

OPIOID OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION (OEND) PROGRAM

FREQUENTLY ASKED QUESTIONS (FAQs)



PROVIDER FAQs

Bringing up a patient's risk of opioid overdose can be difficult. How do I best address this?

Tailor the key messages below around your patient's concerns. Emphasize that naloxone is just a precaution, similar to an epi-pen or fire extinguisher.

- **Naloxone is a lifesaving precaution for you and your family members**
- **Medical conditions, like lung problems and sleep apnea, increase the risk of opioid overdose.**
- **Naloxone does not lead to increased drug abuse and having a naloxone prescription does not mean your provider thinks you will abuse opioids**

*The goal of the OEND program is to **increase co-prescribing of naloxone**, a lifesaving medication that effectively reverses the effect of opioids and prevents overdose deaths.*

What should I do if my patient asks about tapering their current opioid dose?

Tapering should be individualized based on risk assessments, patient needs, and characteristics. Guidelines recommend slow tapering (e.g., 10%-50% reduction weekly or monthly) for most patients. Naloxone should be available while tapering.

Resources: Watch the Initiating Collaborative Tapering Video via Joint Pain Education Program <http://www.dvcipm.org/clinical-resources/joint-pain-education-project-jpep/pain-educational-videos/>

I typically wouldn't have time to perform a RIOSORD assessment. How can I still make sure patients with an elevated risk are being identified?

RIOSORD (Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression) scores are available on CarePoint but are not updated in real-time. If you diagnose the patient with a new condition or prescribe a medication (e.g., opioid, benzodiazepine), the patient's RIOSORD score can increase, but would not be re-calculated until the following day.

Clinics can identify a staff member (e.g., a case manager) who would access the Opioid Registry and obtain RIOSORD scores for all patients seen in clinic each day. For patients not in the Opioid Registry or those with updated conditions and medications, the RIOSORD score would need to be hand-calculated.

Let your staff know about available resources (e.g., Quick Reference Guide, CarePoint instructions, patient brochures) so that they can talk to your patients about naloxone if you have limited time.

What do I need to do after checking the state Prescription Drug Monitoring Program (PDMP) and Defense Health Agency (DHA) Opioid Registry? Can a provider update the registry?

If the state PDMP indicates that your patient was prescribed opioids by another prescriber, look into whether that prescription is still current. Having a sole prescriber for opioids is recommended.

Does prescribing naloxone encourage my patient to continue to abuse drugs?

Studies report that naloxone does not encourage drug use. In some cases, naloxone has been shown to decrease drug use. Naloxone blocks the effects of opiates and can produce unpleasant withdrawal symptoms.

Following a successful overdose reversal, a patient may be more motivated to access additional treatment options that he or she may not have considered previously.

PATIENT FAQS

Can naloxone be used if it is expired?

Naloxone loses its effect over time, especially if left in the heat, cold, or sunlight for a long time. Expired naloxone will not hurt someone, but it probably will not work as well as a newer naloxone prescription.

A new refill each year is recommended.

What are the risks of using naloxone?

Serious side effects of naloxone are very rare. Since naloxone reverses opioid effects, opioid withdrawal may occur in some cases. The benefits far outweigh the risks, as giving naloxone to someone who has overdosed can decrease the chance of brain damage, lung and heart problems, and death.

How much does naloxone cost?

Naloxone is available on the Basic Core Formulary and is free for TRICARE beneficiaries at military pharmacies.

Pharmacy	Is this drug covered?	You Pay	
		Active duty	Non-active duty
Military Pharmacy (MTF)	✓ YES	This is a Basic Core Formulary (BCF) medication	This is a Basic Core Formulary (BCF) medication
Basic Core Formulary (BCF) designated drugs should be available at your local MTF pharmacy but check with your specific location to be sure.			
Home Delivery Pharmacy Up to 90 days supply	⚠ YES with limitations Coverage notes	\$0.00	\$10.00
Retail Network Pharmacy Up to 30 days supply	✓ YES Coverage notes	\$0.00	\$13.00

Is naloxone difficult to use?

Naloxone comes in several forms. The intranasal form (e.g., Narcan) is usually recommended. With the intranasal form, naloxone is sprayed into the person's nostrils. Distribute the "Naloxone Administration" brochure to walk through the process with the patient.

Administering a second dose is recommended if the person is 1) not breathing 2-3 minutes after the first dose or 2) responds to the first dose but stops breathing again. Naloxone wears off after 30-60 minutes.

As an active duty Service member, will I be flagged or placed on a "list" if I have a naloxone prescription?

No, Service members should not be concerned about being flagged or placed on a "list" just for having or filling a naloxone prescription. The Defense Health Agency released two policies that encourage naloxone education and prescribing. As part of these policies, MTFs should ensure that these policies are implemented, and Service members should not encounter any issues with their naloxone prescription.

Why do I need naloxone if I take my medication as prescribed?

Even if you take your medication as prescribed, accidental overdoses can happen, both for you and anyone in your household who could accidentally take it. Naloxone is an important safety precaution that helps keep you and your loved ones safe.

Based on your unique medical history, you can be at risk for an overdose, even if you have never previously experienced bad effects from opioids.