



## Community Behavioral Health (CBH): Provider Notification Naloxone Dispensation December 19, 2018

### Background

Multiple studies have demonstrated the effectiveness of naloxone education and distribution on reversing overdoses. During a 2016 study at an opioid use disorder (OUD) treatment provider in New Mexico, 244 participants received overdose education, instructions on naloxone use, and a 2-dose kit of take-home naloxone. During the initial 3 months of the study, 31 participants reported using the naloxone to reverse the overdoses of 38 community members (many of whom were friends or relatives of the individual receiving treatment).<sup>1</sup> Similarly, a 2017 Philadelphia pilot demonstrated that in partnership with a pharmacy, direct distribution of naloxone from an ambulatory narcotic treatment program improved access to naloxone and led to high rates of rescue use by recipients.<sup>2</sup>

Nonetheless, multiple factors continue to limit an individual's access to naloxone at retail pharmacies including stigma, low awareness of the standing order, and pharmacies not stocking this medication.

### Best Practice Guidelines

**Effective 1/31/19 all Department of Behavioral Health and Intellectual disAbility Services DBHIDS/ Community Behavioral Health (CBH) methadone maintenance providers should implement, as a best practice, dispensing of naloxone to members receiving opioid use disorder treatment.** This includes informing members that in lieu of a prescription for a 2-dose kit of naloxone, the doses can be picked up at their subsequent visit(s) with methadone providers.

Providers should develop partnerships with pharmacies to be able to obtain and directly dispense naloxone onsite. A sample protocol derived from the 2017 Philadelphia pilot is as follows:

1. The provider discusses naloxone with the individual.
2. If the individual is interested and signs the necessary consents, the provider physician writes a prescription for the medication and faxes it to the partner pharmacy, along with the individual's physical health and pharmacy benefits insurance information.
  - The consent form signed by the individual authorizes:
    - The prescription to be filled by the pharmacy and

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<sup>1</sup> Katzman JG et al. An Innovative Model for Naloxone Use Within an OTP Setting: A Prospective Cohort Study. J Addict Med 2017;xx:xxx-xxx.

<sup>2</sup> Philadelphia Department of Public Health

- The provider to receive and store the individual's naloxone until it is given to the individual.
  - If the individual is receiving treatment covered by Behavioral Health Special Initiative (BHSI), providers are asked to contact BHSI at 215-546-1200 for assistance obtaining a dose.
3. The pharmacy processes the prescription and bills the insurance.
  4. The pharmacy delivers the medication to the provider for distribution to the individual, and the provider signs for receipt of the prescription on behalf of the individual.

This best practice is an enhancement of the continued requirements of DBHIDS Bulletin 16-04, *On-site Maintenance, Administration, and Prescription of NALOXONE* for all licensed CBH contracted providers.<sup>3</sup>

The following template documents are available to assist with implementation<sup>4</sup>:

- Member/Pharmacy Release Form
- Naloxone Registration/Tracking form

DBHIDS requests that providers track additional program resource utilization, if any, of implementing this practice and contact their CBH provider representative after at least three months of program operation, to ensure appropriate support.

For pharmacy related inquiries, please contact [Oluwatoyin.fadeyibi@phila.gov](mailto:Oluwatoyin.fadeyibi@phila.gov)

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<sup>3</sup> DBHIDS Bulletin 16-04, *On-site Maintenance, Administration, and Prescription of NALOXONE*, available at [CBHphilly.org](http://CBHphilly.org)

<sup>4</sup> Created via the Philadelphia Department of Public Health