

Pharmacy Name: _____

Pharmacy Permit Number: _____

ANAPHYLAXIS TREATMENT PROTOCOL FOR EMERGENCY EPINEPHRINE DEVICES

v4

Approved 3/18/2026

PURPOSE

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

PHARMACIST EDUCATION AND TRAINING

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

CRITERIA

Pharmacist(s) authorized to initiate the dispensing of emergency epinephrine devices will follow the most current guidelines from the American Academy of Pediatrics Guidance on Epinephrine for First-Aid Management of Anaphylaxis¹ 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 and wishes to become certified pursuant to KRS 311.646 (Emergency Allergy Treatment Act)
- 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.) and wishes to become certified pursuant to KRS 311.646 (Emergency Allergy Treatment Act)

¹ Sicherer SH, Simons FER, AAP Section on Allergy and Immunology. Epinephrine for First-aid Management of Anaphylaxis. *Pediatrics*. 2017;139(3):e20164006.
<https://pediatrics.aappublications.org/content/pediatrics/early/2017/02/09/peds.2016-4006.full.pdf>. Accessed March 2019.

Exclusion criteria:

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

MEDICATIONS

This protocol authorizes pharmacist(s) to initiate the dispensing of epinephrine auto injector, prefilled syringe or nasal spray or any other FDA-approved emergency epinephrine device.

Recommended dosing per FDA product labeling:

Injection emergency epinephrine dosing

- 15 to 29 kg (33 lbs–65 lbs): 0.15 mg injection
- ≥ 30 kg (66 lbs): 0.3 mg injection

Nasal spray emergency epinephrine dosing

- Children 4 years and older, 15 to 29 kg (33 lbs–65 lbs): 1 spray (1mg/0.1mL) in a nostril
- Children 4 years and older, ≥ 30 kg (66 lbs): 1 spray (2mg/0.1mL) in a nostril

Alternate dosing may be used per AAP recommendations¹.

PROCEDURES FOR INITIATING THERAPY

Individuals identified by the pharmacist as meeting the inclusion criteria may receive a prescription for the number of emergency epinephrine devices 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.

EDUCATION REQUIREMENTS

Individuals or their parent/guardian/caregiver receiving emergency epinephrine devices 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 emergency epinephrine devices, including administration, storage, and adverse effects, expiration, disposal and how to get more
- Importance of calling 911

PHARMACIST ISSUED CERTIFICATE OF EMERGENCY EPINEPHRINE DEVICE TRAINING

For individuals receiving emergency epinephrine devices under this protocol who are not the patient or patient’s parent/guardian/caregiver who wish to become certified pursuant to KRS 311.646

(Emergency Allergy Treatment Act), a pharmacist may conduct training and issue a certificate. The training shall include instructions for recognizing the symptoms of anaphylaxis and administering an emergency epinephrine device.

Once an individual has received a certificate of training from a pharmacist the individual may:

- Receive and possess an emergency epinephrine device from the pharmacist
- Administer an emergency epinephrine device to a person or provide an emergency epinephrine device to a person for immediate self-administration

DOCUMENTATION

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

- Documentation as required in 201 KAR 2:171 for the dispensing of prescription medication; and
- Documentation that the individual receiving the emergency epinephrine device was provided with the required education pursuant to 201 KAR 2:380 and, if applicable, issued a certificate of training pursuant to KRS 311.646.

NOTIFICATION

Pharmacist(s) shall ask all individuals receiving emergency epinephrine devices under this protocol for the name and contact information of the individual's primary care provider and shall provide notification of the emergency epinephrine devices 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 emergency epinephrine device under this protocol provided all other applicable requirements of the protocol are met.

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

TERMS

This protocol is authorized pursuant to 201 KAR 2:380 and is effective when it is submitted to the registry. Any termination shall require prior notice to all parties no later than 30 days after discontinuing the protocol.

SIGNATURES

Prescriber Name

Date

Prescriber Kentucky License Number

Prescriber Signature

Pharmacist Name

Date

Pharmacist Kentucky License Number

Pharmacist Signature

Course Taken for Training: _____

Provider of Training: _____

Date Training Completed: _____

Any pharmacist not party to the protocol will be subject to discipline should they utilize the protocol. A pharmacist utilizing the protocol must be employed by or contracted with the permit listed in the executed protocol.

For additional pharmacists party to this protocol, the pharmacy should keep a list of the additional pharmacists and their training at the pharmacy.

ADDITIONAL SIGNATURE PAGE

By signing below, I attest that I read and understand the Board-authorized protocol,
entitled : _____
and that I will follow all guidelines and requirements included in the Board-authorized
protocol.

Pharmacist Name

Date

Pharmacist Kentucky License Number

Pharmacist Signature

Course Taken for Training: _____

Provider of Training: _____

Date Training Completed: _____