



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.07
June 19, 2018

Healthcare Operations

SUBJECT: Naloxone Prescribing and Dispensing by Pharmacists in Medical Treatment Facilities (MTFs)

References: See Enclosure 1.

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) through (c), and in accordance with the guidance of References (d) through (h), establishes the Defense Health Agency's (DHA) procedures for prescribing and dispensing naloxone by pharmacists in MTFs to eligible beneficiaries, upon beneficiary request, or when the pharmacist determines the beneficiary meets the established criteria for being at risk for a life-threatening opiate overdose.
2. **APPLICABILITY.** This DHA-PI applies to the Defense Agencies and the DoD Field Activities (referred to collectively in this DHA-PI as the "DoD Components").
3. **POLICY IMPLEMENTATION.** It is DHA's instruction, pursuant to References (e) through (g), that access to opiate reversal kits should be expanded to MTF beneficiaries who meet the established criteria and are determined to be at risk for potential overdose.
4. **RESPONSIBILITIES.** See Enclosure 2.
5. **PROCEDURES.** See Enclosure 3.
6. **RELEASABILITY.** **Cleared for public release.** This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

June 19, 2018

7. EFFECTIVE DATE. This DHA-PI:

- a. Is effective upon signature.
- b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with DHA-Procedural Instruction 5025.01 (Reference (c)).



R. C. BONO
VADM, MC, USN
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

Attachments:

1. Example of Standing Order for Naloxone
2. Patient Education Materials on Opioid Safety and Naloxone Administration
3. Instructions on Accessing CarePoint and Verifying Account
4. Step by Step Screen Shots for Using the Patient Look Up Tool
5. Naloxone Evaluation Criteria and Prescription (paper form)

June 19, 2018

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DoD Instruction 1010.04, “Problematic Substance Use by DoD Personnel,” February 20, 2014
- (d) DHA-Procedural Instruction 5025.01, “Publication System,” August 21, 2015
- (e) National Defense Authorization Act for Fiscal Year 2017
- (f) Executive Action, “JOINT FACT SHEET: DoD and VA Take New Steps to Support the Mental Health Needs of Service Members and Veterans,” August 26, 2014
- (g) Executive Action, “FACT SHEET: Obama Administration Announces Public and Private Sector Efforts to Address Prescription Drug Abuse and Heroin Use,” October 21, 2015
- (h) DoD Pharmacy and Therapeutics Committee Minutes and Recommendations, August 2016 Basic Core Formulary decision signed November 8, 2016
- (i) Increases in Drug and Opioid Overdose Deaths - United States, 2000-2014, Morbidity and Mortality Weekly Report, 64(50); 1378-82, January 1, 2016
- (j) Boston University, Prescribe to Prevent: Overdose Prevention and Naloxone Rescue Kits for Prescribers and Pharmacists, October 15, 2014¹
- (k) Substance Abuse and Mental Health Services Administration, Opioid Overdose Toolkit²
- (l) Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Prescription Opioid Overdose Data, December 16, 2016³

¹This reference can be found at: http://www.opioidprescribing.com/naloxone_module_1-landing

²This reference can be found at: <http://store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf>

³This reference can be found at: <https://www.cdc.gov/drugoverdose/data/overdose.html>

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will identify the key DHA and component heads or officials of the same level to carry out the procedures in this DHA-PI.

2. DEPUTY ASSISTANT DIRECTOR, HEALTHCARE OPERATIONS. The Deputy Assistant Director, Healthcare Operations, will have oversight of the program implemented in accordance with the procedures in this DHA-PI.

3. DIVISION CHIEF, DHA PHARMACY OPERATIONS DIVISION. The Chief, DHA Pharmacy Operations Division, will assess the utilization of the program, including measures of performance and measures of effectiveness, implemented in accordance with the procedures in this DHA-PI.

4. SERVICE PHARMACY CONSULTANTS. The Service Pharmacy Consultants provide this DHA-PI to all Department of Pharmacy Directors for implementation at their respective MTF site(s).

5. DIRECTORS, MTF DEPARTMENT OF PHARMACIES. Through Service Components, Directors, MTF Department of Pharmacies, obtain approval to dispense naloxone and disseminate this DHA-PI to Section Supervisors at respective sites in order to implement the procedures included.

6. MTF PHARMACY DEPARTMENT HEAD/SECTION SUPERVISORS. Through Service Components, MTF Pharmacy Department Head/Section Supervisors provide training to ensure their staff comprehends the appropriate use of the procedures in this DHA-PI in order to effectively implement them.

7. MTF PHARMACISTS. Through Service Components, MTF pharmacists:
 - a. Ensure naloxone is available in the pharmacy according to the Basic Core Formulary determination by the DoD Pharmacy and Therapeutics Committee (P&T) (Reference (h)).

 - b. Follow procedures included in this DHA-PI to prescribe and dispense naloxone in the MTFs to eligible beneficiaries, upon beneficiary request, when the beneficiary meets the established criteria for being at risk for a life-threatening opiate overdose or based upon an assessment and professional judgment.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. This DHA-PI provides guidance by which MTF pharmacists, at the point of reviewing opioid prescriptions, can identify, prescribe, and dispense naloxone to beneficiaries who meet the established criteria and are determined to be at risk for opiate overdose. These procedures include pharmacist training and patient education, such as opioid safety, risk factors, overdose symptoms, and treatment instructions.

2. BACKGROUND. Respiratory depression and death are common adverse effects resulting from opioid overdose. According to the Centers for Disease Control and Prevention, from 1999 to 2015, more than 183,000 people died in the United States from overdoses related to prescription opioids (Reference (1)). The Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration, along with many other organizations, have called for expanded patient access to naloxone in efforts to save lives. Clinicians, including MTF pharmacists and caregivers of patients taking opioids, can mitigate these risks through education and expanded access to naloxone. Naloxone, an opioid antagonist, is an effective opioid reversal agent when administered upon recognition of an overdose. First responders, prescribers, and MTF pharmacists should provide broad access to naloxone to the community to increase the population health benefit and reduce adverse outcomes associated with opioid use (Reference (i)).

3. TIMELINE

a. Pre-implementation activities will begin within 60 days from signature of the DHA-PI on naloxone prescribing and dispensing by MTF pharmacists.

b. Prior to the implementation date, Pharmacy Section Supervisors are to ensure all personnel are trained, and that naloxone and beneficiary education materials are stocked and ready for distribution.

c. Implementation will begin once MTF pharmacists are trained, and when naloxone and beneficiary education materials are available in the pharmacy.

4. PRE-IMPLEMENTATION. Describes activities MTFs will accomplish prior to MTF pharmacists dispensing.

a. Approval. Each MTF will coordinate with the appropriate channels, to include their P&T and Medical Executive Board, for approval to implement this DHA-PI. If needed, MTFs will obtain a standing order for naloxone from provider(s) to authorize pharmacists to dispense naloxone when appropriate. Standing orders will allow pharmacists the authority to dispense

naloxone to eligible beneficiaries, upon beneficiary request, or when the pharmacist determines the beneficiary meets the established criteria for being at risk for a life-threatening opiate overdose. An example of a standing order is provided as Attachment 1.

b. Training. Pharmacy Section Supervisors are to provide continuing education for MTF pharmacists to ensure competency for screening, counseling, administration, and dispensing of naloxone. Pharmacy Section Supervisors will use an industry standard continuing education course focused on overdose prevention and naloxone rescue, such as Boston University's "Prescribe to Prevent: Overdose Prevention and Naloxone Rescue Kits for Prescribers and Pharmacists" (Reference (j)). Another material that may be useful in educating MTF pharmacists is the Substance Abuse and Mental Health Services Administration's Opioid Overdose Toolkit (Reference (k)).

c. Naloxone Availability. Ensure naloxone is available in the pharmacy according to the Basic Core Formulary determination by the DoD P&T (Reference (h)).

d. Beneficiary Education. Ensure educational and informational materials for beneficiaries are available in the pharmacy for distribution (Attachment 2).

5. IMPLEMENTATION. With approval from the appropriate governing bodies at the MTF, i MTF pharmacists will offer naloxone to beneficiaries being prescribed an opioid prescription who have been identified in CarePoint through the Patient Look Up tool to meet the criteria for at risk for overdose.

a. Naloxone Dispensing. MTF pharmacists will use the Patient Look Up tool available in CarePoint to determine if the beneficiary meets the eligibility criteria for being at risk for overdose. If the beneficiary meets the criteria, the screen will display a prompt in red colored font stating, "recommend naloxone". If naloxone is recommended, the pharmacists will review the patient's profile for any contraindications prior to offering naloxone to the beneficiary. If naloxone is not contraindicated, and the beneficiary meets the eligibility criteria for being at risk for overdose, MTF pharmacists will counsel the beneficiary on the availability of naloxone and dispense upon the beneficiary's or caregiver's request. If the beneficiary is pregnant or intends to become pregnant, do not dispense naloxone, but rather refer the beneficiary to his/her MD or OB/GYN. If the beneficiary is under 18 years old, the pharmacist should use their best clinical judgment and dispense naloxone, only when appropriate and in accordance with applicable federal, state, and local laws.

(1) If the beneficiary accepts the naloxone prescription, the pharmacist will input a prescription, using a standing order for naloxone, and dispense to the beneficiary.

(2) If the beneficiary is requesting naloxone without filling an opioid prescription, the MTF pharmacists will go through the same process of inputting the prescription using a standing order for naloxone.

(3) If the beneficiary declines the recommended naloxone prescription, the MTF pharmacists will document the refusal.

Step by step instructions on how to gain access to CarePoint and the Patient Look Up tool are provided as Attachment 3. Once access to the CarePoint, Patient Look Up tool is complete, Attachment 4 provides screen shots of what the electronic process will look like. MTF pharmacists can scan the patient barcode using a barcode scanner, or manually input the beneficiaries' ID number.

b. Naloxone Dispensing (Manual Method). If the MTF pharmacist does not have access to a computer and is unable to login to CarePoint, the following method can be used to dispense naloxone to beneficiaries. MTF pharmacists will screen/evaluate beneficiaries who are prescribed an opioid prescription, using the established screening criteria, to determine if they are at risk for overdose (Attachment 5). If the beneficiary meets the eligibility criteria for being at risk for overdose, MTF pharmacists will ensure there are no contraindications to naloxone, counsel the beneficiary on the availability of naloxone, and dispense upon the beneficiary's or caregiver's request. If the beneficiary accepts the naloxone prescription, the screening criteria form used to determine risk is to be completed, filed, and treated as a regular prescription (Attachment 5). To assist in determining eligibility, an opioid daily dose conversion chart is available for MTF pharmacists (Attachment 5).

c. Beneficiary Counseling and Education. Beneficiaries, or caregivers, who request or are determined to meet the eligibility criteria and are prescribed naloxone by the MTF pharmacist, will be educated and counseled using the materials provided (Attachment 2). Beneficiary education is a requirement for beneficiaries receiving naloxone. When possible, caregivers will be educated using the same materials, and MTF pharmacists should stress the importance of knowing where the naloxone is stored in the home. Beneficiary education should focus on safe use of opioid medications, overdose prevention, overdose recognition, administration of naloxone, calling Emergency Medical Services, administration of the second naloxone dose (if necessary), and maintaining active relationships with prescribers. Updated patient education materials will be provided to the MTF pharmacists, by DHA, when available.

d. Prescriber Notification. MTF pharmacists will review medication profiles for beneficiaries identified as at risk for overdose. If the beneficiary has already received two or more naloxone prescriptions within the last 6 months, or asks for a refill of naloxone, the MTF pharmacist will request rationale for multiple naloxone prescriptions (i.e., the naloxone expired, was used, misplaced, etc.). The beneficiary is not required to respond; however, if they do, the response will be documented. If necessary, the MTF pharmacists will contact the beneficiary's prescriber to discuss with/inform the provider of the beneficiary's opioid and naloxone use.

e. Performance Measures. The DHA will utilize existing automated data collection capabilities to assess the utilization of the Patient Look Up Tool in accordance with the procedures in this DHA-PI.

f. Effectiveness Measures. The DHA will assess the effect this DHA-PI has on improving the safety of opioids among beneficiaries who receive opioids at an MTF Pharmacy.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
MTF	Medical Treatment Facility
P&T	Pharmacy and Therapeutics Committee

PART II. DEFINITIONS

These terms and their definitions are for the purpose of this DHA-PI.

Basic Core Formulary. A list of medications required to be on formulary at all full-service MTFs.

beneficiary. A person eligible for health care services under the DoD health care program (TRICARE).

CarePoint. A DHA information delivery portal designed to promote self-service business intelligence, user collaboration, content delivery, and information transparency for the purpose of improving healthcare quality, access, and delivery across the Military Health System.

naloxone. An opiate antagonist which prevents or reverses the effects of opioids, including respiratory depression, sedation, and hypotension.

opiate reversal. When an opioid overdose is reversed by using an agent which blocks the effects of opioids.

opioid. Drugs that act on the nervous system to relieve pain.

opioid antagonist. A drug that blocks opioids by attaching to the opioid receptors without activating them.

overdose. Taking too much of a substance, whether it's accidental or intentional, to have a harmful effect on the body.

P&T. A DoD committee whose mission is to uniformly, consistently, and equitably provide appropriate drug therapy to meet the clinical needs of DoD beneficiaries in an effective, efficient, and fiscally responsible manner.

Patient Look Up tool. A search tool in the CarePoint web portal that allows providers to view patients' medical profile, including percent risk for respiratory depression, morphine equivalence, etc.

respiratory depression. Unusually slow or shallow breathing, which can result in too much carbon dioxide and not enough oxygen in the blood and can be life-threatening.

SAMPLE STANDING ORDER

APPENDIX A - STANDING ORDER GUIDANCE FOR NALOXONE TO OTSG/MEDCOM POLICY

The MTF policy authorizes pharmacists to dispense naloxone according to this standing order:

(1) Upon patient request; or when the pharmacist determines the patient is at risk for a life-threatening opiate overdose.

(2) Intranasal naloxone is the Basic Core Formulary product and the primary product recommended.

(3) Prescription will be entered under the profile of the patient (not caregiver).

Narcan Nasal Spray, 4mg #1 box/2 sprays

SIG: Administer a single spray intranasally into one nostril. Call 911. Administer additional doses by alternating nostril and using a new nasal spray with each dose, if patient does not respond or responds and then relapses into respiratory depression. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.

No refill.

(4) Intramuscular naloxone will only be recommended when the intranasal product cannot be used.

Naloxone 0.4mg/0.4ml, #1 twin pack

SIG: Use one auto-injector upon signs of opioid overdose. Call 911. May repeat once.

No refill.

What is Naloxone?

Naloxone is a temporary antidote for an opioid overdose. Should an overdose occur, naloxone will temporarily restore your breathing.

Because you are passed out during an overdose, someone else will need to administer this medication.

Be sure to tell your family members and friends where you keep your naloxone, and teach them how to use it.

Naloxone causes symptoms of opioid withdrawal, which may include irritability, nausea, vomiting, diarrhea, trembling and cramps. Medical care after use can address these symptoms.

Pregnant or nursing women should discuss the risks of opioids and naloxone-triggered withdrawal in their infant with their obstetrician.

Common Naloxone Brand Names

- Narcan Nasal Spray
- Narcan Injection
- Evzio

Store naloxone at room temperature. Keep it away from heat, cold and light, or it may lose its effectiveness.

My Naloxone Kit is Kept Here:

RESOURCES

Local Emergency Services: 911

National Poison Hotline: 1-800-222-1222

Military Addiction Treatment Services:
(301) 400-1298

Suicide Prevention/Veterans Crisis Line:
1-800-273-TALK (8255), or text – 838255
www.suicidepreventionlifeline.org (for live chat)

Opioid Safety Initiative Toolkit
www.va.gov/PAINMANAGEMENT/Opioid_Safety_Initiative_Toolkit.asp

SAMHSA Opioid Overdose Prevention Toolkit
Contains safety advice for patients and resources for family members
<http://store.samhsa.gov/product/SAMHSA-Opioid-Overdose-Prevention-Toolkit/SMA16-474>

How to Properly Dispose of Unused Medications
www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm

Overdose Recognition and Naloxone Administration
www.narcannasalspray.com
www.evzio.com

Administering **NALOXONE**

A Quick Reference Guide to Respond to a Suspected Opioid Overdose



Signs of an Overdose

- Unusual sleepiness or difficulty staying awake
- Cannot be awakened, even with sternal rub (see below for more information)
- Slow, shallow or irregular breathing
- Choking, gurgling, gasping or snoring sounds
- Bluish or grayish lips, fingernails or skin
- Small, pinpoint pupils
- Cool, clammy skin

Responding to an Overdose

Below are the steps you will need to care for the patient

1. Check for a Response

- Lightly shake the patient and yell his or her name.
- If there is no response, firmly rub the patient's sternum with the knuckles of your fist (sternal rub).

The sternum is the bone in the center of the chest where the ribs connect.



2. Give Naloxone

When using the **Nasal Spray**:

Place the tip of the nozzle in one of the patient's nostrils until your fingers touch the bottom of his or her nose. Press the plunger firmly to release a FULL dose into the patient's nose.



Note: The goal of naloxone is to restore regular breathing, not to completely wake the patient.

3. Call 911

If you are by yourself, try using speakerphone so you can continue caring for the patient.



4. Care for Patient

If You Saw The Patient Pass Out:
Provide Rescue Breathing

- Tilt head back, lift chin, pinch nose.

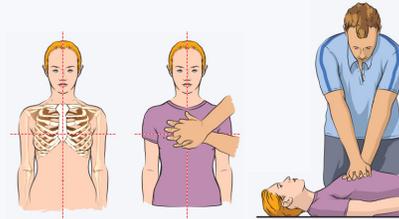


- Give 2 breaths for every 30 compressions.

If You Did Not See The Patient Pass Out:

Perform CPR

- Place heel of one hand over center of the patient's chest (between nipples).
- Place the other hand of top of first hand; keep elbows straight and shoulders above hands.
- Use body weight to push straight down, at least 2 1/2 inches, at rate of 100-120 compressions per minute.
- Give 2 breaths for every 30 compressions.



5. Consider Giving Naloxone Again

If the patient is not breathing at this point (2-3 minutes after first dose) or responds to the first dose but stops breathing again, give the second dose of naloxone. *Naloxone wears off after 30 to 90 minutes.*

6. Place Patient in Recovery Position

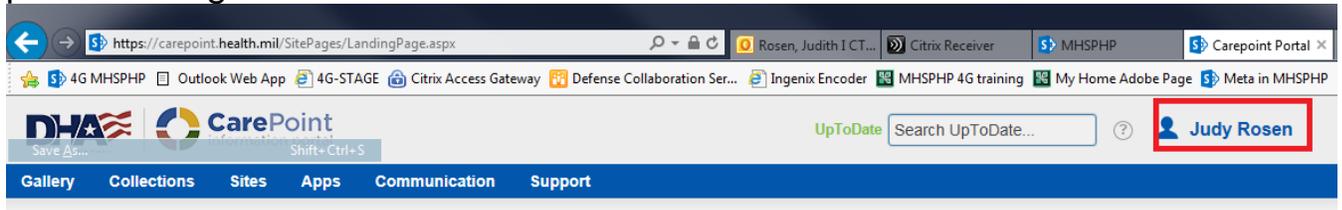
If the patient is breathing but unresponsive, put the patient on his or her side to prevent choking in case of vomiting.

Stay with the patient until emergency medical staff takes over.

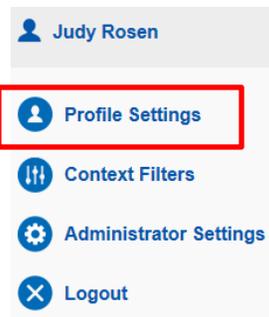


How to Change or Validate your CHCS* MTF location setting in CarePoint 5.0: <https://carepoint.health.mil>

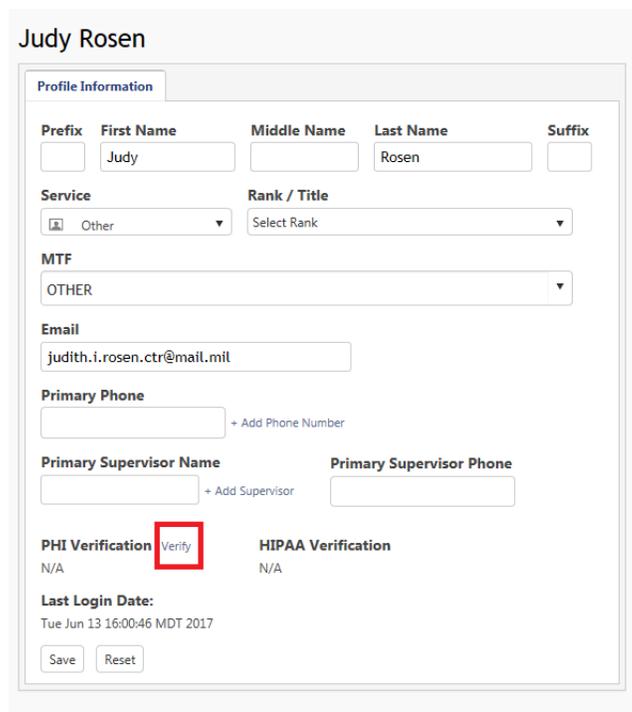
1. To access patient level data in the MHSPHP, you must first verify your account with your CHCS username and password. Click on your name to get to your profile settings.



2. Then Select "Profile Settings"



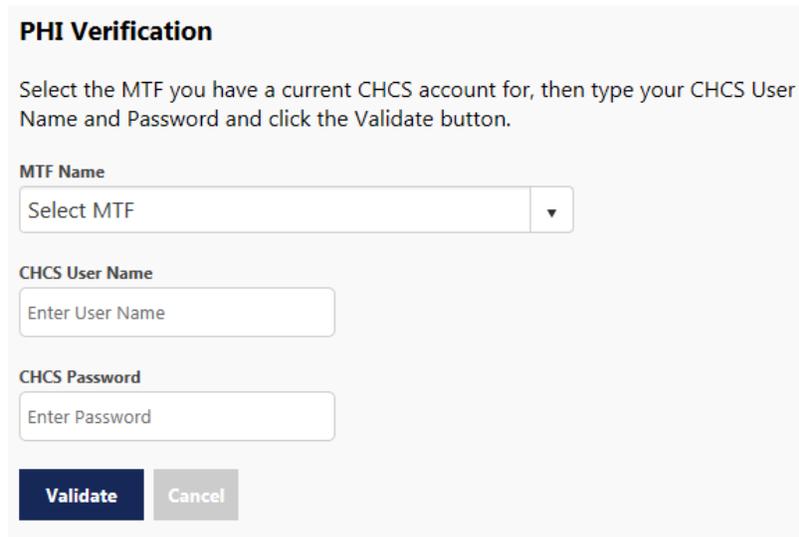
3. Verify your Profile name and contact information. **Do not use** the MTF box on the profile to set location for PHI data. Click "Verify" located next to PHI Verification It does not have any impact on the PHI location. When you move to a new location, use these same PHI verification steps.

A screenshot of the 'Profile Information' form for 'Judy Rosen'. The form contains the following fields:

- Prefix: []
- First Name: Judy
- Middle Name: []
- Last Name: Rosen
- Suffix: []
- Service: [Other]
- Rank / Title: [Select Rank]
- MTF: [OTHER]
- Email: judith.i.rosen.ctr@mail.mil
- Primary Phone: [] + Add Phone Number
- Primary Supervisor Name: [] + Add Supervisor
- Primary Supervisor Phone: []
- PHI Verification: [Verify]
- HIPAA Verification: [N/A]
- Last Login Date: Tue Jun 13 16:00:46 MDT 2017
- Buttons: Save, Reset

4. Type in the MTF Name or DMIS of the CHCS location that created your current CHCS account. (The dropdown list is not a complete list of all DMIS options, you need to type it in). Then, enter your CHCS username and password. If your password was created recently, wait 24 hours before validating to allow the new password to cross into the data. Click Validate when finished.

If you do not see the 'Validate' button use this link: <http://go.usa.gov/xKtQC> or <https://carepoint.health.mil/siteassets/PHI/PHIValidation.aspx>



PHI Verification

Select the MTF you have a current CHCS account for, then type your CHCS User Name and Password and click the Validate button.

MTF Name
Select MTF ▼

CHCS User Name
Enter User Name

CHCS Password
Enter Password

Validate Cancel

5. Click save when finished. Close all internet windows and re-open CarePoint.
6. How to go to the MHSPHP: Go to Apps on the blue menu bar, “All Apps” and find MHSPHP. Click on the Favorite star under the description. Then, click on MHSPHP to open the MHSPHP.
7. You should see PHPM registries on the Navigation menu on the left of the screen. If you do not see the PHPM registries, contact:

dha.ncr.j-6.mbx.eids@mail.mil

*If you do not have a CHCS account, open the MHSPHP and go to the MHSPHP Training Library. Open the document “MHSPHP Account Access Request for Personnel without a CHCS account. Complete the form electronically and send to dha.ncr.j-6.mbx.eids@mail.mil.

Pharmacy Scanner-Registry Logic/Business Rules

Philosophy:

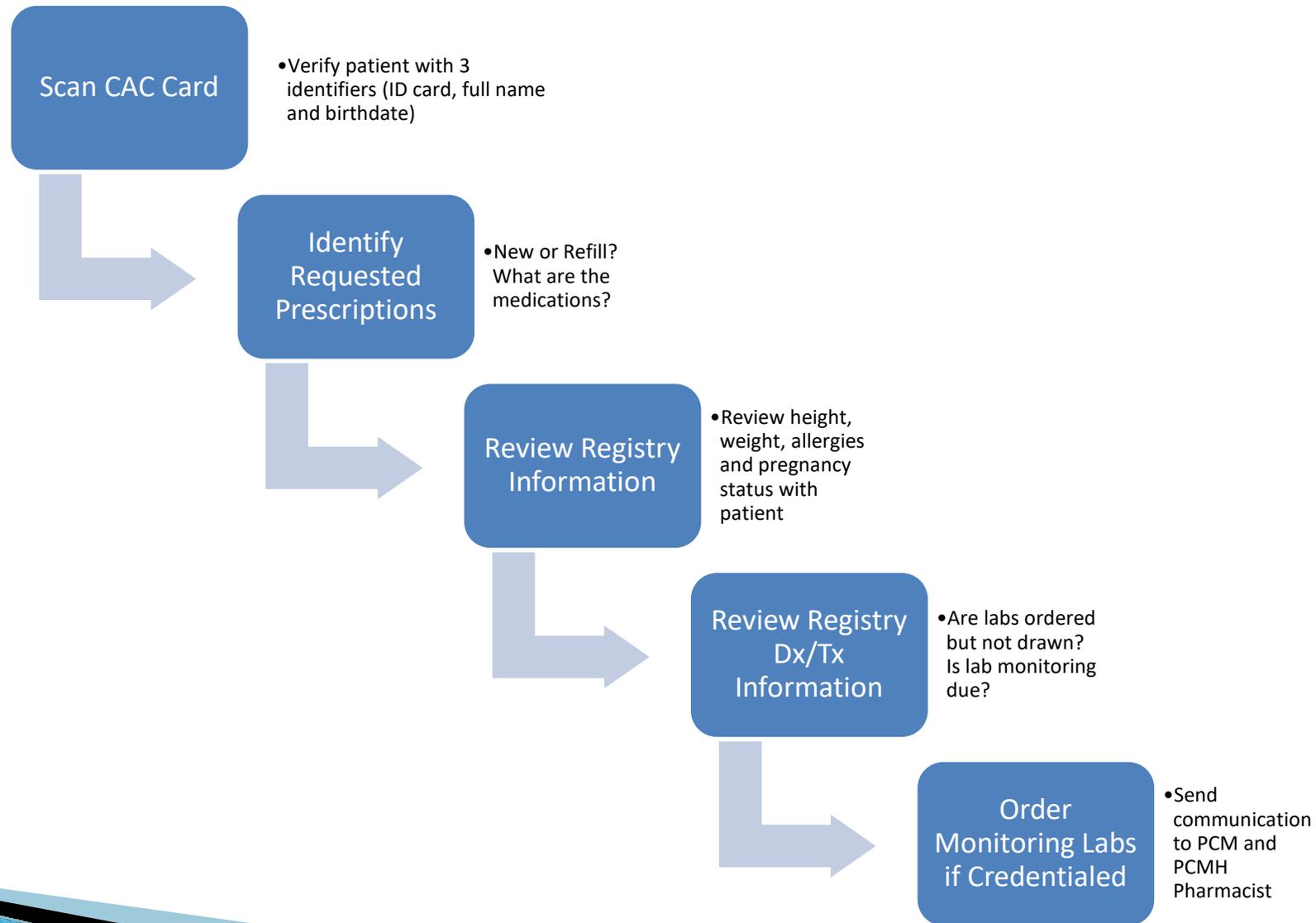
This registry will be utilized at the point of service (POS), initially by pharmacy staff, however this model can be easily adapted to other points of service (amcare, same day surg, FamMed, IntMed, etc). Goal is to provide actionable information at the POS to facilitate care optimization at the POS. Many patients get medication refills without any assessment of progress toward achieving treatment goals or compliance with CPG's. This registry provides the tools for pharmacy team to intervene to improve care and patient level outcomes. Should see improvements in HEDIS and other measures of quality and safety.

Capabilities:

Bar code scanners will be utilized to reduce keystrokes required to view registry information. The registry will use rules based logic to display only clinically relevant information that could be used to validate or optimize the treatment regimen. The registry should have capability to quantify (count) the number of patients accessed to identify who is using it-goal is to be able to assess whether utilizing this tool results in changes to patient outcomes. Capability must be built in to allow the point of service provider to make changes or recommend changes via a communication system to the PCM. This system should also allow the provider to communicate back to the pharmacy team (HgA1C lab test ordered, please have patient stop by; lab when picking up next refill). Simple things like changing allergy information must be easy to use and require few keystrokes to accomplish. Registry should contain a link to Carepoint team to provide feedback for improvements. Link to CPG's. The registry should change as CPG's, HEDIS, or other measures of quality change.



Workflow Model





- Main Page
- Methodology Documents
- MHSPHP Training Library
- Overview
- Metric Reports
- Analysis
- PHDR
- PHPM Registries
- Administration
 - User Export List
 - Manage Letters
 - PHPM Linked Documents
 - MHSPHP Blog
 - Scoreboard
 - Patient Look-up**
 - Temporary DMW Patient Request
- My Saved Filters

Patient Look-up

Scan or enter a barcode/EDIPN to view patient data.

NOTE: This is a beta test. Please send suggestions/comments/complaints to [Judith Rosen and Archie Bockhorst](#)

Manual Entry

Barcode/EDIPN:

- Main Page
- Methodology Documents
- MHSPHP Training Library
- Overview
- Metric Reports
- Analysis
- PHDR
- PHPM Registries
- Administration
- User Export List
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Patient Look-up

Scan or enter a barcode/EDIPN to view patient data.

NOTE: This is a beta test. Please send suggestions/comments/complaints to [Judith Rosen](#) and [Archie Bockhorst](#)

Manual Entry

Barcode/EDIPN:

[REDACTED] - DOB [REDACTED]

Current MEDD: 40
RIOSORD Index Score: 40 - * Recommend Naloxone *
Probability of Opioid Induced Respiratory Depression: 37%

Last Naloxone: No record of dispensing in the past year
Sole Prescriber: None assigned

Opioid Dispensing History:

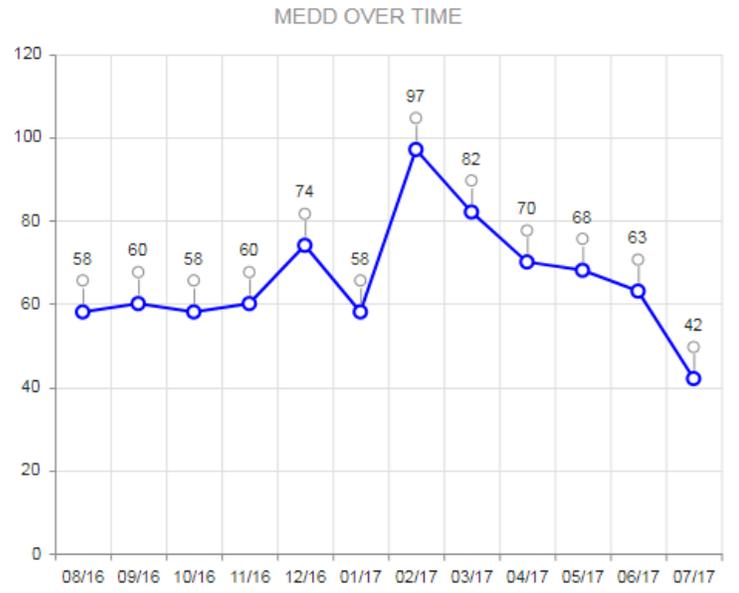
- 07/06/2017 TRAMADOL HCL 50MG #60 DS15 (NETWORK) ([REDACTED])
- 06/22/2017 BUPRENORPHINE 5MCG/HR #4 DS28 (NETWORK) ([REDACTED])
- 06/08/2017 OXYCODONE HCL 10MG #45 DS22 (NETWORK) ([REDACTED])
- 06/08/2017 HYDROCODONE/ACETAMINOPHEN 10-325MG #120 DS30 (NETWORK) ([REDACTED])
- 05/30/2017 BUPRENORPHINE 10MCG/HR #4 DS28 (NETWORK) ([REDACTED])
- 05/12/2017 OXYCODONE HCL 10MG #60 DS30 (NETWORK) ([REDACTED])
- 05/10/2017 HYDROCODONE/ACETAMINOPHEN 10-325MG #120 DS30 (NETWORK) ([REDACTED])
- 05/05/2017 BUPRENORPHINE 10MCG/HR #4 DS28 (NETWORK) ([REDACTED])
- 04/12/2017 BUPRENORPHINE 15MCG/HR #4 DS28 (NETWORK) ([REDACTED])
- 04/12/2017 OXYCODONE HCL 10MG #60 DS30 (NETWORK) ([REDACTED])

Benzo Dispensing History:

- 06/30/2017 LORAZEPAM DS30 ([REDACTED])
- 06/02/2017 LORAZEPAM 1 MG DS30 ([REDACTED])
- 05/11/2017 LORAZEPAM 1 MG DS30 ([REDACTED])
- 03/05/2017 LORAZEPAM 1 MG DS90 ([REDACTED])
- 12/05/2016 LORAZEPAM 1 MG DS90 ([REDACTED])
- 11/16/2016 LORAZEPAM 1 MG DS30 ([REDACTED])
- 10/14/2016 LORAZEPAM 0.5 MG DS10 ([REDACTED])
- 09/06/2016 LORAZEPAM 1 MG DS90 ([REDACTED])
- 06/30/2016 LORAZEPAM 1 MG DS90 ([REDACTED])
- 06/22/2016 LORAZEPAM 1 MG DS15 ([REDACTED])

RIOSORD Criteria:

- Current antidepressant usage: 7 pts
- Current long-acting or extended-release opiate: 9 pts
- Diagnosis of opioid dependence in the past 6 months: 15 pts
- Current benzodiazepine usage: 4 pts



Patient Look-up, button to open Patient Summary Report

Patient Look-up

Scan or enter a barcode/EDIPN to view patient data.

Manual Entry

Barcode/EDIPN:

Go

LASTNAME, FIRSTNAME (1011455162) - DOB 02/23/1995

CURRENT MEDD: 45.0
RIOSORD INDEX SCORE: 45.0
Probability of Opioid Induced Respiratory Depression: 22.5%

Opioid Dispensing History:

06/30/2017 OXYCODONE HCL 5MG #60 DS30 (DMIS:0123) (LASTNAME, FIRSTNAME)
05/30/2017 OXYCONTIN 40MG #60 DS30 (DMIS:0123) (VERYVERYVERYLONGLASTNAME, VERYVERYVERYLONGFIRSTNAME)
04/30/2017 OXYCONTIN 40MG #60 DS30 (DMIS:0123) (LASTNAME, FIRSTNAME)
03/30/2017 ROXICODONE 5MG #60 DS30 (DMIS:0123) (LASTNAME, FIRSTNAME)
02/28/2017 ROXICODONE 5MG #60 DS30 (DMIS:0123) (LASTNAME, FIRSTNAME)
01/30/2017 OXYCONTIN 40MG #60 DS30 (DMIS:0123) (LASTNAME, FIRSTNAME)

Benzo Dispensing History:

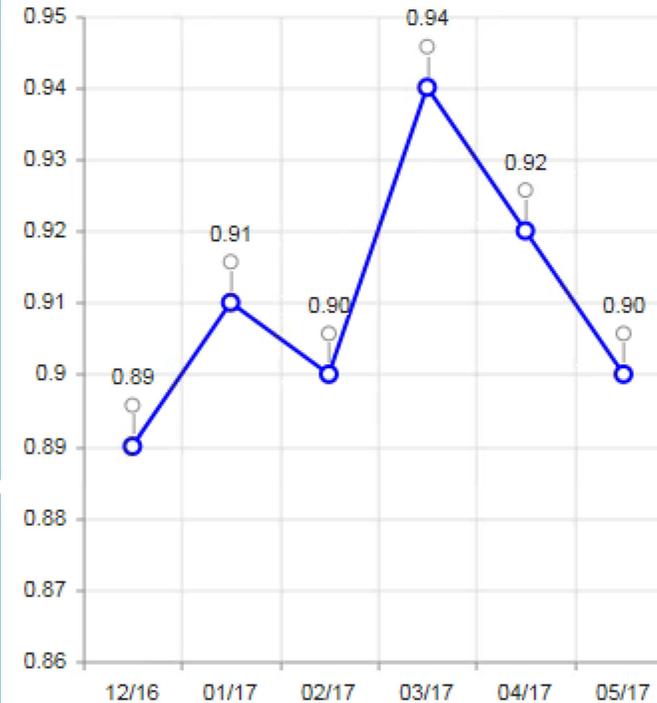
04/30/2017 DIAZEPAM 5 MG DS30 (LASTNAME, FIRSTNAME)
03/30/2017 DIAZEPAM 5 MG DS30 (LASTNAME, FIRSTNAME)
02/22/2017 DIAZEPAM 5 MG DS30 (LASTNAME, FIRSTNAME)
01/22/2017 DIAZEPAM 5 MG DS30 (LASTNAME, FIRSTNAME)
12/28/2016 DIAZEPAM 5 MG DS30 (LASTNAME, FIRSTNAME)
11/28/2016 DIAZEPAM 5 MG DS30 (LASTNAME, FIRSTNAME)

Print Opioids Patient Summary Report

Print Patient Summary Report



MEDD OVER TIME



Patient Look-up, puzzle piece icon to access other reports

Patient Look-up

Scan or enter a barcode/EDIPN to view patient data.

Manual Entry

Barcode/EDIPN:

LASTNAME, FIRSTNAME (1005000196) - DOB 08/01/2006

CURRENT MEDD: 45.0
RIOSORD INDEX SCORE: 45.0
Probability of Opioid Induced Respiratory Depression: 22.5%

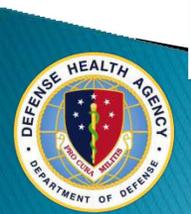
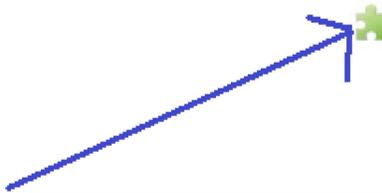
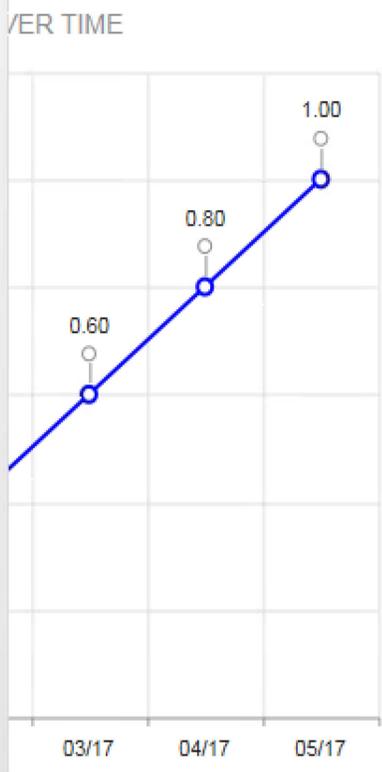
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11/28/2016 DIAZEPAM 5 MG DS30 (LASTNAME, FIRSTNAME)

- PDF Word
- Opioids Patient Summary Report
- Patient Summary Report
- Profile Report
- 0 Tag test
- chris custom test
- chris's test quick letter
- chris's z1 custom template
- z 11
- z 12
- z 13
- z 14
- z 15
- z 16
- z 17
- z 18
- z 19
- z 20
- z five
- z four
- z one



Patient Look-up, provide way for users to run reports outside their assigned DMISs

The Roles Administration page will now include a “Bypass DMIS Check” flag. Users that are assigned a Role with this flag set will be able to run reports from the Patient Lookup page against patients outside of that user’s DMIS assignments without receiving an access denied error.

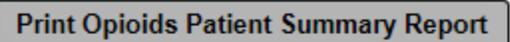
Roles Administration

 New Role...

25 items per page | 1 - 10 of 10 items

Role ID	Description	System	SharePoint Group	Bypass DMIS Check
Clinical User	Clinical User	Yes	Clinical User	No
General User	General User	Yes		No
Pharmacy User	Users that can access Patient Look-up and related features	No	Pharmacy User	Yes



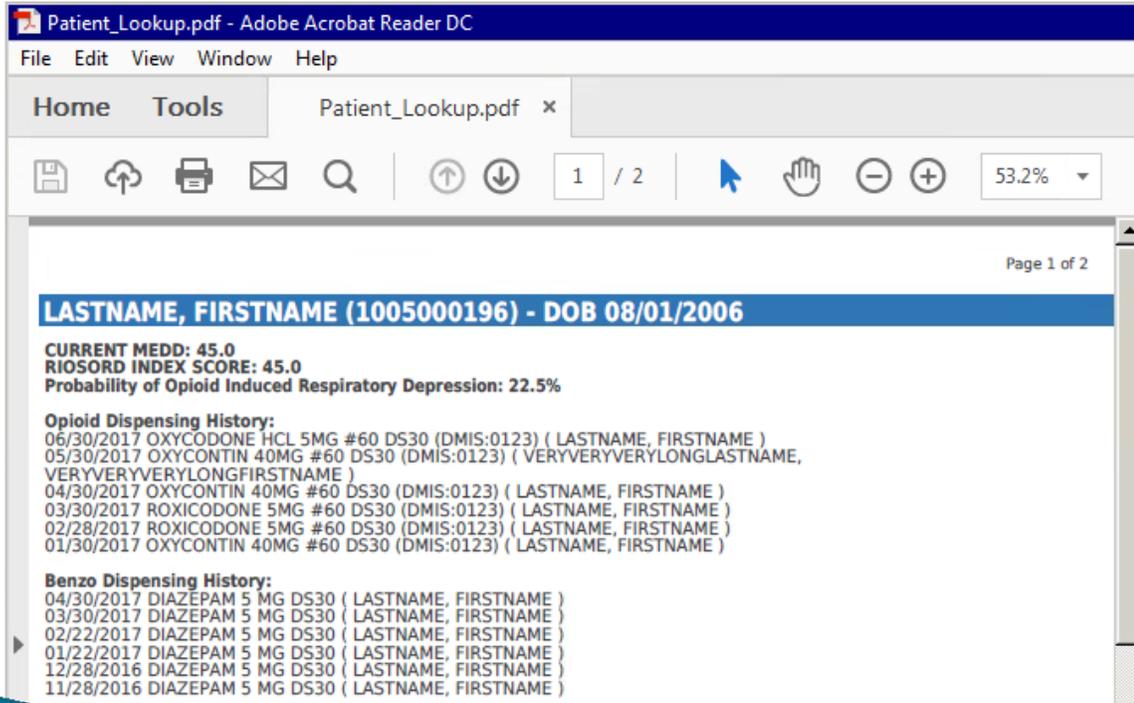


Patient Lookup, ability to print screen (via PDF)

To offer an easy way to print page content which is cross-browser compatible, the Export To PDF button (currently available in Blog site) will be added to the page. To print, a user would click Export to PDF, then simply print the downloaded PDF.



Patient Look-up



Adobe Acrobat Reader DC interface showing a PDF document titled 'Patient_Lookup.pdf'. The document content includes:

LASTNAME, FIRSTNAME (1005000196) - DOB 08/01/2006

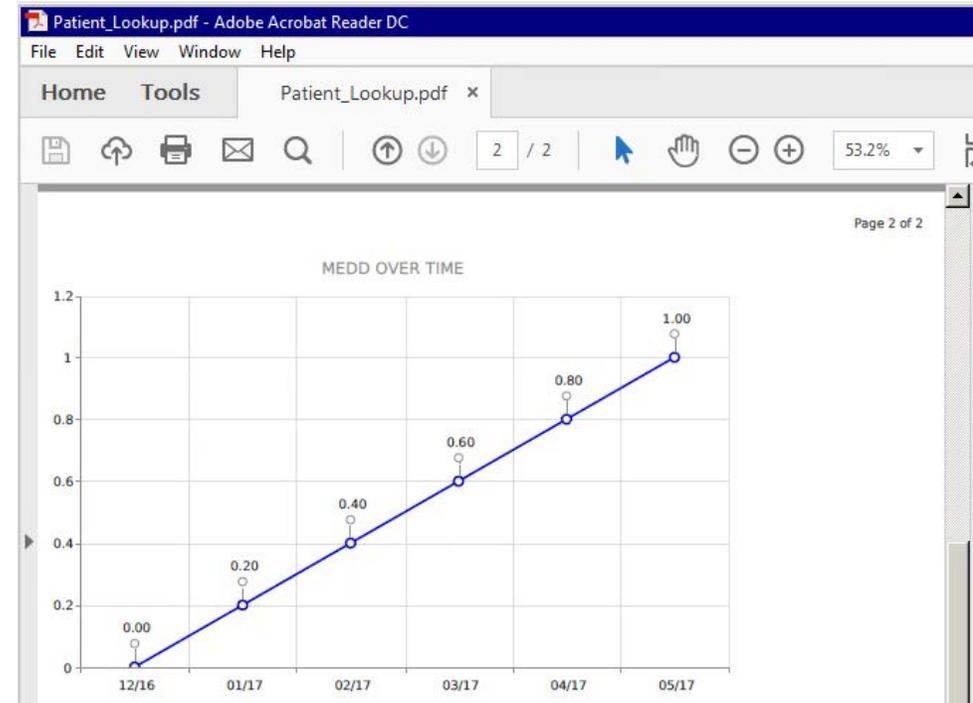
CURRENT MEDD: 45.0
RIOSORD INDEX SCORE: 45.0
Probability of Opioid Induced Respiratory Depression: 22.5%

Opioid Dispensing History:

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- 11/28/2016 DIAZEPAM 5 MG DS30 (LASTNAME, FIRSTNAME)



NALOXONE EVALUATION AND PRESCRIPTION

Patient Name: _____ DOD ID: _____ Date of Birth: _____

PHARMACIST EVALUATION:

1. Calculate Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) using chart provided below.

RIOSORD Questions	Circle for "YES" Response
In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving:	
Opioid dependence?	15
Chronic hepatitis or cirrhosis?	9
Bipolar disorder or schizophrenia?	7
Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)	5
Chronic kidney disease with clinically significant renal impairment?	5
Active traumatic injury, excluding burns? (e.g., fracture, dislocation, contusion, laceration, wound)	4
Sleep apnea?	3
Does the patient consume:	
An extended-release or long-acting (ER/LA) formulation of any prescription opioid or opioid with long and/or variable half-life? (e.g., OxyContin, Oramorph-SR, methadone, fentanyl patch, levorphanol)	9
Methadone? (Methadone is a long-acting opioid, so also circle for "ER/LA formulation")	9
Oxycodone? (If it has an ER/LA formulation [e.g., OxyContin], also circle for "ER/LA formulation")	3
A prescription antidepressant? (e.g., fluoxetine, citalopram, venlafaxine, amitriptyline)	7
A prescription benzodiazepine? (e.g., diazepam, alprazolam)	4
Is the patient's current maximum prescribed opioid dose: (Use Opioid Daily Dose Conversion Table provided on the next page)	
>100 mg morphine equivalents per day?	16
50-100 mg morphine equivalents per day?	9
20-50 mg morphine equivalents per day?	5
In the past 6 months, has the patient:	
Had 1 or more ED visits?	11
Been hospitalized for 1 or more days?	8
TOTAL SCORE:	

2. Determine Opioid Induced Respiratory Depression (OIRD) Probability based on Calculated Risk Index.

NOTE: Score of more than 32/14% indicates a high risk and naloxone prescription is indicated.

Risk index score	OIRD probability (%)
0-24	3
25-32	14
33-37	23
38-42	37
43-46	51
47-49	55
50-54	60
55-59	79
60-66	75
≥67	86

Naloxone Indicated

NALOXONE EVALUATION AND PRESCRIPTION

3. **STOP: DO NOT INITIATE** an order for naloxone in these cases (check any applicable):

- allergy to naloxone
- patient reports current pregnancy or plans to become pregnant (advise patient to speak to their MD/OB-GYN)

4. Check here if naloxone was prescribed.

5. Check here if naloxone was NOT prescribed and provide why:

- Risk not indicated
- Patient declined
- Other (explain) _____

OPIOID DAILY DOSE CONVERSION TABLE/ MORPHINE EQUIVALENT DAILY DOSE (MEDD)		
Type of Opioid (doses in mg/ day except where noted)	Conversion Factor	MEDD (enter calculation here)
Buprenorphine patch	12.6	
Buprenorphine tab or film	10	
Butorphanol (Stadol)	7	
Codeine	0.15	
Fentanyl transdermal (in mcg/hr)	2.4	
Hydrocodone	1	
Hydromorphone	4	
Meperidine	0.1	
Methadone		
1-20 mg/day	4	
21-40 mg/day	8	
41-60 mg/day	10	
≥ 61-80 mg/day	12	
Morphine	1	
Oxycodone	1.5	
Oxymorphone	3	
Tapentadol IR	0.4	

These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.

The MEDD is calculated by multiplying the dose for each opioid by the conversion factor.

I have performed: a screening for risk of opioid overdose or significant respiratory depression from opioid overmedication based on the criteria approved by the PTC; have determined if naloxone is appropriate for this patient; have educated the patient/caregiver; and have provided proper patient education materials.

Pharmacist and/or Primary Care Manager Signature: _____

Military Treatment Facility Location: _____ Date: _____

PATIENT EDUCATION:

WARNING: Using naloxone may cause non-life-threatening adverse effects in long-term opioid users, including aches, fever, trembling, irritability, nausea, vomiting, diarrhea, increased blood pressure, and increased heart rate.

Check below after reading each statement

_____ The patient has received and understands information on the risk and signs of opioid overdose/overmedication

_____ If naloxone is used, the patient understands they need to contact EMS (911) immediately and notify their primary care manager and/or opioid prescriber as soon as possible after the incident to refill the naloxone prescription.

_____ The patient understands to notify their health care providers that they have received this prescription medication.

_____ The patient was provided the written overdose education materials, Opioid Safety and Administering Naloxone.

_____ **The patient was offered a prescription for naloxone, but DID NOT want it at this time.**