

Naloxone for Opioid Safety:

A guideline for increasing community access to naloxone.

On March 15, 2016, the Centers for Disease Control and Prevention (CDC) published *Prescribing Opioids for Chronic Pain*. These guidelines indicate clinicians should offer naloxone when factors that increase risk for opioid overdose are present, such as history of overdose, history of substance use disorder, higher opioid dosages (≥ 50 mg oral morphine equivalents/day), or concurrent benzodiazepine use.[^]

Nationally, many key stakeholders endorse increasing community access to naloxone, including the [CDC](#), [Attorney General](#), [Surgeon General](#), [Food and Drug Administration](#), [World Health Organization](#), [American Medical Association](#), [American Society of Addiction Medicine](#), [American Public Health Association](#), [National Association of Drug Diversion Investigators](#), and the [Office for National Drug Control Policy](#).

Naloxone may be offered to anyone who feels they are at risk for witnessing a drug overdose.

Naloxone may be prescribed to patients at increased risk for opioid overdose including:

- History of addiction, drug abuse, or drug overdose
- Moderate or high risk of opioid addiction (score of 4 or greater on the Opioid Risk Tool)
- Long-acting opioid use (sustained or extended-release oral formulation, fentanyl patch, or methadone)
- Oral morphine equivalents of 50 mg or more per day (*50 mg oral hydrocodone/day, 30 mg oral oxycodone/day, 12.5 mg oral hydromorphone/day, ~12 mg oral methadone/day, any strength fentanyl patch*)
- Concurrent opioid and benzodiazepine use

There are two ways to offer naloxone:

NON-PRESCRIPTION

Any patient or non-patient community member may pick up a Naloxone Kit.

Kits contain two prefilled naloxone syringes that require a nasal atomizer be affixed prior to administration. Free Kits are available at NYS Dept of Health registered programs found at: http://www.health.ny.gov/diseases/aids/general/resources/ooop_directory/index.htm.

Some community pharmacies also carry kits for purchase (approximately \$60).

PRESCRIPTION

Patients may pick up a prescription for naloxone at their usual pharmacy.

Insurance coverage of prescription naloxone is required by the Centers for Medicare and Medicaid Services.

Naloxone may be prescribed via any of the following regimens:



	INTRA-NASAL	INTRA-NASAL RELEASED IN 2016	IM	AUTO-IM
STRENGTH	Naloxone 1mg/1mL	Naloxone 4mg/0.1mL	Naloxone 0.4mg/1mL	Naloxone 0.4mg/1mL
QUANTITY	Two 2 mL prefilled Luer-Jet™ Luer-Lock needleless syringe PLUS 2 mucosal atomizer devices (MAD-300)	#1 two pack	Two single-use 1 mL vials	#1 two pack
SIG for suspected opioid overdose	Spray 1 mL (half of the syringe) into each nostril. Repeat after 2-3 minutes if no or minimal response.	Spray full dose into one nostril. Repeat into other nostril after 2-3 minutes if no or minimal response.	Inject 1 mL in shoulder or thigh. Repeat after 2-3 minutes if no or minimal response.	Use as directed by voice-prompt. Press black side firmly on outer thigh. Repeat after 2-3 minutes if no or minimal response.
REFILLS	Two	Two	Two	Two

Graphic reprinted with permission from *Preventing Fatal Opioid Overdose Among Your Patients* www.prescribetoavoidoverdose.org

[^]Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>.