In 2018, there were **314 overdose deaths** in Rhode Island. Most of these deaths were preventable.

Naloxone is an **opioid antidote** that is safe, effective, and easy to use. **Naloxone reverses the effects of opioids:** buprenorphine, codeine, fentanyl, heroin, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, tramadol.

Naloxone should be given to any person who shows signs of an opioid overdose or when an overdose is suspected. **Overdose symptoms may include:**
- Pinpoint pupils
- Respiratory depression
- Unconsciousness
- Pale, blue, or cold skin
- Abnormally low heartbeat

The effects of naloxone generally begin within **2-5 minutes** after administration, and can last approximately **30-90 minutes**.

<table>
<thead>
<tr>
<th>Product Formulation and Dispensing</th>
<th>Naloxone 0.4mg/mL</th>
<th>Naloxone nasal spray 4mg/0.1 mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispensed as two single-use vials PLUS two 3 ml syringes with 23-25 gauge 1-1.5 inch IM needles</td>
<td>Spray 0.1 mL into one nostril. Repeat with second device into other nostril after two to three minutes if there is no or minimal response.</td>
<td>Dispensed as one two-pack of two 4mg/0.1 mL intranasal devices.</td>
</tr>
</tbody>
</table>

**Directions for Use**
- Inject 1 mL into shoulder or thigh. Repeat after two to three minutes if there is no or minimal response.
- Store at room temperature away from moisture and heat. Do not use the medicine if it has changed color or has particles in it.
- Store at room temperature away from moisture and heat. Keep each spray pump in the box until you are ready to use.

**Retail Cost**
- $ (for injectable form)
- $$ (for nasal spray)

*All health insurers in Rhode Island cover at least one type of generic naloxone with a no-cost or low-cost co-payment. The cost of naloxone is dependent on a number of factors, including the drug manufacturer, pharmacy supplier, pharmacy dispensing fee, and prescription drug plan benefits. Medicaid fully covers the cost of generic naloxone and a brand name single-step intranasal spray.
**Why Co-Prescribe Naloxone?**

Co-prescribing naloxone to patients has been shown to significantly reduce opioid-related overdose deaths. Prescribers must co-prescribe naloxone in three different clinical scenarios. If co-prescribing is not appropriate for the patient, the prescriber must document the reason(s) in the patient’s medical record.

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Prescribing an opioid, individually, or in aggregate with, other medications, greater than or equal to 50 MMEs/day.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario 2</td>
<td>Prescribing any dose of opioid when a benzodiazepine has been prescribed in the past 30 days or will be prescribed at the current visit.</td>
</tr>
<tr>
<td>Scenario 3</td>
<td>Prescribing any dose of an opioid to a patient with a prior history of opioid use disorder or overdose.</td>
</tr>
</tbody>
</table>

**Discussion Points for Educating Patients and Caregivers**

- Ask caregivers if they feel comfortable administering naloxone during an overdose in case a friend or loved one is experiencing a bad reaction to an opioid.
- Emphasize that naloxone does not replace emergency services.
- Tell patients who are taking opioids about the potential for life-threatening reactions that make breathing slow down or stop, leading to an overdose.
- Emphasize to patients that naloxone is an antidote and can save a life, just like a seatbelt or a fire extinguisher.
- Tell patients and caregivers about what to expect after giving someone naloxone.
- Talk to patients and caregivers about the importance of having naloxone on-hand.
- Review the signs and symptoms of opioid overdose and the legal protections under Rhode Island’s Good Samaritan Law.

**How to Respond to an Overdose**

Stay with the person until help arrives and watch for continued signs of overdose. Never assume the overdose episode has ended if symptoms improve.