**NALOXONE PROTOCOL**

**A COLLABORATIVE PRACTICE AGREEMENT FOR OPIOID OVERDOSE PREVENTION AND RESPONSE**

**Purpose:** To reduce morbidity and mortality from opioid overdose.

**Policy:** Under this collaborative practice agreement, eligible pharmacists who have completed certificate training program in opioid overdose prevention (CE program) and are CPR certified, may initiate naloxone and educate patients based on the criteria below.

**Continuing Education (CE)** in the area of practice covered by the agreement may include any of the following areas related to the safe prescribing of opioids:

* Opioid overdose prevention
* Reducing the risk of prescription opioid abuse
* The safe use of opioids for the management of chronic pain
* The use of screening tools to detect opioid abuse or dependency, specialist referrals and management of difficult patients
* Preventing diversion of prescribed opioid medications
* Treating patients with pain and addiction
* Naloxone administration technique
* Review of collaborative practice agreement

**Procedure:**

1. **Pharmacists listed below** will identify patients eligible for participation, meeting any of the criteria of overdose risk:
	1. Voluntary request
	2. Recipient of emergency medical care for acute opioid poisoning
	3. Suspected illicit or nonmedical opioid user
	4. High dose opioid prescription (>100 morphine equivalence per day)
	5. Any methadone prescription to opioid naïve patient
	6. Any opioid prescription and smoking/COPD or other respiratory illness or obstruction
	7. Any opioid prescription for patients with renal dysfunction or hepatic disease
	8. Any opioid prescription and known or suspected concurrent alcohol use
	9. Any opioid prescription and concurrent benzodiazepine prescription
	10. Any opioid prescription and concurrent SSRI or TCA anti-depressant prescription
	11. Release prisoners from correctional facilities
	12. Release from opioid detoxification and mandatory abstinence program
	13. Patients entering methadone maintenance treatment programs (for addition or pain)
	14. Patients may have difficulty accessing emergency medical services
2. Pharmacists will be allowed to initiate naloxone prescriptions if patient meets criteria above:
	1. Naloxone HCl (Narcan® or generic equivalent) will be dispensed for intramuscular administration (standard naloxone concentration of 0.4mg/mL).
		1. The preferred container type is 1mL single dose flip-top vials, but 10mL multi-dose flip-top vial, or 2mL Carpujet Luer Lock glass syringes without needles may also be dispensed.
		2. If 1mL vials or Carpujet Luer Lock syringes are dispensed, the patient should receive a total of at least 2mL, strongly recommend a total of 4 mL.
		3. The total amount of naloxone dispensed per patient is not to exceed 10mL.
	2. The recommended dose of Naloxone to be used in the event of an overdose is 1-3mL, administered in increments of 1mL
	3. Naloxone must have a shelf life of at least 12 months at time of dispensing
	4. At least 2 IM syringes (recommended 4) must be sold with naloxone for intramuscular administration
		1. Syringes will be equipped with a 1-1.5”, 21-23 gauge needle, with a syringe capacity of 1-3mL
	5. At least 1 MAD Nasal Drug Delivery Device must be sold with naloxone for intranasal administration
	6. Before dispensing naloxone, the pharmacist shall ensure that patients are properly trained in over opioid overdose recognition, response, and naloxone administration

1. Pharmacists will provide patient education on the following:
	1. Purpose for Naloxone, correct way to administer Naloxone, precautions regarding medications that may interact with Naloxone.
	2. High-risk overdose situations, risk reduction strategies, and appropriate response sets in addition to Naloxone administration, including rescue breathing and call 911.
	3. Review indications for use and naloxone administration upon re-fill
2. Pharmacists will document each patient’s participation information by the following:
	1. Record the date the prescription was dispensed, the manufacturer and lot number, and the name and title of the person providing mediation and education.
	2. The pharmacist shall provide written notification via fax to medical provider listed on collaborative agreement of patient participation and/or naloxone dispensing within seven (7) days and will maintain records for a minimum or 5 years.
	3. Contact the medical provider listed on collaborative agreement in the event that the pharmacist requires medical consultation for a particular patient
	4. The pharmacy will retain a copy of the consent form, re-fill form, and a log of monthly activity, which will be reviewed by OD program staff and the collaborating physician on a monthly basis.
3. The collaborating medical provider may override a collaborative practice decision made by the pharmacist, if appropriate and/or in the best interest of the patient.
4. Both parties shall maintain a copy of licensing and liability insurance information in their respective records for both the pharmacists and physician named below.
5. Either party may cancel the agreement by written notification.

This policy and procedure shall remain in effect until rescinded or for 2 years after the effective date.

Effective date of implementation:\_\_\_\_\_\_\_\_\_\_\_

Signatures:

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 Physician or Medical Provider Date

**Pharmacist Signatures and Settings (Store Locations):**

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Pharmacist - Store Name Date

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*Proof of liability insurance will be included for above signatories in the appendix to this document.*