Protocol for Dispensing Naloxone to Individuals at Risk of Experiencing, Witnessing, or Responding to an Opioid-Related Overdose

1. Description of Clinical Pharmacology of Naloxone

Naloxone hydrochloride (naloxone) prevents or reverses the effects of opioids including respiratory depression, sedation, and hypotension.

Naloxone is an essentially pure opioid antagonist, i.e., it does not possess the "agonistic" or morphine-like properties characteristic of other opioid antagonists. When administered in usual doses and in the absence of opioids or agonistic effects of other opioid antagonists, it exhibits essentially no pharmacologic activity.

Naloxone has not been shown to produce tolerance or cause physical or psychological dependence. In the presence of physical dependence on opioids, naloxone will produce withdrawal symptoms. However, in the presence of opioid dependence, opioid withdrawal symptoms may appear within minutes of naloxone administration and subside in about two hours.

2. Indications for Use of Naloxone

Naloxone is indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids. It may be delivered intranasally (Narcan® nasal spray), intranasally with the use of a mucosal atomizer device (MAD), or intramuscularly with use of a needle or auto-injector.

Naloxone can be dispensed by a pharmacist without a prescription in accordance with this protocol to all the following:

- An individual who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose;
- A family member, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose; or
- A first responder, scientist, or technician operating under a first responder agency; or
- A school nurse.

Indications for dispensing naloxone are:

- Previous opioid intoxication or overdose.
- History of nonmedical opioid use.
- Initiation or cessation of methadone or buprenorphine for opioid use disorder treatment.
- Higher-dose (>50 mg morphine equivalent/day) or long-acting opioid prescription.
- Receiving any opioid prescription plus:
    - Rotated from one opioid to another because of possible incomplete cross-tolerance.
    - Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection or other respiratory illness.
    - Renal dysfunction, hepatic disease, cardiac illness or HIV/AIDS.
    - Known or suspected concurrent alcohol use.
    - Concurrent benzodiazepine or other sedative prescription.
    - Concurrent antidepressant prescription.
- Patients who may have difficulty accessing emergency medical services (distance, remoteness).
- Voluntary request from a family member, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.

- Request from a first responder agency or school nurse pursuant to 2017 HB 2217, sec. 1, paragraphs (e) and (f).
- Pharmacist recommendation based on a patient's prescription history.

Signs and symptoms of opioid-related overdose:

- A history of current narcotic or opioid use or fentanyl patches on skin or needle in the body
- Unresponsive or unconscious individuals
- Not breathing or slow/shallow respirations
- Snoring, gurgling, or choking sounds (due to partial upper airway obstruction)
- Blue lips and/or nail beds
- Heart rate slows or stops
- Pinpoint pupils
- Clammy skin

Note that individuals in cardiac arrest from all causes share many symptoms with someone with a narcotic overdose (unresponsiveness, not breathing, snoring/gurgling sounds, and blue skin/nail beds). If no pulse, these individuals are in cardiac arrest and require CPR.

Environmental signs of opioid-related overdose:

- Needles
- Spoons (especially bent spoons) or other cookers
- Lighters
- Tourniquets
- Balloons or baggies
- Pill bottles
- Pills (whole or crushed)

3. Precautions and Contraindications

Precautions

Use in Pregnancy:

- Teratogenic Effects: pregnancy category C, no adequate or well controlled studies in pregnant women. Adverse events were not observed in animal reproductive studies. In general, medications used as antidotes should take into consideration the health and prognosis of the mother; antidotes should be administered to pregnant women if there is a clear indication for use and should not be withheld because of fears of teratogenicity.[1]
- Nonteratogenic Effects: Pregnant women known or suspected to have opioid dependence often have associated fetal dependence. Naloxone crosses the placenta and may precipitate fetal withdrawal symptoms.

Nursing Mothers: Caution should be exercised when administering to nursing women due to transmission in human milk. Risks and benefits must be evaluated.

[1] Bailey B, "Are There Teratogenic Risks Associated With Antidotes Used in the Acute Management of Poisoned Pregnant Women?" Birth Defects Res A Clin Mol Teratol, 2003, 67(2):133-40

Drug Dependence: Those who may be chronically taking opioids are more likely to experience adverse reactions from naloxone. Additionally, after administration, they may awaken disoriented. Being disoriented can sometimes lead to highly combative behavior, including physical violence, especially if naloxone is given by someone unfamiliar.

Respiratory Depression Due to Other Drugs: Naloxone is not effective against respiratory depression due to non-opioid drugs. Initiate rescue breathing or CPR as indicated and contact 911.

Pain Crisis: In patients taking an opioid medication for a painful illness such as cancer, administration of naloxone can cause a pain crisis, which is an intense increase in the experience of pain as the naloxone neutralizes the pain-relieving effect of the opioid medication. Comfort the patient as much as possible and contact 911 as the patient may need advanced medical treatment to ease the pain crisis.

Contraindications

Do not administer naloxone to a person with known hypersensitivity to naloxone or to any of the other ingredients contained in the package insert for naloxone.

Adverse Reactions

Adverse reactions are related to reversing dependency and precipitating withdrawal and include fever, hypertension, tachycardia, seizures, agitation, restlessness, diarrhea, nausea/vomiting, myalgias, diaphoresis, abdominal cramping, nervousness, yawning, sweating, shaking, shivering, hot flashes, and sneezing.

- These symptoms may appear within minutes of naloxone administration and subside in approximately two hours.
- The severity and duration of the withdrawal syndrome is related to the dose of naloxone and the degree of opioid dependence.
- Reactions may subside within minutes of naloxone administration, but may reappear within approximately 90 minutes. It is imperative that the person experiencing an opioid-related overdose receive emergency medical care following naloxone administration.
- Adverse effects beyond opioid withdrawal are rare.

4. Assessment and Follow-up Actions by the Pharmacist

Assessment

Subjective Findings:

- Individual is at risk of experiencing an opioid-related overdose or is in a position to assist a family member, friend, or any other person at risk of experiencing an opioid-related overdose.
- Individual reports no known sensitivity or allergy to naloxone hydrochloride.

Objective Findings:

- Individual is oriented to person, place, and time and able to understand and learn the essential components of overdose response and naloxone administration.
- If the pharmacist believes that the person is currently experiencing an opioid overdose, call 911 immediately.

Follow-up Actions

Screen individual for contraindications/precautions. If a contraindication/precaution exists, recommend the individual seek further evaluation from a healthcare provider.

If applicable, inform individual that there are treatment options available for opioid addiction/dependence and provide the Kansas Department for Children and Families referral hotline (1-866-645-8216) and treatment information from the Kansas Department for Aging and Disability Services Substance Use Treatment Division.

First Responder Agency or School Nurse

There are no pharmacist assessment or follow-up actions required for dispensing to a first responder agency or school nurse.

5. Documentation and Record-keeping Procedures for Dispensing Naloxone

Each pharmacist shall document the dispensing of naloxone in a written or electronic prescription record for the individual (or agency) to whom it is dispensed. The pharmacist shall record themselves or the protocol healthcare practitioner as the prescriber. The record shall be maintained such that the required information is readily retrievable during the pharmacy's normal operating hours, and shall be securely stored within the pharmacy for a period of five years from the date of dispensing.

Each pharmacist utilizing this protocol shall provide a signed copy of this protocol to the Board within five days of execution, and shall notify the Board within 30 days of discontinuation of this protocol.

6. Authorization to Dispense Naloxone

This protocol is issued pursuant to 2016 HB 2217 and K.A.R. 68-7-23, which permits the possession and administration of emergency opioid antagonist medications by certain individuals and entities, and allows the dispensing of such medications by pharmacists pursuant to a statewide protocol established and approved by the Kansas State Board of Pharmacy. A pharmacist shall engage in naloxone dispensing pursuant to this protocol only when the pharmacist has complied with the Kansas Pharmacy Practice Act and all rules and regulations promulgated thereunder.

This protocol authorizes the Kansas-licensed pharmacist listed on Page 1 of this protocol to dispense naloxone without a prescription to the following:

- An individual who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose.
- A family member, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.
- A first responder agency electing to provide an emergency opioid antagonist to its employees or volunteers.
- A school nurse.

Upon satisfactory assessment and completion of the required patient counseling pursuant to K.A.R. 68-7-23, a pharmacist may dispense any of the following formulations of naloxone and the specified drug delivery devices without a prescription (only selected formulations are authorized):

Naloxone Type	Authorized	Not Authorized
Intranasal naloxone (Narcan® 4mg)	☑	☐
Intramuscular naloxone	☑	☐
Auto-injector	☑	☐
Intranasal naloxone (MAD 2mg)	☑	☐

The pharmacist shall determine the appropriate naloxone product to be dispensed. If the eligible recipient is under 18 years of age, a parent or guardian shall provide consent.

Intranasal naloxone (Narcan® Nasal Spray):

- Naloxone 4mg/0.1mL FDA-approved nasal spray device, 2 doses per unit
- SIG: Administer a single spray intranasally into one nostril. Call 911. May repeat ×1.

Directions for Use:

1. Call 911 as soon as possible for a person suspected of an opioid overdose with respiratory depression or unresponsiveness, and initiate rescue breathing.
2. Peel back the package to remove the device.
3. Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
4. Press the plunger firmly to release the dose into one nostril of the patient's nose.
5. If there is no response after 2-3 minutes or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives, repeat in the other nostril.
6. Continue rescue breathing and monitor respiration and responsiveness of the naloxone recipient until emergency help arrives.
7. Upon arrival of emergency assistance, report to first responder that naloxone has been administered.

Intramuscular naloxone:

- Naloxone 0.4 mg/ml single dose vial, 2 vials
- SIG: Inject 1 ml IM upon signs of opioid overdose. Call 911. May repeat ×1.
- Syringe 3 ml 25G ×1 inch No. 2
- SIG: Use as directed for naloxone administration

Directions for Use:

1. Call 911 as soon as possible for a person suspected of an opioid overdose with respiratory depression or unresponsiveness, and initiate rescue breathing.
2. Uncap the naloxone vial and uncap the syringe.
3. Insert the needle through the rubber membrane on the naloxone vial, turn the vial upside down, draw up 1ml of naloxone, and withdraw the needle.

4. Insert the needle into the muscle of the upper arm or thigh of the victim, through clothing if needed, and push on the plunger to inject the naloxone.

5. Repeat the injection with a new syringe and needle if there is no response after three minutes.

6. Dispose of the syringe(s) and needle(s) in a sharps container.

7. Continue rescue breathing and monitor respiration and responsiveness of the naloxone recipient until emergency help arrives.

Auto-injector (intramuscular):

- Naloxone 2mg or 0.4 mg/0.4 ml (depending on availability)
- No. 1 twin pack
- SIG: Use one auto-injector upon signs of opioid overdose. Call 911. May repeat ×1.

Directions for Use:

1. Call 911 as soon as possible for a person suspected of an opioid overdose with respiratory depression or unresponsiveness, and initiate rescue breathing.

2. Pull auto-injector from outer case.

3. Pull off red safety guard.

4. Place the black end of the auto-injector against the outer thigh, through clothing if needed, press firmly and hold in place for five seconds.

5. Repeat with a new auto-injector if there is no response after three minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

6. Discard auto-injector in a sharps container.

7. Continue rescue breathing and monitor respiration and responsiveness of the naloxone recipient until emergency help arrives.

8. Upon arrival of emergency assistance, report to first responder that naloxone has been administered.

Intranasal naloxone (non FDA-approved delivery method):

- Naloxone 2 mg/2 ml prefilled syringe, 2 syringes
- SIG: Spray one-half of syringe into each nostril upon signs of opioid overdose. Call 911. May repeat ×1.
- Two mucosal atomization devices (MAD300)
- SIG: Use as directed for naloxone administration

Directions for Use:

1. Call 911 as soon as possible for a person suspected of an opioid overdose with respiratory depression or unresponsiveness, and initiate rescue breathing.

2. Remove the two colored caps from the delivery syringe and one from the naloxone vial.

3. Screw the mucosal atomizer device (MAD) onto the top of the syringe.

4. Screw the naloxone vial gently into the delivery syringe.

5. Spray half (1ml) of naloxone in one nostril and the other half (1 ml) in the other nostril.

6. Repeat if there is no response after three minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

7. Dispose of any syringe(s) and needle(s) in a sharps container.

8. Continue rescue breathing and monitor respiration and responsiveness of the naloxone recipient until emergency help arrives.

9. Upon arrival of emergency assistance, report to first responder that naloxone has been administered.

7. Instructions and Counseling

A pharmacist who dispenses naloxone shall instruct the individual to whom naloxone is dispensed to summon emergency medical services as soon as practicable either before or after administering naloxone.

Patient or Bystander

A pharmacist shall provide in-person counseling, training, and written educational materials to the individual to whom naloxone is dispensed, appropriate to the dosage form of naloxone dispensed, including, but not limited to, all of the following:

1. Risk factors of opioid overdose;

2. Strategies to prevent opioid overdose;

3. Signs of opioid overdose;

4. Steps in responding to an overdose;

5. Information on naloxone, including possible adverse reactions;

6. Procedures for administering naloxone;

7. Proper storage, disposal, and expiration of the naloxone product dispensed; and

8. Information on where to obtain a referral for substance use disorder treatment.

If an individual refuses counseling, the pharmacist shall not dispense.

First Responder Agency or School Nurse

A pharmacist shall provide written education and training materials to the individual to whom naloxone is dispensed, appropriate to the dosage form of naloxone dispensed, including, but not limited to, all of the following:

1. Risk factors of opioid overdose;

2. Strategies to prevent opioid overdose;

3. Signs of opioid overdose;

4. Steps in responding to an overdose;

5. Information on naloxone, including precautions and contraindications;

6. Procedures for administering naloxone;

7. Proper storage, disposal, and expiration of the naloxone product dispensed;

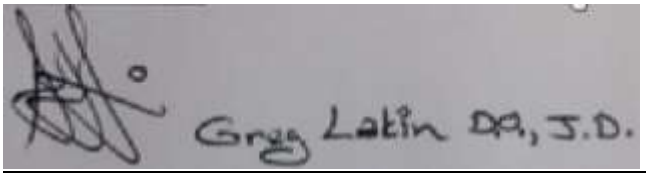
8. Information on where to obtain a referral for substance use disorder treatment; and

9. The requirements to keep inventory records and report any administration of the emergency opioid antagonist to the appropriate healthcare provider.

10. Any first responder, scientist, or technician that administers naloxone shall immediately summon emergency medical services, provide information related to the administration to the emergency medical services personnel and other involved treatment professionals (emergency room or treating physician, as appropriate), and notify the physician medical director for the first responder agency within 24 hours of administration. Any school nurse that administers naloxone shall notify/report such administration per the school district's policies and procedures.

PHYSICIAN AUTHORIZATION

Name	Kansas License Number
Greg Lakin, D.O., J.D.	KS 05-28419



SIGNATURE

6/28/2017
DATE SIGNED

PHARMACIST AUTHORIZATION*

Name	Kansas License Number

SIGNATURE

DATE SIGNED

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