

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 62,179 in 2019 to 83,558 in 2020, a rise of 34%, with 64,183 (77%) of the 2020 deaths involving opioids.¹ Given continual increases in opioid overdose death rates, the U.S. Surgeon General issued a nationwide 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 prescription for naloxone to high-risk patients.³

Why should naloxone be offered to patients?

Naloxone is a highly competitive mu-opioid receptor antagonist that readily displaces the opioid and temporarily reverses its fatal effects, such as respiratory depression.^{2,4} Implementation of overdose education and naloxone distribution in the community has reduced opioid overdose-related death rates by up to 46%.⁵ A 2019 study also showed an association between pharmacists' authority to furnish naloxone and statistically significant reductions in fatal overdoses among Medicaid beneficiaries, highlighting the positive impact of increased naloxone access on overdose death rates.⁶ Still, while naloxone dispensing increased substantially from 2012 to 2019, a recent study revealed that nationwide dispensing rates remain low. In 2019, only three naloxone prescriptions were dispensed per 100 high-dose opioid prescriptions (defined as greater than or equal to 50 morphine milligram equivalents [MME] per day).⁷

Who should receive naloxone?

The 2022 Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain recommends co-prescription of 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

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 carpuject	Inject 0.4 to 2 mg intramuscularly or subcutaneously. May repeat every 2 to 3 minutes until medical assistance becomes available.
naloxone 0.4 mg/mL, 4 mg/10 mL vial	
naloxone 2 mg/2 mL syringe	
naloxone (Narcan) 4 mg nasal spray	Place one spray as a single dose in one nostril. May repeat every 2 to 3 minutes in alternating nostrils until medical assistance becomes available.
naloxone (Kloxxado) 8 mg nasal spray	

References

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