

Naloxone: Tips for Prescribers and Pharmacists

Recommendations

FDA:

- Discuss the availability of naloxone with all patients who are prescribed opioid analgesics.
- Consider prescribing naloxone to patients at increased risk of opioid overdose.
- Consider prescribing naloxone to patients with household members or close contacts at risk for accidental ingestion or opioid overdose.

CDC: Prescribe or dispense naloxone to the following high-risk populations:

- Total daily opioid dose \geq 50 MME
- Concomitant opioid and benzodiazepine prescriptions
- History of opioid overdose
- History of substance use disorder
- Decreased tolerance (e.g., gap in opioid therapy, taper, incarceration)
- Other high-risk patient factors:
 - \geq 65 years old
 - Sleep-disordered breathing (e.g., sleep apnea, CHF, obesity)
 - Mental health conditions (e.g., depression, anxiety, PTSD)
 - Renal or hepatic insufficiency

Naloxone is safe to prescribe or dispense to any person willing to learn to use it and save a life.

Key Points of Patient Education

How to identify an overdose:

- Shallow or no breathing
- Unable to wake or unresponsive to sternal rub
- Pale, clammy skin
- Blue/gray lips or nails

How to respond to an overdose

- Stay calm and call 911
- Give first naloxone dose
- Provide rescue breaths if possible
- Give second naloxone dose if no response in 2 to 3 minutes
- Monitor for recurrence of overdose after naloxone wears off

How to administer naloxone

- Do not prime or test dosing device

Potential for opioid withdrawal after naloxone administration

Importance of educating family and caregivers about overdose and naloxone

Visit <http://tinyurl.com/OENDvideos> for naloxone training videos.

Rx

Name: Patient or Caregiver DOB: 12/1/82
Address: _____ Date: 8/29/20

**Intranasal Naloxone 4 mg
#1 pack**

**Call 911 and administer
1 device IN as directed PRN
suspected opioid overdose;
repeat q 2-3 min PRN**

Refill NR 1 2 3 4 5

Saves A. Life, MD

Naloxone Products for Bystander Use

Multiple naloxone products are approved for the emergency treatment of known or suspected opioid overdose as manifested by respiratory and/or central nervous system depression. The following products are designed for use by trained bystanders:

Narcan Nasal Spray:

- Naloxone 4 mg
- Single-use nasal spray
- Available as pack of 2 sprays
- NDC:
 - Brand (Emergent)
69547-0353-02
 - Generic (Sandoz)
00781-7176-12
 - Generic (Teva)
00093-2165-68

Kloxxado:

- Naloxone 8 mg
- Single-use nasal spray
- Available as pack of 2 sprays
- NDC:
 - Brand (Hikma)
59467-0679-01

Zimhi:

- Naloxone 5 mg
- Single-use intramuscular autoinjector
- Available as pack of 1 or 2 autoinjectors
- NDC:
 - Brand (Adamis), 1 pack
38739-0600-01
 - Brand (Adamis), 2 pack
38739-0600-02

Pharmacist-Initiated Dispensing of Naloxone

With certification and a physician-approved protocol, pharmacists in Kentucky can initiate the dispensing of naloxone without a patient-specific prescription. (See [201 KAR 2:360](#) for details.)

Talking About Naloxone

Focus on adverse effects: “A serious side effect of opioids is that they could slow down or stop your breathing. Naloxone can help your [spouse] save your life if you have a bad reaction.”

Talk about the individual: “Emergencies can occur unexpectedly, especially [at this dose, because you’ve had a gap in therapy, with your other medications or health conditions, etc.]”

Emphasize safety: “While accidental overdose may be unlikely, a serious accident might occur if you unintentionally take too much or if a child or other person gets access to your medication.”

Use analogies: “Naloxone is like a fire extinguisher. You take precautions and hope you won’t ever need to use it, but you keep it on hand just in case something bad happens.”

Make it routine: “We recommend naloxone to all of our patients taking opioids.”

Gauge interest: “Has anyone discussed naloxone with you? Would you like to learn how it improves safety?”

Other tips

- Approach the conversation as a routine medication consultation and discuss overdose as you would any serious but rare adverse drug reaction.
- Be professional and neutral, and avoid stigmatizing language (e.g., addict, abuser, OD, drug habit).
- If the patient is offended or defensive, express concern for their health and safety and return to the conversation at another time.
- Script out language you feel comfortable using and practice counseling with a friend or coworker.