
A COLLABORATIVE PRACTICE AGREEMENT FOR OPIOID OVERDOSE PREVENTION AND RESPONSE - NALOXONE KIT PRESCRIBING, DISPENSATION, AND DISTRIBUTION PROTOCOL

Purpose: To reduce morbidity and mortality from opioid overdose.

Policy: Under this collaborative practice agreement, in accordance with Utah Code 58-17b-102 and Utah Rules R58-17b-611, eligible pharmacists, may initiate naloxone overdose kit distribution and educate patients based on the criteria below.

Education/skills required for eligibility: Eligible pharmacists must be able to perform any of the following related to drug overdoses:

- Educate individuals on opioid overdose prevention
- Educate individuals on reducing the risk of prescription opioid abuse
- Provide information on the safe use of opioids for the management of chronic pain
- Use screening tools to detect opioid abuse or dependency and provide specialist referrals for management of difficult individuals
- Display the means to prevent diversion of prescribed opioid medications
- Recommend treatment for patients with pain and addiction
- Educate patients, recipients, and/or other involved individuals on how to administer naloxone in intranasal and intramuscular dosage forms

Naloxone Overdose Kit description:

1) Intra-nasal kit:

- a. Naloxone 1mg/mL in vial or syringe with luer-lock tip (#2)
- b. Nasal spray luer-lock adapter (#2)

2) Intramuscular kit:

- a. Naloxone 0.4mg/mL vial or syringe (or FDA approved naloxone auto-injector device) (#2)
- b. Syringe for IM administration (3 mL x 1 inch needle) (#2)

3) Evzio® (naloxone) intramuscular device

All kits will also contain:

- a. Instruction card
- b. Label with expiration date and instructions related to expired or used kit contents
- c. **Optional:**
 - i) Cardiopulmonary resuscitation (CPR) face shield
 - ii) Vinyl/latex gloves

Procedure:

1. [INSERT PHARMACY HERE] pharmacists will identify patients eligible for participation in naloxone overdose kit distribution, meeting any of the criteria of overdose risk:
 - a. Voluntary request from patient, family member, or friend
 - b. Recipient of emergency medical care for acute opioid poisoning
 - c. Suspected illicit or nonmedical opioid user
 - d. High dose opioid prescription (>100 mg morphine equivalence per day)
 - e. Any methadone prescription to opioid naïve patient
 - f. Any opioid prescription and smoking/COPD or other respiratory illness
 - g. Any opioid prescription for patients with renal dysfunction or hepatic disease
 - h. Any opioid prescription and known or suspected concurrent alcohol use
 - i. Any opioid prescription and concurrent benzodiazepine prescription/use
 - j. Any opioid prescription and concurrent SSRI/SNRI or TCA anti-depressant prescription
 - k. Prisoners released from correctional facilities
 - l. Release from opioid detoxification and mandatory abstinence program
 - m. Patients entering methadone maintenance treatment programs (for addiction or pain)
 - n. Any opioid prescription and young child(ren) in the home

- o. Difficulty accessing emergency medical services
- 2. Pharmacists will be allowed to initiate a naloxone prescription, according to the following specifications, if individual meets any of the specified criteria
 - a. Naloxone HCl will be dispensed for intramuscular or intranasal administration, as noted above
 - b. Naloxone must have a shelf life of at least 12 months at time of dispensing
 - c. Before dispensing naloxone, the pharmacist shall ensure that patients and appropriate family members or friends are properly trained in opioid overdose recognition, response, and naloxone administration
- 3. Pharmacists will provide patient education on the following:
 - a. Purpose and indication for naloxone use, correct way to administer naloxone, precautions regarding medications that may interact with naloxone
 - b. High-risk overdose situations, risk reduction strategies, and appropriate response, including rescue breathing and call 911
- 4. Pharmacists will document each patient's participation information including:
 - a. Date the prescription was dispensed, the manufacturer and lot number, and the name and title of the person providing mediation and education.
- 5. Physician notification and record maintenance are optional under Utah codes and rules and can be determined by the physician and pharmacist specified within this CPA, and may include:
 - a. Written notification via fax to medical provider listed on CPA of patient participation and/or naloxone dispensing for an agreed upon duration
 - b. Maintaining records of patient involvement, consent, naloxone utilization, and/or any other pre-determined metrics agreed upon by those specified within this CPA
- 6. Contact the medical provider listed on CPA in the event that the pharmacist requires medical consultation for a particular patient
- 7. The collaborating medical provider may override a CPA decision made by the pharmacist, if appropriate and/or in the best interest of the patient
- 8. Both parties shall maintain a copy of licensing and liability insurance information in their respective records for both the pharmacist and physician named below.

This policy and procedure shall remain in effect for 2 years after the effective date unless rescinded earlier by either member of the original CPA.

Physician or Medical Provider _____
Date

Utah License number

Pharmacist _____
Date

Utah License number

Date of implementation: _____

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