Examining a Standardized, Team-based Approach for Identifying Naloxone-Eligible Patients in a Grocery Store Pharmacy

Objectives:
Prescription opioid overdose and overuse has been a hot topic in the United States for several years. Naloxone, an opioid antagonist, is a medication that is used to block the effects of opioid medications. Attitudes and knowledge have been studied for both pharmacists and patients regarding the dispensing of naloxone, but there is limited data regarding how to identify patients in a community-based pharmacy who could benefit from naloxone therapy. The primary objectives of this study are to 1) define a standardized, team-based approach to identify naloxone-eligible patients in a grocery store pharmacy and 2) evaluate the impact of the standardized team-based approach on the number of naloxone orders dispensed to eligible patients.

Methods:
This prospective, interventional study was conducted at two locations within a grocery store pharmacy chain in North Carolina. One location served as the intervention store, while the other served as the control; both locations have similar prescription volume and patient demographics. Persons > 18 years who met at least one of the following criteria were included: ≥ 50 Morphine Milligram Equivalents (MME) per day; concurrent use of a benzodiazepine with an opioid; fentanyl patch > 25 mcg/hour; documented or verbal history of overdose/substance use disorder. Persons were excluded if < 18 years, non-English speaking, or received a prescription for an opioid for fewer than 5 days and have had no opioid exposure in the previous 30 days. Training and instruction steps were provided to all pharmacy team members (pharmacist, student pharmacist, technician) at the intervention store. Patients were evaluated for naloxone eligibility at prescription intake. If the patient met inclusion criteria, a clinical flag was placed in the dispensing system alerting the pharmacist to speak with the patient at pick-up. The pharmacist educated the patient on the risks of opioid medications, the benefits of naloxone, and offered to dispense naloxone. The control store followed the standard of practice. Descriptive statistics were used to evaluate data.

Results:
The intervention took place from November 15, 2017 through February 15, 2018. There were 39 patients identified at the intervention store who met the inclusion criteria. These patients were 59% female and 41% male. The mean age of the included patients was 53 with a range of 24-71. Of these 39 patients, 11 accepted the naloxone order. The control pharmacy dispensed 2 naloxone orders during the same study period. Additionally, the number of naloxone orders dispensed at each site one year prior was analyzed. Both the intervention and the control pharmacy dispensed 3 naloxone orders during this historical timeframe. Before the study’s conclusion, 2 patients reported back that they had needed to use the naloxone.

Conclusion:
A standardized, team-based approach was successfully implemented by the pharmacy staff to increase naloxone dispensing rates and boost public safety in the grocery store pharmacy setting.