that can help simplify bystander naloxone use. Individuals can order kits for themselves or clinics can order in bulk for distribution. The kit provides everything necessary for a nasal naloxone rescue except the naloxone vials (which are intended to be filled by a pharmacy and included in the kit).



Kit Contents:

Two nasal atomizers, a step-by-step naloxone use guide (English & Spanish), and an overdose prevention DVD are all included in a small durable hard plastic container for \$12.

Ordering a Project Lazarus Rescue Kit:

1. Through the Project Lazarus website at this link: <http://www.projectlazarus.org/naloxone-order-form#overlay-context=overdose-survivors/get-help-addiction>
2. By email at: rescuekit@projectlazarus.org. Complete form, scan, and email back or fax to 866-400-9915.
3. Call 336-667-8100 and request by phone.

North Carolina Harm Reduction Coalition (NCHRC) Naloxone Kits:

Intramuscular naloxone kits can be also be obtained from NCHRC. To find out more information follow this link: <http://www.nchrc.org/program-and-services/overdose-prevention-project/>

Naloxone Information for Community Pharmacies – Patient Counseling



What is naloxone?

Naloxone (also known as Narcan[®]) is an effective, non-addictive prescription medication that reverses opioid drug overdose. It can be given by intramuscular injection, as a nasal spray using a special adapter, or as an IV fluid.

Prescribing naloxone:

As of April 9, 2013, doctors and other medical providers can prescribe naloxone to people at risk for an overdose AND to family members, friends, or other persons who could administer naloxone in the case of a drug overdose.

Immunity:

Doctors and other providers who prescribe naloxone AND the people who administer naloxone in the case of an overdose will be immune from any civil or criminal charges as long as they act in good faith.

What are the risk factors of an overdose?

Changes in tolerance after a period of abstinence, such as incarceration, hospitalization or outpatient/inpatient treatment, increase the risk of an overdose. Taking other substances such as alcohol, benzodiazepines, anti-depressants and illicit drugs with an opioid may cause overdose. Other risk factors may depend on co-morbid physiological and biological factors such as emphysema, asthma, sleep apnea, COPD, heavy smoking, renal issues and metabolism rate. An overdose occurs when the body consumes more opioids than can be tolerated and the above-mentioned factors increase the likelihood of an overdose.

What are the signs of an opioid overdose?

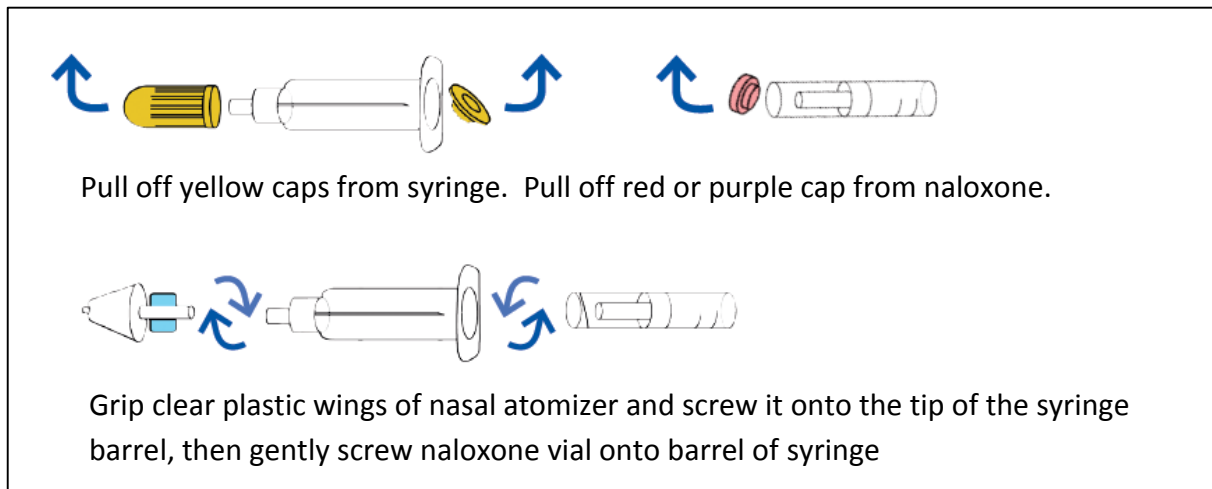
- Unresponsiveness to stimulation (i.e., does not respond to sternal rub)
- Shallow or absent breathing
- Blue or ashen lips

How to respond to an overdose?

- Call 911 & start rescue breathing
- Administer naloxone (see below)
- Put the person in recovery position once their breathing is restored
- Stay with the person until help arrives

How is intranasal naloxone used? (2mg/2mL concentration)

- Assemble the vial, syringe, and atomizer (see below)



- Spray half of the naloxone into each nostril
- If patient does not respond/wake up in 5 minutes, use the 2nd dose of naloxone
- There are instructional videos in the links below

How is Intramuscular naloxone used? (0.4mg/mL concentration)

- Pop off the top from the vial, and draw up 1cc (1 mL) of naloxone into the syringe
- Inject into a muscle – thigh, upper-outer quadrant of the butt, or shoulder are best
- If possible, clean the skin where you are going to inject with an alcohol swab first
- Inject straight in to make sure to hit the muscle
- If patient does not respond/wake up in 5 minutes, use the 2nd dose of naloxone

Patient counseling resources:

1. How to Assemble & Administer Intranasal Naloxone: http://harmreduction.org/wp-content/uploads/2012/11/HRC_ODprevention_worksheet12.pdf
2. How to Administer Intramuscular Naloxone: http://harmreduction.org/wp-content/uploads/2012/11/HRC_ODprevention_worksheet13.pdf
3. Prescribe to Prevent Naloxone Information: prescribetoprevent.org/
4. General Naloxone Information: naloxoneinfo.org/get-started/about-naloxone



CCNC Network Pharmacists *as of June 2014**

<u>Network</u>	<u>Name</u>	<u>Email</u>	<u>Phone</u>
AccessCare	Kristin Lundeen	klundeen@ncaccesscare.org	(919) 380-9962
Community Care of Western NC	Dana Arrington	darrington@ccwnc.org	(828) 348-2817
Community Care of the Lower Cape Fear	Megan Rose	megan.rose@carelcf.org	(910) 332-9554
Carolina Collaborative Community Care	Karin Suess	ksuess@carolinacc.com	(910) 487-8451
Carolina Community Health Partnership	Lori Wilson	lori.wilson@clevelandcounty.com	(704) 418-3604
Community Care of Wake/Johnston Counties	Cheryl Viracola	cviracola@wakedocs.org	(919) 792-3661
Community Care Partners of Greater Mecklenburg	Naomi Ohuabunwa-West	naomi.ohuabunwa@carolinashealthcare.org	(704) 512-2463
Community Care Plan of Eastern Carolina	Tracey Simmons-Kornegay	tracey.simmons-kornegay@vidanthealth.com	(252) 560-3417
Community Health Partners	Misty Lail McIntosh	mlail@gfhs.info	(704) 477-0433
Northern Piedmont Community Care	Vera Farkas Reinstein	vera.reinstein@duke.edu	(919) 613-4334
Northwest Community Care Network	Neal Roberts	wilrober@nwcommunitycare.org	(336) 716-2717
Partnership for Community Care	Patrick Johnson	PJohnson@P4CARE.ORG	(336) 553-4432
Community Care of the Sandhills	John Rafi	JRafi@cc-sandhills.org	(910) 246-9806
Community Care of Southern Piedmont	Tamika Robinson	Tamikarobinson@CCofSP.com	(704) 262-1056