

## IHS PHARMACIST PRESCRIPTIVE AUTHORITY FOR NALOXONE

### **A. Purpose:**

The objective is to present a protocol for IHS Pharmacists to prescribe and dispense naloxone, and to provide patient education regarding the risk of opioid overdose. This tool is intended to ensure safety, efficacy, and access to meet the needs of the public welfare by decreasing death due to drug overdose.

### **B. Guidelines:**

#### 1. Pharmacist Education/Training

- a. Participating Pharmacists will successfully complete a training approved by the IHS facility on an annual basis.
- b. The preferred option of naloxone administration should include the following contents (the pharmacy will be responsible for the assembly of the desired kit):
  - i. Naloxone 2mg/2ml prefilled syringes
  - ii. Intranasal mucosal atomizer
  - iii. Educational handout
- c. Other FDA approved products may be used.

#### 2. Consent/Screening/Prescriber Notification

- a. Patient is screened and evaluated by the Pharmacist for the risk of overdose.
- b. Patient consent form must be completed and signed before the prescribing and dispensing of naloxone.
- c. Notify the patient's primary care provider with the consent of the patient within 72 hours of the original prescription.

### **C. Patient Screening Criteria: (meets one or more of the following)**

1. Prescribed long-acting opioid (codeine, hydromorphone, hydrocodone, oxycodone ER, oxymorphone ER, morphine ER, transdermal fentanyl, methadone or buprenorphine).
2. A daily dose of 60mg or greater of Morphine equivalence opioid prescribed. Inclusion and exclusion criteria will be included in the Pharmacist's training
3. Prescribed opiates or opioid use greater than 30 days.
4. History of or current polyopioid use.
5. Concurrent prescription or OTC medication that could potentiate the CNS and respiratory depressant properties of opioid medications, such as benzodiazepines, antipsychotics, antiepileptic, muscle relaxers, hypnotics, and/or antihistamine use.
6. Elderly patients (> 65) receiving an opioid prescription.
7. Households with people at risk of overdose, such as children and/or someone with a substance abuse disorder.

8. Patients who may have difficulty accessing emergency medical services (distance, remoteness, lack of transportation, homelessness, and/or without phone services).

9. Patients as determined by the Pharmacist using his/her professional judgment.

**D. Patient Education:**

1. Once the patient is identified to be at high risk, the Pharmacist will provide overdose prevention education and training, which includes proper administration of nasal naloxone and the required immediate medical follow-up after proper use of naloxone.

2. Face-to-face education is required on the proper use of the naloxone, including a plan for overdose prevention and adverse effects. A designated rescue person or persons must be identified by the patient.

3. Patients will be provided educational materials and a handout describing caregiver medication administration.

4. Family member, caregiver, and/or friend are strongly encouraged to attend the appointment at the discretion of the prescribing Pharmacist, to also receive training at the time the patient receives the naloxone.

5. Follow-up patient training and reinforcement is encouraged the Pharmacist will provide the pharmacy's phone number for any questions or concerns.

6. Upon naloxone use or expiration:, the patient will return to the Pharmacist to request a new prescription; a thorough evaluation will be completed by the Pharmacist regarding the events leading to naloxone use and to determine whether appropriate medical follow-up was completed, as required.

7. Documentation in the patient's Electronic Health Record of reported use to summarize approximate time and date of naloxone use, number of doses used, name of suspected drug resulting in potential for overdose.

**E. Records:**

1. Consent form and patient visit information.

2. Primary care provider notification of the prescription.

3. Prescription order.