

# 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

**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.