



Naloxone Co-Prescribing Fact Sheet

Background

- Overdose is the leading cause of injury-related death in the United States, yet opioid overdose is preventable.
- Maryland regulations (COMAR 10.13.03) support the co-prescribing of naloxone for patients at elevated risk of experiencing or witnessing an overdose, as described below.

What steps can healthcare providers take?

Healthcare providers regularly care for patients who are at risk of experiencing or witnessing an overdose and are therefore uniquely positioned to prevent future overdoses. Providers can deliver quality care to patients to prevent future overdose deaths in their communities by:

- Routinely assessing risk of substance use disorder and overdose in patients who are prescribed short- and long-term opioids
- Offering substance use disorder treatment or specialty pain management referrals, where appropriate
- Continuing to engage patients in care regardless of active substance use or willingness to participate in substance use treatment
- Educating patients about the risks of opioids, how to reduce risks and harm associated with use, and how to administer naloxone
- **Co-prescribing naloxone: Maryland law allows any healthcare provider with prescribing authority (including physicians, physician assistants, advance practice nurses, dentists, and podiatrists) to prescribe naloxone.**
- Documenting patient interactions: licensed healthcare providers should document in their patients' medical records any education and clinical services provided that are related to opioid overdose risk reduction, such as prescribing naloxone, in accordance with the standard of care.

Who is at risk of an overdose?

Individuals at risk of experiencing or witnessing an opioid overdose include, but are not limited to:

- Those who have been prescribed opioids for pain (including patients with long-term opioid use)
- Those who have been treated for an opioid use disorder
- Those who have received prescriptions for both an opioid and a benzodiazepine
- Those who reside or spend time with an individual who is prescribed opioids, misuses opioids, or has an opioid use disorder
- Those who resume opioid use after a period of ceasing or reducing opioid use (perceived tolerance may be different from actual tolerance)
- Those who have respiratory problems such as chronic obstructive pulmonary disease (COPD) or sleep apnea

What is naloxone?

Naloxone is an FDA-approved prescription medication that reverses opioid overdose by restoring breathing.

Facts About Naloxone:
<ul style="list-style-type: none">• Formulations available for intramuscular, intranasal, and intravenous delivery• Safe for children and pregnant women• Effects last 30-90 minutes• Side effects are rare• Can be safely administered by laypersons• Only effective in reversing overdoses involving opioids and has no effect on someone who has not taken opioids• No potential for misuse• May lead to increased access to substance use treatment
Naloxone Does NOT:
<ul style="list-style-type: none">• Cause addiction• "Enable" someone's drug use or addiction• Give the user a "high"• Increase risky drug use• Have potential to cause harm when administered appropriately, even if the person is not actually experiencing an opioid overdose

Co-prescribing naloxone to individuals at elevated risk of having or witnessing an opioid overdose has been endorsed by the American Medical Association (AMA) and recommended by the Centers for Disease Control and Prevention (CDC).^{1,2}

Maryland Standing Order

Patients may obtain naloxone from a pharmacy by presenting a prescription written by their healthcare provider. In the absence of such a prescription, individuals in Maryland can obtain naloxone from a pharmacy through the statewide standing order. Jinlene Chan, MD, MPH, FAAP, Assistant Secretary of Health, has issued a statewide standing order allowing all Maryland-licensed pharmacists to dispense naloxone, including the necessary supplies for administration, to anyone who may be at risk for opioid overdose or in a position to assist someone believed to be experiencing opioid overdose. A person-specific paper or electronic prescription is not required for a pharmacist to dispense naloxone under the standing order.

For more information visit: NaloxoneMD.org

¹ <https://www.end-opioid-epidemic.org/wp-content/uploads/2017/08/AMA-Opioid-Task-Force-naloxone-one-pager-updated-August-2017-FINAL.pdf>

² CDC, Guideline for Prescribing Opioids for Chronic Pain, Recommendation 8; SAMHSA, Opioid Overdose Prevention Toolkit, p.12-13.