GUIDE FOR PHARMACISTS DISPENSING NALOXONE TO PATIENTS

Easy to use instructions for dispensing naloxone to patients

The high number of opioid overdoses is a public health crisis in the US. The rescue medication naloxone can help people survive an overdose. Pharmacies can help by providing naloxone by request, under a standing order or collaborative practice agreement.

Studies show that increasing access to naloxone can reduce overdose death by 35-50%.

HIGH RISK FOR OVERDOSE

Some patients are at higher risk of overdose or may be able to use naloxone to save a life in an overdose emergency:

• Patients taking opioid medications at a high daily dose of 50 morphine milligram equivalent (MME) per day or more
• Patients using opioids along with benzodiazepines or alcohol
• Voluntary request
• Other circumstances can affect risk. For more information, visit PrescribetoPrevent.org.

HOW TO RESPOND IN AN OVERDOSE

If someone is not breathing or you think they may have overdosed:

1. Check for response to yelling or shaking.
2. Call 911.
3. Give naloxone. If no reaction in 2–3 minutes, give another naloxone dose.
4. Give rescue breaths or chest compressions if you know how to do them. Follow 911 dispatcher instructions.
5. Stay with the person for at least 3 hours or until help arrives.

RESOURCES

• PrescribetoPrevent.org: Naloxone information and videos
• Learn to Cope: learn2cope.org, Support group for families coping with addiction
• I’m the Evidence: facebook.com/NaloxoneWorks, faces and voices of overdose prevention with naloxone
• Buprenorphine Locator: samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
• SAMHSA’s National Helpline: 1.800.662.HELP (4357), for treatment referrals
• American Heart Association: heart.org, for training on performing chest compressions

For more information on naloxone see page 2 of handout

TYPES OF NALOXONE

A

B

MULTI-STEP NASAL SPRAY

SINGLE-STEP NASAL SPRAY (NARCAN®)

C

D

INTRAMUSCULAR INJECTION

AUTO-INJECTOR (EVZIO®)

ROLES

Pharmacy Technician: Fill and process insurance or provide cash price to patient. Get pharmacist for verification and counseling.

Pharmacist: Counsel patient on overdose prevention and steps of overdose response.

For more on opioid safety, videos on how to use naloxone, or to get help for addiction, go to PrescribetoPrevent.org.
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TYPES OF NALOXONE

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Dispense two (2) 2 mL prefilled needleless syringe plus two (2) mucosal atomizer devices (MAD-300).
Dispense one (1) two-pack of two (2) 4 mg/0.1 mL intranasal devices.
Dispense two (2) single-use 1 mL vials plus two (2) 3 mL syringes w/23-25 gauge 1-1.5 inch IM needles.
Dispense one (1) two-pack of two (2) 0.4 mg/mL prefilled auto-injector devices.

STEPS FOR DISPENSING

**Step 1** Communicate with patient regarding options available to them (with or without a prescription).

**Step 2** Gather medication and all related components; include educational handout.

**Step 3** Counsel patient and ask if they have any additional questions. Use patient educational handout and refer to Prescribetoprevent.org for naloxone demonstrations.

IMPORTANCE OF COUNSELING ON NALOXONE USE

Consultation: It is important for pharmacists to speak with patients because:

- Patients may be unaware of their risk
- Patients may not understand **purpose of naloxone, when to use it or how to administer** a dose
- Patients may be unaware of follow up procedures after administering dose (Review “How to Respond in an Overdose”)
- Patients may not know of the types of naloxone available to them (multi-step nasal spray, single-step nasal spray, intramuscular injection, auto-injector)
- Videos demonstrating naloxone use are on Prescribetoprevent.org

TIPS FOR COUNSELING

1. **Important:** Approach conversation with care. Naloxone can be a sensitive subject and is linked to stigma. Choose non-offensive words carefully and try to empathize with the individual. Avoid stigmatizing language like ‘junkie’ or ‘addict.’ Use the terms ‘people at risk of overdose’ or ‘people who use opioids’ instead.

2. Introduce yourself and ask what the patient knows about naloxone.

3. Ask open ended questions, such as “What kind of concerns do you have?” and “Do you have any other questions?”


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