

BeAWARE

NALOXONE SAVES LIVES



Naloxone is a non-scheduled prescription medication that can rapidly reverse an opioid overdose. When administered during an overdose, naloxone, as an opioid antagonist, binds to opioid receptors—blocking the effects of opioids on the brain and quickly restoring breathing.

Naloxone has been used safely by emergency medical professionals for more than 40 years and has only one critical function: to reverse the effects of opioids in order to prevent overdose death. Naloxone has no potential for abuse.

If naloxone is given to a person who is not experiencing an opioid overdose, it is harmless. If naloxone is administered to a person who is dependent on opioids, it will produce withdrawal symptoms. Withdrawal, although uncomfortable, is not life-threatening.

DURING 2018,
46,802 OVERDOSE DEATHS IN THE U.S.
INVOLVED AN OPIOID;
EQUATING TO APPROXIMATELY
128 DEATHS EACH DAY
FROM AN OPIOID OVERDOSE.



NALOXONE OR “NARCAN” IS AN FDA-APPROVED “OPIOID ANTAGONIST” THAT COUNTERS THE EFFECTS OF OPIOID (E.G., HEROIN, FENTANYL, OR PRESCRIPTION PAIN MEDICATIONS) OVERDOSE.

Patients often find the offer of a naloxone prescription acceptable.

In 2018, U.S. Surgeon General, Vice Admiral Jerome M. Adams, MD, MPH, advised that naloxone be prescribed or dispensed to individuals who are at elevated risk for opioid overdose and to their friends and family.

Co-prescribing naloxone has been found to reduce emergency department visits, and may help patients become more aware of the potential hazards of opioid misuse.

According to the CDC, patients taking opioid dosages at or above 50 MME/day are twice as likely to overdose as those taking dosages of 20 MME/day, and the risk further increases as the MME/day increases.



Physicians can save lives by co-prescribing naloxone when clinically appropriate. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a physician can consider co-prescribing naloxone for a patient who:

- ◆ Takes high doses of opioids for long-term chronic pain management
- ◆ Receives rotating opioid medication regimens
- ◆ Has been discharged from emergency medical care following opioid poisoning or intoxication
- ◆ Takes extended-release or long-acting opioid medications
- ◆ Is completing mandatory opioid detoxification or abstinence programs

There are three FDA-approved formulations of naloxone:

1. **Injectable**
2. **Auto-injectable**
3. **Prepackaged Nasal Spray**



Some forms of naloxone can be administered by laypeople who become familiar with the relatively simple process (click on ‘How to give Naloxone’ under the ‘Patient Resources’ header below).



The AMA Opioid Task Force encourages physicians to consider and discuss with patients co-prescribing naloxone when it is clinically appropriate to do so, including consideration of the following:

- ◆ Does the patient history or prescription drug monitoring program (PDMP) show that my patient is on a high opioid dose?
- ◆ Is my patient also on a concomitant benzodiazepine prescription?
- ◆ Does my patient have a history of substance use disorder?
- ◆ Does my patient have an underlying mental health condition that might make him or her more susceptible to overdose?
- ◆ Does my patient have a medical condition, such as a respiratory disease, sleep apnea, or other comorbidities, which might make him or her susceptible to opioid toxicity, respiratory distress, or overdose?
- ◆ Might my patient be in a position to aid someone who is at risk of opioid overdose?

Prescriber Resources:

- [Prescribe to Prevent](#)
- [U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose](#)
- [2018 HHS Guidance](#)
- [MSMS Webinar – Naloxone Prescribing](#)
- [Putting Naloxone Into Action!](#)
- [Opioid Overdose Resuscitation Card](#)
- [U.S. Food & Drug Administration Labeling Requirements](#)
- [U.S. Food & Drug Administration Recommendations](#)

Patient Resources:

- [Learn the Facts: Naloxone](#)
- [How to Use Naloxone](#)
- [GetNaloxoneNow](#)
- [How to give Naloxone](#)
- [MDHHS Map: Pharmacies Approved to Dispense Naloxone](#)

REFERENCES

Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018. *MMWR Morb Mortal Wkly Rep* 2020;69:290–297. DOI: <http://dx.doi.org/10.15585/mmwr.mm6911a4>

Centers for Disease Control and Prevention. Reverse Overdose to Prevent Death. Accessed at <https://www.cdc.gov/drugoverdose/prevention/reverse-od.html>

NIDA. 2017, March 30. Naloxone for Opioid Overdose: Life-Saving Science. Retrieved from <https://www.drugabuse.gov/publications/naloxone-opioid-overdose-life-saving-science> on 2020, October 16

American Medical Association. Help save lives: Co-prescribe naloxone to patients at risk of overdose. Accessed at <https://www.end-opioid-epidemic.org/wp-content/uploads/2017/08/AMA-Opioid-Task-Force-naloxone-one-pager-updated-August-2017-FINAL-1.pdf>.

IN 2016, MICHIGAN PASSED A NALOXONE STANDING ORDER LAW GIVING PATIENTS, FAMILIES, AND FRIENDS AN ALTERNATIVE WAY TO OBTAIN NALOXONE TO USE IN AN EMERGENCY. UNDER THE STATUTE, A STANDING DOCTOR'S ORDER FROM THE STATE ALLOWS PHARMACISTS TO DISPENSE NALOXONE WITHOUT AN INDIVIDUAL PRESCRIPTION AND WITHOUT IDENTIFYING A PARTICULAR PATIENT.