

## **Intranasal Naloxone: Information for Prescribers**

### **Why Naloxone?**

The increasing incidence of opioid overdose has raised public health alarm. It has contributed significantly to accidental deaths among those who use, misuse, or abuse illicit and prescription opioids. In addition, the combination of benzodiazepines and opioids places clients at increased risk of respiratory depression. Naloxone should be considered for clients using chronic opioids as well as those on combination of opioids and benzodiazepines.

Naloxone is a potent, short-acting opioid antagonist, effective in reversing opioid-related sedation and respiratory depression. It acts within 5-13 minutes, and lasts 30 to 120 minutes.

### **Why Intranasal?**

Naloxone is traditionally given as intramuscular injection. However, intranasal administration is effective and more convenient. The naloxone 2mg/2ml syringe can be converted to intranasal application when a nasal atomizer is attached.

### **What's the liability?**

Under California Civil Code § 1714.22, licensed health care providers may prescribe naloxone to individuals (and to their family members or caregivers) at risk for opioid overdose. This law protects the naloxone prescriber and the lay person who administers naloxone from civil and criminal liability. Additionally, Health and Safety Code § 11376.5 protects lay persons from arrest when seeking medical assistance during a drug overdose.

### **What training is required?**

Prescribers and community pharmacists need to review [Naloxone Training for Providers](#) (link ) prior to prescribing or dispensing naloxone. The BHRS pharmacy team plans to conduct training with prescribers, nursing staff, clients/families, as well as community pharmacies.

Naloxone is a bystander-administered drug which means that caregivers should be instructed on the proper use and administration. After training, select community pharmacies will counsel clients and caregivers before dispensing, pursuant to Assembly Bill AB1535.

### **What's in the Naloxone Kit?**

Intranasal Kit contains the following items inside a clear Ziplock bag	
Opioid Safety and Survival Brochure	(Link)
Intranasal Mucosal Atomization Device (2)	MAD-300 from Teleflex
Naloxone 2mg/2ml prefilled syringe w/o needle (2)	NDC 76329-3369-1

Kits are assembled at the pharmacies and given to the client or caregiver after receiving training.

### **How to prescribe?**

Place order in eCW or OrderConnect:

Drug: Naloxone 2mg/2ml syringe, #2 syringes

Sig: Spray one-half of syringe content (1ml) into each nostril upon signs of opioid overdose. Call 911. May repeat with second syringe if no response in 3 minutes.

Note to Pharmacist: Include TWO Intranasal Mucosal Atomization Devices AND Opioid Safety and Survival Brochures. Please TRAIN client or caregiver before dispensing.

### **Is it covered by insurance?**

Naloxone 2mg/2ml is formulary for clients with ACE, BHRS, MediCal, or CareAdvantage benefits. The Atomizer will be covered by BHRS or SMMC pharmacy.

### **Which pharmacies to use?**

Anchor pharmacy, Half Moon Bay Pharmacy, San Mateo Neighborhood Pharmacy, San Mateo Medical Center Pharmacy, Safeway Pharmacies, Ted's pharmacy, Walgreens.

## How to place Intranasal Naloxone order in OrderConnect

### Custom Orders

**"TEST, JOE" TEST V MR**  
**TESTONE** MR# 930000, Female, 15, 05/08/1999  
Schizoaffective Disorder

[Allergy](#) [RxHx](#) [Edit DX](#) [NonISC](#) [Abbr.](#)

#### naloxone

Order Date: 12/03/2014    Start Date: 12/03/2014     DAW

Strength/Form/Route: 1 mg/mL, SOLN, INJECT

#/Dose	Units	Schedule
<input type="text" value="2"/>	ml	As Dir.
<input type="text" value=""/>		
<input type="text" value=""/>		
<input type="text" value=""/>		

Calculated Sig     Custom Sig    4 characters available

Spray half of syringe (1ml) in each nostril upon signs of opioid overdose. Call 911. May repeat 2nd syringe if no response in

30 days    0 refills

Dispense:         Syringe

naloxone - 1 mg/mL, SOLN, INJECT - (1)units As Dir.

Select Formulary - Plan

      

[Note To Pharmacist](#) +    45 characters available

Include TWO Intranasal Mucosal Atomization Devices AND Opioid Safety and Survival Brochures. Please TRAIN client or caregiver before dispensing.

**"TEST, JOE" TEST V MR TESTONE** MR# 930000, Female, 15, 05/08/1999  
Schizoaffective Disorder

### Order Confirmation

**Prescriber:** SELECT A PRESCRIBER

**Pharmacy:** Enter Keyword         Preferred Pharm.

NEW ORDER

Leaflet     Patient Consent  
Start: 12/3/2014    End: 1/1/2015

**naloxone 1 mg/mL SOLN**  
Spray half of syringe (1ml) in each nostril upon signs of opioid overdose. Call 911. May repeat 2nd syringe if no response in 3 minutes.  
Written: 12/3/2014

**Days: 30    Dispense: 2 Syringe**  
**Refills: 0    Substitutions Allowed**  
Total # of Rx fills approved: 1

# How to place Intranasal Naloxone order in eCW

## Med search screen

Current Meds | Add New Rx | Add New Order

ASSESSMENTS  
 Prev Dx | Add | Remove

Rx Type: All Rx | Search: Contains |  = Standard | Show:  Standard |  My Favorites |  Both |

Find:  |  Real Time |  Show Discontinued | Rx Eligibility

DJ	F	Strength	Form.	Take	Route	Freq.	Duration	Disp	Refill	AWP(\$)

New | Add Custom

Selected Rx

N/A	Other	Stop Date
<input checked="" type="checkbox"/>	Start - Naloxone HCl 1 MG/ML Solution	
<input checked="" type="checkbox"/>	Start - Mucosal Atomization Device 2 Miscellaneous	

## Order screen of each entry

NALOXONE HCL | Dosage Calculator

Strength	Formulation	Take	Route	Frequency	Duration	Dispense	Refill
1 MG/ML	Solution	Spray half syringe	nasal	May repeat 2nd syringe if	30 days	2 Syringe	0

\* Combined length of Take, Route and Frequency cannot exceed 132 characters. (Remaining Characters 0).  
 \* Custom Dosages are not shown by default. To Show/Hide Custom Dosages Setting follow the link: MySetting --> Show/Hide Tab --> Custom Dosages in Rx Edit Screen

Rx: Naloxone HCl 1 MG/ML Solution, TAKE: Spray half syringe (1ml) in nostrils upon signs of opioid overdose. Call 911., nasal May repeat 2nd syringe if no response in 3 minutes, for 30 days, DISPENSE: 2 Syringe, REFILLS: 0

Apply | Cancel | Add as Favorite | Clear DDR

MUCOSAL ATOMIZATION DEVICE | Dosage Calculator

Strength	Formulation	Take	Route	Frequency	Duration	Dispense	Refill
2	Miscellaneous	Include Opioid Safety			30 days	2 Unit	0

\* Combined length of Take, Route and Frequency cannot exceed 132 characters. (Remaining Characters 34).  
 \* Custom Dosages are not shown by default. To Show/Hide Custom Dosages Setting follow the link: MySetting --> Show/Hide Tab --> Custom Dosages in Rx Edit Screen

Rx: Mucosal Atomization Device 2 Miscellaneous, TAKE: Include Opioid Safety and Survival Brochure. Please TRAIN client and caregiver before dispensing., for 30 days, DISPENSE: 2 Unit, REFILLS: 0

Apply | Cancel | Add as Favorite | Clear DDR

Summary screen

⚠	Comn	Name	Strength	Form	Take	Route	Frec	Dura	Dis	Ref	Auth	AW	Stop Date	Notes
	Start	Naloxon	1 MG/ML	Solut	Spray	nasal	May	30 d	2 S	0		.70		
	Start	Mucosal	2	Misce	Inclu			30 d	2 U	0				

Sample Rx fax

**Rx**

Naloxone HCl Solution 1 MG/ML nasal

Disp: \*\*\*2 Syringe\*\*\* (TWO )

Sig: Spray half syringe (1ml) in nostrils upon signs of opioid overdose. Call 911. May repeat 2nd syringe if no response in 3 minutes 30 days

Diagnosis:

Refills: \*\*\*0\*\*\* (ZERO)

**Rx**

Mucosal Atomization Device Miscellaneous 2

Disp: \*\*\*2 Unit\*\*\* (TWO )

Sig: Include Opioid Safety and Survival Brochure. Please TRAIN client and caregiver before dispensing. 30 days

Diagnosis:

Refills: \*\*\*0\*\*\* (ZERO)