



PHARMACIST PRESCRIBING OF NALOXONE

+ Why should I recommend/prescribe naloxone?

- Naloxone can decrease the number of people who die from opioid overdose. Increasing access to naloxone is a proven **harm reduction** strategy.
- All people who take opioids are at risk for harm.
- Pharmacists are trusted and accessible.
- Naloxone is a safe drug and saves lives.
- It provides the opportunity to discuss opioid safety concerns.

+ Who may need/request naloxone?

- Patients who take opioids.
- Patients with a history of opioid addiction.
- Family members or others who live with or are around those taking opioids.

+ Which patients using opioids may be at higher risk for overdose?

Those who:

- Are taking high-dose opioid therapy (i.e., some studies show increased risk above 50 mg of morphine equivalents per day).
- Have a new prescription for long-acting opioids.
- Have a suspected or confirmed history of substance use disorders, illicit opioid use, or misuse of prescription medications.
- Have known or suspected alcohol use while on opioid therapy.
- Are taking drugs that increase the risk of respiratory depression (i.e., benzodiazepines, skeletal muscle relaxants, or other sedative/hypnotics).
- Have a history of COPD, asthma, or other respiratory illness.
- Have a history of opioid overdose.
- Have significant psychiatric comorbidity.
- Participated in a recent opioid detoxification or abstinence program.
- Have been recently released from a correctional facility.
- Have recently tapered down or off opioids.

+ Won't this just cause more people to overuse opioids?

- Ongoing research does NOT support concerns that naloxone availability will encourage additional risky behavior.
- Withdrawal is unpleasant and most people taking opioids want to avoid it.

+ What do I have to do to prescribe naloxone?

- There is no specific training required.
- Review the Board of Pharmacy rules and regulations.¹
- Review and be familiar with the OHA-approved naloxone training documents.²
- Review information on naloxone, including how to identify opioid overdose and administration.
- Consider taking one of the many online CE trainings.

+ How do I bill?

- Pharmacists must have an NPI number like that needed to bill for vaccinations.
- Health plans may cover naloxone for those on chronic opioid therapy and those with a history of opioid addiction.
- A prescription for a friend or family member is likely to not be covered by any health plan.

+ Role for pharmacists in fighting the opioid epidemic

Educate your patients, their families, and your communities on:

- Safe storage and disposal of opioids.
- Naloxone availability to reverse opioid overdoses.



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+ Engaging patients to make changes and improve their health

- Learn to use reflection/empathy – simple statements that let the patient know you have heard them.
“This new information on opioids is upsetting.”
- Elicit their questions about what they heard
“What questions do you have about what I have shared?”
- Discuss next steps.
- Consider attending a training to learn more skills to help patients improve their health.

+ Suggestions for having conversations about opioid use

- Ask if their prescriber has talked with them about how to avoid and recognize the serious side effects of opioids.
- Ask permission to share new information about the risks of opioids. (Get a “yes” before continuing.)
 - Sedation
 - Slowed breathing
 - Accidental deaths
- Avoid the use of the term ‘overdose’ when talking to patients prescribed opioids. It has a negative connotation and they may not think it applies to them. Consider saying “bad reaction” or “accidental overdose.”
“Opioids can sometimes slow or even stop your breathing.”

- Ask if they would like to know about things they can do to be safe.
 - Take prescription opioids only as prescribed even when they have more pain.
 - Avoiding other sedating medications/OTCs/alcohol.
 - Use a pill box to keep track of doses (it is easy to forget).
- Ask what they plan to do to keep themselves and their medications safe.
- Offer naloxone to have on hand if they become over sedated or have slowed breathing.
 - “Naloxone is the antidote to opioids – to be used if there is a bad reaction where you can’t be woken up.”
 - “Naloxone is for opioid medications like an epinephrine pen is for someone with an allergy.”
- Let them know you are concerned about their safety.
- Do not judge the patient for taking opioids.
- Patients who get angry may be scared.
- LISTEN more than you talk.

+ Frequently missed counseling points when dispensing opioids

- Communicate the new information on the risks of taking opioids, including death to those prescribed opioids.
- Educate patients and support people on the importance of proper storage and disposal of opioids.
- Encourage those with difficulty controlling their use of opioids to seek help from their clinician or an addiction specialist.

¹www.oregon.gov/pharmacy/Pages/Naloxone.aspx

²www.oregon.gov/oha/ph/ProviderPartnerResources/EMSTraumaSystems/Documents/naloxone-training-protocol.pdf