

Take-Home Naloxone

Traffic Light Classification - Amber 3 Information Sheet for Primary Care Prescribers

Licensed Indication

Prenoxad® Injection¹ and Nyxoid® Nasal Spray² are intended for emergency use in non-medical and healthcare settings for the reversal of respiratory depression induced by natural and synthetic opioids. Nyxoid® Nasal Spray² is also licensed for use in adolescents aged 14 years and over.

Therapeutic Summary

Naloxone is an opioid receptor antagonist which temporarily reverses the effects of opioids such as heroin, methadone, and morphine. Naloxone will also work on synthetic opioids such as fentanyl and “nitazenes”, however, as some synthetic opioids are significantly stronger than heroin, additional doses of naloxone may need to be administered.

Updated regulations³ have allowed for the widening availability of naloxone, including nasal naloxone, to help reduce opioid-related deaths nationally.

Naloxone is not a replacement for contacting emergency services.

Medicines Initiation

Trained staff working within Substance use Services (Nottingham Recovery Network-Framework Partnership (NRN), The Health Shop, The Level, Change Grow Live (CGL)) will provide opioid overdose awareness training and will supply Take-Home Naloxone to service users, family members, carers or friends of people who use drugs, where it is considered that there is a risk of opioid overdose for which the naloxone might be used for the purposes of saving life.

Further supplies of Take-Home Naloxone would normally be made by Substance use Services, but it is recognised that in some cases it may be appropriate, following a risk-assessment, for service users to obtain a further supply on prescription from Primary Care Services.

Amber 3 status importantly allows individual primary care services to initiate and prescribe Take-Home Naloxone to those (including their family/friends) considered a high-risk of opioid overdose who are not accessing substance use services, following an individual risk-assessment and demonstration of how and when to use naloxone. This could also include those who buy opioids over the counter or via the internet but are not in “drug treatment” and those being treated with high- dose opioids for chronic pain where there are concerns about a high-risk of opioid overdose. In this situation it would be expected that this would be discussed with Specialist Pain services.

Although a referral to substance use services may be recommended for these patients it is recognised that not all patients want to or feel they need to access a drug treatment provider. Attending a drug treatment service should not be a requisite to accessing Take Home Naloxone.

Products Available

The two types of naloxone supplied by Substance use Services are an injectable product (Prenoxad® 1mg/1ml injection) and a nasal formulation (Nyxoid® 1.8mg nasal spray).

The Prenoxad® kit (cost £18.78) contains 1x2ml prefilled syringe of naloxone 1mg/1ml injection, 2x23G 1.25" needles for intramuscular injection and a product instruction/information sheet.

The Nyxoid® pack (costs £26.50) contains 2x single-dose nasal sprays of 1.8mg naloxone and a product instruction/information sheet.

Dosages and Route of Administration

The Prenoxad® prefilled syringe is marked out with 5 x 0.4mg (0.4ml) doses, allowing up to five repeat doses to be administered intramuscularly, in a graduated approach, if required.

The ready-to-use Nyxoid® nasal spray is inserted directly in a nostril and delivers one dose. The pack contains two spray devices should a second dose be required.

Storage Requirements

Prenoxad® kits and Nyxoid® packs must be stored at room temperature (15-25°C) and protected from light.

Duration of Treatment

Take-Home Naloxone is supplied as one pack (or sometimes two) to service users where, following assessment and training, it is considered that there is a risk (or continued risk) of opioid overdose for which rescue naloxone might be used for the purposes of saving life.

Monitoring Requirements and Responsibilities

Substance use Services will monitor the impact of the provision of Take-Home Naloxone across the wider health community.

Explicit criteria for review and discontinuation of the medicine

The Substance use Service will only continue to supply Take-Home Naloxone to individuals considered to be at risk of opioid overdose.

Contraindications

There are no contraindications other than not to give to patients known to be hypersensitive to naloxone or any of the excipients listed in the product SPC/PIL^{1,2}.

Precautions

A typical opioid withdrawal syndrome is expected with naloxone which may be caused by the abrupt withdrawal of opioid in persons physically dependent on them. Signs and symptoms of drug withdrawal syndrome include restlessness, irritability, hyperaesthesia, nausea, vomiting, gastrointestinal pain, muscle spasms, dysphoria, insomnia, anxiety, hyperhidrosis, piloerection, tachycardia, increased blood pressure, yawning, pyrexia. Behavioural changes including violent behaviour, nervousness and excitement may also be observed.

Clinically Relevant Medicine Interactions and their Management

When administered to opioid dependent subjects, naloxone can cause acute withdrawal symptoms in some individuals.

Naloxone may also decrease the analgesic effects of prescribed opioids used to provide pain relief.

However, naloxone is being given to an individual believed to be facing an imminent fatal opiate overdose and so such risks of side-effects are largely irrelevant in the decision on whether to use it or not.³

Another important but uncommon side-effect is the risk of triggering cardiac problems in susceptible people, which in some cases could be fatal. However, given that naloxone is being given to someone already facing the risk of a fatal overdose, the small risk of triggering such a serious cardiac problem is not a reason to avoid its use.³

Information Given to Patient

Service users (and their family/carers/friends) will receive initial training from Substance use Services (or the GP if they choose to initiate it) on how to recognise the signs and symptoms of opioid overdose and its first-line management, including how to use naloxone (Prenoxad® injection or Nyxoid® nasal spray) as part of a response for the purpose of saving life in an emergency.

Patient's Role

Service users are expected to keep an eye on product expiry dates and contact the Substance use Service for a replacement supply, or if the product is used and needs replacing. Primary care services would not normally be expected to prescribe Take-Home Naloxone on prescription but could do so in the event the service user could not obtain a further supply from the Substance use Service.

Community Pharmacist's Role

If Take-Home Naloxone was prescribed on an FP10 then the community pharmacist should check with the service user that the correct formulation (injection or nasal spray) has been prescribed, and that the service user has received instruction on how to use it. Community pharmacists can also signpost people to Substance use Services in their locality.

Some community pharmacies may already be delivering commissioned substance misuse services such as supervised consumption, needle and syringe programmes and hepatitis A/B vaccinations. Community pharmacies can also be commissioned to supply Take-Home Naloxone (THN)⁴.

Contacts for Local Substance use Services

Nottingham Recovery Network (NRN-Framework Partnership). Link:

<https://www.nottinghamrecoverynetwork.com/>

Nottingham City - Health Shop. Link: <https://www.healthshopnottingham.co.uk/>

Nottingham City – The Level. Link: <https://www.the-level.org/>

Nottinghamshire County – Change Grow Live (GCL). Link:

<https://www.changegrowlive.org/nottinghamshire/our-hubs>

Further information on naloxone can be found at:

www.naloxone.org.uk,

www.prenoxadinjection.com and

<https://www.nyxoid.com/uk>

References

1. Prenoxad® 1mg/1ml injection. Product SPC at www.medicines.org.uk
2. Nyxoid® 1.8mg nasal spray. Product SPC at www.medicines.org.uk
3. DH/MHRA/PHE Guidance. Widening the availability of Naloxone updated (02/2019). Link: www.gov.uk/
4. OHID Guidance. Community pharmacy: delivering substance misuse services (01/2024). Link: www.gov.uk/

Further Reading

ACMD Review of the UK Naloxone Implementation (06/2022). Link:

<https://www.gov.uk/government/publications/acmd-naloxone-review/acmd-review-of-the-uk-naloxone-implementation-accessible#previous-acmd-advice>

Government response to UK naloxone implementation report (09/2023). Link:

<https://www.gov.uk/government/publications/acmd-naloxone-review/government-reponse-to-uk-naloxone-implementation-report>

DHSC Press release (14/04/2024). Expansion of life-saving opioid overdose treatment. Link:

<https://www.gov.uk/government/news/expansion-of-life-saving-opioid-overdose-treatment#:~:text=Widening%20access%20to%20naloxone%20is,by%20the%20end%20of%202025>