Health District
OF NORTHERN LARIMER COUNTY

3/5/2021

STAFF: ALYSON WILLIAMS POLICY ANALYSIS

SB21-011: PHARMACIST PRESCRIBE DISPENSE OPIATE ANTAGONIST

Concerning responsibilities of a pharmacist related to opiate antagonists, and, in connection therewith, authorizing a pharmacist to prescribe an opiate antagonist and requiring a pharmacist who dispenses an opioid to offer to prescribe or dispense an opiate antagonist in certain situations.

Details

Bill Sponsors:	Senate – *Fields (D),* Priola (R) House – *Mullica (D) and Pelton (R)*
Committee:	Senate Health & Human Services
Bill History:	2/16/2021- Introduced in Senate
Next Action:	3/10/2021- Hearing in Senate Health & Human Services Committee

Bill Summary

The bill requires a pharmacist who dispenses an opioid prescription to inform the patient of the potential dangers of an opioid and to offer to prescribe the patient an opiate antagonist in the following circumstances:

- If, in their professional judgement, the patient would benefit
- The patient has a history of opioid overdose or substance use disorder (SUD)
- At the same time, the patient is also prescribed a benzodiazepine, a sedative hypnotic drug, carisoprodol, tramadol, or gabapentin
- The prescription is a 90 morphine milligram equivalents (MME)[1] or more

Issue Summary

Prescribing of Opioids

Nationally, the opioid prescribing rate has decreased to 46.7 prescriptions per 100 people in 2019 from 81.3 opioid prescriptions per 100 persons in 2012.[2] In 2018, the opioid prescribing rate in Colorado was 45.1 per 100 people, which has decreased from 73.5 prescriptions per 100 people in 2012.[3] State-specific research by the Colorado Department of Public Health and Environment (CDHPE) delineated that the number of opioid prescriptions per person increased with age.[4] One quarter of Coloradans have admitted to using pain medications in ways that were not prescribed by their provider.[5] Similarly, 29 percent of Coloradans have use pain medications that were not prescribed to them.[5] In Larimer County, the prescribing rate has dropped from 84.2 prescriptions per 100 people in 2012 to 62.2 prescriptions per 100 people in 2016.[4]

[1] Morphine Milligram Equivalents is a value that is assigned to opioids to represent their relative potency to provide for the ease of comparison.
[2] Centers for Disease Control and Prevention. (July 31, 2017). *U.S. Prescribing Rate Maps.* Retrieved from https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html
[3] National Institute on Drug Abuse (2020). *Opioid Summaries by State.* Retrieved from https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state
[4] Colorado Department of Public Health and Environment (July 2017). *Colorado Prescription Drug Profile.* Retrieved from https://www.colorado.gov/pacific/sites/default/files/PW_ISVP_Colorado%20Rx%20Drug%20Data%20Profile.pdf
[5] Colorado Chapter of the American College of Emergency Physicians (2017). *2017 Opioid Prescribing and Treatment Guidelines: Confronting the Opioid Epidemic in Colorado's Emergency Departments.* Retrieved from http://coacep.org/docs/COACEP_Opioid_Guidelines-Final.pdf

The Centers for Disease Control and Prevention (CDC) promulgated guidelines regarding the prescription of opioids in 2016.[6] The CDC recommended that when prescribing opioids for acute pain it should be sufficient to prescribe a quantity for three or less days, and rarely for more than seven. That should be adequate to address the expected duration of pain severe enough to require opioids while decreasing the risk of long-term use. Furthermore, the guidelines suggest that the use of a PDMP can ensure that the patient is not taking any other opioids or could have a negative interaction between two prescriptions.

HCPF has implemented rules for the Colorado Medicaid program that limited an initial opioid prescription to a 7-day supply and limited refills, with prior authorization required after four refills.[7] Additionally the department limited dosages of opioids to a certain threshold (200 MME per day) for pain management and anything above that MME requires prior authorization.

In 2017, the Colorado Chapter of the American College of Emergency Physicians (COACEP) promulgated practice and policy recommendations regarding opioids.[5] One of the practice recommendations is the frequent consultation of the PDMP by emergency department (ED) physicians. The recommendations also suggest prescribing the lowest effective dose in the shortest appropriate duration and refusing to refill lost or stolen opioid prescriptions.

Opiate Antagonists

Naloxone is a commonly used opiate antagonist utilized to reverse an opioid overdose in order to save a person's life. There are four methods to administer the drug: intramuscular, auto-injectable, intravenous, and nasal spray. The intramuscular, auto-injectable, and nasal spray can be used by the lay public. Paramedics utilize intravenous naloxone. As of 2017, more than 500 Colorado pharmacies stock and 140 law enforcement departments carry naloxone.[8,9] Under the statewide opioid grants[10] that began in May 2017, 57,407 naloxone kits have been distributed and 3,097 overdose reversals have been reported.[11]

Overdose

In 2019, the rate of drug overdose deaths in Larimer County was 14 per 100,000.[12] In Larimer County, a group of community partners are working to expand the availability of naloxone to save lives. A project of the Mental Health and Substance Use Alliance of Larimer County (managed by the Health District of Northern Larimer County's Community Impact Team) and the Northern Colorado Collaborative for Addiction and Recovery Support (NOCO-CAReS) aims to unify, support, and increase local efforts to make naloxone available to those in Larimer and Weld Counties who may be in a position to reverse an opioid overdose. The project began with an initial scan of naloxone distribution and educational activities in the community as related to the Colorado Consortium for Prescription Drug Abuse Preventions' Naloxone Work Group's sector-specific goals. The local Naloxone Champions group is currently providing naloxone and training to Health

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[6] Dowell D., Haegerich T.M., Chou R. (2016) *CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016*. MMWR Recommendation Report; 65(No. RR-1):1–49.doi: http://dx.doi.org/10.15585/mmwr.rr6501e1

[7] HCPF (July 24, 2019) *Health First Colorado Initiatives Cut Opioid Use More than 50 Percent.* Retrieved from https://www.colorado.gov/pacific/hcpf/news/health-first-colorado-initiatives-cut-opioid-use-more-50-percent

[8] Colorado Office of Behavioral Health (OBH), prepared by Colorado Health Institute (CHI) (July 28, 2018). *Needs Assessment for the SAMHSA State Targeted Response to the Opioid Crisis Grant.* Retrieved from https://coag.gov/sites/default/files/contentuploads/oce/Substance_Abuse_SA/SATF-reports/11th_annual_substance_abuse_task_force_report_2016_final_2.pdf

[9] Colorado Consortium for Prescription Drug Abuse Prevention (n.d.) *Naloxone.* Retrieved from https://corxconsortium.org/naloxone/#:~:text=As%20of%202017%2C%20more%20than%20500%20pharmacies%20in%20Colorado%20carry%20naloxone.

[10] In May 2017, OBH received $15.7 million over two years from the Substance Abuse and Mental Health Services Administration (SAMHSA) through the State Targeted Response (STR) Grant. This grant ended in April 2019. In September 2018, OBH received $38 million over two years for the State Opioid Response (SOR) Grant from SAMHSA. In August 2020, OBH was awarded $41.6 million until September 2022.

[11] OBH (Dec. 3, 2020). *State Targeted Response to the Opioid Crisis.* Retrieved from https://drive.google.com/file/d/1ZQ0EbBf88rs65qObSRhgIC61PhEwYhxp/view

[12] CDPHE (2020). *Colorado Drug Overdose Dashboard.* Retrieved from https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/DrugOverdoseDashboard/LandingPage?iframeSizedToWindow=true&:embed=y&:showAppBanner=false&:display_count=no&:showVizHome=no&:origin=viz_share_link

and Human Service agencies and the general public and has provided over 40 organizations trainings to date. From 2018 to the end of 2019, over 4,000 overdose prevention kits (includes two doses of naloxone) were distributed with training in Larimer and Weld Counties through the Naloxone Champions Work Group Partners. This group also plans the annual Overdose Awareness Day events in Northern Colorado.

Interaction of Opioids and Other Prescription Medications

More than 30 percent of overdoses involving opioids also involve benzodiazepines, a type of prescription commonly prescribed for anxiety or to help with insomnia.[13] Common benzodiazepines include Valium, Xanax, and Klonopin. The 2016 CDC opioid prescribing guidelines included a recommendation that providers avoid prescribing benzodiazepines and opioids concurrently whenever possible.[21] A study in North Carolina found that the overdose death rate in patients that had both medications was 10 times higher than those that only received opioids.[14] In 2017, 9.7 percent of patient prescription days in Colorado had overlapping opioid and benzodiazepine prescription use.[15]

Carisoprodol is a muscle relaxant that is broken down in the liver which can bind to receptors that enhance the effects of benzodiazepines.[16] Carisoprodol alone or with other agents (opioids and benzodiazepines, in particular) reportedly caused more than 30,000 emergency department visits in 2009.[17]

Gabapentin is used with other medications to prevent and control seizures as well nerve pain from shingles.[18] Both opioids and gabapentin can suppress breathing, and gabapentin may also increase the absorption of opioids. A study from the University of Toronto found that the combination of the two drugs is potentially deadly, as the concurrent use of the drugs was associated with a 49% higher risk of dying from an opioid overdose compared to opioid use alone.[19]

Past Legislation: HB20-1065

The bill required a pharmacist, who dispenses an opioid prescription, is to notify the patient about the availability of naloxone at no charge when, in the pharmacist's professional judgement, the patient would benefit from the notification.

This Legislation

Currently, a pharmacist dispensing an opioid prescription is to notify a patient about the availability of naloxone when, in the pharmacist's professional judgement, the patient would benefit from the notification. The bill strikes that language and replaces it with the following. The bill requires a pharmacist dispensing an opioid to inform the patient of the potential dangers of a high dose and to offer to prescribe or dispense to the patient an opiate antagonist if:

- In the pharmacist's professional judgment, the patient would benefit from the information
- The patient has a history of prior opioid overdose or substance use disorder
- At the same time the patient is prescribed a benzodiazepine, a sedative hypnotic drug, carisoprodol, tramadol, or gabapentin or
- The prescription is 90 MMEs or more

[13] National Institute on Drug Abuse (NIDA) (March 2018). *Benzodiazepines and Opioids.* Retrieved from https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids

[14] Dasgupta N, Funk MJ, Proescholdbell S, Hirsch A, Ribisl KM, Marshall S. Cohort Study of the Impact of High-Dose Opioid Analgesics on Overdose Mortality. *Pain Med Malden Mass*. 2016;17(1):85-98. doi:10.1111/pme.12907.

[15] Colorado Consortium for Prescription Drug Abuse Prevention (n.d.) *Consortium Dashboard.* Retrieved from https://public.tableau.com/profile/omni#!/vizhome/RXConsortiumdashboard/Readmefirst

[16] Fudin, J. (Sept. 2014). *The Perfect Storm: Opioid Risks and 'The Holy Trinity.'* Retrieved from https://www.pharmacytimes.com/contributor/jeffrey-fudin/2014/09/the-perfect-storm-opioid-risks-and-the-holy-trinity

[17] RxInformer (Fall 2013). *Deadly Drug Combinations Escaping Notice.* Retrieved from https://rxinformer.healthesystems.com/article.php?id=52

[18] MedlinePlus (2020). *Gabapentin.* Retrieved from https://medlineplus.gov/druginfo/meds/a694007.html

[19] Gomes, T. et al. (Oct. 2017). Gabapentin, opioids, and the risk of opioid-related death: A population-based nested case-sontrol study. *PLOS Medicine.* https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002396

If the patient accepts the pharmacist's prescription for an opiate antagonist, they should counsel the patient on how to use it in an event of an overdose. The requirement to notify a patient about the availability of an opiate antagonist does not apply to a patient who has a cancer diagnosis, who is in sickle cell crisis, or who is in hospice or palliative care.

The bill allows a pharmacist to prescribe an opiate antagonist. Currently, pharmacists may only dispense in accordance with standing orders and protocols.

The bill, subject to a petition, takes effect at 12:01am on the day following the expiration of the 90 day period after the final adjournment of the General Assembly.

Reasons to Support

By requiring a pharmacist dispensing an opioid to always inform the patient of the potential dangers of a high dose, the bill assists in educating patients in the risks associated with the medication. Such consistent and widespread patient education could aid in decreasing the frequency of opioid overdoses and of opioid overdose deaths. By requiring pharmacists to offer the patient a supply of opiate antagonists, the bill provides the opioid patient population with a medical tool for well-being in the case of an overdose. In addition, many patients may not know that the prescribed opioid and another prescribed drug may negatively interact. Thus, this bill would assist in more patients across Colorado to protect themselves in the case of an opioid overdose. Increasing the public availability to opiate antagonists should help to decrease the frequencies of opioid overdose deaths. For some, pharmacists are more publicly accessible than doctors. Using pharmacies as the patient source of opiate antagonists helps to increase its supply throughout the opioid-consuming patient population.

Supporters

- Colorado Behavioral Healthcare Council
- Colorado Psychiatric Society
- Emergent Biosolutions
- National Alliance on Mental Illness- Colorado

Reasons to Oppose

This bill would likely require pharmacies to purchase and sustain a significant supply of opiate antagonists. It is unknown if the cost be placed onto the patient, insurance, the pharmacies, or the state. The bill may disrupt pharmacies' larger patient-service goals, which could translate into longer wait-times for all patients and limited physical storage capacities. Also, it appears that pharmacy technicians would not be able to provide patients with opiate antagonists, which may unduly stretch the capacities of the few pharmacists at each pharmacy. Separately, a "pharmacist's professional judgment" is very subjective and not likely to result in equal opiate antagonist distribution across all pharmacists of Colorado.

Opponents

- Colorado Pharmacists Society
- Colorado Retail Council
- CVS Health

Other Considerations

Patient privacy considerations should be clarified: Do pharmacies already know of their patient's substance use disorder, cancer, or sickle cell diagnoses, or would patients be required to disclose that information? How would the pharmacist ensure the privacy of such conversations regarding these diagnoses? Would access to private rooms be required to preserve patient confidentiality?

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.