DoD Opioid Overdose Education and Naloxone Distribution (OEND) Program: A Guide for Prescribing Naloxone

DATE
Learning Objectives

- Understand Department of Defense (DoD) Opioid Overdose Education and Naloxone Distribution (OEND) Program:
  - Use DoD OEND’s **Quick Reference Guide** to understand when and how to prescribe naloxone to your patients
  - Use CarePoint to look up Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) scores and Morphine Equivalent Daily Dose (MEDD)
  - Know what **key messages** to use when discussing naloxone with your patients
Agenda

- Naloxone Overview
  - OEND Program
  - Policy vs. Active Implementation

- Review the Quick Reference Guide
  - Assess/Offer (CarePoint)
  - RIOSORD and MEDD Assessment Tools (Case Example)
  - Notify & Educate
  - Document

- Conclusion
  - Key Takeaways
  - References
  - Questions

“Medically Ready Force... Ready Medical Force”
Discussion Touch Point

- Have you prescribed naloxone in the past?
  - What prompted you to prescribe naloxone?
- Describe your experiences with prescribing naloxone.
  - What are some concerns you have about co-prescribing naloxone to your patients?
OEND Program

**Mission:** Reduce opioid-related overdoses and deaths

**Goal:** Increase co-prescribing of naloxone

**Policy Alignment:**
- DoD/VA CPG for Opioid Therapy for Chronic Pain (link)
- DHA-PI 6025.04: Pain Management and Opioid Safety in the Military Health System (MHS) (link)
- DHA-PI 6025.07: Naloxone Prescribing and Dispensing by Pharmacists in Military Treatment Facilities (MTFs) (link)

Nasal Spray
_Narcan_

“Medically Ready Force...Ready Medical Force”
Where we are now

[Use the Look-Up Tool Dashboard, Opioid Prescriber Monthly Trend Report, and QPP Dashboard Data (all found on CarePoint) to filter by your Market/Site and insert data visualization here.]
Review the Quick Reference Guide

- Developed to help prescribers and pharmacists understand when and how to prescribe naloxone
- Risk Criteria
  - RIOSORD > 32
  - MEDD >= 50
  - Opioid/Benzodiazepine combination use
  - On long-term opioid therapy

“Medically Ready Force...Ready Medical Force”
Accessing CarePoint, MHSPHP, and the DHA Opioid Registry

- A one-pager with step-by-step instructions will be emailed to participants.
- Look up MHS-direct care RIOSORD scores, MEDD calculations, and opioid-related prescriptions (Rxs) on CarePoint: CarePoint Website

Instructions to Access DHA Opioid Registry

“Medically Ready Force...Ready Medical Force”
CarePoint Instructions

“Medically Ready Force...Ready Medical Force”
Quick Reference Guide: RIOSORD and MEDD Assessment Tools

- Option to manually calculate two key indicators for whether your patient should be prescribed naloxone:
  - RIOSORD Score > 32
  - MEDD >= 50

“Medically Ready Force...Ready Medical Force”
Quick Reference Guide

CASE STUDY

“Medically Ready Force...Ready Medical Force”
Patient John Smith comes in for an outpatient visit regarding his chronic lower back pain.

| He has been on hydrocodone for about a year. He requests a renewal of his prescription. | You have not yet established an account in CarePoint but want to determine if you should prescribe naloxone. | He currently has a prescription for citalopram for mild depression. | His current average daily opioid dosage is 52 mg morphine equivalent dosage per day. | The patient had one emergency department visit 4 months ago and was hospitalized for 3 days. |

Based on the information provided, should you prescribe naloxone?
<table>
<thead>
<tr>
<th>Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD): Calculate risk by completing RIOSORD assessment</th>
<th>Circle if “YES”</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving:</td>
<td></td>
</tr>
<tr>
<td>• Opioid dependence?</td>
<td>15</td>
</tr>
<tr>
<td>• Chronic hepatitis of cirrhosis?</td>
<td>9</td>
</tr>
<tr>
<td>• Bipolar disorder of schizophrenia?</td>
<td>7</td>
</tr>
<tr>
<td>• Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)</td>
<td>5</td>
</tr>
<tr>
<td>• Chronic kidney disease with clinical significant renal impairment?</td>
<td>5</td>
</tr>
<tr>
<td>• Active traumatic injury, excluding burns? (fracture, dislocation, contusion, laceration, wound)</td>
<td>4</td>
</tr>
<tr>
<td>• Sleep apnea?</td>
<td>3</td>
</tr>
<tr>
<td>Does the patient consume:</td>
<td></td>
</tr>
<tr>
<td>• Extended release or long acting (ER/LA) formulation: An ER/LA formulation of any prescription opioid or opioid with long and/or variable half-life? (e.g., OxyContin, Oramorph-SR, methadone, fentanyl patch, levorphanol)</td>
<td>9</td>
</tr>
<tr>
<td>• Methadone? (Methadone is a long-acting opioid, so also circle for “ER/LA formulation”)</td>
<td>9</td>
</tr>
<tr>
<td>• Oxycodone? (If it has an ER/LA formulation [OxyContin], also circle for “ER/LA formulation”)</td>
<td>3</td>
</tr>
<tr>
<td>• A prescription antidepressant? (e.g., fluoxetine, citalopram, venlafaxine, amitriptyline)</td>
<td>7</td>
</tr>
<tr>
<td>• A prescription benzodiazepine? (e.g., diazepam, alprazolam)</td>
<td>4</td>
</tr>
<tr>
<td>Is the patient’s current maximum prescribed opioid dose: (Use Opioid Daily Dose Conversion Table below)</td>
<td></td>
</tr>
<tr>
<td>• &gt;100 mg morphine equivalents per day?</td>
<td>16</td>
</tr>
<tr>
<td>• 50-100 mg morphine equivalents per day?</td>
<td>9</td>
</tr>
<tr>
<td>• 20-50 mg morphine equivalents per day?</td>
<td>5</td>
</tr>
<tr>
<td>In the past 6 months, has the patient:</td>
<td></td>
</tr>
<tr>
<td>• Had 1 or more ED visits?</td>
<td>11</td>
</tr>
<tr>
<td>• Been hospitalized for 1 or more days?</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL SCORE (add up “YES” response values).</td>
<td>If score &gt; 32, PRESCRIBE NALOXONE →</td>
</tr>
<tr>
<td></td>
<td>35</td>
</tr>
</tbody>
</table>

“Medically Ready Force...Ready Medical Force”
DHA-PI 6025.07 includes a brochure on opioid safety and naloxone administration that you can distribute to patients and their caregivers. This brochure is currently being finalized and will soon be available online at: [health.mil/opioidsafety](http://health.mil/opioidsafety)
How to Talk to Patients and Caregivers about Naloxone

Example Scenario (Role Play)

Key messages/talking points:

- Opioid use disorder is a pain management issue
- Naloxone is a lifesaving precaution; it does not lead to increased drug abuse
- When managing pain, use opioids as prescribed

Video – How to use the VA Naloxone Nasal Spray (from the Veterans Health Administration)
Key Messages

ROLE PLAY

“Medically Ready Force...Ready Medical Force”
Scenario 1

I don’t need medication to prevent overdose. I have been taking the medication for a long time and I don’t have any problems with it.

Are you saying the medication that I was prescribed is dangerous?

What would you say?
Scenario 2

Are you saying you think I abuse drugs? I’m not a drug addict!

Patient

What would you say?

Clinician

“Medically Ready Force...Ready Medical Force”
Scenario 3

Patient: Ok, I’ll think about it, but no thanks I don’t want to take the prescription with me today.

Clinician: What would you say?
Scenario 4

What if I am unconscious and cannot administer naloxone myself?

How do I use naloxone?

What would you say?

What would you say?

Medically Ready Force...Ready Medical Force
Discussion Touch Point

- What did the pharmacist do that was useful in addressing the patient’s concerns?
- What strategies would you have used to address them?
- Have you discussed naloxone with any of your patients?
  - Were they receptive?
  - What were some barriers you encountered?
Question 1

True or False?

- My patient does not have an addiction problem, so they are not at risk for an opioid overdose.
Question 1

■ False: Even if your patient does not abuse their medication, accidental overdoses can happen and naloxone is an important safety precaution that helps keep them and their loved ones safe.

☐ While your patient may not seem like they are at risk for an overdose, having a RIOSORD > 32 indicates that they may have a combination of smaller risk factors that puts them at a greater overall risk.
Question 2

True or False?

• If I inform patients that naloxone is available, this will not encourage them to abuse drugs.
**Truth:** 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 opioids and can produce unpleasant withdrawal symptoms.

- Following a successful overdose reversal, a patient can access additional treatment options that they may not have considered previously.
Question 3

True or False?

• Naloxone is difficult to use.
False: Naloxone comes in several forms. We generally recommend the intranasal form (e.g., Narcan) which allows people to spray naloxone into the patient’s nostrils. Distribute the “Naloxone Administration” brochure to walk through the process with the patient.

- We recommend administering a second dose if the patient is not breathing 2-3 minutes after the first dose; or responds to the first dose but stops breathing again. Naloxone wears off after 30 to 60 minutes.
Question 4

True or False?

- My patients that are active duty service members will be flagged or placed on a “list” if they are co-prescribed naloxone.
False: The policy for administering naloxone applies to the entire MHS. MTF Commanders should ensure that their MTF implements this policy and service members should not encounter any issues for having a naloxone prescription.
Question 5

True or False?

- Clinical providers do not need to write a prescription for a patient to receive naloxone.
**Question 5**

- **True:** DHA-PI 6025.07 for “Naloxone Prescribing and Dispensing by Pharmacists in Military Treatment Facilities” authorizes pharmacists to dispense naloxone upon patient request.
The OEND page provides additional resources for patients, caregivers, prescribers, and pharmacists, such as:

- Training Resources
- CarePoint Instructions
- The Quick Reference Guide

[health.mil/oend]
The Opioid Prescriber Monthly Trend Report allows you to monitor opioid and naloxone prescribing trends on the MTF-, clinic-, and prescriber-level (provider-focused).

The Patient Look-Up Tool Dashboard allows you to look at opioid and naloxone dispensing trends on the MTF- and pharmacy-level (pharmacist focused).
https://bitab.health.mil/#/views/PatientLookupToolDashboard/PharmacyDetailedView
Key Takeaways

- Prescribing naloxone is standard best practice
- The Quick Reference Guide helps determine when and how to prescribe naloxone:
  - Assess if your patients are at risk for an overdose
  - Educate your patients (and their family member/support person when possible) about opioid safety and naloxone administration
  - Document elevated risk indications and naloxone discussion and prescription in your patient’s electronic health record

Any patient that meets the following risk criteria should be prescribed naloxone:
- RIOSORD>32
- MEDD>=50
- Opioid/Benzodiazepine combination use
- On long-term opioid therapy

“Medically Ready Force...Ready Medical Force”
Key Takeaways (Cont.)

- Talking to patients about naloxone:
  - Use key messages
  - Educate both patients and their caregivers
  - Be prepared to answer questions

- Share resources with other members of your healthcare team

- Work with your team to develop a day-to-day action plan for educating and co-prescribing naloxone to patients

For more information, visit health.mil/oend
References


Questions?