



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services  
New Jersey Drug Utilization Review Board

# NEWSLETTER

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**TO:** Physicians, Nurse Practitioners, Clinics, Federally Qualified Health Centers- **For Action**  
Providers of Pharmaceutical Services, Health Maintenance Organizations  
– **For Information Only**

**SUBJECT: Using Naloxone to Prevent Drug Overdose Deaths**

**PURPOSE:** To provide practitioners useful clinical information regarding naloxone (Narcan®) in the treatment of drug overdose

**BACKGROUND:** The New Jersey Drug Utilization Review Board (NJDURB) serves as an advisory board to the New Jersey Department of Human Services and the New Jersey Department of Health. The Board's responsibilities include recommending clinical standards based, in part, on the evaluation of prescription drug use by participants in the State's prescription drug programs. The Board is also responsible for disseminating information that the Board has determined would encourage appropriate drug utilization.

**ACTION:** Attached is a bulletin regarding the **use of naloxone**. This bulletin may also be viewed online at:

<http://www.state.nj.us/humanservices/dmahs/boards/durb/newsletters/>. The NJDURB welcomes your comments regarding the information shared in the bulletin. These comments may be sent to:

New Jersey DURB  
Division of Medical Assistance and Health Services  
Office of the Medical Director  
PO Box 712  
Trenton, NJ 08625  
Attn: DURB Secretary

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**



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**Using Naloxone to Prevent Drug Overdose Deaths  
 April 2017**

***Introduction:***

According to the Center for Disease Control and Prevention (CDC), more people died from drug overdoses in 2014 than in any year on record. Of the medications/drugs involved in the overdoses, the opioids have been the class to show the greatest increase. Overdoses of opioids, including heroin and other illicit opioids, as well as prescription opioids, have increased significantly in the past four years.

In 2015, according to CDC data found at <https://www.cdc.gov/drugoverdose/data/statedeaths.html> (accessed on 1/10/2017), there were 1,454 reported opioid overdose deaths in the State of New Jersey. This represents an increase of 16.4 percent when compared to the 2014 statistic. New Jersey was ranked the 25<sup>th</sup> highest among states in the age-adjusted rate of drug overdose deaths in 2015, a significant rise in both the unadjusted number of deaths and the ranking among states (see <https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm>, accessed on 1/10/2017).

**State of NJ – Opioid-related deaths for January – June 2015**

Drug	Heroin	Morphine	Cocaine	Fentanyl	Oxycodone	Methadone
Deaths**	415	24	159	150	121	44

Source: Office of the State Medical Examiner

\*\* Some of the cases were positive for multiple drugs

On May 2, 2013, Governor Christie signed the “Overdose Prevention Act” encouraging witnesses of overdoses in abuse to call 911 by providing Good Samaritan legal protections. It also provides immunity from prosecution to overdose victims and those seeking help. Another purpose of the law is to reduce the number of opioid overdose deaths by making naloxone (Narcan®), more widely available and accessible. The statute allows health care professionals to prescribe or dispense naloxone, or similarly acting drugs, not only to patients who may be in danger of overdosing, but also to first responders, family members, caregivers, or peers who are not at risk for an opioid overdose but who, “in the judgment of a physician, may be in a position to assist another individual during an overdose.”

***What is naloxone?***

Naloxone is a medication approved by the Federal Drug Administration (FDA) to reverse the effects of overdose by opioids such as heroin, morphine, and oxycodone. It blocks opioid receptors, thereby reversing the toxic effects of drug overdose. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped, but who has intact circulation, as a result of using heroin or opioid prescription medication. The FDA approved the injectable form of naloxone in 1971. It is available as single dose vials and syringes (prefilled syringes containing 0.4 mg of naloxone). The FDA, in 2014, approved a naloxone auto-injector that contains an audio system that instructs the user how to administer the drug.

In November 2015, the FDA also approved Narcan Nasal Spray, which delivers measured doses of naloxone when used as directed. Nasal naloxone is dispensed in a carton containing 2 blister packages each containing 0.4 mg of naloxone and the intention is to have one blister pack administered to each nostril. Patients should be observed for several hours after

administration of naloxone and revival to prevent/treat re-sedation if it occurs. First responders and Emergency Departments have used naloxone for decades. As in New Jersey, there has been increased access to this product nationwide due to the opioid epidemic. Forty-five states and the District of Columbia have passed laws to improve access to naloxone, according to the Network for Public Health Law, but more work needs to be done.

**Candidates for naloxone are those who:**

- ✓ Take high doses of opioids for long-term management of chronic pain
- ✓ Receive rotating opioid medication regimens
- ✓ Have been discharged from emergency medical care following opioid poisoning or intoxication
- ✓ Take certain extended-release or long-acting opioid medications
- ✓ Are completing mandatory opioid detoxification or abstinence programs

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)

**Getting providers involved:**

Pharmacists and prescribers have an important role in ensuring the safe and effective use of opioids and preventing opioid overdoses. As the gatekeepers, pharmacists and physicians, under a team approach, are in a unique position to provide education and prescriptive control, limiting access and thus availability to insure that patients receiving prescription opioids are educated about their risks and alternative medications. The pharmacy-physician team can counsel individuals about overdose symptoms and available treatment. The State-sponsored prescription drug monitoring program or PDMP, is available to prescribers to monitor opioid utilization by their patients. Prescribers should also follow recently published CDC guidelines on opioid prescribing. These guidelines are available at:

<https://www.cdc.gov/drugoverdose/prescribing/providers.html>

A goal of the American Medical Association’s task force to reduce opioid abuse is to encourage physicians to co-prescribe naloxone to patients prescribed opioids or prescribe naloxone for a family member or close friend when it is clinically appropriate. Below are questions that the AMA suggests physicians consider when deciding whether to co-prescribe or prescribe naloxone:

- Is my patient on a high opioid dose?
- Is my patient also on a concomitant benzodiazepine prescription?
- Does my patient have a history of substance use disorder?
- Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?
- Does my patient have a medical condition, such as a respiratory disease or other co-morbidities, which might make him or her susceptible to opioid toxicity, respiratory distress or overdose?
- Might my patient be in a position to aid someone who is at risk of opioid overdose?

**Opioid withdrawal:**

Some patients treated with naloxone may display opioid withdrawal symptoms (body aches, agitation, fever, etc.). Again, these patients, and, in fact all patients treated with naloxone, should be monitored closely and given the clinical or physical support they need. *Examples* of signs and symptoms of opioid withdrawal and opioid overdose are shown in the tables below. Also, depending on the offending substance, there are differences between acute withdrawal signs and symptoms and ones observed after a period of time, as illustrated in table 2 below.

**Table 1: Some signs and symptoms of opioid withdrawal and overdose**

Signs and symptoms of opioid withdrawal	Signs and symptoms of opioid overdose
Body aches	Pale and clammy face
Diarrhea	Limp body
Fever	Very little or no breathing
Runny nose	Very slow or no heartbeat
Sweating	Vomiting or gurgling noise
Restlessness or irritability	Fingernails or lips turning blue/purple

Adapted from: SAMHSA – Opioid Overdose Toolkit, 2016.

**Table 2: Timeline of opiate withdrawal signs and symptoms**

First Stage	Second Stage	Third Stage	Protracted Stage
Flu-like symptoms	Less fever	Anxiety	Irritability
Fever	Sudden chills	Insomnia	Fatigue
Hallucinations	Goosebumps		Lack of energy
Nausea, vomiting, diarrhea	Fear or paranoia		Poor sleep patterns
Abdominal cramps	Dilated pupils		Trouble focusing

Adapted from Rehabcenter.net

***Use of naloxone:***

A detailed discussion of when and how to use the medication is beyond the scope of this bulletin. Suffice it to say that ***if there is no circulation in a victim, that is no pulse is palpable, then resuscitation efforts must begin immediately and not be delayed for the administration of naloxone.*** If the individual is unconscious and breathing careful attention to his/her respiratory status and a call to 911 is most appropriate. If the respirations drop or cease and there is circulation, via a pulse, then naloxone should be administered rapidly. ***There is no reason to give naloxone to a conscious breathing individual!!***

***To learn more about naloxone use:***

Before administering naloxone, individuals are strongly encouraged to visit the New Jersey Division of Mental Health and Addiction Services (NJDMHAS) website at <http://www.state.nj.us/humanservices/dmhas/initiatives/naloxone.html>. The website offers valuable information including:

- A You Tube presentation, also available at <https://www.youtube.com/watch?v=WS9OqCIJ5Q8&feature=youtu.be>;
- Information for prescribers;
- DMAHS Contracted Opioid Overdose Prevention agencies;
- DMAHS Opioid Overdose Recovery Program (OORP) and
- Free training programs are available in all 3 regions of the State.

**In addition, individuals with substance use disorder concerns can access the State-sponsored program for addiction services by calling the NJ Addiction Services Hotline at 1-844-276-2777. To learn more visit <http://www.state.nj.us/humanservices/dmhas/initiatives/managed/>**

***Beyond naloxone:***

It is worth noting here that although naloxone is a life-saving medication, it’s not a cure for addiction. Some experts are concerned that “rescuing” a patient with naloxone without proper addiction follow-up is just setting them up for another overdose, this time, fatal. Many counties are expanding their mental health programs to accommodate these back-to-life victims by creating pathways for them to seek long-term interventions.

References:

1. SAMHSA – Opioid Overdose Toolkit. Updated 2016. <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742>
2. State of New Jersey. Attorney General Law Enforcement Directive 2014-2; October 28, 2014. Accessed November 2, 2016 at: <http://www.nj.gov/oag/dcj/agguide/directives/ag-directive-2014-2.pdf>
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4. American Medical Association. Increasing Access to Naloxone: Help Save Lives from Opioid Overdose. 2016 Advocacy Topics. Accessed November 2, 2016 at: <http://www.painmed.org/files/harris-national-rx-summit-speech-march-2016.pdf>