

Understanding Naloxone and Provider Immunity

Maryland Department of Health and Mental Hygiene

*In Maryland, deaths from drug and alcohol overdose now exceed those caused by motor vehicle accidents, homicide or suicide. In 2014, 86% of all overdose deaths involved prescription opioids or heroin. Addressing the epidemic of opioid addiction and overdose deaths has become a statewide priority. As a result, the Maryland General Assembly recently passed legislation¹ to increase access to **naloxone** (aka “Narcan”), a life-saving prescription medication that quickly reverses the effects of an opioid overdose. The new law includes protections for healthcare providers who prescribe/dispense naloxone and laypersons who administer it to someone experiencing an overdose.*

❖ **Who should be prescribed naloxone?**

Patients and individuals at risk of opioid overdose:

- Anyone with history of IV drug use or misuse of prescription opioids
 - Anyone prescribed high-dose opioids
 - Anyone who has been treated 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 history of mental illness
 - Anyone receiving treatment for a substance use disorder
- AND/OR**
- Their family members and friends

❖ **Won't prescribing naloxone encourage risky drug use?**

Naloxone quickly reverses the effects of an opioid overdose. Administration of naloxone has low risk of serious side effects.

Many arguments against providing naloxone to people at high-risk for overdose are based on fears that it will increase the likelihood that they will use unsafe amounts of drugs and not seek treatment; however, literature supports the contrary. Numerous studies have demonstrated that **“increased access to naloxone does not appear to increase drug use or risky behavior.”**² Studies also demonstrate that individuals who receive naloxone and overdose education have a statistically significant decrease in opioid usage.³

¹ Chapter 356 (SB516, 2015) – “Public Health – Overdose Response Program” Effective October 1, 2015.

² Davis, C. (2015, June 8). Public Health Law Research. Retrieved June 18, 2015, from <http://phlr.org/product/naloxone-community-opioid-overdose-reversal>

³ Seal, K. H., Thawley, R., Gee, L., Bamberger, J., Kral, A. H., Ciccarone, D., ... Edlin, B. R. (2005). Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: A pilot intervention study. *Journal of Urban Health : Bulletin of the New York Academy of Medicine*, 82(2), 303–311. doi:10.1093/jurban/jti053

❖ Prescribing Naloxone

Under the new law, physicians and advanced practice nurses with prescribing authority may prescribe and dispense naloxone and the necessary paraphernalia to patients who are at risk for opioid overdose, **as well as** those who may be likely to witness and respond to an overdose. If your patient administers naloxone to someone else, they may be protected from civil liability under an existing state “good samaritan” law.⁴

The new law also enhances the Overdose Response Program (ORP), a public health initiative providing overdose education and naloxone distribution to community members across the state. The ORP includes free educational resources for training patients and other laypersons on responding to an opioid overdose with naloxone.⁵

❖ Provider Immunity

The new law strengthens legal protections for prescribers and dispensers. Physicians, APNs and pharmacists are protected from civil suits when prescribing or dispensing naloxone and paraphernalia in good faith to patients or anyone trained and certified under ORP.

❖ How to Prescribe Naloxone

Three naloxone formulations are commercially available:

- Vial and syringe for intramuscular injection
- Pre-filled syringe and mucosal atomizer for intranasal delivery
- Pre-filled auto-injector. One pack includes 2 single-dose auto-injectors and trainer device. (FDA approved for use by laypersons)

To prescribe the intranasal form of naloxone, write the following:

Rx = Naloxone 2mg/2ml needless syringe and intranasal mucosal atomizer device

Qty = 2 each

Refill = PRN

Sig: For suspected opioid overdose, spray 1ml in each nostril, may repeat after 3 minutes if no or minimal response.

To prescribe the injectable form of naloxone, write the following:

Rx = Naloxone injection 0.4mg/1ml vial and 3cc, 23g, 1 inch syringes

Qty = 2 units of each

Refill = PRN

Sig: For suspected opioid overdose, inject 1ml in shoulder or thigh, may repeat after 3 minutes if no or minimal response.

To prescribe the naloxone auto-injector, write the following:

Rx = Evzio 0.4mg/0.4ml auto-injector

Qty = #1 two pack

Refill = PRN

Sig: For suspected opioid overdose, apply 1 auto-injector to shoulder or thigh, repeat with second auto-injector after 3 minutes if no or minimal response.

⁴ Courts and Judicial Proceedings Article, § 5-603(C), Code of Maryland

⁵ For more information on ORP, visit the website of the Maryland Behavioral Health Administration and click on “Overdose Prevention in Maryland” <http://bha.dhmh.maryland.gov/>.