Information from Virginia Board of Medicine on Narcan prescriptions

Naloxone shall be prescribed for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME/day, or concomitant benzodiazepine is present.

And here are the Frequently Asked Questions on naloxone.

If a patient I am treating for chronic pain is on a benzodiazepine from another provider, must I prescribe naloxone?

YES. The regulations are meant to save lives. There would need to be coordination with the other practitioner so that you are on the same page. Controlled substances from more than one prescriber could lead to an inadvertent overdose. There is a provision for "extenuating circumstances" in the regulations, in case the benzo is absolutely essential to the patient's well-being.

What if the benzodiazepine is only PRN?

The Board of Medicine cannot recommend deviation from the regulations.

What formulation of naloxone do I prescribe?

The prescribing of naloxone required by these regulations is intended to rescue those who are in the midst of an overdose or anticipated to be in overdose. The regulations do not require a specific formulation. Here are the options in the Pharmacy guidance document. http://www.dhp.virginia.gov/Pharmacy/guidelines/110-44.docx

Do I have to ensure that a patient fills the prescription for naloxone?

NO, the prescriber's responsibility is to prescribe the naloxone, but the regulations do not require that the prescriber ensures that the patient gets it filled. However, a prescriber may wish to revisit the dose of opioid prescribed, if warranted.

Can a pharmacist fill an opioid prescription exceeding 120 MME/day, or with concomitant benzodiazepine, if a patient does not present a naloxone prescription?

The answer is YES, but it would be within your discretion to call the prescriber to ask if that is what he/she intended.

Must naloxone be prescribed for lower doses of opioids in the presence of benzodiazepines?

YES, the regulations state that is the case.