**Subject/Title:** Distributing Opioid Overdose Reversal Medication in the Emergency Department

**Purpose:** To reduce opioid overdose deaths through the distribution of prepackaged overdose reversal medication (naloxone) to at risk patients.

**Policy:**

The hospital shall allow for the distribution of prepackaged emergency medications in accordance with WA Senate Bill 5195. The pharmacy director shall maintain a list of all prepackaged emergency medications approved for distribution to patients in the emergency department, which will include opioid overdose reversal medication (naloxone). This policy and protocol outline specific requirements for prepackaged naloxone distribution.

The hospital must identify all patients who present at the emergency department with symptoms of an opioid overdose, opioid use disorder, or other adverse event related to opioid use. Other adverse event related to opioid use *may include but is not limited to the following*: soft tissue infection, endocarditis, risk of opioid overdose of self, and risk of witnessing or responding to opioid overdose.

The above identified patients must receive the following:

* Opioid reversal medication (naloxone) upon discharge unless there is professional determination that it is not appropriate, or the person already has naloxone; and
* Directions for use; and
* Information and resources about medications for opioid use disorder (MOUD) and harm reduction strategies and services. These materials should be available in all languages relevant to the communities that the hospital serves.

**Procedures:**

1. **Screening and Assessment**
   1. Screen patients to determine if they meet requirements as outlined in the policy
      1. *Determine universal screening process vs. xxx*
      2. *See screening and inclusion criteria recommendations in HCA toolkit for additional guidance*
   2. Exceptions:
      1. Has a naloxone kit
      2. Determined not to be appropriate based on professional determination
      3. Patient declined naloxone
2. **Distribution**
   1. **Required**: Nurses, providers, or pharmacists will distribute prepackaged emergency medications to patients only after patient counseling on the medication
   2. **Required:** Education and materials provided in relevant patient languages
      1. *Depending on ED and hospital workflow, patient education may be provided by allied disciplines (e.g., social workers, SUDP, and peer counselors). Identify roles in your organization’s workflow and ensure that included professions review this policy and receive requisite training.*
   3. **Optional:** institution-specific tracking or logging protocols
3. **Documentation**

**Required**: Procedures to require practitioners intending to prescribe prepackaged emergency medications pursuant to SB 5195 Section 2 to maintain a valid prescription either in writing or electronically in the patient’s records prior to a medication being distributed to the patient

* *Determine and outline workflow procedure to ensure compliance* 
  1. Document screening and any exceptions
     1. E.g., Patient refusal or AMA
  2. Document education and materials provided and confirmed patient understanding
  3. Document delivery of prepackaged naloxone

1. **Providing Competency-Based Staff Education**

Any practitioner authorized to prescribe emergency medication, or any nurse authorized to distribute prepackaged emergency medication shall be provided competency-based education about opioid overdose reversal medication, prevention, response, and opioid use disorder. This training will occur on hire (*and annually or in alignment with organization’s learning plan)* with documentation of training to be kept in staff files. Education meets the following minimum standards:

* 1. Competency domains
  2. Screening and discharge procedure(s)
  3. Documentation requirements as outlined in this policy

1. **Pharmacy Requirements**
2. The prepackaged emergency medication will be prepared by a pharmacist or under the supervision of a pharmacist licensed under 18.64 RCW.
3. The labeling requirements (RCW 69.41.050 and RCW 18.64.246) for opioid overdose reversal medication dispensed/delivered is waived
4. Medication may be dispensed “with technology used to dispense medications) (*e.g., automatic drug dispensing devices- “ADDDs*”)
5. **Billing Requirements:**

Until the opioid overdoes reversal medication bulk purchasing and distribution program is operational, the hospital must bill as follows:

1. For patients enrolled in a medical assistance program
   * 1. The hospital must bill the patient’s Medicaid benefit for the patient’s prepackaged naloxone using the appropriate billing codes established by HCA.
     2. This billing code must be separate from and in addition to the payment for the other services provided during the hospital visit.
2. For patients with private or commercial insurance
   * 1. the hospital must bill the patient’s health plan for the cost of the prepackaged naloxone
3. For patients who are uninsured or without other health insurance:
   * 1. the hospital must bill the health care authority for the cost of the patient’s prepackaged naloxone.

This policy does not prohibit dispensing opioid overdose reversal medication (naloxone) to a patient at no cost to the patient or out of the hospital’s prepurchase supply.

**Committee Review Required:**

*Emergency Department Leadership*

*Pharmacy Leadership*

**Reference Materials:**

Senate Bill 5195