

Life-Saving Naloxone from Pharmacies More dispensing needed despite progress



Want to learn more?
www.cdc.gov/vitalsigns/naloxone

2x

The number of prescriptions for naloxone doubled from 2017 to 2018.

1 in 70

Only 1 naloxone prescription is dispensed for every 70 high-dose opioid prescriptions.

3x

Rural counties are nearly 3 times more likely to be ranked low dispensing than metropolitan counties.

Overview:

About 48,000 US drug overdose deaths involved opioids in 2017. Naloxone is a life-saving medication that can reverse the effects of an opioid overdose. Pharmacists and other healthcare providers play a critical role in ensuring patients receive naloxone. Many states have laws that allow pharmacists to dispense naloxone without a prescription (called standing orders), which have contributed to lowering deaths. Dispensing has increased in recent years, but more work needs to be done, particularly in rural counties.

Improvements could be made by:

- Following the *CDC Guideline for Prescribing Opioids for Chronic Pain* to consider offering naloxone to patients receiving high opioid dosages (greater than or equal to 50 morphine milligram equivalents per day).
- Keeping naloxone in stock in pharmacies.
- Educating patients, caregivers, and the community about the benefits of having naloxone readily available to more people.



PROBLEM:

People who may need naloxone are not all getting it.

There is wide variation in prescribing and dispensing across the US despite consistent state laws and recommendations. Dispensing naloxone in areas hardest hit by the opioid overdose epidemic can increase the number of overdose reversals and the opportunity to link overdose survivors into treatment.

Actions needed to improve access locally.

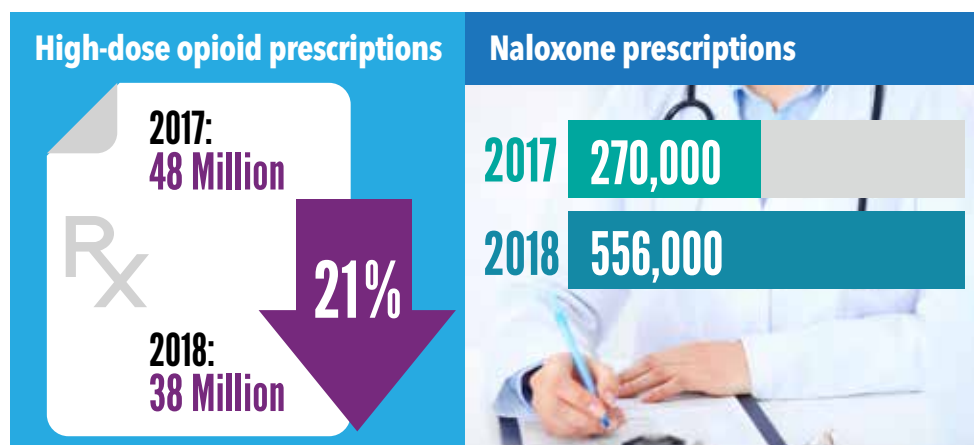
Examples include:

- Reducing insurance co-pay for patients.
- Increasing provider training and education.
- Targeting distribution especially in rural areas.

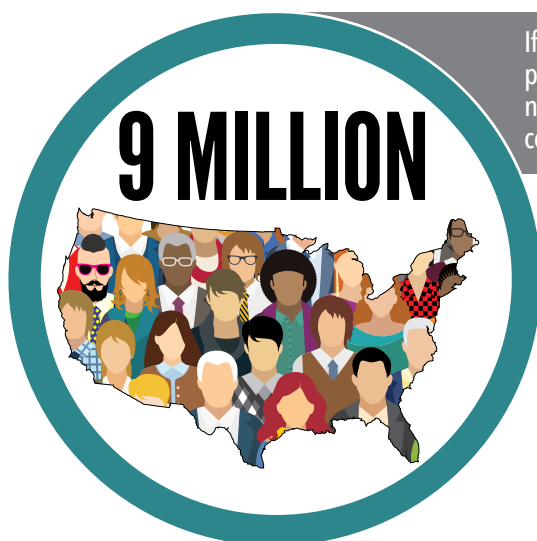


**Centers for Disease
Control and Prevention**
National Center for Injury
Prevention and Control

Major changes in opioid and naloxone dispensing occurred from 2017 to 2018.



Co-prescribing naloxone is recommended for patients at risk for opioid overdose.



RISK FACTORS FOR OVERDOSE

High-dose opioid prescriptions

- Opioids taken with benzodiazepines
- History of substance use disorder
- Misusing prescription opioids or using illicit drugs (either opioids or potentially contaminated with opioids)

SOURCE: Vital Signs MMWR, August 2019



Many factors contribute to the problem.

- Most (71%) of Medicare prescriptions for naloxone required a copay compared to 42% for commercial insurance.
- Primary care providers only prescribed about 2 naloxone prescriptions for every 100 high-dose opioid prescriptions.
- Naloxone dispensing is 25 times greater in the highest-dispensing counties than the lowest.

CDC Guideline: <https://bit.ly/2howXqN>, HHS Guidance: <https://bit.ly/2EEh8YO>

THE WAY FORWARD

PHARMACISTS AND OTHER HEALTHCARE PROVIDERS CAN:

- Monitor patients for risk of overdose, prescribe or dispense naloxone when overdose risk factors are present, and counsel patients on how to use it.
- Ensure naloxone is always available in pharmacies.
- Participate in and offer naloxone training and education.

HEALTH INSURERS CAN:

- Reduce patient out-of-pocket costs.
- Cover naloxone prescriptions without prior approval.

STATES AND COMMUNITIES CAN:

- Work with healthcare providers to expand naloxone access, especially in rural areas.
- Promote the benefits of prescribing, dispensing, and carrying naloxone.
- Create harm reduction programs and improve access to medication-assisted treatment for opioid use disorder.

EVERYONE CAN:

- Ask your doctor or pharmacist for a naloxone prescription if you or a loved one are taking high-dose opioids or have a substance use disorder.

For more information

1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 | Web: www.cdc.gov

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