# 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

# 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)

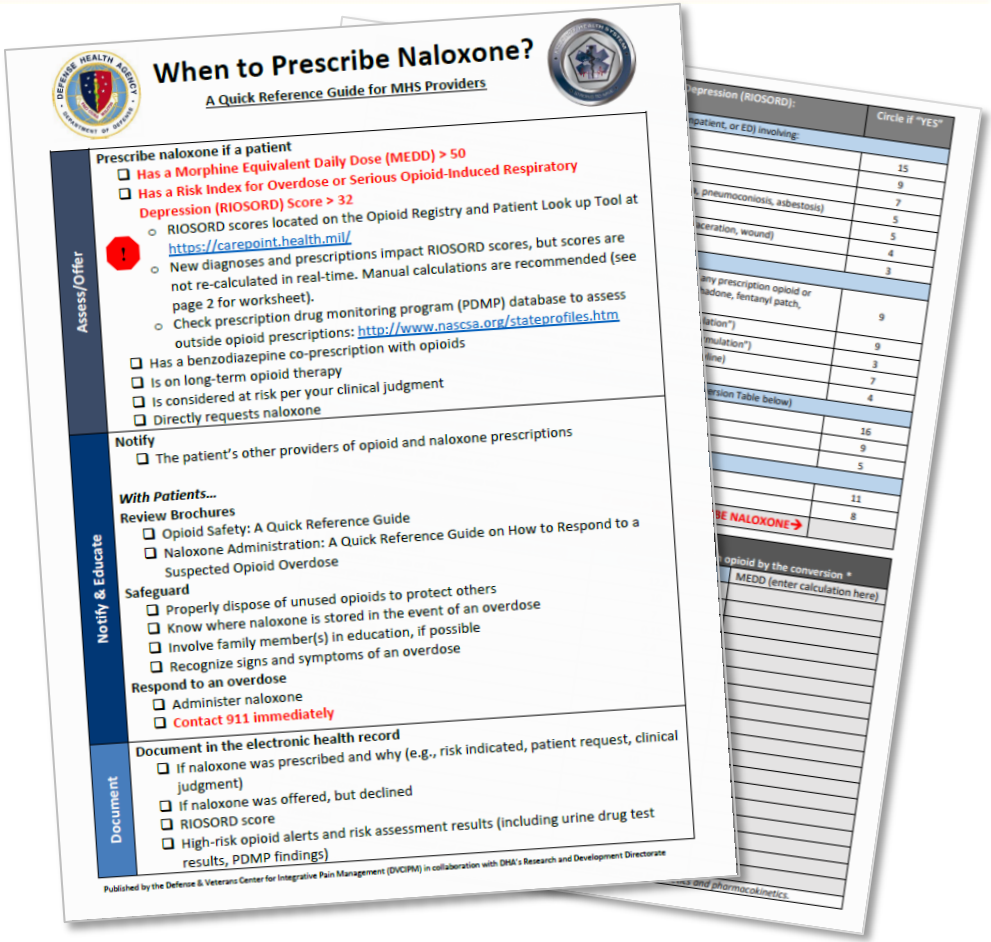

Nasal Spray
*Narcan*

# 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



When to Prescribe Naloxone?

A Quick Reference Guide for MHS Providers

**Assess/Offer**

Prescribe naloxone if a patient
- ❑ Has a Morphine Equivalent Daily Dose (MEDD) > 50
- ❑ Has a Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) Score > 32
  - RIOSORD scores located on the Opioid Registry and Patient Look up Tool at https://carepoint.health.mil/
  - New diagnoses and prescriptions impact RIOSORD scores, but scores are not re-calculated in real-time. Manual calculations are recommended (see page 2 for worksheet).
  - Check prescription drug monitoring program (PDMP) database to assess outside opioid prescriptions: http://www.nascsa.org/stateprofiles.htm
- ❑ Has a benzodiazepine co-prescription with opioids
- ❑ Is on long-term opioid therapy
- ❑ Is considered at risk per your clinical judgment
- ❑ Directly requests naloxone

**Notify & Educate**

Notify
- ❑ The patient's other providers of opioid and naloxone prescriptions

*With Patients…*

Review Brochures
- ❑ Opioid Safety: A Quick Reference Guide
- ❑ Naloxone Administration: A Quick Reference Guide on How to Respond to a Suspected Opioid Overdose

Safeguard
- ❑ Properly dispose of unused opioids to protect others
- ❑ Know where naloxone is stored in the event of an overdose
- ❑ Involve family member(s) in education, if possible
- ❑ Recognize signs and symptoms of an overdose

Respond to an overdose
- ❑ Administer naloxone
- ❑ Contact 911 immediately

**Document**

Document in the electronic health record
- ❑ If naloxone was prescribed and why (e.g., risk indicated, patient request, clinical judgment)
- ❑ If naloxone was offered, but declined
- ❑ RIOSORD score
- ❑ High-risk opioid alerts and risk assessment results (including urine drug test results, PDMP findings)

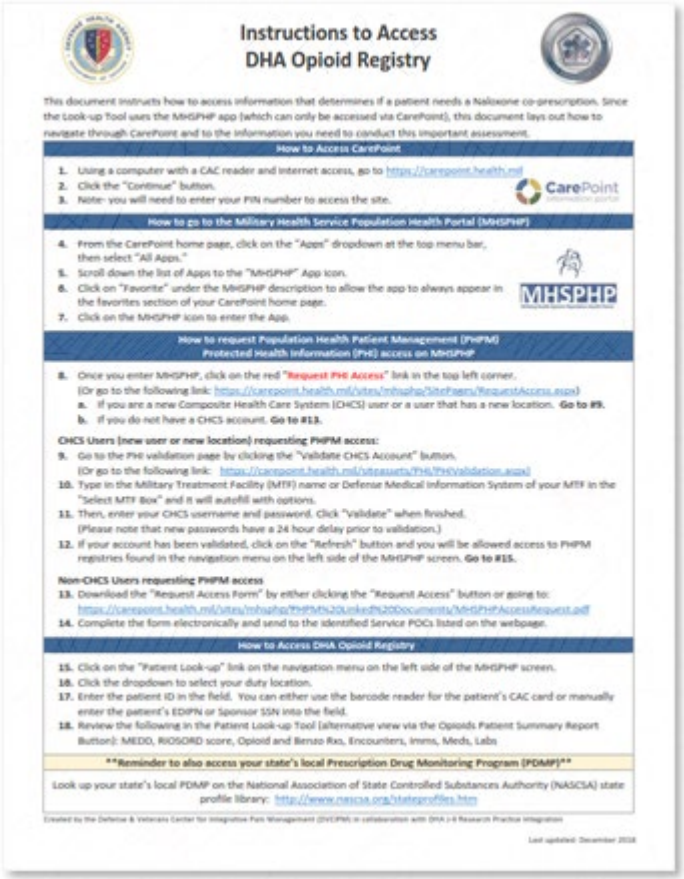
Published by the Defense & Veterans Center for Integrative Pain Management (DVCIPM) in collaboration with DHA's Research and Development Directorate

# 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]

CarePoint information portal

MHSPHP
Military Health System Population Health Portal



Instructions to Access DHA Opioid Registry

Instructions to Access
DHA Opioid Registry

This document instructs how to access information that determines if a patient needs a Naloxone co-prescription. Since the Look-up Tool uses the MHSPHP app (which can only be accessed via CarePoint), this document lays out how to navigate through CarePoint and to the information you need to conduct this important assessment.

**How to Access CarePoint**

1. Using a computer with a CAC reader and internet access, go to https://carepoint.health.mil
2. Click the "Continue" button.
3. Note- you will need to enter your PIN number to access the site.

**How to go to the Military Health Service Population Health Portal (MHSPHP)**

4. From the CarePoint home page, click on the "Apps" dropdown at the top menu bar, then select "All Apps."
5. Scroll down the list of Apps to the "MHSPHP" App icon.
6. Click on "Favorite" under the MHSPHP description to allow the app to always appear in the favorites section of your CarePoint home page.
7. Click on the MHSPHP icon to enter the App.

**How to request Population Health Patient Management (PHPM) Protected Health Information (PHI) access on MHSPHP**

8. Once you enter MHSPHP, click on the red "Request PHI Access" link in the top left corner.
   (Or go to the following link: https://carepoint.health.mil/sites/mhsphp/SitePages/RequestAccess.aspx)
   a. If you are a new Composite Health Care System (CHCS) user or a user that has a new location. **Go to #9.**
   b. If you do not have a CHCS account. **Go to #13.**

**CHCS Users (new user or new location) requesting PHPM access:**

9. Go to the PHI validation page by clicking the "Validate CHCS Account" button.
   (Or go to the following link: https://carepoint.health.mil/sitepages/PHI/PHIValidation.aspx)
10. Type in the Military Treatment Facility (MTF) name or Defense Medical Information System of your MTF in the "Select MTF Box" and it will autofill with options.
11. Then, enter your CHCS username and password. Click "Validate" when finished.
    (Please note that new passwords have a 24 hour delay prior to validation.)
12. If your account has been validated, click on the "Refresh" button and you will be allowed access to PHPM registries found in the navigation menu on the left side of the MHSPHP screen. **Go to #15.**

**Non-CHCS Users requesting PHPM access**

13. Download the "Request Access Form" by either clicking the "Request Access" button or going to: https://carepoint.health.mil/sites/mhsphp/PHPM%20Linked%20Documents/MHSPHPAccessRequest.pdf
14. Complete the form electronically and send to the identified Service POCs listed on the webpage.

**How to Access DHA Opioid Registry**

15. Click on the "Patient Look-up" link on the navigation menu on the left side of the MHSPHP screen.
16. Click the dropdown to select your duty location.
17. Enter the patient ID in the field. You can either use the barcode reader for the patient's CAC card or manually enter the patient's EDIPN or Sponsor SSN into the field.
18. Review the following in the Patient Look-up Tool (alternative view via the Opioids Patient Summary Report Button): MEDD, RIOSORD score, Opioid and Benzo Rxs, Encounters, Imms, Meds, Labs

****Reminder to also access your state's local Prescription Drug Monitoring Program (PDMP)****

Look up your state's local PDMP on the National Association of State Controlled Substances Authority (NASCSA) state profile library: http://www.nascsa.org/stateprofiles.htm

Created by the Defense & Veterans Center for Integrative Pain Management (DVCIPM) in collaboration with DHA J-9 Research Practice Integration

Last updated: December 2018

# CarePoint Instructions

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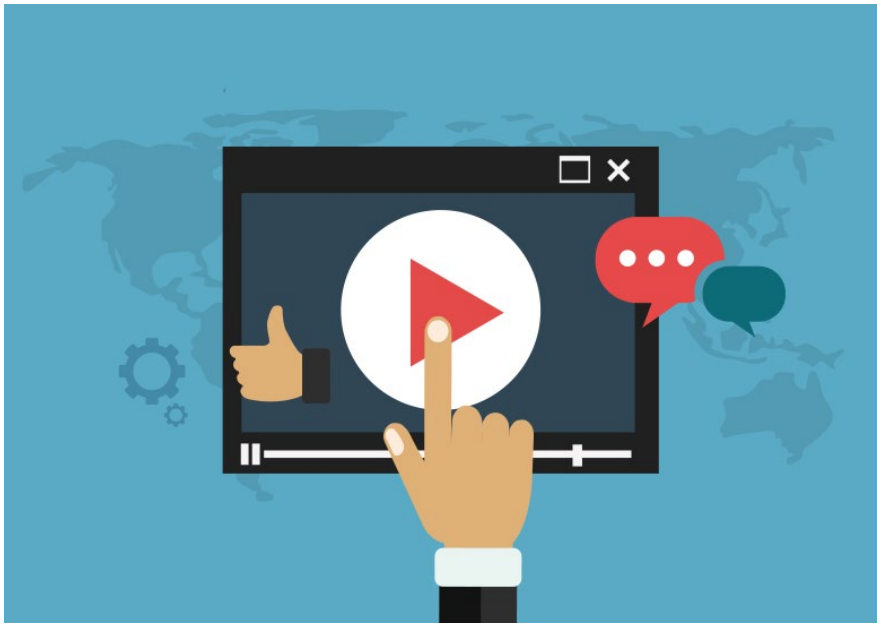
# TUTORIAL



# 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

| Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD): Calculate risk by completing RIOSORD assessment | Circle if "YES" |
|---|---|
| In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving: | |
| • Opioid dependence? | 15 |
| • Chronic hepatitis of cirrhosis? | 9 |
| • Bipolar disorder of schizophrenia? | 7 |
| • Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis) | 5 |
| • Chronic kidney disease with clinical significant renal impairment? | 5 |
| • Active traumatic injury, excluding burns? (fracture, dislocation, contusion, laceration, wound) | 4 |
| • Sleep apnea? | 3 |
| Does the patient consume: | |
| • 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) | 9 |
| • Methadone? (Methadone is a long-acting opioid, so also circle for "ER/LA formulation") | 9 |
| • Oxycodone? (If it has an ER/LA formulation [OxyContin], also circle for "ER/LA formulation") | 3 |
| • A prescription antidepressant? (e.g., fluoxetine, citalopram, venlafaxine, amitriptyline) | 7 |
| • A prescription benzodiazepine? (e.g., diazepam, alprazolam) | 4 |
| Is the patient's current maximum prescribed opioid dose: (Use Opioid Daily Dose Conversion Table below) | |
| • ≥100 mg morphine equivalents per day? | 16 |
| • 50 – <100 mg morphine equivalents per day? | 9 |
| • 20 – <50 mg morphine equivalents per day? | 5 |
| In the past 6 months, has the patient: | |
| • Had 1 or more ED visits? | 11 |
| • Been hospitalized for 1 or more days? | 8 |
| TOTAL SCORE (add up "YES" response values). If score > 32, PRESCRIBE NALOXONE→ | |

| Opioid Daily Dose Conversion Table: Calculate Morphine Equivalent Daily Dose (MEDD) by multiplying daily dose for each opioid by the conversion * | | |
|---|---|---|
| Type of Opioid (doses in mg/day except where noted) | Conversion Factor | MEDD (enter calculation here) |
| • Buprenorphine patch | 12.6 | |
| • Buprenorphine tab or film | 10 | |
| • Butorphanol (Stadol) | 7 | |
| • Codeine | 0.15 | |
| • Fentanyl transdermal (in mcg/hr) | 2.4 | |
| • Hydrocodone | 1 | |
| • Hydromorphone | 4 | |
| • Meperidine | 0.1 | |
| • Methadone | | |
| ○ 1-20 mg/day | 4 | |
| ○ 21-40 mg/day | 8 | |
| ○ 41-60 mg/day | 10 | |
| ○ ≥ 61-80 mg/day | 12 | |
| • Morphine | 1 | |
| • Oxycodone | 1.5 | |
| • Oxymorphone | 3 | |
| • Tapentadol IR | 0.4 | |
| • Tramadol | 0.1 | |
| *These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics. | | |

# CASE STUDY

# Case Example

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?***

| Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD): Calculate risk by completing RIOSORD assessment | Circle if "YES" |
|---|---|
| In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving: | |
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| • Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis) | 5 |
| • Chronic kidney disease with clinical significant renal impairment? | 5 |
| • Active traumatic injury, excluding burns? (fracture, dislocation, contusion, laceration, wound) | 4 |
| • Sleep apnea? | 3 |
| Does the patient consume: | |
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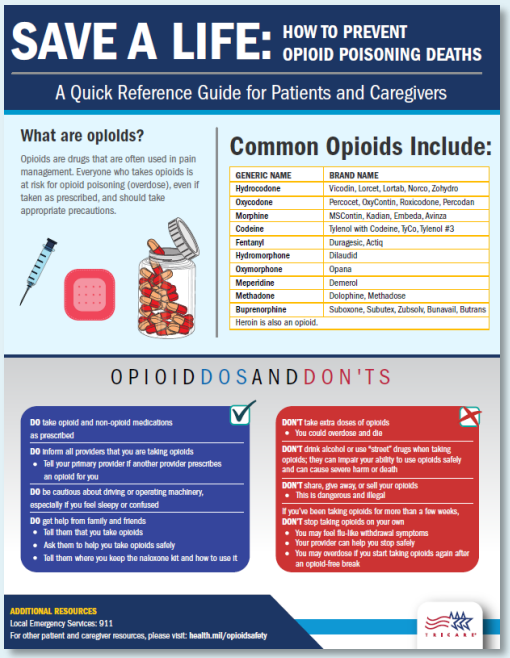
| In the past 6 months, has the patient: | |
| • Had 1 or more ED visits? | 11 |
| • Been hospitalized for 1 or more days? | 8 |
| TOTAL SCORE (add up "YES" response values). **If score > 32, PRESCRIBE NALOXONE→** | **35** |

# Quick Reference Guide: Notify & Educate

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](health.mil/opioidsafety)



SAVE A LIFE: HOW TO PREVENT OPIOID POISONING DEATHS

A Quick Reference Guide for Patients and Caregivers

**What are opioids?**

Opioids are drugs that are often used in pain management. Everyone who takes opioids is at risk for opioid poisoning (overdose), even if taken as prescribed, and should take appropriate precautions.

**Common Opioids Include:**

| GENERIC NAME | BRAND NAME |
|---|---|
| Hydrocodone | Vicodin, Lorcet, Lortab, Norco, Zohydro |
| Oxycodone | Percocet, OxyContin, Roxicodone, Percodan |
| Morphine | MSContin, Kadian, Embeda, Avinza |
| Codeine | Tylenol with Codeine, TyCo, Tylenol #3 |
| Fentanyl | Duragesic, Actiq |
| Hydromorphone | Dilaudid |
| Oxymorphone | Opana |
| Meperidine | Demerol |
| Methadone | Dolophine, Methadose |
| Buprenorphine | Suboxone, Subutex, Zubsolv, Bunavail, Butrans |

Heroin is also an opioid.

OPIOID DOS AND DON'TS

**DO** take opioid and non-opioid medications as prescribed

**DO** inform all providers that you are taking opioids
- Tell your primary provider if another provider prescribes an opioid for you

**DO** be cautious about driving or operating machinery, especially if you feel sleepy or confused

**DO** get help from family and friends
- Tell them that you take opioids
- Ask them to help you take opioids safely
- Tell them where you keep the naloxone kit and how to use it

**DON'T** take extra doses of opioids
- You could overdose and die

**DON'T** drink alcohol or use "street" drugs when taking opioids; they can impair your ability to use opioids safely and can cause severe harm or death

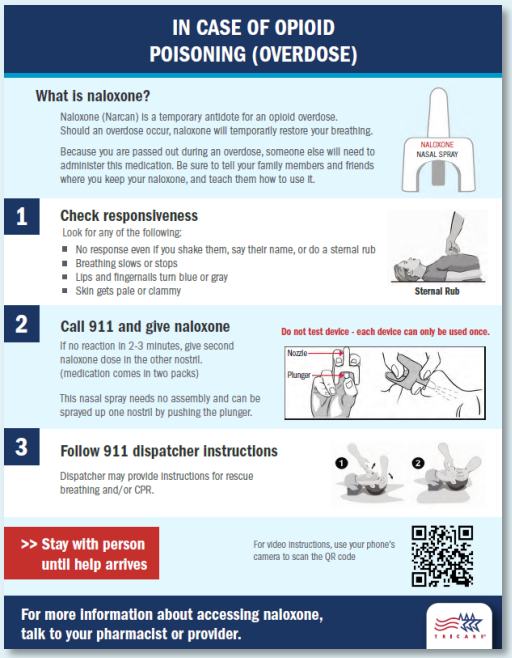
**DON'T** share, give away, or sell your opioids
- This is dangerous and illegal

If you've been taking opioids for more than a few weeks, **DON'T** stop taking opioids on your own
- You may feel flu-like withdrawal symptoms
- Your provider can help you stop safely
- You may overdose if you start taking opioids again after an opioid-free break

**ADDITIONAL RESOURCES**

Local Emergency Services: 911

For other patient and caregiver resources, please visit: health.mil/opioidsafety



IN CASE OF OPIOID POISONING (OVERDOSE)

**What is naloxone?**

Naloxone (Narcan) is a temporary antidote for an opioid overdose. Should an overdose occur, naloxone will temporarily restore your breathing.

Because you are passed out during an overdose, someone else will need to administer this medication. Be sure to tell your family members and friends where you keep your naloxone, and teach them how to use it.

NALOXONE NASAL SPRAY

**1 Check responsiveness**

Look for any of the following:
- No response even if you shake them, say their name, or do a sternal rub
- Breathing slows or stops
- Lips and fingernails turn blue or gray
- Skin gets pale or clammy

Sternal Rub

**2 Call 911 and give naloxone**

Do not test device - each device can only be used once.

If no reaction in 2-3 minutes, give second naloxone dose in the other nostril. (medication comes in two packs)

This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.

Nozzle
Plunger

**3 Follow 911 dispatcher instructions**

Dispatcher may provide instructions for rescue breathing and/or CPR.

**>> Stay with person until help arrives**

For video instructions, use your phone's camera to scan the QR code

**For more information about accessing naloxone, talk to your pharmacist or provider.**

# 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

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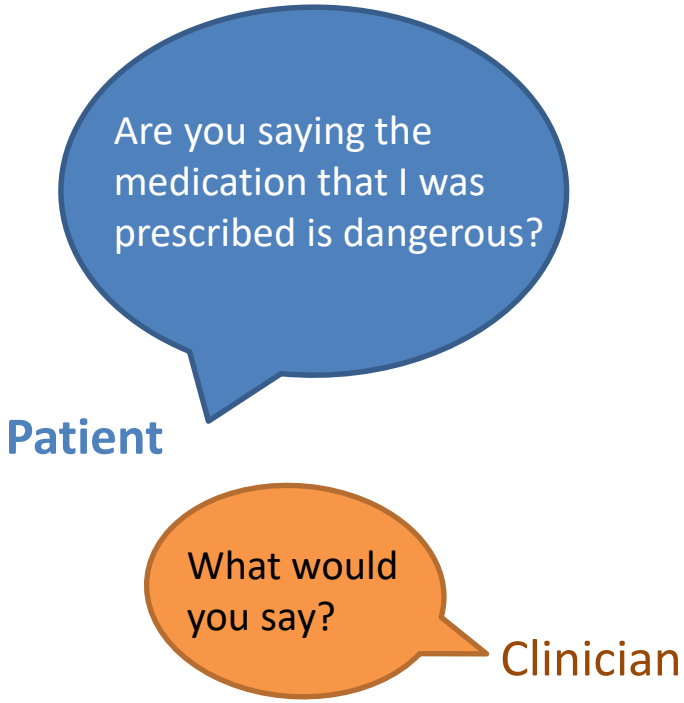
# ROLE PLAY

# 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.
Patient
What would you say?
Clinician


Are you saying the medication that I was prescribed is dangerous?
Patient
What would you say?
Clinician

# Scenario 2

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

**Patient**

What would you say?

Clinician

# Scenario 3

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

**Patient**

What would you say?

Clinician

# Scenario 4

How do I use naloxone?

Patient

What would you say?

Clinician

What if I am unconscious and cannot administer naloxone myself?

Patient

What would you say?

Clinician

# 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?

# Myths and Facts

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# TRIVIA

# Question 1

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## 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.

# Question 2

- **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.

# Question 3

- **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

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## 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.

# Question 4

- **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.

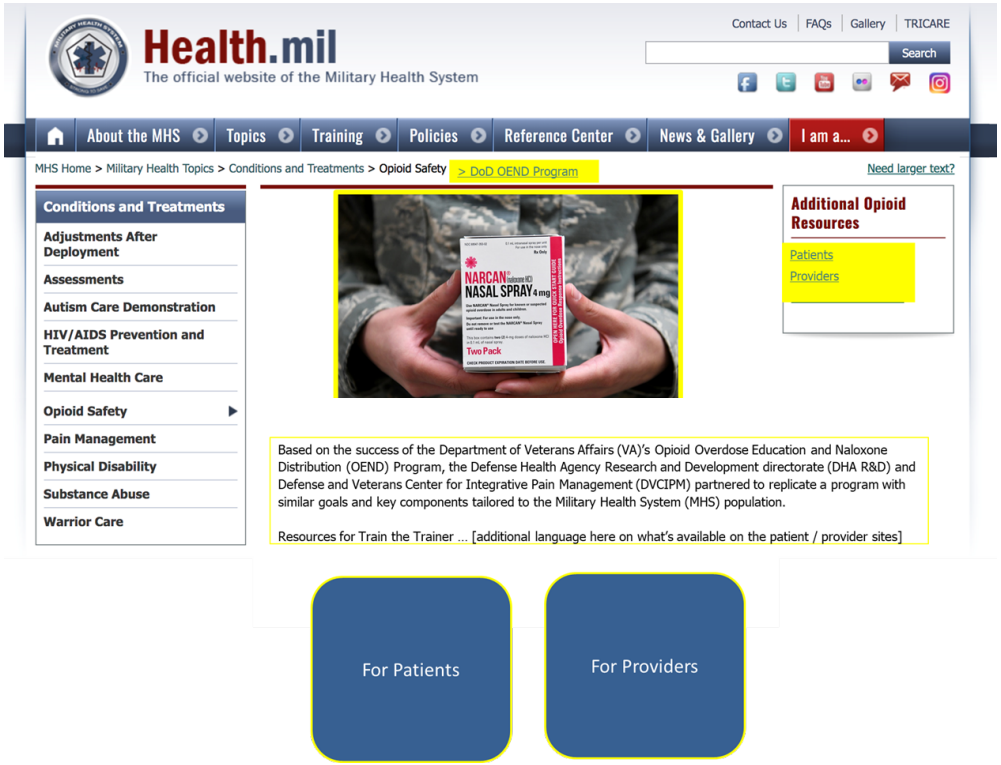
# Question 5

- **True**: DHA-PI 6025.07 for "Naloxone Prescribing and Dispensing by Pharmacists in Military Treatment Facilities" authorizes pharmacists to dispense naloxone upon patient request.

# Additional Resources

- 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



# Opioid Prescriber Monthly Trend Report and Patient Look-Up Tool Dashboard

- The Opioid Prescriber Monthly Trend Report allows you to monitor opioid and naloxone prescribing trends on the MTF-, clinic-, and prescriber-level (provider-focused). https://bitab.health.mil/#/views/OpioidPrescriberMonthlyTrendReport/PrescriberTrendReport

- 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/PhamacyDetailedView

# 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**

# 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

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# Questions?