

HEALTH & MEDICINE

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WATCHDOG

Virginia allows pharmacies to dispense lifesaving opioid antidote. But dozens refused.

By Marie Albiges
Staff writer

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Narcan, an opioid reversal drug, is photographed in the Virginian-Pilot studio in Norfolk, Va., on Tuesday, April 9, 2019.



Three years ago, Virginia’s top health official set out to make it easier to get naloxone, the life-saving, overdose-reversing drug also known by its brand name, Narcan.

After the issuance of a “standing order” that in effect functions as a statewide prescription, you could — in theory — walk into any pharmacy without a doctor’s permission and get a dose. If they dispense it, a pharmacist is required to first give you information on how to recognize the symptoms of an opioid overdose and how to administer the naloxone.

But a survey of over 80 pharmacies in Hampton Roads found that pharmacists are giving conflicting advice and are often confused or unaware of the standing order for naloxone.

Journalists at the Daily Press and the Virginian-Pilot called or visited pharmacies in 12 localities over several months and found that about 20 percent of them refused to dispense naloxone without a doctor’s note, even after the standing order was mentioned.

Some pharmacists and pharmacy techs said they weren’t “authorized” to dispense it, while others dismissed the standing order entirely, saying they’d never heard of it or the order didn’t apply to their pharmacy.

“In the state of Virginia you have to have a prescription,” one pharmacist said incorrectly.

The various responses show how difficult and discouraging it can be for the average person to get naloxone despite the state’s efforts to make it easier to obtain.

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Around Thanksgiving 2016, then-Commissioner of Health Dr. Marissa Levine issued the first standing order allowing board-certified pharmacists in Virginia to dispense naloxone one of three ways: through the Narcan nasal spray, the EVzio auto-injector, or in prefilled syringes.

Standing orders are often found in hospitals and doctor’s offices — they allow other designated healthcare workers to administer the drugs and physician assistants to administer the drugs or vaccinations. Schools also use them to administer drugs like epinephrine for allergic

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reactions.

In notifying the pharmacists of Virginia's naloxone standing order, Levine warned them that opioid overdose deaths were expected to rise by 25% that year and told them to prepare for patients requesting naloxone.

A little more than 800 people had died that year in Virginia from fentanyl or heroin overdoses; another 471 died after overdosing on opioids.

“As we come together to celebrate the holidays, we are faced with the reality that the disease of addiction continues to worsen in the Commonwealth despite efforts on many fronts,” she wrote to pharmacists.

Levine, now a professor at the University of South Florida, said in a phone interview that at the time, she wanted to make sure everyone knew there was opioid addiction problem in Virginia.

“At that point, I wanted to make sure we were doing everything possible to decrease the deaths,” she said.

She said she worked with other state agencies and the state pharmacy association to ensure all pharmacies were aware of the protocol.

“I can tell you that every pharmacist got information at that time,” she said.



Pasquotank-Camden Emergency Medical Services
Naloxone comes in several forms, including a nasal spray.

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Despite what information may have been shared to pharmacists, reporters received confusing and often conflicting responses to their requests for naloxone.

One pharmacy said naloxone was only available if you had a prescription for opioids, and another wanted proof of opioid use before dispensing naloxone.

One pharmacist said naloxone was “generally reserved” for patients on opioid medications, despite a recommendation from U.S. Surgeon General Jerome Adams, who encouraged Americans to carry it and know how and when to use it in a public health advisory last year.

One pharmacist at a CVS in Hampton said she could only prescribe naloxone without a doctor’s note in the event of an emergency.

“There has to be somebody in crisis basically right then and there,” she said.

BY THE NUMBERS

The newspaper called or visited 82 pharmacies in 12 Hampton Roads localities.

About **20%** refused to dispense naloxone without a doctor's note, even though a standing order exists.

Of the 19 independent pharmacies we called, 7 (**37%**) said yes to dispensing naloxone on the first try.

Of the 32 chain grocery stores called, like Harris Teeter and Food Lion, 17 (**53%**) said yes on the first try.

Of the 31 chain pharmacies called, like CVS and Rite Aid, 21 (**68%**) said yes on the first try.

About **45%** of the 82 pharmacies immediately knew about the standing order.

Pharmacists gave cost estimates of **\$90-\$250** for naloxone.

2,539 naloxone prescriptions were dispensed using the standing order between July 2018 and March.

Data compiled from The Virginian-Pilot's findings and the Virginia Prescription Monitoring Program.

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At least 15 pharmacies didn't know about the standing order when reporters mentioned it after being told they needed a prescription. Several times, reporters were put on hold while the person answering the phone consulted with the pharmacist.

At least eight pharmacies incorrectly said insurance would only cover the naloxone if it was obtained through a doctor's prescription. Several others said it would be cheaper with a prescription.

At least seven pharmacies said they didn't have any naloxone in stock and would have to order it.

Other pharmacists were more helpful. One at a Walmart pharmacy told a reporter he would dispense it for free if needed.

"We'd rather you have it than not have it," he said.

Around 45% of the pharmacies immediately knew about the standing order, or at least that there was no need for a doctor's prescription.

Reporters were repeatedly asked what they wanted naloxone for, and who would use it.

At one pharmacy, a pharmacist berated a reporter with questions, asking where she'd heard the term "standing order" and if she was doing research. He said naloxone could only be given without a prescription during an emergency.

After the reporter identified herself and was told she'd have to speak with a media representative, the pharmacist hung up, researched the pharmacy's position on dispensing naloxone without a prescription and called the reporter back. He told her near the end of the call it had been a learning experience and would be used as a lesson to train the pharmacy techs so the confusion wouldn't happen when the request was "for real."

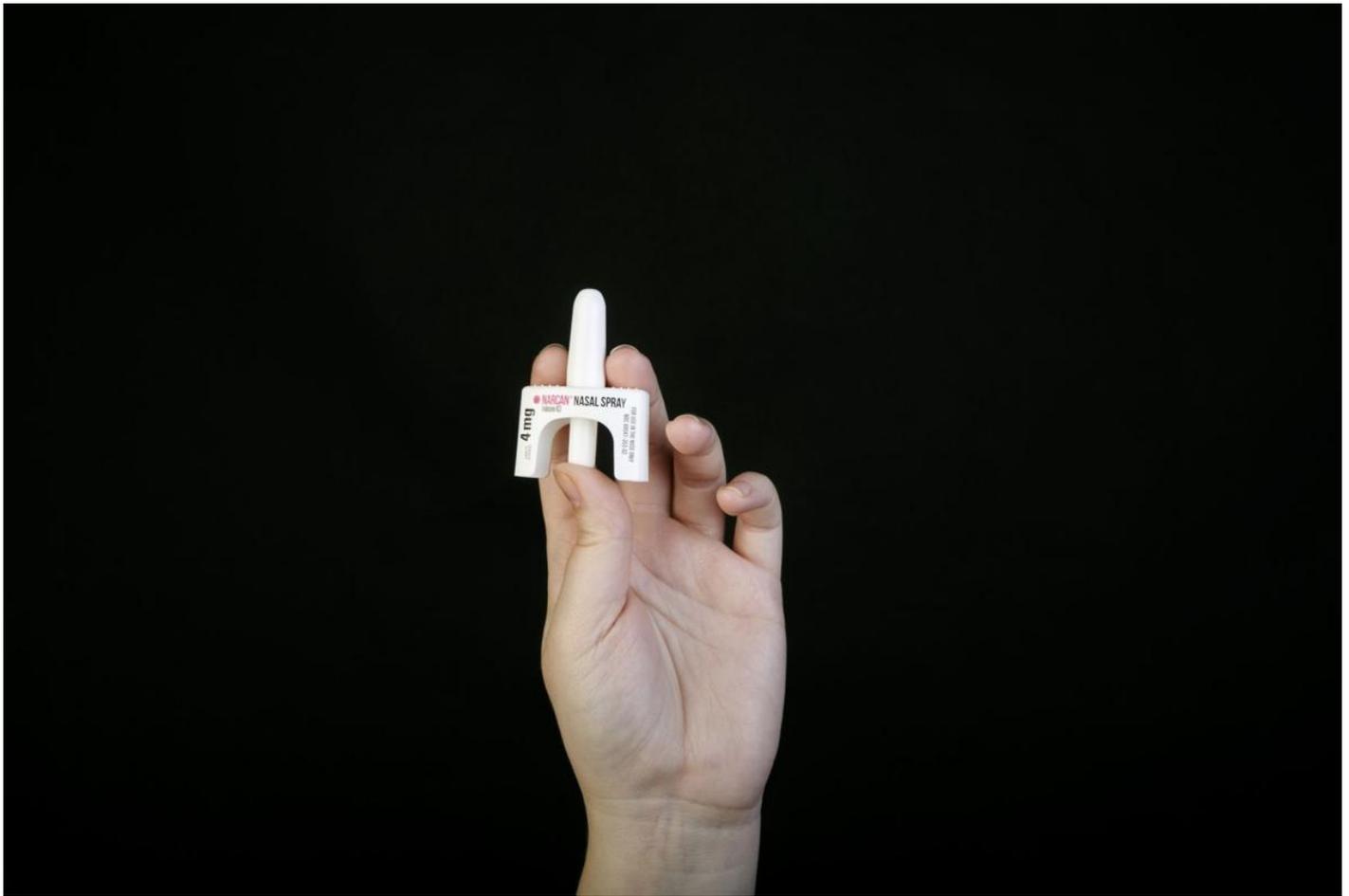
When presented with the newspapers' findings, Dr. Parham Jaber, chief deputy commissioner for the Virginia Department of Health, wondered aloud if a broader, statewide pharmacy study could be done to see how naloxone is being offered.

"Everybody involved could do a better job of getting (naloxone) in the hands of those who need it," he said in a phone interview.

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According to the Prescription Drug Abuse Policy System, all 50 states have some form of a law granting access to naloxone without a prescription.

Unlike in states such as Pennsylvania and Wisconsin, no list of Virginia pharmacies that participate in the standing order exists. Virginia can't mandate pharmacies take part.

Caroline Juran, the state Board of Pharmacy executive director, said in an email the only reasons she could see for a pharmacist refusing to dispense naloxone would be not having it in stock or not fully understanding the standing order.

In an email, the Virginia Pharmacists Association said it had "no insight" into why a pharmacist would refuse to participate in the standing order.

The federal Substance Abuse and Mental Health Services Administration says people experiencing an opioid overdose may suffer from body aches, irritability, dizziness, weakness, nausea, diarrhea, fever or chills if they are given naloxone because it blocks opioid receptor sites and reverses the effects of an overdose. In other words, it feels like withdrawal.

Health experts agree naloxone isn't harmful when taken accidentally, or when you're not experiencing an overdose, and it doesn't have any addictive properties.

Sharon Gatewood, associate professor at Virginia Commonwealth University School of Pharmacy, specializes in community pharmacy practice and is director of the Virginia Pharmacists Association.

She co-wrote a paper, "Public attitudes and beliefs about Virginia community pharmacists dispensing and administering naloxone," published last summer in the Journal of the American Pharmacists Association.

Gatewood found pharmacist attitudes on dispensing naloxone often depend on where in the state they are. Those who are in favor of dispensing naloxone often are based in geographic areas where the opioid problem is pervasive. They also tend to have more regular contact with customers who are asking about it.

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Her research found that most people — 66% — were comfortable with pharmacists dispensing naloxone. Of those who weren't comfortable, most said they believed doing so would promote drug abuse and reckless behavior.

“I do understand there is a group out there that says, ‘Oh, but people are using it to be able to push the limits with opioids,’” Gatewood said in an interview. “These are also the population that believe that medication-assisted treatment for opioid-use disorder is a problem. And that’s it. They don’t see that as recovery.”

Ericka Crouse, a professor at VCU’s School of Pharmacy, said she’s heard anecdotes from colleagues in Baltimore who said drug dealers would sometimes tell their customers to buy naloxone alongside a new street product if they were concerned it might be deadly.

Levine said she wasn’t worried about people getting naloxone and selling it on the streets, like with other prescription drugs.

“If people weren’t dying, I might be more concerned about that,” she said.

The push to make pharmacists more involved in patients’ overall health care is just starting to become more urgent, said Anne Burns, the vice president of professional affairs for the American Pharmacists Association.

“As an organization, we’ve been vigorously promoting the importance of naloxone in preventing overdose,” she said over the phone.

But there’s a learning curve, she said. Not all pharmacists understand the role they can play, and they have different beliefs about which patients need naloxone.

“There are some who feel like any patient on an opioid should be co-prescribed naloxone, and there are others who feel like we really need to target the higher-risk patients,” she said.

And if there’s not a high demand for it, Burns said many pharmacies won’t spend the money to have the naloxone sit on their shelves for months only to have it expire.

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If they agree to dispense naloxone without a prescription, pharmacists are required to provide counseling in opioid overdose prevention and teach the requester how to recognize and respond to an overdose. They must also demonstrate how to administer the naloxone and go over what will happen once the drug is used.

Between July 2018 and March, naloxone was given out under the standing order 2,539 times, according to the Virginia Department of Health Professions.

That's about 9% of the 28,358 naloxone prescriptions dispensed statewide between July 2018 and March.

Even if people who want to get naloxone get past the first hurdle — finding a pharmacy willing to dispense the drug without a doctor's note — they'll have to get through another barrier: the cost.

The 82 pharmacies surveyed gave wildly different price estimates to get naloxone without insurance, from \$90 to around \$250.

"It's quite expensive," one pharmacist in Portsmouth told a reporter. Another called the cost "terrible."

Medicaid covers a dose of naloxone, and more insurance companies have begun covering it at least in part, Burns said. One reporter was able to obtain naloxone with the standing order through insurance for around \$37.

Maria Reppas, a spokeswoman for the Department of Behavioral Health and Developmental Services, said her department began partnering with the Department of Health to dispense naloxone when federal grant funds became available.

The behavioral health department can directly give naloxone at Remote Area Medical clinics. And it funds community services boards — local government-run facilities that provide behavioral health and developmental disability services — who are authorized by the Board of Pharmacy to directly distribute it using federal funds.

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Some public health departments also stock and dispense naloxone.

And some organizations that have the authority to distribute the drug provide it to people at the end of the REVIVE! training, the opioid overdose and naloxone education program.

The state health department has spent more than \$1.3 million since the standing order went into effect on naloxone that's been handed out to local health districts, who then dispense doses at health fairs, free clinics and other venues.

Several local police departments said an individual couldn't come to police headquarters and ask for a dose, but officers, EMS personnel, jail staff and school nurses are all authorized to carry and administer it in emergency situations.

Levine, the former health commissioner, said she recognizes there are still barriers to accessing naloxone. But at the very least, she's glad she helped it become more readily available, at least to some.

"I can't imagine that it didn't do some good," she said. "It was never meant to be the final answer."

Staff writers Sara Gregory, Matt Jones, Jessica Nolte, Josh Reyes and Elisha Sauers contributed reporting.

HOW WE REPORTED THIS

After learning about the standing order and being denied access to naloxone at pharmacies, reporter Marie Albiges enlisted the help of five other reporters to call or visit licensed pharmacies in Hampton, Newport News, Poquoson, York County, Williamsburg, Smithfield, Gloucester, Norfolk, Suffolk, Virginia Beach, Chesapeake and Portsmouth.

In a spreadsheet, reporters documented pharmacists' and other employees' responses to questions about whether they dispensed naloxone, whether a prescription was needed, and whether pharmacists knew about the standing order.

Marie Albiges, 757-247-4962, malbiges@dailypress.com



Marie Albiges

Marie Albiges writes about state government and politics. A graduate of Christopher Newport University, Marie has previously covered local government, courts, breaking news and education in Williamsburg and Texas.

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