Intranasal naloxone prescribing, dispensing and education for pregnant and postpartum patients in the inpatient hospital setting: a multi-disciplinary approach

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University of New Mexico Hospitals

UNM HOSPITALS

Objectives

- Review the prevalence of perinatal opioid use disorder in New Mexico and intranasal naloxone as a harm reduction strategy
- Describe the University of New Mexico Hospital's processes in prescribing, educating and dispensing intranasal naloxone for pregnant and postpartum patients
- Discuss challenges with implementing policies and procedures around key interventions, future projects, and directions

Conflict of Interests

None to disclose

Background

- University of New Mexico Hospital (UNMH) is a 556-bed hospital located in Albuquerque, NM
- New Mexico's only Level I trauma center and Level 4 maternity center in the state and a "safety net hospital" serving the state's largest uninsured and under-insured patient population
- UNMH labor and delivery has 28 obstetric and 40 postpartum beds and performs around 2,800 deliveries per year

https://unmhealth.org/about/
https://unmhealth.org/services/womens-health/

Prevalence of Opioid use in the United States

- Opioid use disorder (OUD) affects around 2.1 million Americans and around 6.5% of all pregnancies

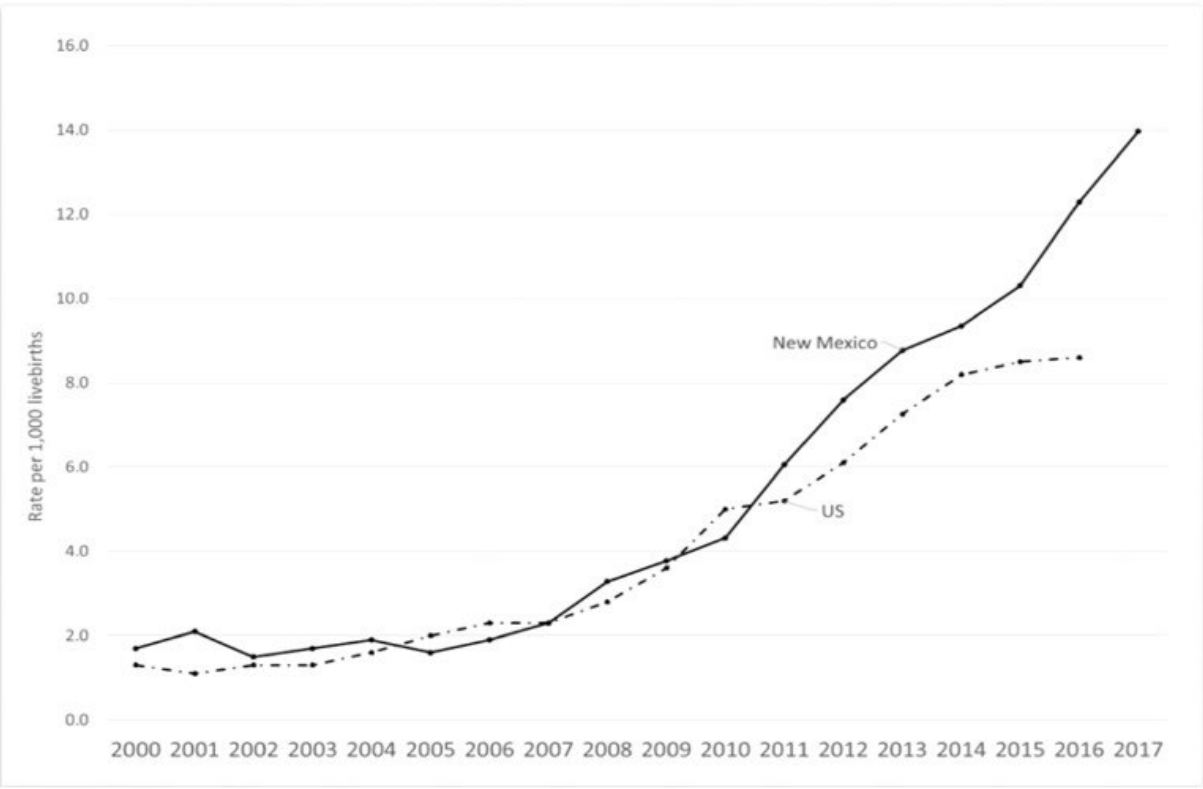
- The prevalence of OUD at time of delivery has increased 4 fold in the last 10 years, with NICU admissions for Neonatal Abstinence Syndrome reported as high as 14.4 per 1,000 births

- New Mexico has one of the higher rate of opioid-induced overdose deaths at 39.1 per 100,000

Ko JY, D'Angelo DV, Haight SC, Morrow B, Cox S, Salvesen von Essen B, et al. Vital Signs: Prescription Opioid Pain Reliever Use During Pregnancy - 34 U.S. Jurisdictions, 2019. MMWR Morb Mortal Wkly Rep 2020; 69:897-903.
Winkelman TNA, Villapiano N, Kozhimannil KB, Davis MM, Patrick SW. Incidence and Costs of Neonatal Abstinence Syndrome Among Infants With Medicaid: 2004-2014. Pediatrics (2018). doi:10.1542/peds.2017-3520.
ACOG. ACOG Practice Bulletin: Clinical management guidelines for obstetrician-gynecologists number 92, April 2008 (replaces practice bulletin number 87, November 2007). Use of psychiatric medications during pregnancy and lactation. Obstet Gynecol 2008; 111:1001-20.

Prevalence of NAS in New Mexico

- The rate of NAS increased 324% between 2008 and 2017 in New Mexico



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Intranasal Naloxone

- Naloxone (Narcan) is a non-selective, competitive opioid receptor antagonist with a 30-90 minute duration of action

- Available in IV, IM and intranasal
  - Intranasal spray is 4 mg and kits come with 2 individually-wrapped doses

- Appears safe in pregnancy and breastfeeding

https://www.nmhealth.org/news/information/2014/6/?view=88

Naloxone in New Mexico

- Overdose Prevention/Naloxone Distribution Act (2001): Gives authorization for a non-healthcare professional to administer naloxone and releases them from criminal or civil liability

- 911 Good Samaritan Law (2007): Protects people who administer emergency care from being held liable for any civil damages as a result of any action or omission of care

- Opioid Overdose Prevention Act (2016): Standing orders allow for the possession, distribution and storage of naloxone by individuals or community organizations.

- Co-Prescribing Naloxone with Opioid Prescriptions Act (2019): Naloxone will be a required co-prescription with 1st time opioid prescriptions with greater than 5 day supply and once each year for previous prescriptions

https://www.nmpharmacy.org/Naloxone-Resources#:~:text=New%20Mexico%20Medicaid%20is%20requiring,and%20provided%20by%20the%20provider).
https://www.nmhealth.org/news/information/2014/6/?view=88

Pharmacist Prescribing and Dispensing

- In New Mexico, pharmacists may prescribe naloxone to anyone who uses an opioid regardless of how the opioid is used or obtained and to anyone in a position to assist a person at risk of an opioid overdose

- New Mexico Medicaid is requiring their health plans to cover the "Naloxone Rescue Kits" when prescribed for Medicaid patients. The kit includes the medication in a syringe, a nasal adapter (trumpet) and patient instructions

https://www.nmpharmacy.org/Naloxone-Resources/
https://www.nmlegis.gov/Sessions/16%20Regular/final/SB0262.pdf

THE UNIVERSITY OF NEW MEXICO HOSPITAL PROCESS FOR PRESCRIBING, DISPENSING AND EDUCATION FOR PREGNANT AND POSTPARTUM PATIENTS RECEIVING NALOXONE PRESCRIPTIONS

UNM HOSPITALS

Readiness: Clinical Education

- Cultivate a culture that promotes harm reduction strategies for perinatal OUD that utilizes naloxone and other harm reduction strategies
- Conduct ongoing provider and clinical staff institutional education
  - Incorporate training to address stigma and bias
- Examples at UNMH include Grand Rounds, IPH ECHO clinic, AIM bundles, and Unit Based RN education

Readiness: Clinical Education

Best Practices: Nonjudgmental and Collaborative Care

A **coordinated, multisystem approach** best serves the needs of pregnant women with substance use disorders and their infants.

Substance abuse is viewed as a medical condition with social, economic, and cultural roots. Favor behavioral health service providers who **demonstrate a nonjudgmental approach.**

Support client/patient efforts at **harm reduction.**

Interventions should be provided in ways that **prevent stigmatization, discrimination, criminalization, and marginalization** of pregnant people and family members seeking treatment.

Prevention and treatment should **promote and facilitate family, community and social support as well as social inclusion** by fostering strong links with available childcare, economic supports, education, housing, and relevant services.

Supportive, not Punitive

A major barrier to success in treating substance abuse is the stigma often associated with the condition.

- A Plan of Care should be positive and supportive of mother, father, and infant without any punitive or negative elements.
- Substance abuse should be viewed as a medical condition with social, economic, and cultural roots.
- Treatment should be provided as broadly and nonjudgmentally as possible.
- Providers should support client/patient efforts at harm reduction.

Examining barriers to harm reduction and child welfare services for pregnant women and mothers who use substances using a stigma action framework

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Abstract
Pregnant women and mothers who use substances often face significant barriers to accessing and engaging with substance use services. A scoping review was conducted in 2019 to understand how stigma impacts access to, retention in and outcomes of harm reduction and child welfare services for pregnant women and mothers who use substances. The forty-two ($n = 42$) articles were analysed using the *Action Framework for Building an Inclusive Health System* developed by Canada's Chief Public Health Officer to articulate the ways in which stigma and related health system barriers are experienced at the individual, interpersonal, institutional and population levels. Many articles highlighted barriers across multiple levels, 19 of which cited barriers at the individual level (i.e., fear and mistrust of child welfare services), 18 at the interpersonal level (i.e., familial and relational influence on accessing substance use treatment), 30

ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

Care for Pregnant and Postpartum People with Substance Use Disorder Element Implementation Details

https://hsc.unm.edu/echo/partner-portal/programs/new-mexico/perinatal/

Readiness: Patient Education

- Prepare patient educational documents and handouts
  - Opioid use disorder in pregnancy, naloxone education, harm reduction strategies and neonatal opioid withdrawal
  - Many available online in multiple languages
- Incorporate into routine nursing discharge education
- Provide list of external resources patients can access

Patient Education

Neonatal Opioid Withdrawal Syndrome

(NOWS)

A Guide for Families

HOSPITALS

STARTING METHADONE IN PREGNANCY

ABOUT METHADONE

You are strong. Seeking help is a big step, and you are here, seeking positive change. The benefits of taking methadone during pregnancy outweigh the risks of continuing to use non-prescription drugs.

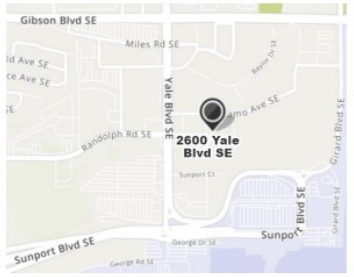
IMPORTANT INFORMATION ABOUT METHADONE:

- Finding the right dose that works for you can take days to weeks. There is no "best" dose of methadone in pregnancy. The "right" dose will prevent withdrawal symptoms without making you too tired.
- Constipation is common. It can help if you include a lot of fruit and vegetables, fluids (nonalcoholic) and fiber in your diet every day. Talk to your provider if it persists.

YOUR NEXT DOSE AT ASAP

The Addiction and Substance Abuse Program (ASAP) is the treatment center where you will receive your next dose of methadone. They also offer other services to support you in your recovery.

WHAT TO EXPECT AT YOUR FIRST VISIT:
Be at the clinic by 7 AM to start the intake. This visit takes between 2.5 to 5 hours, depending on how busy the clinic is. You will first talk to a nurse and go over paperwork and intake questions. Then, you will talk with a counselor to decide on a treatment plan. Lastly, you will see the psychiatrist to continue Methadone treatment. Future visits will not take as long.



WHAT TO BRING:

- Keep your hospital bracelet on until after the intake visit at ASAP.
- Bring a photo ID (expired is fine) if you have one.

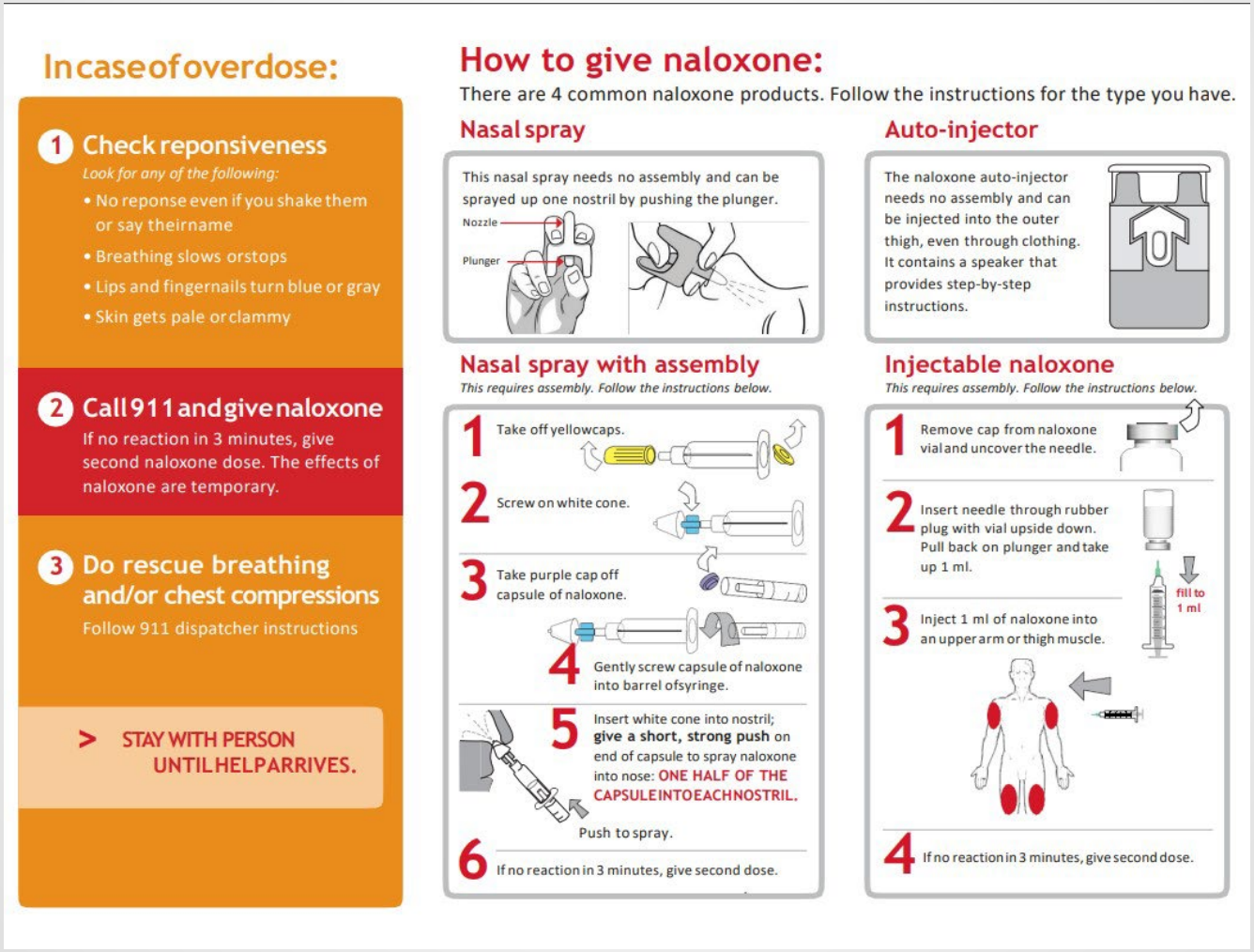
ADDRESS:
2600 Yale Blvd SE, Albuquerque, NM, 87106
Tel. (505) 994-7999

YOUR PRENATAL CARE

Your due date is: ……
Your next prenatal care appointment is on …… at ……
Additional information: ……..

https://www.nmhealth.org/publication/view/marketing/5596/

Patient Education



In case of overdose:

1 Check reponsiveness

Look for any of the following:

- No reponse even if you shake them or say their name
- Breathing slows or stops
- Lips and fingernails turn blue or gray
- Skin gets pale or clammy

2 Call 911 and give naloxone

If no reaction in 3 minutes, give second naloxone dose. The effects of naloxone are temporary.

3 Do rescue breathing and/or chest compressions

Follow 911 dispatcher instructions

> STAY WITH PERSON UNTIL HELP ARRIVES.

How to give naloxone:

There are 4 common naloxone products. Follow the instructions for the type you have.

Nasal spray

This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.

Nozzle

Plunger

Auto-injector

The naloxone auto-injector needs no assembly and can be injected into the outer thigh, even through clothing. It contains a speaker that provides step-by-step instructions.

Nasal spray with assembly

This requires assembly. Follow the instructions below.

1. Take off yellow caps.
2. Screw on white cone.
3. Take purple cap off capsule of naloxone.
4. Gently screw capsule of naloxone into barrel of syringe.
5. Insert white cone into nostril; **give a short, strong push** on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**

   Push to spray.
6. If no reaction in 3 minutes, give second dose.

Injectable naloxone

This requires assembly. Follow the instructions below.

1. Remove cap from naloxone vial and uncover the needle.
2. Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.

   fill to 1 ml
3. Inject 1 ml of naloxone into an upper arm or thigh muscle.
4. If no reaction in 3 minutes, give second dose.

https://www.nmag.gov/fighting-the-opioid-crisis-in-new-mexico.aspx

Patient Education

Our Programs

The Milagro Program provides comprehensive care for pregnant women. Women receive prenatal care from Family Practice providers in outpatient Family Medicine Clinics. In addition to medical services, the Milagro Program provides outpatient counseling and case management support. Through frequent follow up and a team approach to wellness, the medical, nursing, and counseling staff work together to help expecting mothers and their families transition during the prenatal and postpartum periods.

The Milagro Program enrolls any pregnant woman with a history of or current substance abuse issues. Medication assisted treatment is additionally available to women with addictions to opiates, through the use of buprenorphine (Subutex) or methadone. The team of providers follow the women and their newborns during inpatient hospital stays, forming a treatment plan based on their specific needs. The Milagro Program works with community resources to ensure that families continue receiving comprehensive treatment services after delivery.

Our Services

Addictions/Behavioral Health

- Comprehensive alcohol and/or substance use and mental health services
- Individualized plan of care based on recovery goals, needs, experiences and preferences
- Individual counseling
- Harm reduction
- Tools for recovery
- Relapse prevention
- Case management
- Referral to psychiatric evaluation and treatment
- Medication management
- Collaboration with UNM's FOCUS Program

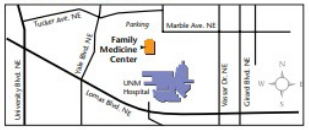
Medical

- Prenatal care by experts in the field of Family Medicine
- Perinatal consultation
- Delivery of your baby at UNM Hospital
- Childbirth education classes
- Linkage with other community resources

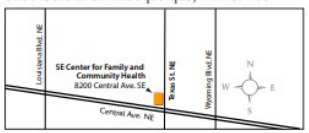
Healthy moms, healthy babies, healthy families!

Locations

UNM Family Medicine Center
2400 Tucker NE (UNM North Campus)
Albuquerque, NM 87131



UNM Southeast Heights Center for Family and Community Health
8200 Central SE Albuquerque, NM 87108



Phone: (505) 463-8293

Fax: (505) 994-7930

ATTACHMENT: Abbreviated Checklist

1. **ELIGIBILITY**
   All of the following boxes should be checked:
   - Positive pregnancy test
   - < 22 weeks GA;
   - Agrees to treatment with ASAP, or NTP at MDC;
   - Has received ≤2 doses of consecutive methadone in OB triage so far;
   - Not yet established with a methadone clinic;
   - Does NOT have an allergy to methadone, a Ramsay score ≥4, or respiratory depression. Does NOT need to be in withdrawal.

2. **LABS TO ORDER**
   - UDM Pain and UDMATR
   - EKG to evaluate the QTc interval
     - QTc 450-500 ms: repeat EKG within 30 days of starting treatment, or if patient has syncope/seizures.
     - QTc ≥500 ms: strongly consider buprenorphine. Eliminate contributing factors (e.g. hypokalemia, other QT-prolonging drugs)
   - LFTs - If severe liver disease: cautious dose titration
   - HIV, Hep C, Hep B, other STD screening
   - Consider prenatal labs, viability ultrasound and serum HCG

3. **DOSING AND DOCUMENTATION**
   - Review PMP
   - 10-30 mg, dependent on amount and recency of opioid use.
     - See SOP for details on dosing.
     - ! Always dose in OBT before intake at ASAP
   - Use dotphrase: .methadonetriage (attached) in A&P section of OB Triage note
   - Provide prescription for naloxone (Narcan)

4. **FOLLOW-UP**

   ASAP
   - TigerText or call intake RN, Elizabeth Alderete (505-994-7992) or intake MA, Nicole Re (505-994-7979) to alert them patient will be presenting to ASAP
   - Counsel patient that she needs a photo ID (expired is fine) or the hospital bracelet that should be kept on the patient's wrist until after intake at ASAP
   - Give ASAP brochure (attached)

   Milagro
   - Powerchart message or TigerText Mandy Hatley, Mahri Morrow, Michele Wooton and Ronalee Lawrence to set up an appointment with Milagro; or call Milagro clinic directly at 505-264-8062 (Mon-Fri 8am-4:30pm).
   - Give Milagro brochure (attached)

   NTP
   - Contact phone: 505-833-4491

   Patient Education
   - Give ASAM brochures (attached)

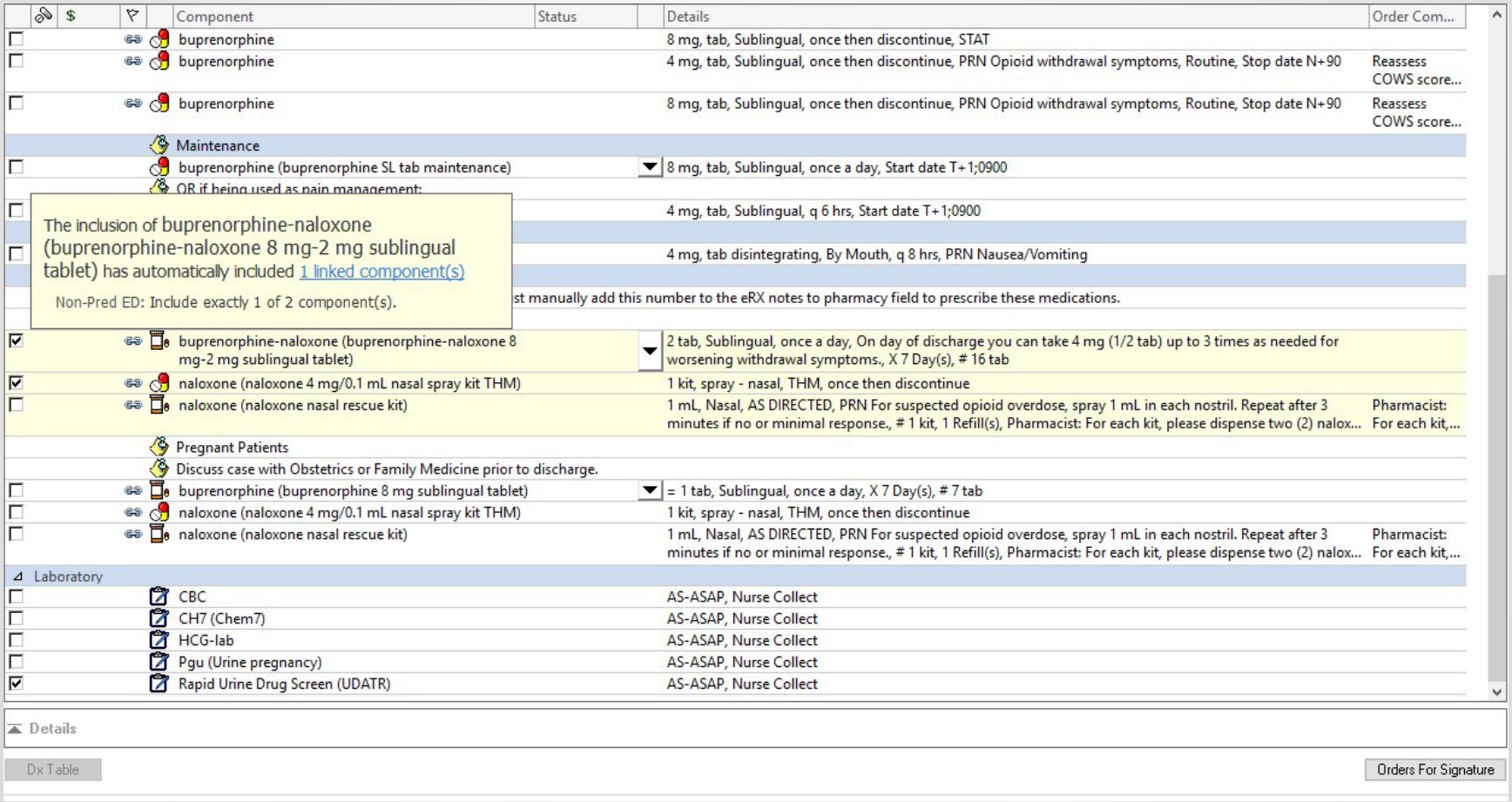
https://unmhealth.org/services/behavioral-health/milagro-program.html

Readiness: Protocols and Guidelines

- Create institutional protocols and guidelines that incorporate intranasal naloxone prescribing

- We use “pre-selected” intranasal naloxone as a discharge prescription within Medication Assisted Therapy Powerplans and prescriptions containing greater than 5 day supply of opioids

Pre-Selected Intranasal Naloxone



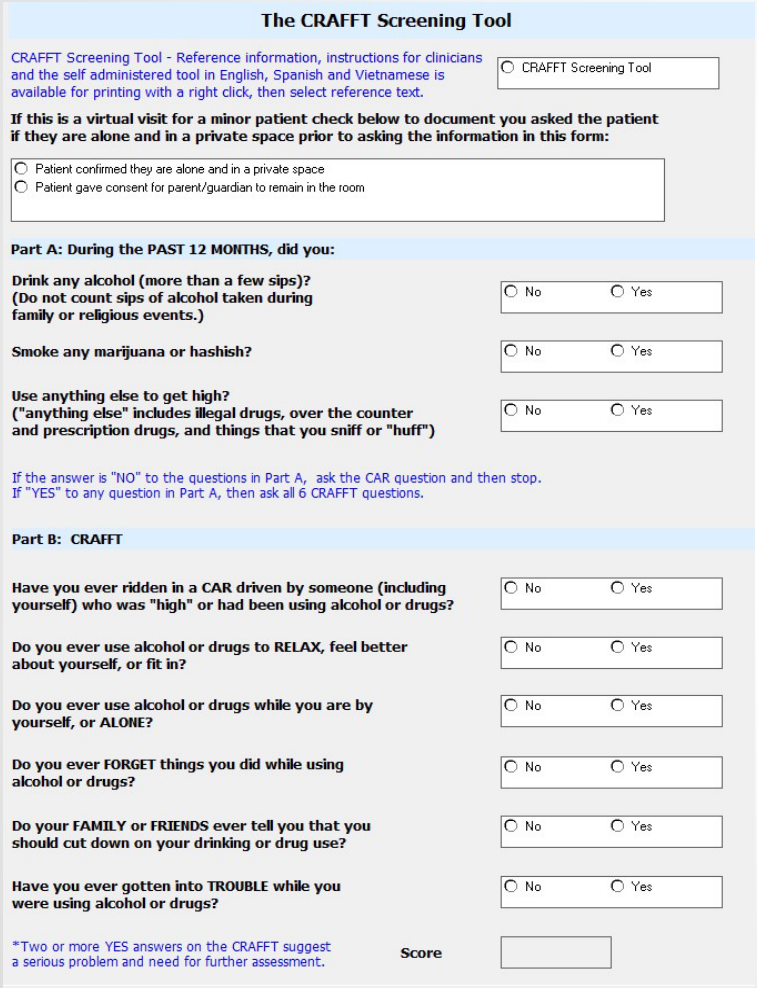
Recognition: Patient Identification

- Screen all pregnant and postpartum patients for OUD using validated screening tools

- We use NIDA quick screen for patients over 26 years old and CRAFT for patients under 26 years, screen for co-morbidities (depression, anxiety, PTSD etc.) and receive verbal permission to perform urine drug screening

- Clinical alerts for opioid and MAT prescriptions will direct clinical attention for harm reduction strategies

Recognition: Patient Identification



The CRAFFT Screening Tool

CRAFFT Screening Tool - Reference information, instructions for clinicians and the self administered tool in English, Spanish and Vietnamese is available for printing with a right click, then select reference text.

○ CRAFFT Screening Tool

If this is a virtual visit for a minor patient check below to document you asked the patient if they are alone and in a private space prior to asking the information in this form:

○ Patient confirmed they are alone and in a private space
○ Patient gave consent for parent/guardian to remain in the room

Part A: During the PAST 12 MONTHS, did you:

Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	○ No	○ Yes
Smoke any marijuana or hashish?	○ No	○ Yes
Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	○ No	○ Yes

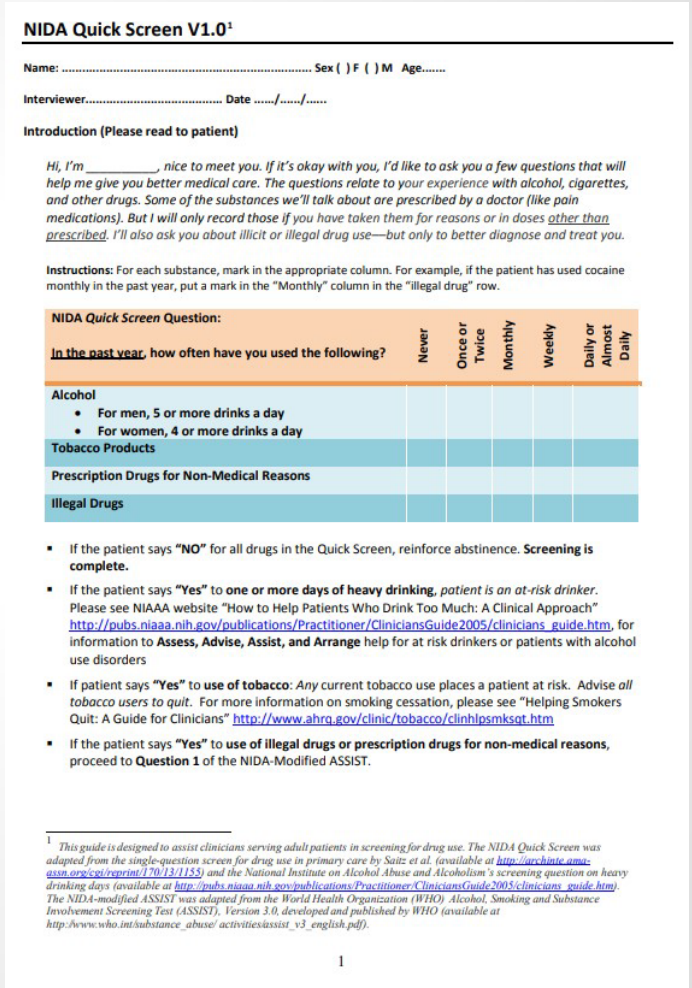
If the answer is "NO" to the questions in Part A, ask the CAR question and then stop.
If "YES" to any question in Part A, then ask all 6 CRAFFT questions.

Part B: CRAFFT

Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	○ No	○ Yes
Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	○ No	○ Yes
Do you ever use alcohol or drugs while you are by yourself, or ALONE?	○ No	○ Yes
Do you ever FORGET things you did while using alcohol or drugs?	○ No	○ Yes
Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	○ No	○ Yes
Have you ever gotten into TROUBLE while you were using alcohol or drugs?	○ No	○ Yes

*Two or more YES answers on the CRAFFT suggest a serious problem and need for further assessment.

Score



NIDA Quick Screen V1.0[1]

Name: ..... **Sex ( ) F ( ) M Age**.....

Interviewer..... **Date** ...../...../.....

Introduction (Please read to patient)

Hi, I'm _____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

Instructions: For each substance, mark in the appropriate column. For example, if the patient has used cocaine monthly in the past year, put a mark in the "Monthly" column in the "illegal drug" row.

NIDA *Quick Screen* Question: **In the past year, how often have you used the following?**	**Never**	**Once or Twice**	**Monthly**	**Weekly**	**Daily or Almost Daily**
Alcohol • **For men, 5 or more drinks a day** • **For women, 4 or more drinks a day**					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

- If the patient says **"NO"** for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**
- If the patient says **"Yes"** to **one or more days of heavy drinking**, *patient is an at-risk drinker*. Please see NIAAA website "How to Help Patients Who Drink Too Much: A Clinical Approach" http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm, for information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders
- If patient says **"Yes"** to **use of tobacco**: *Any* current tobacco use places a patient at risk. Advise *all tobacco users to quit*. For more information on smoking cessation, please see "Helping Smokers Quit: A Guide for Clinicians" http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm
- If the patient says **"Yes"** to **use of illegal drugs or prescription drugs for non-medical reasons**, proceed to **Question 1** of the NIDA-Modified ASSIST.

[1] *This guide is designed to assist clinicians serving adult patients in screening for drug use. The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Saitz et al. (available at http://archinte.ama-assn.org/cgi/reprint/170/13/1153) and the National Institute on Alcohol Abuse and Alcoholism's screening question on heavy drinking days (available at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm). The NIDA-modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0, developed and published by WHO (available at http:/www.who.int/substance_abuse/ activities/assist_v3_english.pdf).*

1

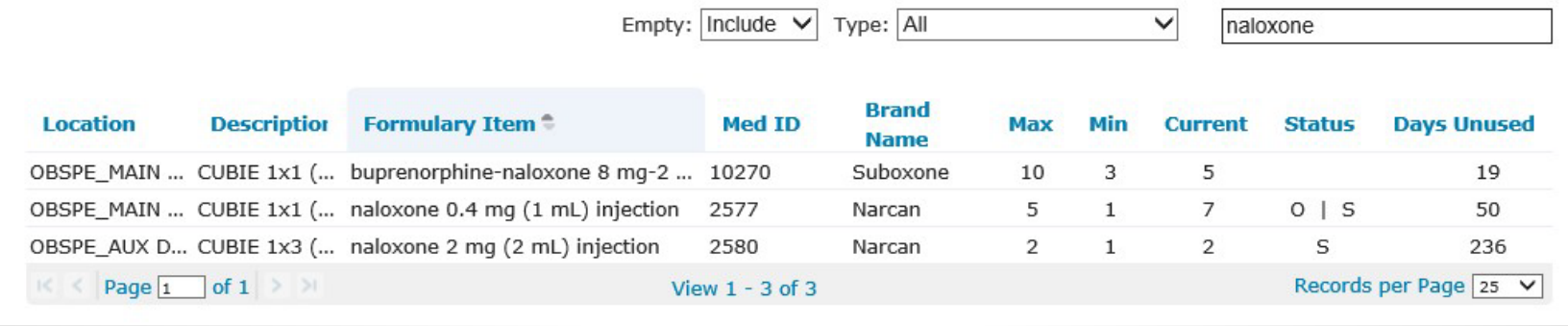
https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5054.pdf

Response: Inpatient Considerations

- Naloxone must be available in all automated dispensing machines on “override”
  - We use both injectable and intranasal naloxone

- Nurses are trained in administration of and patient education for naloxone

Response: Inpatient Considerations



Empty: Include Type: All naloxone

Location	Description	Formulary Item	Med ID	Brand Name	Max	Min	Current	Status	Days Unused
OBSPE_MAIN ...	CUBIE 1x1 (...	buprenorphine-naloxone 8 mg-2 ...	10270	Suboxone	10	3	5		19
OBSPE_MAIN ...	CUBIE 1x1 (...	naloxone 0.4 mg (1 mL) injection	2577	Narcan	5	1	7	O | S	50
OBSPE_AUX D...	CUBIE 1x3 (...	naloxone 2 mg (2 mL) injection	2580	Narcan	2	1	2	S	236

Page 1 of 1 View 1 - 3 of 3 Records per Page 25

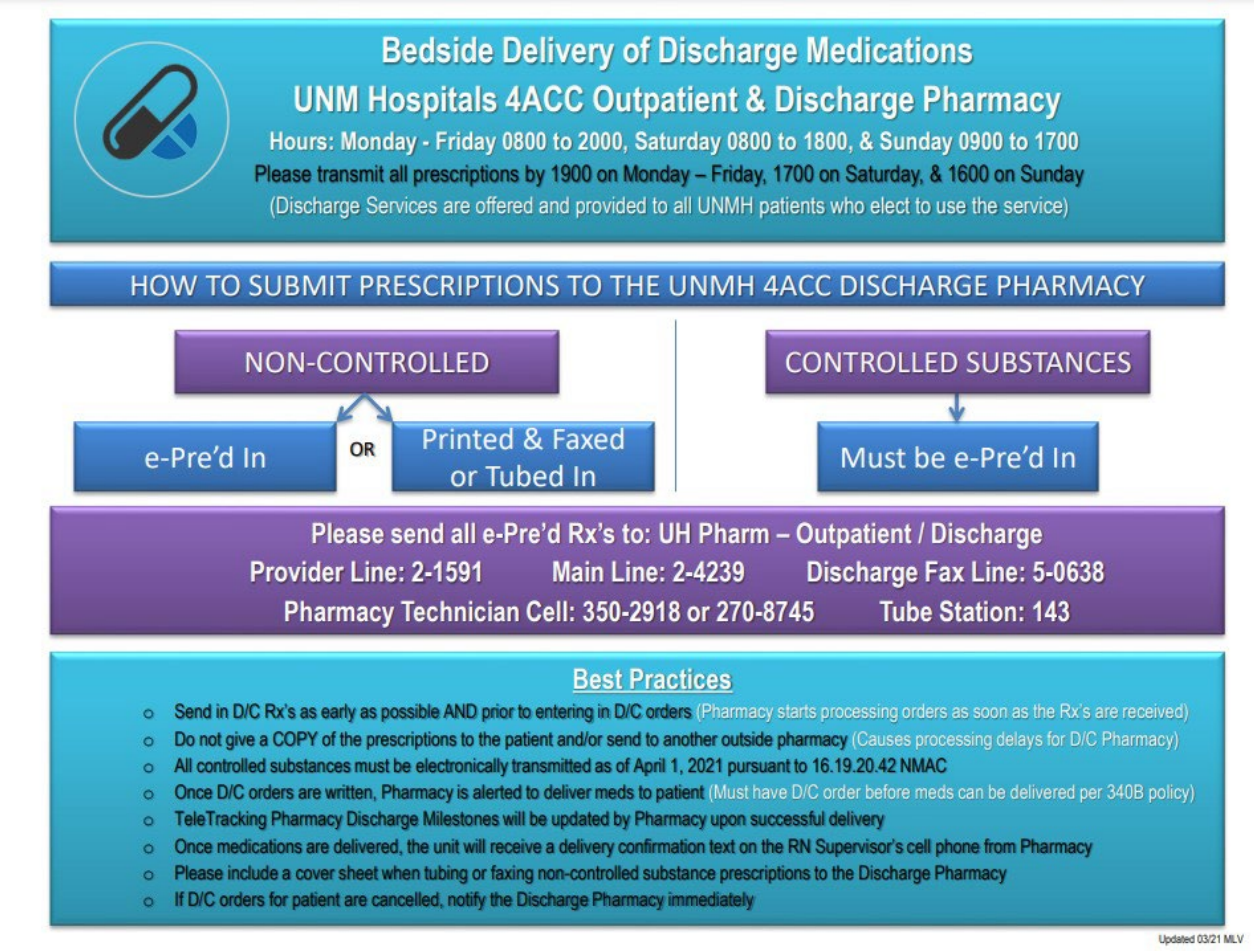
Non Controlled Substance Override List for UNMH

General	naloxone	0.4	Mg	1	mL
General	naloxone	2	Mg	2	mL
General	naloxone	4	Mg	10	mL
General	naloxone (nasal)	4	Mg	0.1	mL

Response: Discharge Pharmacy

- Intranasal naloxone will be “pre-selected” for prescribing upon discharge
- Most patients with discharge prescriptions utilize “meds to bedside,” where a pharmacist will dispense up to a 30 day supply of medications (including naloxone) and provide discharge education
  - All patients qualify, out-of-pocket costs are based on insurance reimbursement
- Patients who prefer to fill through an outpatient pharmacy will have naloxone E-prescribed

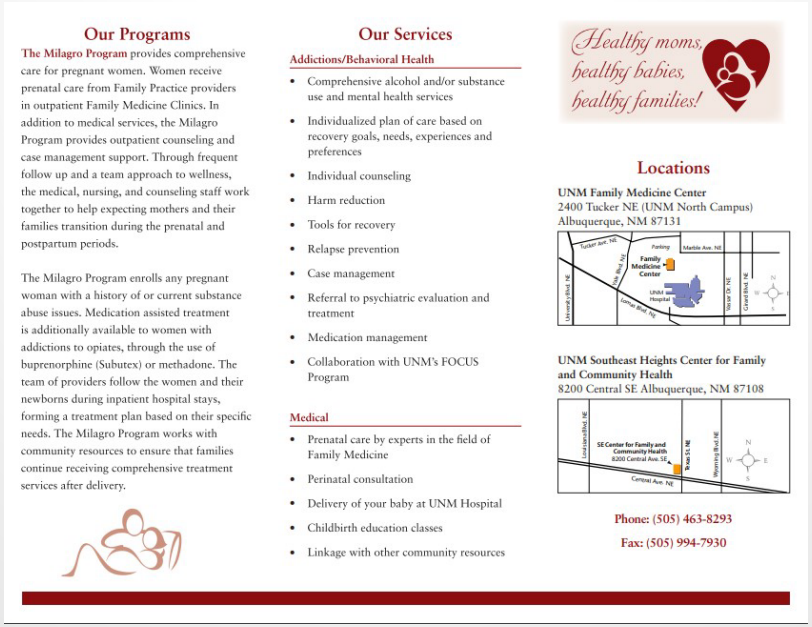
Meds to Bedside



https://unmhealth.org/services/pharmacy-services/

Response: Discharge Follow Up

- Prior to discharge, patients will have a scheduled postpartum appointment with referral to substance use disorder specialists



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Our Services

Addictions/Behavioral Health

- Comprehensive alcohol and/or substance use and mental health services
- Individualized plan of care based on recovery goals, needs, experiences and preferences
- Individual counseling
- Harm reduction
- Tools for recovery
- Relapse prevention
- Case management
- Referral to psychiatric evaluation and treatment
- Medication management
- Collaboration with UNM's FOCUS Program

Medical

- Prenatal care by experts in the field of Family Medicine
- Perinatal consultation
- Delivery of your baby at UNM Hospital
- Childbirth education classes
- Linkage with other community resources

Healthy moms, healthy babies, healthy families!

Locations

UNM Family Medicine Center
2400 Tucker NE (UNM North Campus)
Albuquerque, NM 87131

UNM Southeast Heights Center for Family and Community Health
8200 Central SE Albuquerque, NM 87108

Phone: (505) 463-8293
Fax: (505) 994-7930

https://unmhealth.org/services/behavioral-health/milagro-program.html

Response: Naloxone resources

- Milago clinic: 505-463-8293
- Santa Fe Mountain Center: phil@themountaincenter.org
- Southwest CARE Center: lievinggroup@gmail.com
- Dope Services NM: dopeservicesnm@gmail.com
- New Mexico DOH: http://nmhealth.org/go/opioid/
- NEXT: www.nextdistro.org

https://unmhealth.org/services/behavioral-health/milagro-program.html

Challenges: Clinical Engagement

- How do we cultivate a culture of promoting harm reduction strategies?
  - Provide ongoing education encouraging harm reduction strategies, naloxone use, and stigma and bias training
  - Engage in hospital outreach and education
  - Use multidisciplinary approach by engaging physicians, mid-level providers, midwives, nursing staff, clinical educators, pharmacists and informatics

Challenges: Patient Identification

- How do we identify patients who require naloxone?
  - Prenatal screening protocols at all visits for all patients
  - Clinical alerts and triggers to remind providers
  - Pre-selected prescriptions for intranasal naloxone built into established policies and protocols

Challenges: Dispensing

- How do we ensure patients actually receive naloxone?
  - Appropriate discharge pharmacy staffing
  - Purchasing adequate supply of intranasal naloxone
  - In cases of AMA and rapid discharge, may supply patient with “bedside” intranasal naloxone with directions for use (not a formally approved process)

Challenges: Billing and Reimbursement

- How do we ensure patients can afford naloxone?
  - New Mexico Medicaid perinatal expansion and naloxone reimbursement requirement- no co-pay and can fill every 28 days
  - Private reimbursement co-pay $0-20
  - Continued challenges for self-pay (uninsured) and neonatal patients (working on grant supplies)

Summary

- Cultivate a culture that promotes harm reduction strategies for pregnant and postpartum patients with opioid use disorder that utilizes intranasal naloxone and other harm reduction strategies
- Implement screening tools to identify pregnant and postpartum patients with OUD requiring intranasal naloxone
- Prepare institutional policies and protocols than incorporate education documents, OUD resources, pre-selected intranasal naloxone prescriptions, and clinical staff education
- Develop a mechanism to dispense intranasal naloxone upon discharge and bill insurance providers appropriately for reimbursement

Questions?