



California Naloxone Mandate

A UCSF Health *Best Practice Alert* Solution

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Context: Addressing The Opioid Crisis

- Addressing the opioid crisis is a national priority
- UCSF Health formed an *Opioid Stewardship Initiative* that is focused on: 1) addressing the impact of opioid prescribing for our patients and providers, and 2) building tools, support and resources to better care for our patients with pain
- The California state legislature is also trying to influence prescribing behaviors with a new mandate focused on prescribing naloxone and educating patients on overdose prevention

Background: California Naloxone Mandate

- Providers must offer naloxone for:
 - Patients taking a Morphine Equivalent Daily Dose (MEDD) of ≥ 90 mg
 - Patients co-prescribed a benzodiazepine with an opioid medication
 - Patients with increased risk or history of overdose or substance use disorder
- Providers must provide education to patients about naloxone use
- State Mandate Effective Jan 1, 2019; FAQ link provided below:
<http://www.mbc.ca.gov/Licensees/Prescribing/OverdosePrevention/AB2760FAQs.pdf>

What does 90mg MEDD actually mean?

- CDC provides a nice 2 page educational guide about how to calculate total daily dosage of opioids for safer prescribing:
 - https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf
 - APeX will do this for you within the next ~9 months as new opioid stewardship tools continue to get developed; the goal is making patient-specific MEDDs more visible to assist with identifying “at risk” patients at the point-of-care
 - Below is an example of commonly prescribed medications that quickly add up to 90 MME/day:

90 MME/day:

- 90 mg of hydrocodone (9 tablets of hydrocodone/acetaminophen 10/325)
- 60 mg of oxycodone (~2 tablets of oxycodone sustained-release 30 mg)
- ~20 mg of methadone (4 tablets of methadone 5 mg)

We created a systematic way in APeX to remind providers to offer and prescribe naloxone

The Solution:

- A *Best Practice Alert (BPA)* will fire at the time of prescribing an opioid and provide an automatic order for naloxone nasal spray
- The BPA will NOT fire if naloxone is already on the patient's medication list
- BPA will fire in all ambulatory settings; for the hospital/ED, the BPA will only fire for discharge medication orders (not for orders written during hospitalization)

How does it work?

Order an opioid medication as you do today

Order Search

NORCO

Facility List is only available for After visit searches.

Panels

(No results found)

After visit Medications + Clinic-Administered Medications

	Name	Dose	Frequenc	Disp Qty	Ref	End Da
	HYDROcodone-acetaminophen (NORCO) tablet 5-325 mg #20...	2 tablet	Every 6...	20	0	
	HYDROcodone-acetaminophen (NORCO) tablet 5-325 mg #20...	1 tablet	Every 4...	20	0	
	HYDROcodone-acetaminophen (NORCO) tablet 5-325 mg #60...	1-2 tablet	Every 6...	60	0	
	HYDROcodone-acetaminophen (NORCO) tablet 5-325 mg #90...	1-2 tablet	Every 6...	90	0	
	HYDROcodone-acetaminophen (NORCO) tablet 7.5-325 mg #2...	2 tablet	Every 6...	20	0	
	HYDROcodone-acetaminophen (NORCO) tablet 7.5-325 mg #2...	1 tablet	Every 6...	20	0	
	HYDROcodone-acetaminophen (NORCO) tablet 7.5-325 mg #2...	1 tablet	Every 4...	20	0	
	HYDROcodone-acetaminophen (NORCO) tablet 7.5-325 mg #6...	1 tablet	Every 6...	60	0	
	HYDROcodone-acetaminophen (NORCO) tablet 7.5-325 mg #6...	1-2 tablet	Every 6...	60	0	
	HYDROcodone-acetaminophen (NORCO) tablet 7.5-325 mg #9...	1 tablet	Every 6...	90	0	
	HYDROcodone-acetaminophen (NORCO) tablet 10-325 mg (ak...	1 tablet	Every 6...	0	0	

After visit Procedures

(No results found)

How does it work?

Order now also includes the MEDD for this specific prescription (see red below)

✓ oxyCODONE (ROXICODONE) 5 mg tablet

Reference: 1. Lexi-Comp
Links:
Order Inst.: No Ordering Instructions available

Product: **OXYCODONE 5 MG TABLET** [View Available Strengths](#)

Sig Method: **Specify Dose, Route, Frequency** [Use Free Text](#)

Dose: mg **5 mg** 15 mg

Prescribed Dose: 5 mg
Prescribed Amount: 1 tablet
Maximum MEDD: 22.5 mg MEDD

Route: **Oral**

Frequency: [Q4H PRN](#) [Q6H PRN](#) **[Q8H PRN](#)**

PRN reasons: ☒ Pain

How does it work?

The BPA pops up. Click “Accept” to order naloxone.

BestPractice Advisory - Zztest, Amanda

ⓘ Reminder to prescribe naloxone.

Providers must offer naloxone for:


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- Patients co-prescribed a benzodiazepine with an opioid medication
- Patients with increased risk or history of overdose or substance use disorder


Providers may choose to add patient instructions using the smartphrase .NaloxonePI or add documentation to their note using .NaloxoneDocumentation.

[Click here for additional information about the California mandate](#)

Order

Do Not Order

 **NALOXONE 4 MG/ACTUATION NASAL SPRAY**

 **Accept**

Dismiss

How does it work?

Responding to the BPA

- Click “Accept” to order naloxone. It will automatically be added to your prescriptions.
- Click “Do Not Order” and then “Accept” if naloxone is not indicated
- If you select Do Not Order, the BPA will fire again next time you prescribe for that patient

How does this BPA relate to the CURES BPA?

BestPractice Advisory - Ztest, Jeff

❗ Reminder to check CURES website

[Click here to check CURES](#)

Checking CURES is required by California state law for new controlled substance prescriptions and every 4 months. Onetime 7-day Rx from the ED, 5-day Rx for surgical procedures, and patients on hospice are exempt.

Providers may choose to add documentation to their note using the smartphrase .CURESdocumentation.

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⚠ Acknowledge Reason


❗ Reminder to prescribe naloxone.

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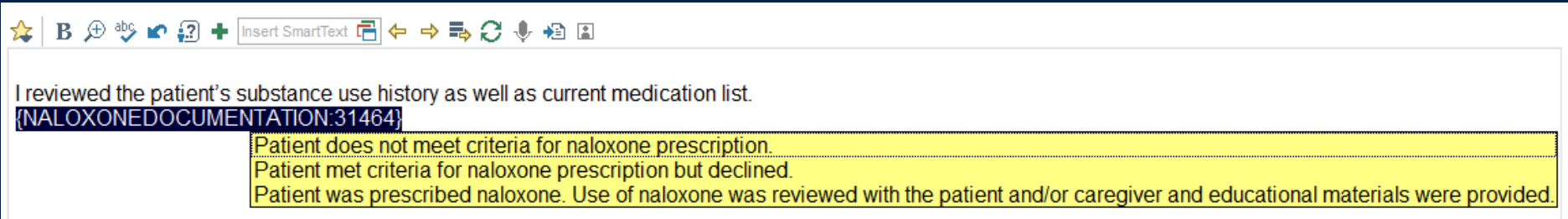
 NALOXONE 4 MG/ACTUATION NASAL SPRAY

✓ Accept Dismiss

- If the CURES BPA is triggered for a given patient, a single BPA will combine both (so you won't get 2 BPAs)

Common FAQ: How do I document in APeX?

- A new smartphrase allows providers to add documentation to their note:
 - Type .NaloxoneDocumentation [also referenced in the BPA]
 - Select from three options:



The screenshot shows a text editor interface. At the top is a toolbar with icons for undo, redo, bold, italic, link, unlink, and a plus sign. Below the toolbar is a text input field containing the text "I reviewed the patient's substance use history as well as current medication list." Below this text is a dropdown menu with the following options: "{NALOXONEDOCUMENTATION:31464}", "Patient does not meet criteria for naloxone prescription.", "Patient met criteria for naloxone prescription but declined.", and "Patient was prescribed naloxone. Use of naloxone was reviewed with the patient and/or caregiver and educational materials were provided."

- Practices/Services may choose to embed the smartphrase into their note templates for all encounters if it assists in provider workflows
- Adding .NaloxonePI allows providers to add standardized naloxone education to patient instructions [also referenced in the BPA]

What's coming next?

- The BPA will go live on January 9th
- We will modify the BPA based on user experience and early assessment of its impact
- New Opioid Stewardship tools in APeX are coming in the next ~9 months that will make MEDDs more visible for all patients as one strategy to better identify “at-risk” patients; ideally, these tools would have preceded the BPAs but we’ll enhance functionality of all tools and their interaction with each other later in 2019