

## IHS PHARMACIST PRESCRIPTIVE AUTHORITY FOR NALOXONE

### **A. Purpose:**

This is the protocol by which pharmacists will educate, prescribe, and dispense naloxone in order to prevent and/or decrease opioid drug overdose deaths in high risk patients. This tool is intended to ensure safety, efficacy, and provision to meet the needs of the public welfare by decreasing death due to drug overdose.

### **B. Guidelines:**

A guide for prescribing and dispensing of naloxone in a pharmacy will occur as stated below.

#### 1. Pharmacist Education/Training

- A. Participating pharmacists will successfully complete a training approved by the IHS facility on an annual basis.
- B. A primary option of naloxone administration may include the following contents (the pharmacy will be responsible for the assembly of the desired delivery system):
  - i. Naloxone nasal spray (Narcan®)
  - ii. Naloxone auto-injection (Evzio®)
  - iii. Naloxone 2mg/2ml syringes with atomizer

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

- A. Patient is screened and evaluated by the pharmacist for the risk of overdose.
- B. Patient consent form should be completed and signed before the prescribing and dispensing of naloxone.
- C. Patient's primary care provider should be notified of the patient consent within 72 hours.

### **C. Patient Screening Criteria:**

1. Recently rotated to a new opioid
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3. Prescribed morphine equivalent daily (MED) dose of 50mg or more
4. On long-acting opioids particularly if in conjunction with short-acting opioids
5. Poly-opioid use
6. Prescribed opioids greater than 30 days
7. Over the age of 65 years
8. Households with people at risk of overdose such as children or someone with a substance abuse disorder
9. Patients who have difficulty accessing emergency medical services (distance, remoteness, lack of transportation, homelessness, and/or without phone services)
10. Recent mandated substance use treatment, incarceration, or period of abstinence with history of drug abuse

11. Concurrent prescription or over-the-counter medications:

- a. Benzodiazepines
- b. Antipsychotics
- c. Antiepileptics
- d. Muscle relaxers
- e. Hypnotics
- f. Antihistamines

**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 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 should be identified by the patient.

3. Patients will be provided with 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 training and reinforcement is encouraged, the pharmacist will provide the pharmacy's phone number for any questions or concerns.

6. In the event the naloxone is used or expired, 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. On site documentation of reported use to summarize approximate time/date naloxone was used, number of doses used, name of patient naloxone was used on, 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.