

Co-prescribing Naloxone with Opioids

Drug overdose is one of the leading causes of accidental death in the United States. Preventable drug overdose deaths increased from 98,268 in 2021 to 99,592 in 2022, a rise of 1.3%, with 77,603 (78%) of the 2022 deaths involving opioids.¹ Given rising opioid overdose death rates, the U.S. Surgeon General issued a national advisory in 2018 urging more Americans to carry naloxone.² As of January 2019, Assembly Bill 2760 requires California prescribers to provide education and offer a naloxone prescription to high-risk patients.³

Why should naloxone be offered to patients?

Naloxone is a highly competitive mu-opioid receptor antagonist that displaces the opioid and temporarily reverses its fatal effects, such as respiratory depression.^{2,4} Overdose education and naloxone distribution has been shown to reduce opioid overdose death rates by up to 46%.⁵ A 2019 study showed an association between pharmacists' authority to furnish naloxone and significant reductions in fatal overdoses among Medicaid beneficiaries.⁶ Despite a substantial increase in naloxone dispensing from 2019 to 2023, due to state-level standing orders and guideline updates, nationwide dispensing rates remain low.⁷

Who should receive naloxone?

The 2022 Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain recommends co-prescribing naloxone when one or more of the following risk factors for overdose are present:⁸

- Higher opioid dosages (greater than or equal to 50 MME per day)
- Concurrent benzodiazepine use (regardless of opioid dose)
- Respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose)
- History of overdose or substance use disorder
- Patients at risk for returning to a high dose for which opioid tolerance is lost (e.g., patients undergoing tapering)

Additionally, California Civil Code §1714.22 allows for licensed health care providers to prescribe naloxone to a family member, friend or another person in a position to assist a person at risk of an overdose.⁹

Consider the following opioid reversal agents for your patients at high risk for opioid overdose:

Formulations	Recommended Dosing ⁴
naloxone 0.4 mg/mL carpject	Inject 0.4 to 2 mg intramuscularly or subcutaneously. May repeat every two to three minutes until medical assistance becomes available.
naloxone 0.4 mg/mL, 4 mg/10 mL vial	
naloxone 0.4 mg/mL, 2 mg/2 mL syringe	
naloxone (Narcan) 4 mg nasal spray	Place one spray as a single dose in one nostril. May repeat every two to three minutes in alternating nostrils until medical assistance becomes available.
naloxone (Kloxxado) 8 mg nasal spray	

References

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