

# Kentucky Statewide Physician Protocol to Initiate Dispensing of Naloxone for Opioid Overdose Prevention and Response

## Purpose

This statewide physician protocol signed by a physician with the Kentucky Department for Public Health specifies the criteria and procedures for eligible pharmacists who have met the requirements and received certification from the Kentucky Board of Pharmacy, according to and in accordance with the Kentucky Board of Pharmacy administrative regulations 201 KAR 2:360 to initiate the dispensing of naloxone. *This signed protocol is intended for pharmacists that **do not** have a medical provider to issue a protocol.*

<b>Naloxone Dispensing Protocol</b>		
<b>Eligible Candidates</b>	<ul style="list-style-type: none"> <li>▪ Persons with a history of receiving medical care for acute opioid poisoning or overdose</li> <li>▪ Persons with a suspected history of substance abuse or nonmedical opioid use</li> <li>▪ Persons receiving high-dose opioid prescriptions (e.g. &gt;100 mg morphine equivalent)</li> <li>▪ Persons who are opioid naïve and receiving a first prescription for methadone for pain</li> <li>▪ Persons starting buprenorphine or methadone for addiction treatment</li> <li>▪ Persons on opioid prescriptions for pain in combination with:               <ul style="list-style-type: none"> <li>◦ Smoking, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or other respiratory illness</li> <li>◦ Renal dysfunction, hepatic disease, or cardiac disease</li> <li>◦ Known or suspected alcohol use</li> <li>◦ Concurrent benzodiazepine or other sedative prescriptions</li> <li>◦ Concurrent antidepressant prescription</li> </ul> </li> <li>▪ Persons who may have difficulty accessing emergency medical services</li> <li>▪ Voluntary request by a person or agency</li> </ul>	
<b>Medication</b>	NARCAN® Naloxone HCl 4 mg/ 0.1 ml Nasal Spray Dispense #1 carton	Naloxone HCl 2 mg per 0.4 ml autoinjector (EVZIO®) Dispense #1 carton
<b>Directions for Use</b>	<ul style="list-style-type: none"> <li>◦ <b>Call 911.</b></li> <li>◦ Do not prime.</li> <li>◦ Spray in nostril upon signs of opioid overdose.</li> <li>◦ May repeat in 2–3 minutes in opposite nostril if no or minimal breathing, then as needed (if doses are available), every 2 – 3 minutes.</li> </ul>	<ul style="list-style-type: none"> <li>◦ <b>Call 911.</b></li> <li>◦ Administer into the anterolateral aspect of the thigh, through clothing if necessary upon signs of opioid overdose.</li> <li>◦ May repeat in 2-3 minutes if no or minimal breathing and responsiveness.</li> </ul>
<b>Education</b>	Pharmacist will provide and document in the pharmacy management system that persons receiving naloxone under this protocol were educated on the following: <ol style="list-style-type: none"> <li>1. Risk factors for opioid overdose</li> <li>2. Strategies to prevent opioid overdose</li> <li>3. Signs of opioid overdose</li> <li>4. Step-by-step response to an overdose</li> <li>5. Information about naloxone</li> </ol>	

	6. Procedures for administering naloxone 7. Proper storage procedures and expiration date of naloxone product dispensed
<b>Documentation</b>	<ul style="list-style-type: none"> <li>▪ Provide education both verbally and in written form for take-home use.</li> <li>▪ Include name and title of person providing education to recipient of the naloxone prescription.</li> <li>▪ Document via prescription record each person who receives a naloxone prescription under this protocol.</li> </ul>
<b>Contraindications</b>	<ul style="list-style-type: none"> <li>▪ Patients with known hypersensitivity or allergy to naloxone hydrochloride.</li> <li>▪ Naloxone crosses the placenta and may precipitate withdrawal in the fetus. The fetus should be evaluated for signs of distress after naloxone is used. Naloxone should only be used in pregnant women with opioid dependence in situations of life-threatening overdose. (Pregnancy Category C)</li> </ul>
<b>Notification of Participation</b>	Pharmacists choosing to participate in naloxone distribution under the authority of this Statewide Protocol shall notify the Department for Public Health when initiating their participation. A facsimile of this signed form shall be sent to <b>502-564-9377</b> within seven (7) days of dispensing naloxone.

Naloxone Statewide Physician Protocol Signatures:

\_\_\_\_\_  
 Connie Gayle White, MD, MS, FACOG  
 Deputy Commissioner  
 Kentucky Department for Public Health  
 National Provider ID: 1518968148

\_\_\_\_\_  
 Date Signed  
*This order is effective immediately upon signing and may be revised or revoked by the Kentucky Department for Public Health according to their direction.*

By signing this Statewide Physician Protocol, the pharmacist attests that he/she is naloxone-certified by the Kentucky Board of Pharmacy, and has read and understands this Protocol.

\_\_\_\_\_  
**Pharmacist**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Printed Name**

<b>Pharmacy Name</b>	<b>Store number(s)</b>
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**Pharmacy Address and email, if available**

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- A copy of this Signed Protocol must be maintained on file and be readily retrievable at each participating pharmacy site.
- This Signed Protocol must be renewed **annually**.

