



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Dear Colleague,

We are reaching out to ask for your help in addressing the opioid overdose public health crisis in Maryland.

We are writing to encourage you to provide prescriptions for the opioid overdose antidote naloxone to all patients who are at risk of an opioid overdose. These include:

- Anyone who has completed the Overdose Response Program (described below);
- Anyone with a known history of IV drug use or misuse of prescription opioids;
- Anyone who receives high-dose opioids or receives opioids chronically;
- Anyone who has been hospitalized for opioid overdose;
- Anyone who uses opioids with antidepressants, benzodiazepines, alcohol, or other drugs;
- Anyone who uses opioids with a history of major organ dysfunction (renal, hepatic, cardiac, pulmonary);
- Anyone using opioids with a history of mental illness; and
- Anyone receiving treatment for substance use disorder.

Heroin-related overdose deaths have increased by 88 percent between 2011 and 2013 and fentanyl-related deaths have jumped from an average of 2 deaths per month during the years 2007-2012 to 15 deaths per month in late 2013 and 2014.

To combat the opioid overdose epidemic, the State has been taking numerous actions. The most recent action is making naloxone more widely available throughout Maryland both in the Medicaid program and through the Overdose Response Program.

Medicaid

Naloxone will be available in the Medicaid program without preauthorization for all Medicaid patients state-wide. As a result, prescriptions you write for naloxone can be filled at community pharmacies. There is a \$1 copay for generic naloxone, however pharmacies may not deny service to any recipient if they are not able to pay the copay (COMAR 10.09.03.03 (M)).

There are two different routes of naloxone administration: intranasal (prefilled syringe) and intramuscular (vial or prefilled syringe). There are multiple studies showing the efficacy and safety of intranasal naloxone administration. We encourage you to write a prescription for both routes of administration, to optimize availability to patients. We will provide updates on the supply of these formulations on this website: <http://dhmh.maryland.gov/naloxone>.

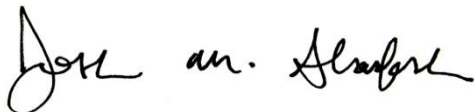
Intramuscular	Intranasal
<p>Rx = Naloxone injection 0.4mg/1ml vial and 3cc, 23g, 1 inch syringes Qty = 2 units of each Refill = PRN</p> <p>Sig: For suspected opioid overdose, inject 1ml IM in shoulder or thigh, may repeat after 3 minutes if no or minimal response.</p>	<p>Rx = Naloxone 2mg/2ml needless syringe and intranasal mucosal atomizer device Qty = 2 each Refill = PRN</p> <p>Sig: For suspected opioid overdose, spray 1ml in each nostril, may repeat after 3 minutes if no or minimal response.</p>

Overdose Response Program

We strongly encourage you to refer family members and friends of your high risk patients to the Overdose Response Program. The Program authorizes private and public entities to train and certify qualified individuals—e.g. family members, friends and associates of opioid users; treatment program and transitional housing staff; and law enforcement officers— to administer naloxone. Contact information for the 31 programs authorized throughout the State can be found at: <http://adaa.dhmh.maryland.gov/NALOXONE/SitePages/Approved%20Entities.aspx>.

Thank you for your attention to this matter - early recognition and treatment of opioid overdoses saves lives.

Sincerely,



Joshua M. Sharfstein, M.D.
 Secretary



Laura Herrera, M.D., M.P.H.
 Deputy Secretary for Public Health Services



Gayle Jordan-Randolph, M.D.
 Deputy Secretary for Behavioral Health



Mona K. Gahunia, D.O.
 Chief Medical Officer