

Naloxone Opioid Overdose Treatment: Narcan® Nasal Spray (naloxone HCl)

FDA Indications and Usage:

“Narcan Nasal Spray is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. Narcan Nasal Spray is intended for immediate administration as emergency therapy in settings where opioids may be present. Narcan Nasal Spray is not a substitute for emergency medical care.”¹

Dosage Form/Strength:

Narcan Nasal Spray (NS): 4 mg/0.1mL of naloxone HCl

Narcan Nasal Spray Point of Sale Process for Approval:

- Narcan Nasal Spray fills 1 & 2 at the pharmacy:
 - Patient will be able to fill Narcan Nasal Spray twice within a rolling 365 day period at point of sale with no edits.
- Narcan Nasal Spray filled 3 or more times within a rolling 365 days:
 - The claim will reject NCPDP 75 at the point of sale with the following messaging, “>= 3 fills in 1 yr; contact MD, document on Rx, then override.”
 - This edit may be overridden at point of sale by the pharmacist following the next steps:
 1. The pharmacist must contact the Narcan prescriber and the opioid prescriber (if different prescribers) to let them know that the patient has used Narcan twice (or more) in the previous year and is now requesting another fill.
 2. The pharmacist must inquire what intervention the opioid prescriber intends, including whether there will be an adjustment of the patient’s medication regimen to reduce the risk of a subsequent opioid overdose.
 3. The details of the intervention conversation must be documented on the prescription (hard copy or electronically) along with the prescriber’s office contacted, the name of the person at the prescriber’s office with whom contact was made, and the date of the discussion.
 - The conversation must be documented whether or not a change to the medication regimen was made.
 - NOTE: If the prescriber is not immediately available, the pharmacist may fill the Narcan NS prescription for the patient but must follow-up with the prescriber within 3 days. *Prescriber may respond via phone or fax back.*
 4. Once this intervention is documented on the Rx, the pharmacist may override the point of sale denial using the following code:

PATC = 5 [Prior Auth Type Code, NCPDP field 461-EU]

Documentation of the intervention shall be made available to Alaska Medicaid upon request.

Narcan Nasal Spray Criteria

Version 1

Approved: 1/22/2016

Effective: 9/7/2016

ALASKA MEDICAID
Clinical Criteria for Use

Possible options for therapy adjustments prescribers can consider (but not limited to):

- Utilizing a non-opioid analgesic;
- Decreasing the opioid potency per pill;
- Decreasing the frequency of opioid administration;
- Tapering the patient off opioids;
- Discontinuing the opioids;
- Discontinuing or decreasing the use of concomitant medications or other substances (e.g. benzodiazepines, alcohol).

Mechanism of Action:

“Naloxone hydrochloride is an opioid antagonist that antagonizes opioid effects by competing for the same receptor sites. Naloxone hydrochloride reverses the effects of opioids, including respiratory depression, sedation, and hypotension. It can also reverse the psychotomimetic and dysphoric effects of agonist-antagonists such as pentazocine.”¹

References / Footnotes:

¹ Narcan Nasal Spray® Prescribing Information. Adapt Pharma, Inc. Radnor, PA. November 2015. <http://narcannasalspray.com/pdf/NARCAN-PI.pdf> Accessed 12/18/2015.

² Boyer EW, “Management of Opioid Analgesic Overdose,” *N Engl J Med*, 2012, 367(2):146-55. <http://www.nejm.org/doi/full/10.1056/NEJMra1202561> Accessed 12/2/2015.

³ “Injury Prevention and Control: Opioid Overdose.” Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention. Atlanta, GA. March 14, 2016. <http://www.cdc.gov/drugoverdose/epidemic/index.html> Accessed 6/2/2016.

⁴ Dowell D, Haegerich TM, Chou R. CDC. “CDC Guidelines for Prescribing Opioids for Chronic Pain – United States, 2016.” *Morbidity and Mortality Weekly Report (MMWR)*. March 18, 2016 / 65(1);1–49. <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

⁵ Hall AJ, Logan JE, Toblin RL, Kaplan JA, Kraner JC, Bixler D, Crosby AE, Paulozzi LJ. “Patterns of Abuse Among Unintentional Pharmaceutical Overdose Fatalities.” *JAMA*. 2008;300(22):2613-2620.

⁶ Larochelle MR, Liebschutz JM, Zhang F, Ross-Degnan D, Wharam JF. “Opioid Prescribing After Nonfatal Overdose and Association With Repeated Overdose: A Cohort Study “ *Ann Intern Med*. 2016;164(1):1-9.

⁷ Darke S, Zador D. “Fatal heroin ‘overdose’: A review.” *Addiction*, 1996; 91: 1765-1772.

⁸ Naloxone prescribing information. Hospira, Inc. Lake Forest, IL. September 2015. https://www.hospira.com/en/images/EN-4024_tcm81-5605.pdf. Accessed 6/10/2016.