

Thank you for committing to engage pharmacists regarding the incredible opportunity for them to prevent opioid overdose deaths by providing naloxone!

If you encounter complicated questions that you are unable to answer, please direct the pharmacists to OperationNaloxone.org for more information and recommend they email OperationNaloxone@gmail.com (or you can reach out to us yourself).

After you complete an outreach encounter, we would be extremely thankful to know the details of where it occurred and how it went. Please complete this Qualtrics survey each time (tinyurl.com/ONoutreach)

Be sure to record the following details and ask these questions of the pharmacist with whom you speak, even if you know the answer.

- Pharmacy Name (e.g. Walgreens, CVS)
 -
- Pharmacy Address (street, city, state, zip)
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- Did the pharmacy have an active standing order to dispense naloxone?
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- Did the pharmacy have at least one formulation of naloxone in stock?
 -
- Had the pharmacy ever dispensed naloxone under a standing order?
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- What additional action related to naloxone dispensing was the pharmacist willing to commit to based on your discussion (e.g. seek a standing order, keep naloxone in stock, post the naloxone pharmacy flyer)
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Naloxone Formulations

Suggested order sentences for currently available opioid antagonist 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



Prefilled Syringe

1. Naloxone Prefilled Syringe (2mg/2mL), #1 box, PRN refills
 - Inject 1mL into outer thigh as needed for suspected opioid overdose, repeat in 2 minutes if necessary
2. IM Needle with Luer-lock (25g, 1"), #2 devices, PRN refills
 - Attach to prefilled naloxone syringe 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
2. Evzio Auto-injector (0.4mg/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.

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|-----------------------|--|
| Common Opioids | Morphine (MS Contin®), Oxycodone (OxyContin®/Percocet®), Hydromorphone (Dilaudid®), Oxymorphone (Opana®), Fentanyl (Duragesic®), Hydrocodone (Vicodin®/Norco®), Codeine, Methadone, Heroin |
|-----------------------|--|

Thousands of people die each year from accidental overdoses related to prescription drugs they were taking as directed. The pharmacist has determined you or a loved one may be at risk for an accidental opioid overdose for one or more of the following reasons:

| ✓ | Risk Factors for Opioid Overdose |
|---|---|
| | History of opioid poisoning or overdose |
| | History of illicit or nonmedical opioid use |
| | Use of methadone or buprenorphine for opioid use disorder |
| | High-dose prescription opioid use (>50 milligram morphine equivalents daily) |
| | Long-term prescription opioid use (>90 days continuously for non-cancer pain) |
| | 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, HIV/AIDS) |
| | 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, your brain will stop telling your lungs to breathe. If this occurs, taking naloxone can save your life by allowing you to breathe again. 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. The only serious side-effect of naloxone is that it 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. If you try to save someone's 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 muscle, while others can be squirted into their nose. Your pharmacist can help you determine which version of naloxone is right for you based on cost and ease-of-use. Check out OperationNaloxone.org to learn more about staying safe with opioids.

Naloxone for Pharmacists

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, 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 is physiologically dependent on 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 possible that high-dose formulations may 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.

As a pharmacist, 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. Comprehensive harm reduction continuing education modules are currently under development and will be available from The University of Texas at Austin College of Pharmacy in August 2017.

IT SAVES LIVES

NALOXONE

(also known as Narcan®)

Available Here

Opioids, like prescription painkillers and heroin,
can cause a person to **STOP BREATHING.**

If you or someone you know takes opioids,
ASK THE PHARMACIST about naloxone.