

# 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.<sup>1</sup>



Far too little naloxone is being dispensed in United States.<sup>2</sup>

- 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 high-dose opioid prescriptions—a marker for opioid overdose risk.
- Over half of naloxone prescriptions required a copay.

Ensure naloxone is always available in your pharmacy.<sup>3</sup>

Currently, all 50 states and the District of Columbia have either standing order laws collaborative practice agreements, or other regulations that allow pharmacists to dispense naloxone without a patient-specific prescription.<sup>3</sup>



## When to offer naloxone to patients <sup>4,5</sup>

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

- Are taking higher dosages of opioids ( $\geq 50$  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.<sup>2</sup>

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.<sup>6</sup>

- 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](https://www.cdc.gov/opioids/naloxone), and refer to the [Substance Abuse and Mental Health Administration's Opioid Overdose Prevention Toolkit](#). For drug overdose prevention, visit [cdc.gov/drugoverdose](https://www.cdc.gov/drugoverdose).

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

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

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

<sup>4</sup>[https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm)

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

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