

## Naloxone Formulations

Order details for currently available naloxone formulations are listed below. Dispensing two doses is generally recommended in case the first dose is insufficient. Prescriptions should be issued to the recipient, even if the recipient is not the individual at risk for opioid overdose.

### Intranasal

#### Prefilled Syringe

1. Naloxone Prefilled Syringe (2mg/2mL), #2 boxes, PRN refills
  - Instill 1mL into each nostril as needed for suspected opioid overdose, repeat in 2 minutes if necessary
2. Mucosal Atomization Device with Luer-lock, #2 devices, PRN refills
  - Attach to prefilled naloxone syringe as needed for suspected opioid overdose



#### Nasal Spray

1. Narcan Nasal Spray (4mg/0.1mL), #1 two-pack, PRN refills
  - Instill 4mg into nostril as needed for suspected opioid overdose, repeat in 2 minutes if necessary



### Intramuscular

#### Vial & Syringe

1. Naloxone Vial (0.4mg/mL), #2 vials, PRN refills
  - Inject 1mL into outer thigh as needed for suspected opioid overdose, repeat in 2 minutes if necessary
2. IM Needle & Syringe (3mL, 25g, 1"), #2 syringes, PRN refills
  - Use to administer naloxone as needed for suspected opioid overdose



#### Auto-Injector

1. Evzio Auto-injector (2mg/0.4mL), #1 two-pack, PRN refills
  - Inject into outer thigh as needed for suspected opioid overdose, repeat in 2 minutes if necessary



## Naloxone for Patients

### You or a loved one may be at risk for an accidental drug overdose.

Drug overdose is the leading cause of injury death in the United States. Most overdoses involve opioids, which include certain prescription pain relievers and heroin.

<b>Common Opioids</b>	Percocet <sup>®</sup> , Norco <sup>®</sup> , Vicodin <sup>®</sup> , OxyContin <sup>®</sup> , Morphine, Oxycodone, Hydromorphone, Fentanyl, Hydrocodone, Codeine, Methadone, Heroin
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Thousands of people die each year from accidental overdoses. The pharmacist has determined you or a loved one may be at risk for an accidental opioid overdose for reasons that may include the following:

✓	Risk Factors for Opioid Overdose
	History of opioid poisoning or overdose
	History of illicit or nonmedical opioid use
	Use of methadone or buprenorphine
	High-dose prescription opioid use (>50 milligram morphine equivalents daily)
	Long-term prescription opioid use (>90 days continuously)
	Long-acting or extended-release prescription opioid use
	Use of opioids from multiple prescribers or multiple pharmacies
	Use of interacting drugs or medications (alcohol, sedatives, antidepressants)
	Underlying disease of key organs (lung, kidney, liver, heart)
	Recent release from drug treatment/detoxification or correctional facility

### You should have naloxone at home to keep you and your loved ones safe.

Naloxone is the antidote to an opioid overdose. If you take too much of an opioid medication, take opioids along with interacting drugs, or have a health condition that affects your ability to breathe or process medications, your breathing can slow to the point that you lose consciousness. If this condition persists, it can cause irreversible damage, including death. Naloxone reverses this effect, allowing you to breathe normally. Naloxone is not a controlled substance and it cannot be abused.

If you give naloxone to someone who is not experiencing an opioid overdose, nothing will happen. Naloxone can cause withdrawal symptoms if the overdose victim has developed a physical dependence to opioids. While acute opioid withdrawal is not generally life-threatening, it is still essential to call emergency medical services after administering naloxone. If you try to save a life with naloxone, you are protected by law from any liability regardless of the outcome.

Naloxone is available in several different versions. Some versions of naloxone are injected into the victim's thigh or upper arm, while others can be squirted into their nose. Your pharmacist can help you determine which version of naloxone is right for you. Check out **OperationNaloxone.org** to learn more about staying safe with opioids.

## Naloxone for Clinicians

### **Naloxone can reverse the effects of an opioid overdose and save a life.**

Naloxone is an opioid antagonist that blocks the effects of opioids, including heroin. If someone takes too much of an opioid, combines an opioid with another central nervous system depressant, or has certain underlying conditions, they may experience fatal respiratory depression. Naloxone can reverse the effects of opioids and allow an overdose victim to breathe again. Naloxone is not a controlled substance and cannot be abused. If an overdose victim has developed a physical dependence to opioids, administering naloxone may precipitate acute opioid withdrawal. This is generally not life-threatening, but contacting emergency medical services is still essential.

### **Every patient who fills an opioid prescription should be offered naloxone.**

Pharmacists should always maintain a stock of naloxone and be prepared to dispense it. The Texas Naloxone Law (SB 1462) allows for third-party prescribing, meaning any person who may be in a position to help someone experiencing an opioid overdose may receive it. There is no medically valid reason to refuse to dispense naloxone to a person who requests it.

### **No formulation of naloxone has been proven more effective than another.**

Price and ease-of-use vary greatly, and these will likely be the determining factors when you work with a patient to select an appropriate formulation. Some formulations require separate equipment to be dispensed for proper administration. The person responding to an overdose will NOT be the victim, so assumptions about the responder being injection-savvy or speaking English may be incorrect. It is likely that high-dose formulations of naloxone will exhibit a longer duration-of-action than lower doses.

### **Reports of ultra-potent, naloxone-resistant opioids are unsubstantiated.**

The U.S. is seeing an influx of illicitly-manufactured fentanyl (IMF), some of which exhibit enhanced binding affinity to mu-opioid receptors. There have been isolated reports of IMF overdoses in which several doses of naloxone were administered to resuscitate the victim, but it is not clear that all doses were required. It is hypothesized that high-dose formulations of naloxone may exhibit superior efficacy against IMF, but this has not yet been demonstrated in practice.

### **You are authorized to administer naloxone to an overdose victim.**

You have been identified as a front-line harm reduction provider in the state of Texas. This responsibility extends beyond the dispensing of naloxone to administering it in the case of an acute opioid overdose. Go to **OperationNaloxone.org** to find naloxone administration videos and other educational resources, including a **FREE CE course** regarding opioid harm reduction.