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Barriers in Obtaining a Naloxone Co-prescription for Patients Who Are Prescribed Opioids for Pain Management

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Background

- Chronic pain affects 11.2% of adults in the US, for which opioids are commonly used to alleviate the symptoms.^{1,3-5}
- In 2017, 68% of the drug overdose-related deaths were due to opioids and 36% of them were prescribed opioids.⁶
- In 2016, the CDC guidelines for prescribing opioids recommended co-prescribing naloxone for patients at risk of overdose.¹
- Naloxone is an FDA approved treatment that can reverse the effects of an overdose, such as respiratory depression, and can be lifesaving. It safe, with little to no side effects at low and high doses.^{7,8}
- Despite the increase in naloxone distribution from 2012 to 2018, there has been many discrepancies in how and to whom naloxone is being dispensed.⁶
- GOAL:** This literature review investigates the major barriers in patients receiving naloxone.

Methods

Search Terms:

“opioid prescriptions” AND “naloxone co-prescriptions” AND “CDC guidelines for opioid prescriptions” OR “opioid overdose” OR “naloxone co-prescription recommendations” OR “stigma” OR “education” OR “insurance coverage” OR “chronic pain”

Inclusion Criteria:

- Papers with data from the United States from 2012-2022
- Peer-reviewed papers from Pubmed and Google Scholar
- Governmental Agencies: Center for Disease Control, U.S Food and Drug Administration, Substance Abuse and Mental Health Services Administrations

Types of Studies

- Governmental guidelines and toolkits
- Retrospective cohort studies

Outcome Measures and Assessments

- Naloxone co-prescription benefits
- Barriers: insurance, geographic location, education, and stigma

Participants

- Pharmacists
- Physicians
- Other Healthcare Providers
- Patients

Assessments

- Specific barriers such as cost of medication, geographic location, education, and stigma were evaluated to determine the discrepancy of naloxone distribution

Results

Financial Cost

- In North Carolina, a standing order for naloxone **allowed increased coverage by Medicare** where 75% of pharmacies that dispense naloxone that is covered by Medicare.¹¹
- Naloxone prescriptions had out-of-pocket costs of at \$50, especially with most people who had **Medicare (71.1%)**, followed by **Medicaid (43.8%)**.⁶
- 13.9%** of insurance plans do not cover any forms of naloxone
- In PA, the median cost for an **auto-injector is \$4000**, but it is **\$145 for the nasal spray and \$50 for the pre-loaded syringe**.¹³
- In one study, insurance coverage was **denied for the auto-injector for 57.1%** of the participants.¹⁴
- Median cost was \$14 higher at independent pharmacies compared to chain pharmacies for the nasal spray.¹⁵

Geographic Location

Region	# naloxone dispensed per 100 high dose opioid prescriptions
Northeast	1.6
Midwest	1.3
Rural Communities	1.2

Table 1. Rate of Naloxone dispensed in different geographical regions.⁶

- Naloxone distribution in Massachusetts and found that rural communities and communities with a higher Hispanic population had **decreased odds of naloxone dispensed**.¹⁷
- In Pennsylvania found that **naloxone was not available in 55%** of the pharmacies.^{9,13}
- The availability was dependent on the type of pharmacy, with naloxone stocked in **49.9% of national pharmacies** compared to **30.5% of non-chain pharmacies**.^{9,13}

Stigma

Position about dispensing Naloxone	% of Medical Providers
Strongly Opposed	25%
Neutral/Don't Understand	38%
Supportive	38%

Table 2. Position of medical providers on dispensing Naloxone.²³

- Concerns reported from medical providers include naloxone would give patients a **“safety net”**, where they would have a **“false sense of security”** that would make them more relaxed about adhering to their opioid prescriptions.²³
- In Ohio, **18.5% of pharmacists** were concerned that dispensing naloxone **would affect their safety** and **36.9% of pharmacists** believed that giving naloxone without a prescription gives a **“free pass” to opioid abusers**.²⁴
- 24% of pharmacy students** stated that a patient picking up a prescription for **naloxone affects the way they interact with them**.²⁵

Education

- Health care workers have reported low levels of confidence and success in educating their patients about naloxone and overdose.⁶
- In PA, **36% of pharmacists incorrectly** answered questions about naloxone, especially the laws in who can receive the medication.¹³
- In NC, a knowledge assessment on naloxone indicated that **30% of the pharmacists could score 90% or greater**.²⁰
- Pharmacists in KY who were knowledgeable on naloxone were **1.6 times more willing to dispense naloxone**.²¹
- In NC, only **49.2% of pharmacists** were very comfortable in giving naloxone to patients.^{9,20}
- Number of naloxone prescriptions **increased from 4.5 per month to 46 per month** at the University of California, San Diego Health **after conducting trainings for opioid overdose and naloxone**.²²

Discussion

Financial Cost

- Insurance coverage has improved for naloxone since the CDC’s recommendations in 2016, but some insurances **do not cover this medication or require a high copay**.⁶
- The **cost of naloxone in addition to their chronic pain treatments and medications may be too much for the patients**.

Geographic Location

- Distribution** of naloxone has **increased nationally since 2012**, the **distribution is unequal** and has **not accounted for areas with higher opioid overdose**.^{6,13}
- Naloxone was **not more readily available in regions that had increased opioid overdose**.¹³ The distribution relied more on the types of pharmacies available in that area rather than prevalence higher risk populations.¹¹

Education

- Many of the pharmacists in one study acknowledged that their **unfamiliarity with naloxone was a significant barrier**.²¹
- The more trained and educated pharmacists were on naloxone, the more they felt confident and were able to adequately prescribe the medication the high-risk populations.^{21,22}

Stigma

- Healthcare provider’s **opinions about naloxone** determine their **position and willingness to dispense opioids**.^{23,24}
- Due to the **stigma of those who use opioids**, many pharmacists are **not willing to dispense naloxone** because they worry about the clientele it will bring into their clinic or pharmacy and were **concerned for their safety**.²¹

Conclusion

As chronic pain increases nationally, opioid prescriptions to alleviate the pain is increasing. The increase in opioid prescriptions ultimately increases the risk and likelihood of opioid overdose, especially amongst high-risk populations.¹ There are many barriers that stand in the way of patients receiving naloxone, adding to healthcare disparities. It is vital to alleviate these impediments to ensure that this life saving medicine is accessible to everyone who needs it.

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References

