Intranasal Naloxone Administration by Medical Group Associates

**Situation:** Over the past decade, the rate of opioid overdose deaths in Wisconsin has almost doubled. 
Rates of overdose deaths are highest in the Northeast and Southeast counties in Wisconsin, many which are served by Ascension Medical Group (AMG) clinics (see Table 1). Naloxone is used for reversal of opioid overdose, both prescription opioids and heroin, and is carried by many law enforcement agencies and emergency medical services (EMS). Not all AMG clinics have onsite emergency services; some clinics have a 15-20 minute time to arrival of community-based EMS. Having naloxone readily accessible in the clinic for administration by trained associates can save lives in the event a patient presents to the clinic with a known or suspected opioid overdose.

**Background/Recommendations:** A “toolkit” for intranasal naloxone administration in the medical group setting has been developed by the AW Pain Council. This toolkit contains a state-wide standing order for naloxone, administration protocol, documentation template, ordering information, staff training module, and Quality Improvement reporting requirements.

1. **Standing order**, including administration protocol, and documentation template.

2. **Recommended product and ordering information.** Product recommendation based on minimally invasive route of administration, ease of use, and cost.
   - Naloxone Hydrochloride 1 mg/mL (2 mL) prefilled syringe
   - NDC: 76329-3369-01
   - Mfr: International Med Systems
   - Price range per pack of 10 syringes is $216 (340B) to $396 (average wholesale price)
   - Stock level based on individual clinic need
   - Requires addition of an intranasal mucosal atomizing device
     - Available through PeopleSoft - Teleflex MAD 300 (without syringe)
     - McKesson product number – 844475 (available as box of 25 or single unit).
     - Note there may be variation in availability by site.

3. **Recommend naloxone is readily available at all clinic locations**
   - Satellite clinics with delayed access to EMS are recommended to stock naloxone onsite.
   - Satellite clinics with rapid access to EMS may stock naloxone at director discretion.
   - Clinic locations with ED or UC attached to a clinic may stock naloxone at director discretion.

4. **Billing considerations.** Currently, not able to bill for intranasal naloxone due to the following:
   - Naloxone Hydrochloride is billed as a J2310 per 1 mg, but is currently NOT approved for intranasal route of administration.
   - Excluded from Medicare’s physician fee schedule
   - Cannot bill for administration as there is currently no code recognized by the AMA or CMS for intranasal administration of a drug, with the exception of vaccines.

5. **Documentation per template** provided on the standing order; patient encounter required.

6. **Staff training:**
   - MyLearning course information
     - Course title - Intranasal Naloxone Administration for Opioid Overdose WBT
     - Course code - WIMKT CRX NALOXONE 2018
Clinic staff authorized to administer naloxone, including nurses and medical assistants, should complete the WBT in MyLearning prior to roll out.

Additional staff may be assigned the WBT at discretion of director e.g., pharmacist, patient service representatives.

7. Quality Improvement – Reporting:
   - Report each incidence of naloxone administration to the department director and the AW Pain Council using the following form: Naloxone Administration Reporting Form

8. Opioid Guideline Toolkit:
   - All of the naloxone resources have been put on the Ascension WI Opioid Guideline Toolkit. The toolkit also contains information on best practices for managing pain and tools to assist with safe prescribing of opioid analgesics

Suggested Rollout for Clinic Leadership:

1. Provider meeting presentation – overview of naloxone initiative, engage provider support/willingness to have naloxone available in clinic, review of standing order
2. Staff meeting presentation – WBT/training, standing order, documentation, quality reporting
3. Purchasing – medication and atomizer


Figure 1. Three-year crude rate of drug overdose deaths involving opioids by decedent county of residence, 2013-2015.