

Protocol to Initiate Dispensing of Naloxone 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 naloxone.

Criteria

Persons eligible to receive naloxone 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 naloxone as follows:

Intranasal Administration Options

NARCAN® Naloxone HCl 4 mg/0.1 ml 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.

NARCAN® Naloxone HCl 2 mg/0.1 ml 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.

**Restrict prescription of NARCAN® Nasal Spray 2 mg to opioid-dependent patients expected to be at risk for severe opioid withdrawal in situations where there is a low risk for accidental or intentional opioid exposure by household contacts.*

Naloxone HCl 2 mg/2 ml prefilled syringe and Atomizer MAD 301

Dispense #2 each

SIG: Call 911.

Assemble syringe and attach atomizer to syringe. Spray one-half of syringe into each nostril upon signs of opioid overdose. May repeat in 2-3 minutes if no or minimal breathing and responsiveness.

KLOXXADO™ Naloxone HCL 8mg/0.1 ml 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.

Education

A pharmacist dispensing naloxone 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 naloxone dispensed.

Documentation

Pharmacist will document via prescription record each person or agency who receives a naloxone 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 naloxone.

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)	