Protocol to Initiate Dispensing of an Opioid Antagonist for Opioid Overdose Prevention and Response

Purpose

This protocol specifies the criteria and procedures for eligible pharmacists who have met the requirements and received certification from the Board of Pharmacy, to according to and in accordance with Kentucky Board of Pharmacy administrative regulations 201 KAR 2:360, to initiate the dispensing of an opioid antagonist. Per KRS 217.186 a person or agency receiving an opioid antagonist under this protocol may:

(a) Receive a prescription for an opioid antagonist;
(b) Possess an opioid antagonist pursuant to this subsection and any equipment needed for its administration;
(c) Administer an opioid antagonist to an individual suffering from an apparent opioid-related overdose; and
(d) Provide, as part of a harm reduction program, an opioid antagonist to persons who have been trained on the mechanism and circumstances of its administration.

Criteria

Persons eligible to receive an opioid antagonist under this protocol include:

1. Persons with history of receiving emergency medical care for acute opioid poisoning or overdose
2. Persons with a suspected history of substance use or nonmedical opioid use
3. Persons receiving high-dose opioid prescriptions (E.g. >50 mg morphine equivalent)
4. Persons who are opioid naïve and receiving a first prescription for methadone for pain
5. Persons receiving buprenorphine or methadone for addiction treatment
6. Persons on opioid prescriptions for pain in combination with:
   a. Smoking, COPD, emphysema, sleep apnea, or other respiratory illness
   b. Renal dysfunction, hepatic disease, or cardiac disease
   c. Known or suspected alcohol use
   d. Concurrent benzodiazepine or other sedative prescription
   e. Concurrent antidepressant prescription

7. Persons who may have difficulty accessing emergency medical services
8. Voluntary request by person or agency

Medication

For patients meeting the above criteria, this protocol authorizes the pharmacist to initiate the dispensing of an opioid antagonist as follows:

Intranasal Administration Options

NARCAN® Naloxone HCl 4 mg/0.1ml Nasal Spray
Dispense #1 Box
SIG: Call 911.
Do not prime. Spray into nostril upon signs of opioid overdose. May repeat in 2-3 minutes in opposite nostril if no or minimal breathing and responsiveness, then as needed (if doses are available) every 2-3 minutes.

KLOXXADO™ Naloxone HCL 8mg/0.1ml Nasal Spray
Dispense #1 Box
SIG: Call 911.
Do not prime. Spray into nostril upon signs of opioid overdose. May repeat in 2-3 minutes in opposite nostril if no or minimal breathing and responsiveness, then as needed (if doses are available) every 2-3 minutes.

Intramuscular Administration Options

ZIMHI™ Naloxone HCL 5mg/0.5ml IM Injectable (patients 12 and older)
Dispense #1 Box
SIG: Call 911.
Administer into the anterolateral aspect of the thigh, through clothing if necessary upon signs of opioid overdose. May repeat in 2-3 minutes if no or minimal breathing and responsiveness, then as needed (if doses are available), every 2-3 minutes.

Education

A pharmacist dispensing an opioid antagonist to a person or agency not operating a harm reduction program shall provide verbal counseling and written educational materials, appropriate to the dosage form of the opioid antagonist dispensed.

Documentation

A pharmacist will document via prescription record each person or agency who receives an opioid antagonist prescription under this protocol. In addition to standard information required in the prescription record, documentation will include name and title of pharmacist providing the required education to the individual receiving an opioid antagonist.

Terms

This protocol is in effect until rescinded by the physician or pharmacist party to the agreement.

Signatures

Physician Signature	**Date**
Physician Name (print)	

Pharmacist Signature	**Date**
Pharmacist Name (print)	