

# When to Offer Naloxone to Patients

Only 1 naloxone prescription is dispensed for every 70 high-dose opioid prescriptions. As a healthcare professional, you play a critical role in ensuring patients receive naloxone.<sup>1</sup>



Patients, family, and caregivers rely on you to assess a patient's risk of overdose, prescribe or dispense naloxone when overdose risk factors are present, and counsel them on how to use it.<sup>1</sup>

Three forms of naloxone products are available, nasal spray, injection, and auto-injection. Refer to the [Substance Abuse and Mental Health Administration's \(SAMHSA\) Opioid Overdose Prevention Toolkit](#) to educate patients, caregivers, and the community about the benefits of having naloxone readily available, the different forms and how to use them.

For example, if household members, including children, or other close contacts accidentally ingest or experience an opioid overdose having naloxone nearby is critical. Helping people identify places that dispense naloxone can increase the number of people who carry it.



Far too little naloxone is being dispensed in the United States.<sup>1</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.

Dispensing naloxone in areas hardest hit by the opioid overdose epidemic can increase the number of lives saved and the opportunity to link people to treatment.<sup>1</sup>

Visit [Prescribe to Prevent](#) for resources about prescribing naloxone in primary care settings.



### You can offer naloxone to patients prescribed opioids or who are using illicit opioids.

When overdose risk factors, such as those outlined below, are present.<sup>2,3</sup>

- Are taking higher dosages of opioids ( $\geq 50$  morphine milligram equivalents (MME)/day)
- Have certain medical conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea which may increase their risk of overdose (regardless of opioid dose), or reduced kidney or liver function
- Have been prescribed benzodiazepines in addition to opioids (regardless of opioid dose)
- Are receiving medication for opioid use disorder (OUD), such as methadone, buprenorphine, or naltrexone
- Have a history of overdose
- Are using illegal drugs such as heroin and/or stimulants, including methamphetamine and cocaine or pills purchased “on the street,” which could potentially be contaminated with illicit synthetic opioids like fentanyl
- Are aged 65 years and older
- Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose)
- Have a history of opioid use and were recently released from incarceration or other controlled settings where tolerance to opioids



For more information and resources on naloxone, visit [cdc.gov/opioids/naloxone](https://www.cdc.gov/opioids/naloxone), and for drug overdose prevention, visit [cdc.gov/drugoverdose](https://www.cdc.gov/drugoverdose).

<sup>1</sup><https://www.cdc.gov/vitalsigns/naloxone/index.html>

<sup>2</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>3</sup><https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>