

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 drug 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**, direct to list of NYC programs for free naloxone: www.health.ny.gov/overdose
- **Naloxone Co-pay Assistance Program (N-CAP):** NYS DOH will cover up to \$40 in copays for naloxone: www.health.ny.gov

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		

PRESCRIBER DETAILS:

- Prescriber: Mary T. Bassett
- NPI: 1447616065
- Address: 4209 28th St 8th FL, Long Island City, NY 11101
- Phone: 347-396-7119
- License: See authorized standing order

PRESCRIPTION LABELS MUST INCLUDE:

- Name of recipient/patient
- Prescriber name: Mary T. Bassett, MD
- Naloxone formulation and concentration
- Date dispensed
- Refills: 12 (recommended)
- Below terms:
 - “Dispensed per standing order”
 - “Use as directed”
 - “Trained opioid overdose responder”

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)
- **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)

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 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 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 and searching for “Pharmacy Naloxone”