

Naloxone Formulations 2022

Why prescribe Naloxone?

▶ In 2020 more than **56,000** people died from overdoses involving synthetic opioids. **Overdose deaths** involving synthetic opioids were nearly **18 times higher** in 2020 than in 2013.

▶ Cocaine, methamphetamine, heroin, and illicitly manufactured opioid pills are often mixed with **fentanyl** and other synthetic opioids.

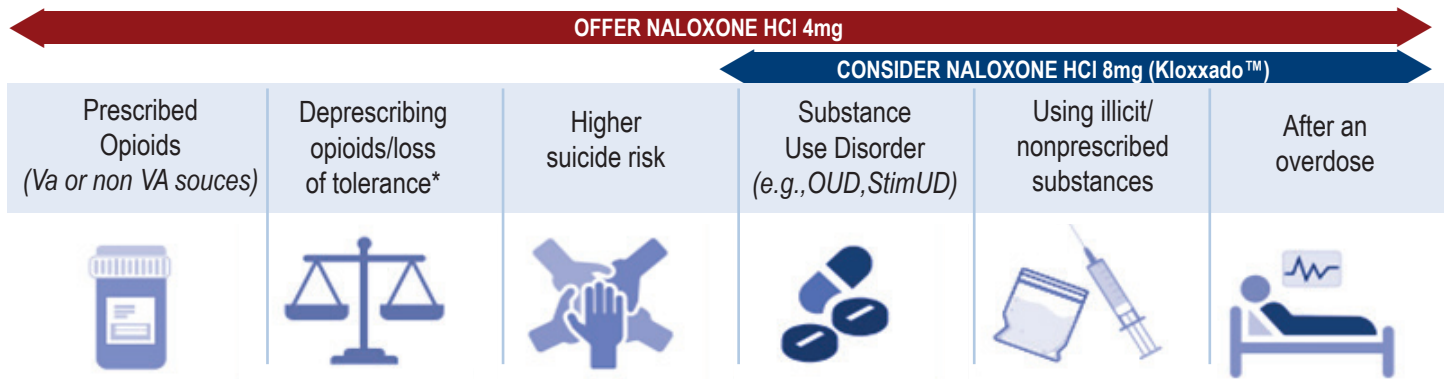
It is impossible to visibly detect their presence

▶ **Fentanyl:**
50-100X
more potent than morphine.

▶ **Carfentanil:**
10,000X
more potent than morphine.

Offer overdose education and naloxone to patients to reduce the risk of opioid overdose.

▶ **Naloxone should be considered for Veterans who have one or more of the following:**



*Includes Veterans undergoing an opioid taper or who have loss of tolerance from not taking an opioid for several days, e.g., hospitalization or incarceration

Which should you prescribe?

Naloxone is available from the **VA with no copay** for the emergency treatment of known or suspected opioid overdose.

Naloxone nasal spray is the preferred formulation and is available in **4mg** or **8mg** strengths.

Naloxone HCl 4mg
(Narcan®)

- FDA-approved in November 2015
- Formulary agent, no consult required



4mg

Naloxone HCl 8mg
(Kloxxado™)

- FDA-approved in April 2021
- Formulary agent, no consult required



8mg

Potential Veterans to consider using 8mg naloxone nasal spray:

- ▶ History of previous opioid or stimulant overdose
- ▶ OUD or SUD diagnosis
- ▶ Use of illicit drugs (e.g., heroin, cocaine, or methamphetamine that could be mixed with potent opioids like fentanyl)
- ▶ History of prescription opioid misuse or injection opioid use



Download [How to use the VA Naloxone Nasal Spray](#) video using the QR code with your phone

Veterans who are unable to use intranasal naloxone should be offered injectable naloxone.

This may be due to nasal septal abnormalities, nasal trauma, epistaxis, excessive nasal mucus, and intranasal damage caused by use of cocaine and other substances.

Injectable 5mg/0.5 ml (Zimhi™)

An FDA-approved prefilled naloxone syringe for subcutaneous or intramuscular injection.

- ▶ Can be injected through clothing.
- ▶ Two prefilled syringes are provided.



Injectable 0.4mg/ml

Provided in a 1 ml vial and needs to be drawn up in a syringe by the responder before injection intramuscularly.

- ▶ Two vials
- ▶ Two syringes are provided.



- ▶ **Considerations:** Use shared decision making to determine which naloxone product to prescribe to your patient. *What is the primary concern for the Veteran?*

Not enough naloxone to reverse overdose

Use **8mg naloxone** nasal spray or **5mg IM** injection

Withdrawal symptoms/precipitated withdrawal

Use **4mg naloxone** nasal spray or **0.4mg IM** injection

Supplementary Information

- 1 Each prescription order contains 2 single use doses of naloxone. If there is no response to the first dose, a second dose should be used.
- 2 Prescriptions should be marked with at least one refill, to ensure it remains active for 365 days.
- 3 For high-risk patients who decline naloxone, document using the Naloxone CPRS note or clinical reminder, and reassess the need for naloxone at least every 6 months.
- 4 Precipitation of withdrawal occurs in a dose-related manner: the higher the dose of naloxone, the longer and more severe the withdrawal syndrome.
- 5 Naloxone reverses overdoses involving opioids. It does not reverse overdoses caused by stimulants or benzodiazepines unless there are opioids present in the product that is used or opioids are co-administered.
- 6 Naloxone is not routinely used for tramadol due to increased risk of inducing seizures. Consider giving naloxone if patient is using other opioids in addition to tramadol.

▶ Resources:

Please see VA recommendations for use: [Naloxone Rescue: Recommendations for Use](#)

More information can be found at: [VA PBM Academic Detailing Services OEND SharePoint Page](#)