Pharmacists' Role in Naloxone Dispensing

As a pharmacist, you can reduce risks of overdose deaths by educating patients and their caregivers on the benefits of naloxone, the three forms available (nasal spray, injection, and auto-injection), how to administer it, and how to recognize an opioid overdose.¹





Far too little naloxone is being dispensed in United States.²

- In 2018, rural counties had the lowest dispensing rates and were nearly 3 times more likely to be low-dispensing counties compared to metropolitan counties.
- Primary care providers wrote only 1.5 naloxone prescriptions per 100 highdose opioid prescriptions—a marker for opioid overdose risk.
- Over half of naloxone prescriptions required a copay.

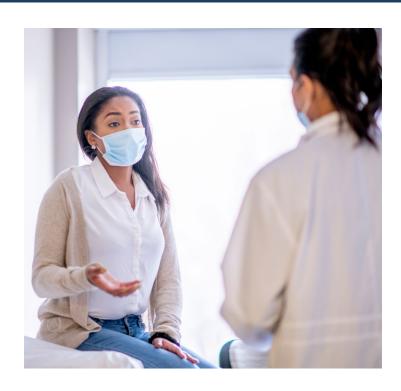
Ensure naloxone is always available in your pharmacy.³

Currently, all 50 states and the District of Colombia have either standing order laws collaborative practive agreements, or other regulations that allow pharmacists to dispence naloxone without a patient-specific prescription.³

When to offer naloxone to patients 4,5

When overdose risk factors are present, offer naloxone to patients prescribed opioids who:

- Are taking higher dosages of opioids (≥50 morphine milligram equivalents (MME)/day)
- Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose)
- Have been prescribed benzodiazepines in addition to opioids (regardless of opioid dose)
- · Have a history of overdose
- Are receiving medication for opioid use disorder



Assess patients for risk of overdose, dispense naloxone when overdose risk factors are present, and educate patients on how to use it.²

Collaborate with the health department and health systems in your local community to help educate patients, caregivers, and the community about how they can request naloxone from a pharmacist and the benefits of having naloxone readily available if they know someone who uses drugs and are likely to witness or experience an overdose.⁶

- Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose)
- · Are at risk for returning to a high dose of opioids to which they are no longer tolerant



For more information and resources on naloxone, visit cdc.gov/opioids/
naloxone, and refer to the <a href="Substance Abuse and Mental Health Administration's Opioid Overdose Prevention Toolkit. For drug overdose prevention, visit cdc.gov/drugoverdose.

¹https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5331002/

²https://www.cdc.gov/vitalsigns/naloxone/index.html

³https://www.cdc.gov/mmwr/volumes/68/wr/mm6831e1.htm

⁴https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm

⁵ https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf

⁶https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html