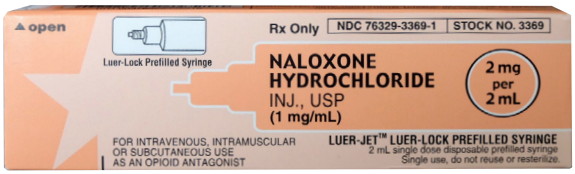
Clinical Recommendations for Prescribing Naloxone in the Outpatient Setting

Opioid overdose is currently the leading cause of injury death in Utah, with more than 10 Utahns dying each week from an overdose. Opioid overdose occurs when a person takes more opioids than their body can handle, causing their breathing to slow or stop completely. Naloxone can be expected to work in 3 minutes after administration as evidenced by restored breathing.



This guideline was created by a multidisciplinary team based on recently published literature (see bibliography on page 4). It outlines recommendations for prescribing naloxone (see table 2 on page 2) to patients as well as family and friends of those at risk for opioid overdose. See page 3 for key messages for patient and family education.

INDICATIONS (See sidebar for contraindications and adverse reactions)

Naloxone hydrochloride is an emergency opioid antagonist that is FDA-approved for the treatment of opioid overdose. Naloxone is NOT a controlled substance and can be prescribed without liability according to Utah Code (see sidebar page 2)

RISK-BASED PRESCRIBING RECOMMENDATIONS

Recommendations are based on two levels of risk — increased risk and some identified risk — which are detailed in table 1 below. Prescribing options include an intranasal kit, an intramuscular (IM) kit, Narcan® nasal spray, and an auto injector (Evzio™).

CONTRAINDICATIONS

Hypersensitivity to naloxone hydrochloride

ADVERSE REACTIONS

- May precipitate opioid withdrawal, which can be life threatening in neonates
- Adverse CV effects if abrupt postoperative reversal of opioid depression (typically in those with preexisting CV disorders or who take drugs with similar adverse CV effects)
- Increased blood pressure, musculoskeletal pain, or headache
- Nasal dryness, edema, congestion, and inflammation

TABLE 1. Risk Categories and Prescribing Recommendations

RISK LEVEL	Increased Risk (Offer kit to all)	Some Identified Risk (Consider offering kit)
CHARACTERISTICS OF THOSE AT RISK	**Individuals who are:** • Known or suspected illicit or non-medical opioid users (including heroin) • Diagnosed with substance use disorder or use non-medical injectable drugs • Recipients of emergency medical care for acute opioid poisoning • Receiving medication-assisted therapy for opioid use disorder (taking buprenorphine or entering a methadone maintenance treatment program) • Likely to witness an opioid overdose (e.g., a first responder)	**Individuals who have:** • Prescriptions for: – High opioid doses (50 morphine milligram equivalents per day or higher — see table 3 on page 2) – Methadone – Long-acting opioids – Opioids for chronic pain management – Rotating opioid regimens • A prescription for any opioid* AND: – Children in the home – Known or suspected use above prescribed doses – Breathing impairment related to sleep apnea, smoking, chronic obstructive pulmonary disease, asthma, or other respiratory illness or obstruction – Renal dysfunction or hepatic disease – Known or suspected, concurrent use of alcohol, benzodiazepine, sedative/hypnotic, antidepressants – Age greater than 65 years old or cognitive impairment – Difficulty accessing emergency medical services (not in proximity to a hospital) • Been released from opioid detoxification or mandatory abstinence program • Lost opioid tolerance and are likely to restart an opioid (recent release from a correctional facility)

*ASAM, AMA, etc. recommend co-prescribing

UTAH CODE § 26.55.104 SPECIFIES THAT:

A healthcare provider may prescribe or dispense naloxone without either a prescriber-patient relationship or liability to:

- An individual who is at increased risk of opioid overdose
- A family member, friend, or other person in a position to assist an individual who is or may be at increased risk
- An outreach provider

STORAGE AND DISPOSAL

Store naloxone at room temperatures as follows depending on product:

- Intranasal kit: 59° to 86° F.
- Intramuscular kit: 68° to 77° F.
- Narcan nasal spray and Evzio auto-injector: 59° to 77° F.

Dispose of naloxone when:

- Package expiration date has passed
- Discoloration exists

NOTE: find disposal sites by accessing http://UseOnlyAsDirected.org and clicking on "Safe Disposal."

SUBSTANCE USE DISORDER

Because Utah ranks very high for nonmedical use of pain relievers for those age 12 and older, providers may want to reference Intermountain's care process model, Assessment and Management of Substance Use Disorder

TABLE 2. Naloxone Prescribing Information

Medication (brand)	Dosage (packaging)	Tier/ Cost*	Administration Instructions (NOTE: For any suspected opioid overdose, call 911.)
naloxone (Narcan nasal spray)	• **Dose:** 4 mg/0.1-mL nasal spray device • **Sold in package of:** 2 doses	**2** **$$$**	1. Administer one spray (4 mg) intranasally into one nostril. 2. Repeat, using a new nasal spray with each dose if minimal or no response within 2 to 3 minutes
naloxone intranasal kit**	• **Dose:** 1 mg/mL in a pre-filled needle-less syringe or vial • **Sold in package of:** 2 doses with 2 mucosal atomizer device/nasal spray Luer-Lock adapter	**1** **$$$**	1. Spray 1 mL (1/2 syringe) in each nostril. 2. Repeat if minimal or no response after 3 minutes. **Note: Some assembly required**.
naloxone intramuscular kit**	• **Dose:** 0.4 mg/mL in 1-mL single-dose vials • **Sold in package of:** 2 doses with 2 intramuscular syringes for administration (3-mL, 1- to 1.5-inch needle)	**1** **$$**	1. Inject 1 mL intramuscularly in the shoulder or thigh. 2. Repeat if minimal or no response after 3 minutes.
naloxone (Evzio)**	• **Dose:** 0.4 mg/0.4 mL auto-injector device • **Sold in package of:** 2 doses	**not covered** **$$$$**	1. Activate auto-injector and follow voice instructions to administer 0.4 mg intramuscularly or subcutaneously into the thigh. 2. Repeat if minimal or no response after 3 minutes.

* Tier 1 = Generic; Tier 2 = Preferred brand; Tier 3 = Non-preferred brand. Cost is based on 30-day actual cost (not copay), and on generic, when available: $=$1 – 25; $$=$26 – 75; $$$=$76 – 150; $$$$= > $1500. Refer to pharmacies for current pricing as all product pricing is subject to change.

** **NOTE: Some pharmacies may NOT regularly carry these products**.

TABLE 3. 100 Morphine Milligram Equivalents for Common Opioids

Opioid	Approximate Oral Equianalgesic Dose (mg/day)	Conversion Factor*
Morphine *(reference)*	100	1.00
Codeine	667	0.15
Hydrocodone	100	1.00
Hydromorphone	25	4.00
Oxycodone	67	1.50
Oxymorphone	33	3.00
Tramadol	1000	0.10

Source: Opioid Morphine Equivalent Conversion Factors. Centers for Medicare and Medicaid Services, 2015. https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Opioid-Morphine-EQ-Conversion-Factors-March-2015.pdf

*Long-acting opioids increase opioid overdose risk, regardless of dose, so are not included in this table . Find these and other prescription opioid morphine equivalent conversion factors at: Opioid Morphine Equivalent Conversion Factors. Centers for Medicare and Medicaid Services, 2015. https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Opioid-Morphine-EQ-Conversion-Factors-March-2015.pdf

PATIENT AND FAMILY EDUCATION

When the product is given, educate the patient and family, stressing the importance of:

- Becoming familiar with the naloxone kit and potential need for assembly prior to a potential emergency situation.
- Educating and training those who might either witness an overdose or be a first responder on naloxone proper use and storage.
- Giving more than one dose of naloxone (if needed) to reverse opioid overdose effects.
- Administering the same dose for all individuals; naloxone dosing depends neither on weight nor age. It may be administered to pregnant women.
- **When using naloxone, ALWAYS call 911 to ensure that the person given naloxone receives additional medical care and a medical evaluation as soon as possible (required by Utah law).**
- Be sure to remind patients and family members or friends that **naloxone is:**
  - Safe
  - Has no clinical effect in the absence of opioids
  - NOT a controlled substance

Use this opportunity to have a conversation (use teach-back strategies outlined at right) with the patient about:

- Opioid overdose risk and risk mitigation
- Naloxone administration, storage, and disposal
- Handouts and online support such as:
  - *Naloxone for Opioid Overdose* fact sheet (also available as a Spanish version)
  - Other printed materials available at http://prescribetoprevent.org
  - http://utahnaloxone.org

USING TEACH BACK STRATEGIES

What is teach back? — Teach back is a way to confirm that patients understand what we tell them using open-ended questions that invite the patient and family to "teach back" the information to us. It's not a test of the patient's knowledge — it's a test of how well we explained something.

Why is it important? — Not understanding medical information is a common reason for readmissions. Teach back is a proven tool for improving patient understanding.

Who can use it? — Everyone who explains anything to a patient or family.

When can I use it? — Use early in the care process and at each decision point or transition, especially when families or caregivers are present. Make sure caregivers participate in the teach back process to ensure they understand key information.

What are the steps?

1. Explain or demonstrate a concept, using simple lay language.
   Tips: Avoid covering too much at one time, explaining no more than 2 or 3 concepts at a time. Slow down and take pauses. If you're giving the patient printed information, mark or highlight key areas of the handout or booklet as you explain.
2. Ask the patient/caregiver to repeat the information in their own words or demonstrate the process.
   Tips: Own the responsibility ("I want to see whether I explained this well"). Ask the patient to tell you how he or she would explain the information to a spouse or family member. Avoid yes/no questions.
3. Identify and correct misunderstandings.
   Tips: Show empathy and caring as you correct. Avoid making the patient feel they've failed a "test." Don't repeat the entire explanation or demonstration again unless it's necessary — just focus on areas that need clarification.
4. Ask the patient/caregiver to explain or demonstrate again, to show improved understanding.
   Tips: Own the process again. "Let's see if I cleared that up." Avoid yes/no questions (such as "do you understand now?").
5. Continue this loop until you're convinced the patient/caregiver understands the concept.
   Tips: Be patient — this process is worth the time it takes. Continue to be gracious in the process — patients can worry about judgment or wasting your time.

These guidelines apply to common clinical circumstances, and may not be appropriate for certain patients and situations. The treating clinician must use judgment in applying guidelines to the care of individual patients.

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