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American Pharmacists Association
House of Delegates – Baltimore, MD
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NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Jeffrey Bratberg, PharmD, BCPS
(Name)

2/3/16
(Date)

Individual Delegate of APhA-APPM
(Organization)

Subject: *Opioid Overdose Prevention*

Motion: To adopt new policy statements that will complement current APhA Policy.

- 1. APhA supports access to, coverage of, and payment for third-party/caregiver prescription and dispensing of opioid reversal agents, issued as a prescription, or by standing order, collaborative practice agreement, or other legal or regulatory mechanism to increase opioid reversal agent distribution via pharmacists.**
- 2. APhA affirms that third-party prescriptions are issued for legitimate medical purposes and should be reimbursed by public and private payers for members who seek to protect their communities, friends, and family members exactly as prescriptions issued to members with risk factors for opioid overdose.**

Background:

As the most accessible healthcare professionals and medication safety experts in the community, pharmacists frequently encounter caregivers, family, and friends of patients (“third parties”) at the highest risks of opioid overdose, patients who use heroin and/or prescription opioids. Since most opioid overdoses are witnessed, it’s essential that pharmacists present the fewest barriers to people in a position to respond using opioid overdose reversal agents, principally naloxone.

As of September 2015, clinicians with prescribing authority in 38 states are permitted to prescribe naloxone to third-parties, legally waiving the requirement of a relationship between the prescriber and the person who will ultimately receive the drug. The policy language clearly defines the legal end-user, or the person whose name appears on the prescription, as either the person at risk of overdose themselves, or a person in a position to help someone at risk of overdose (and/or a friend, family member, or caregiver). **These prescriptions are further defined as being written for someone with a legitimate medical need.**

In at least 40 states, pharmacists can also prescribe naloxone through standing orders, collaborative practice agreements, and/or independent prescriptive authority. No matter the prescription mechanism, the third party

prescription of an opioid reversal agent is interpreted exactly as a prescription for someone with risk factors for overdose, and is for a legitimate medical need as specified in statute and/or regulation.

Since the opioid reversal agent is being dispensed to a person who may not be using the medication on themselves, and may be administered to an individual who is not covered by that person's insurance, pharmacists, pharmacy-benefit managers, insurers, and others have expressed concerns that this practice violates contract language or even constitutes fraud.

As a result, some pharmacies and providers are appropriately apprehensive of legal consequences and/or insurer audits, and have restricted third-party access to naloxone to only those who can pay the cash price for a naloxone kit.

In the interest of public health, APhA should support continued and expanded access to opioid reversal agents to sustain caregiver naloxone access through federal, state, and private insurer coverage and payment.

Current APhA Policy & Bylaws:

2014 Controlled Substances and Other Medications with the Potential for Abuse and Use of Opioid Reversal Agents

1. APhA supports education for pharmacists and student pharmacists to address issues of pain management, palliative care, appropriate use of opioid reversal agents in overdose, drug diversion, and substance-related and addictive disorders.
2. APhA supports recognition of pharmacists as the health care providers who must exercise professional judgment in the assessment of a patient's conditions to fulfill corresponding responsibility for the use of controlled substances and other medications with the potential for misuse, abuse, and/or diversion.
3. APhA supports pharmacists' access to and use of prescription monitoring programs to identify and prevent drug misuse, abuse, and/or diversion.
4. APhA supports the development and implementation of state and federal laws and regulations that permit pharmacists to furnish opioid reversal agents to prevent opioid-related deaths due to overdose.
5. APhA supports the pharmacist's role in selecting appropriate therapy and dosing and initiating and providing education about the proper use of opioid reversal agents to prevent opioid-related deaths due to overdose.

(JAPhA 54(4) July/August 2014)(Reviewed 2015)

New Business Items are due to the Speaker of the House by **February 3, 2016** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.