



# COMMONWEALTH of VIRGINIA

## Department of Health

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### Addiction Public Health Emergency: Update #1

January 17, 2016

Dear Colleague:

Today's correspondence represents the first of a series of periodic updates since declaring the opioid addiction crisis an emergency in Virginia on November 21<sup>st</sup>, 2016. On that date, Dr. Levine also [issued a statewide standing order](#) authorizing pharmacists to dispense naloxone in accordance with §54.1-3408 and the current Board of Pharmacy-approved protocol to persons seeking the drug. The response has been overwhelmingly positive, and we wanted to thank you for your efforts and willingness to help us fight the addiction epidemic in the Commonwealth.

This update resulted partly from critical feedback provided by the clinical community and focuses on:

- [Co-prescribing](#)
- [Naloxone formulations](#)
- [Naloxone insurance coverage](#)
- [Naloxone FAQs](#)
- [Opioid Addiction Stigma](#) and [No cost CME concerning addiction management](#)
- [Influenza reminder](#)

#### Co-Prescribing

Naloxone is not just for patients with opiate addiction. Prescribing naloxone along with any opioid prescription is quickly becoming standard of care. We know that wherever the prescription goes, the risk of overdose exists- accidental or otherwise. As you educate your patients on the risks of opiate medications, please consider using the statewide standing order to offer them naloxone at the same time. When naloxone is dispensed under the standing order, we encourage you to notify the patient's primary care provider so they can document in the patient's medical record.

#### **Nasal Atomizer**

The nasal atomizer used with the naloxone 2mg/2ml prefilled syringes is experiencing some back-order delays. The company is working to resolve these issues and until then the next best option is the Narcan nasal spray unit.

## Insurance Payment

Payors will cover naloxone for the insured individual. The individual is not required to provide specific reasons for their need of the naloxone. If a payor does not cover a patient's naloxone, patients with Medicaid health plans can contact [Department of Medical Assistance Services](#). Patients with commercial health plans should contact the [Bureau of Insurance](#).

## Naloxone FAQ

Attached to this letter is a [Naloxone FAQ sheet](#). Please consider using this in your efforts to get this life-saving drug into the hands of the public. Suggestions are welcome.

## Stigma and No Cost CME

Modern science shows addiction is a disease not unlike depression. Unfortunately, many people do not know the [new science](#). The old beliefs about addiction contribute significantly to the negative stigma that surrounds the disease. You have the power to change this dangerous stigma every time you speak with your patients and we encourage you to use it. The Virginia Department of Health, Department of Behavioral Health and Developmental Services, and Department of Medical Assistance Services have teamed up to offer twenty-eight Integrating [Addiction Disease Management and Removing the Frustration with Opiate Use into Clinical Practice](#) trainings statewide from January-March 2017. This no cost, eight hour course will provide clinicians and staff with the most up-to-date information on the use of controlled substances and management of patients with the disease of addiction. Please consider attending one and taking a colleague with you.

## Influenza Reminder

Lastly, [Influenza](#) is on the rise so please keep an eye out for it. It is not too late for your patients to get their flu shot!

In closing, the chronic relapsing disease of addiction is complex and requires a multidisciplinary team approach. You are a critical component of this team effort, and we thank you again for your assistance in addressing the addiction public health emergency in Virginia.

Sincerely,

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This letter is available on the VDH [Resources for Health Care Professionals](#) web page.