Naloxone Provider FAQs

1. **What is naloxone?** Naloxone is a pure opioid antagonist with a very high affinity for the mu opioid receptor. It is derived from Thebaine, the naturally occurring precursor of oxycodone. Given parenterally, naloxone results in very rapid reversal of opioid agonist effects, and its high receptor affinity displaces even the most potent opioids, including fentanyl and heroin. The duration of action of naloxone is typically only 30-60 minutes, so repeat doses may be necessary.

2. **How is naloxone administered?** Naloxone must be administered parenterally because of first pass metabolism. Though a new injector kit was recently FDA-approved, the drug is more widely administered with an atomizer for intranasal injection.

3. **What are the side effects of naloxone?** Naloxone is very safe and the majority of side effects are related to the opioid reversal and precipitating acute opioid withdrawal (increased pain, lacrimation, nausea, diarrhea, agitation, etc). The drug may cause acute hypertension and so should be used with caution in those with cardiovascular disease. Rarely (<1%) the drug may cause pulmonary edema.

4. **I am exposing myself to liability by writing a naloxone prescription?** No. Good Samaritan laws in Colorado protect providers, pharmacies, and the lay public who administer the drug in good faith from prosecution (need reference here for statute #)

5. **How is the prescription written?** The prescription should be written as: "Naloxone 1mg/ml. Inject one half of vial into each nostril via nasal atomizer. Repeat in 2 minutes with second vial if no response. Dispense #2 vials with atomizer kit." The person receiving the prescription should also be given informational handouts demonstrating the use of the product and should be instructed to call 911 after giving the medication.

6. **Who should I consider for naloxone?** Any patient receiving opioids should be considered at risk for an accidental overdose, though high-risk features include:

    - **Chronic opioid therapy (COT) patients on high opioid doses (>100 mg morphine equivalents per day)**
    - **Concurrent respiratory disease or other organ dysfunction, such as impaired renal function in patients on morphine**
    - **Older age**
    - **COT patients with a history of a substance use disorder and/or major mood disorder**
    - **COT patients with evidence of 'red flag' behaviors such as unsanctioned dose escalations, early refill requests, and/or those receiving a large quantity of tablets**
    - **Patients who drink alcohol or receive concurrent sedative-hypnotics**