ANAPHYLAXIS TREATMENT PROTOCOL FOR EPINEPHRINE AUTOINJECTORS
Approved 5-16-18

PURPOSE

This protocol specifies the criteria and procedures for pharmacist(s) to initiate the dispensing of epinephrine autoinjectors for emergency treatment of anaphylaxis in the community.

PHARMACIST EDUCATION AND TRAINING

Prior to initiating the dispensing of epinephrine autoinjectors under this protocol, pharmacist(s) must have received education and training in the recognition and management of anaphylaxis and the use of epinephrine autoinjectors for the emergency treatment of anaphylaxis in the community.

The education of pharmacist(s) must be conducted by a provider accredited by the Accreditation Council for Pharmacy Education, or by a comparable provider approved by the Kentucky Board of Pharmacy.

Provider of Training:_____

Date Training Completed:_____

CRITERIA

Pharmacist(s) authorized to initiate the dispensing of epinephrine autoinjectors will follow the most current guidelines from the American Academy of Pediatrics Guidance on Epinephrine for First-Aid Management of Anaphylaxis[1] and standard adult dosing.

Inclusion criteria:

- Any person at risk for experiencing anaphylaxis
- Any person in a position to assist a person at risk for experiencing anaphylaxis
- A person, who in the course of their official duties or business, may encounter a person experiencing anaphylaxis (e.g., school officials, day care workers, etc.)

Exclusion Criteria:

- There are no absolute contraindications to treatment with epinephrine in a person experiencing anaphylaxis

[1] http://pediatrics.aappublications.org/content/pediatrics/early/2017/02/09/peds.2016-4006.full.pdf

MEDICATIONS
This protocol authorizes pharmacist(s) to initiate the dispensing of the following medications*

Product	Mfr./Dist.	NDCs
EpiPen® and EpiPen Jr®	Mylan	49502-501-02 (0.15mg) 49502-500-02 (0.3mg)
Adrenaclick®	Amedra Pharmaceuticals, LLC	52054-803-02 (0.15mg) 52054-804-02 (0.3mg)
Epinephrine Injection, USP, Auto-Injector	Lineage Therapeutics	00115-1695-49 (0.15mg) 00115-1694-49 (0.3mg)
Auvi Q®	Kaleo, Inc.	60842-0022-01 (0.15mg) 60842-0023-01 (0.3mg)

***or any other FDA-approved epinephrine autoinjector.*

Infants and children up to 25 kg (55 lb): 0.15 mg autoinjector
Children weighing more than 25 kg (55 lb), teens and adults: 0.3 mg autoinjector
Obese persons and those with severe allergies may need two doses

PROCEDURES FOR INITIATING THERAPY
Individuals identified by the pharmacist as meeting the inclusion criteria may receive a prescription for the number of autoinjectors needed to meet the specific circumstances of the individual as determined by the pharmacist's professional judgement. Prescriptions may be refilled as needed for a 12-month period from the original date of the initial prescription if the previously dispensed autoinjectors have been utilized.

EDUCATION REQUIREMENTS
Individuals or their parent/guardian/caregiver receiving epinephrine autoinjectors under protocol will receive education regarding:

- Common anaphylaxis triggers and allergen avoidance
- Signs and symptoms of anaphylaxis
- General treatment of anaphylaxis
- When and how to use epinephrine autoinjectors, including administration, storage, and adverse effects, expiration, disposal and how to get more
- Importance of calling 911

DOCUMENTATION
Pharmacists will document via prescription record each person who receives an epinephrine autoinjector prescription under this protocol, including:

- Documentation as required in 201 KAR 2:170 for the dispensing of prescription medication; and

- Documentation that the individual receiving the epinephrine autoinjector was provided with the required education pursuant to this administrative regulation.

[If directed by the authorizing physician], the pharmacist shall provide written notification via fax or other secure electronic means to the authorizing physician of persons receiving epinephrine autoinjectors under this protocol within 7 days of initiating dispensing.

NOTIFICATION

Pharmacist(s) shall ask all individuals receiving epinephrine autoinjectors under this protocol for the name and contact information of the individual's primary care provider and shall provide notification of the epinephrine autoinjectors dispensed under the protocol to the identified primary care provider within two (2) business days. Any individual affirmatively stating that the individual does not have a primary care provider may still receive an epinephrine autoinjector under this protocol provided all other applicable requirements of the protocol are met.

TERMS

This protocol is effective as of the date all parties execute the document. It shall remain in effect for a period of one year and shall automatically renew for successive one-year periods unless otherwise terminated by any party, with or without cause. Any termination without cause shall require prior notice to all parties of no less than sixty days.

SIGNATURES

_____	_____	_____
Practitioner Name	Practitioner Signature	Date
_____	_____	_____
Pharmacist Name	Pharmacist Signature	Date