PHARMACIST PRESCRIPTIVE AUTHORITY FOR NALOXONE

COLLABORATIVE PRACTICE AGREEMENT

Naloxone Pharmacy Outpatient Prescribing Consulting Physician:

Chief of Pharmacy:

Pharmacy-Based Naloxone Program Director:

**Statement of Need**

Since 1999, the prescribing and sales of narcotics in the United States have quadrupled.1 As a result; the rate of overdose deaths has paralleled the increased rate of sales. It is estimated that a daily average of 44 people die due to a prescription opioid overdose. In 2013, 43,982 drug overdose deaths were reported in the United States, with 37% of those deaths due to prescription opioid analgesics, and 19% related to heroin. The National Survey on Drug Use and Health (NSDUH) found that patients that are addicted to opioid prescriptions are 40 times more likely to become addicted to heroin.2 Deaths from heroin overdose have also quadrupled in the last decade, with the survey also finding an increasingly diverse demographic of heroin users.

The goal of the Pharmacy-Based Naloxone Program is to increase patient and caregiver access to naloxone, an agent used to reverse the potentially fatal effects of prescription opioids and heroin. The following protocol outlines the process by which the Pharmacist will educate, prescribe, and dispense naloxone in order to prevent and/or decrease opioid drug overdose deaths.

**Guidelines**

The procedure for prescribing and dispensing of naloxone by pharmacists at the {*insert pharmacy name}* pharmacy will occur as stated below.

Screening/Consent/Prescriber Notification:

1. Naloxone may be provided at request of patient or caregiver, provider referral, or pharmacist discretion
2. Naloxone order will be entered under the requesting patient’s profile (even for third party requests)

Patient Screening Guidance:

* Prescribed long-acting opioid
* A daily dose of 50mg or greater of morphine or morphine equivalents opioid prescribed
* Prescribed opioid use greater than 30 days
* Current polyopioid use
* Prescribed medicines to treat OUD.
* Patient’s with an increased risk of opioid overdose, with or without a prescription for an opioid analgesic or medicine to treat OUD (using benzodiazepines or other CNS depressants with opioids, who have a history of OUD, or who have experienced a previous opioid overdose).
* Elderly patients (> 65) receiving an opioid prescription
* Patients as determined by the Pharmacist using their professional judgment
* Additional screening factors for consideration:
	+ 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
	+ Patients with a diagnosis of chronic kidney disease or liver disease
	+ Patients with a diagnosis of obstructive sleep apnea
	+ Households with people at risk of overdose, such as children and/or someone with a substance abuse disorder
	+ Patients who may have difficulty accessing emergency medical services (distance, remoteness, lack of transportation, homelessness, and/or without phone services)

Patient Education:

* Pharmacists will provide overdose prevention training when prescribing naloxone, which will include the following:
	+ How to prevent an opioid-related overdose
	+ How to recognize an opioid-related overdose
	+ How to administer naloxone safely to an individual experiencing an opioid-related overdose
	+ Precautions regarding:
		- Potential side effects
	+ Importance of seeking emergency medical assistance for the individual experiencing an opioid-related overdose before or after administering naloxone.

**Naloxone Products to be dispensed via policy:**

* FDA approved Naloxone Nasal Spray

**References:**

* Centers for Disease Control and Prevention. National Vital Statistics System mortality data. (2015) Available from: <http://www.cdc.gov/nchs/deaths.html>
* Centers for Disease Control and Prevention. Heroin epidemic. National Survey on Drug Use and Health (NSDUH). (2011-2013) Available from: <http://www.cdc.gov/media/dpk/2015/dpk-vs-heroin-epidemic.html>

**Protocol Approval: \_\_\_\_\_**

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Consultant Physician, Pharmacy-Based Naloxone Program

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Chief Medical Officer

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Director of Pharmacy

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Director of Pharmacy-Based Naloxone Program