

**NALOXONE SHOULD BE DISPENSED TO ANYONE WHO REQUESTS IT, INCLUDING:**

- Any individual who is at risk of experiencing an opioid-related overdose
- Any family member, friend, or other person who may assist an individual at risk for an opioid-related overdose
- Any individual receiving prescription opioid analgesics

Pharmacists may *opt to conduct a risk assessment* to identify *additional* patients to offer naloxone. The following factors increase overdose risk and may serve as additional screening criteria:

- High-dose opioid prescription (≥100 total morphine milligram equivalents/day)
- Chronic opioid therapy (≥3 months)
- Prescribed concurrent opioid and benzodiazepine prescriptions
  - Opioid misuse/illicit use, including: current or past history; in treatment for opioid use disorder (e.g., methadone, buprenorphine, naltrexone); opioid overdose history
- Family member or friend of an individual who meets criteria

**BILLING**

- Some insurance plans cover naloxone; **CHECK PATIENT COVERAGE** and dispense based on coverage and preference
- Unless the patient requests intramuscular, **we recommend seeing if an INTRANASAL formulation has insurance coverage first.**
- **IF A PATIENT CANNOT AFFORD NALOXONE** and/or copay, direct her or him to the list of NYC programs where naloxone can be accessed for free: [www.health.ny.gov/overdose](http://www.health.ny.gov/overdose)

**THE FOLLOWING ELEMENTS MUST BE INCLUDED WITH EACH PRESCRIPTION:**

	Single-step Intranasal (Narcan®)	Multi-step Intranasal	Intramuscular
Medication	<input type="checkbox"/> 1 x two-pack Narcan®, 4mg/.1mL NDC 69547-353-02, Adapt Pharma	<input type="checkbox"/> 2 x 2ml pre-filled Luer-Lock needless syringe, 1mg/mL NDC 76329-3369-1, Amphastar	<input type="checkbox"/> 2 x 1 mL single-dose vials, 0.4mg/mL NDC 0409-1215-01, Hospira or NDC 67457-292-02, Mylan
Required Devices	N/A	<input type="checkbox"/> 2 x Intranasal Mucosal Atomizing Device - MAD 300, order from Teleflex [866-246-6990] or Safety Works Inc. [800-723-3892]	<input type="checkbox"/> 2 x Intramuscular (IM) syringe, 3ml, 23 or 25 G, 1 in
Patient Handout	<input type="checkbox"/> <i>Opioid Safety and How to Use Naloxone</i> (available in English, Spanish, Russian, Chinese, Korean, Haitian -Creole, Bengali and Yiddish) or adapted materials		

**PRESCRIPTION LABELS MUST INCLUDE:**

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of recipient/patient</li> <li><input type="checkbox"/> Prescriber name: Mary T. Bassett, MD</li> <li><input type="checkbox"/> Naloxone formulation and concentration</li> <li><input type="checkbox"/> Date dispensed</li> <li><input type="checkbox"/> Refills: 12 (recommended)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Below terms:                             <ul style="list-style-type: none"> <li>◦ “Dispensed per standing order”</li> <li>◦ “Use as directed”</li> <li>◦ “Trained opioid overdose responder”</li> </ul> </li> </ul> |
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**EVERY PATIENT SHOULD BE GIVEN THE PATIENT HANDOUT AND BE EDUCATED ON:**

- **Naloxone overview** (opioid antagonist, works in 2-5 minutes, lasts 30-90 minutes, safe)
- **Risk Factors of overdose/opioid emergency** (using alone, mixing substances, changes in tolerance)
- **Signs of an overdose/opioid emergency** (Unconscious, slow or stopped breathing, blue fingernails/lips)
- **Overdose response steps** (call 911, how to administer naloxone, stay with person)
- **Additional info** (share info with family/friends, get refills, store at room temp away from light, 911 Good Samaritan Law)
- **OASAS HOPEline referral information: OASAS HOPEline – call 1-877-8-HOPENY (1-877-846-7369), text HOPENY (467369) or visit <http://www.oasas.ny.gov/accesshelp/>**

**REFILLS AND REPORTING**

- If a patient reports using naloxone, fill out the electronic *Pharmacy Overdose Reversal Reporting Form* and submit online (accessible by visiting [nyc.gov/health](http://nyc.gov/health) and searching for “Pharmacy Naloxone”). This form is NOT required to dispense a refill.
- Forms can also be downloaded and sent to: [pharmacynaloxone@health.nyc.gov](mailto:pharmacynaloxone@health.nyc.gov) or 347.396.8889 (fax)
- Repeat patient training is not necessary for individuals requesting a naloxone refill

*Required Forms and additional resources are available by visiting [nyc.gov/health](http://nyc.gov/health) and searching for “Pharmacy Naloxone”*