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San Francisco Health Network
Behavioral Health Services

Naloxone Law AB-714 Effective September 5, 2019: Guidance for Prescribers

Overview

Assembly Bill 714 (AB-714) replaces existing naloxone law AB 2760. The intent of the law is to require prescribers to educate clients about the risks of opioid-induced respiratory depression, opioid overdose, opioid use disorder, and opioid overdose prevention; and to provide prescriptions of naloxone or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression when certain conditions are met.

The law focuses on clients receiving opioid or benzodiazepine prescriptions; and clients with an increased risk of opioid overdose, including those with opioid use disorder.

Section 741.a.1.B addresses the combination of opioids and benzodiazepines. BHS recommends providing education and offering naloxone or another FDA approved medication to any client prescribed a sedative-hypnotic (including benzodiazepines and non-benzodiazepine hypnotics) who is also taking an opioid, has a history of opioid overdose, has opioid use disorder or who may be at risk for opioid-induced respiratory depression. See BHS Safer Prescribing of Sedative-Hypnotics Guideline for more information.

BHS clients who themselves are not at risk for opioid-induced respiratory depression may have friends, family, or acquaintances who are at risk for this. Though not required by law, prescribers should use their clinical judgement to determine if prescribing naloxone to these individuals is appropriate.

See Appendix 1 for more specific requirements for prescribers.

Documentation

BHS recommends that prescribers document both offering naloxone and educating on overdose prevention in a progress note. If a client accepts a prescription for naloxone, the prescriber may either provide the prescription and complete an informed consent, or refer the client to CBHS pharmacy to pick up the medication (no prescription or signed consent required). If a client declines a prescription for naloxone, or already has a supply from a different prescriber or pharmacy, the prescriber should document this in the progress note.

See Appendix 2 for specific information about naloxone prescribing, access, use and client education.

APPENDIX 1

The following text from the law explains the specific requirements for prescribers:

741. (a) Notwithstanding any other law, when prescribing an opioid or benzodiazepine medication to a patient, a prescriber shall do the following:

(1) Offer the patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression when one or more of the following conditions are present:

(A) The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.

(B) An opioid medication is prescribed within a year from the date a prescription for benzodiazepine has been dispensed to the patient.

(C) The patient presents with an increased risk for opioid overdose, including a patient with a history of opioid overdose, a patient with a history of opioid use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

(2) Consistent with the existing standard of care, provide education to the patient on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression.

(3) Consistent with the existing standard of care, provide education on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression to one or more persons designated by the patient, or, for a patient who is a minor, to the minor's parent or guardian.

(b) A prescriber is not required to provide the education specified in paragraphs (2) or (3) of subdivision (a) if the patient receiving the prescription declines the education or has received the education within the past 24 months.

(c) This section does not apply to a prescriber under any of the following circumstances:

(1) When prescribing to an inmate or a youth under the jurisdiction of the Department of Corrections and Rehabilitation or the Division of Juvenile Justice within the Department of Corrections and Rehabilitation.

(2) When ordering medications to be administered to a patient while the patient is in either an inpatient or outpatient setting.

(3) When prescribing medications to a patient who is terminally ill, as defined in subdivision (c) of Section 11159.2 of the Health and Safety Code.

APPENDIX 2

How to Obtain Naloxone

1. Prescribed by provider
2. Community pharmacy
 - a. California law allows for trained pharmacists to furnish naloxone without a prescription
 - b. CBHS Pharmacy will furnish naloxone to BHS and non-BHS clients.
1380 Howard St, 1st Floor Pharmacy
Monday-Friday, 9:00am-3:30pm
3. Distribution programs
 - a. Available at all Needle Exchange sites. Schedule available at: <http://sfaf.org/client-services/syringe-access/site-schedule.html>

Naloxone Product Information

Naloxone nasal spray is covered by most insurance plans. It is convenient to use. For information on other available naloxone products, please contact CBHS pharmacy.

Table Naloxone

	Naloxone 4mg/0.4ml Intranasal Spray
Dosing	Spray entire contents of device into one nostril upon signs of opioid overdose. Call 911. May repeat x1
Quantity	1 twin pack
Required supplies	None
Comments	Does not require assembly or additional supplies

Client Education

Education should include:

- How to identify a potential opioid overdose: person not responsive when shaken, breathing slowly, stopped or labored breathing, blue/gray lips and fingernails, pale/clammy skin
- Call 911
- Proper administration of naloxone. If not responsive in 3 minutes, give second dose
- Follow the instructions from the 911 dispatcher. This may include rescue breathing and/or chest compressions
- Remaining with the person until help arrives

Education materials on how to respond to an opioid overdose with take-home naloxone are available in multiple languages at: http://www.pharmacy.ca.gov/licensees/naloxone_info.shtml under “Fact Sheets.”

Videos on overdose prevention and how to use several naloxone products are available at the following website: <https://prescribetoprevent.org/>

Education on how to use naloxone nasal spray including an instructional video are available at the manufacturer’s website at: <https://www.narcan.com/patients/how-to-use-narcan>