**A COLLABORATIVE PRACTICE AGREEMENT FOR OPIOID OVERDOSE PREVENTION AND RESPONSE - NALOXONE KIT PRESCRIBING, DISPENSATION, AND DISTRIBUTION PROTOCOL**

**Purpose:** To reduce morbidity and mortality from opioid overdose.

**Policy:** Under this collaborative practice agreement, in accordance with Utah Code 58-17b-102 and Utah Rules R58-17b-611, eligible pharmacists, may initiate naloxone overdose kit distribution and educate patients based on the criteria below.

**Education/skills required for eligibility:** Eligible pharmacists must be able to perform any of the following related to drug overdoses:

* Educate individuals on opioid overdose prevention
* Educate individuals on reducing the risk of prescription opioid abuse
* Provide information on the safe use of opioids for the management of chronic pain
* Use screening tools to detect opioid abuse or dependency and provide specialist referrals for management of difficult individuals
* Display the means to prevent diversion of prescribed opioid medications
* Recommend treatment for patients with pain and addiction
* Educate patients, recipients, and/or other involved individuals on how to administer naloxone in intranasal and intramuscular dosage forms

**Naloxone Overdose Kit description:**

1. **Intra-nasal kit:**
	1. **Naloxone 1mg/mL in vial or syringe with luer-lock tip (#2)**
	2. **Nasal spray luer-lock adapter (#2)**
2. **Intramuscular kit:**
	1. **Naloxone 0.4mg/mL vial or syringe (or FDA approved naloxone auto-injector device) (#2)**
	2. **Syringe for IM administration (3 mL x 1 inch needle) (#2)**
3. **Evzio® (naloxone) intramuscular device**

**All kits will also contain:**

1. **Instruction card**
2. **Label with expiration date and instructions related to expired or used kit contents**
3. **Optional:**
	1. **Cardiopulmonary resuscitation (CPR) face shield**
	2. **Vinyl/latex gloves**

**Procedure:**

1. [INSERT PHARMACY HERE] pharmacists will identify patients eligible for participation in naloxone overdose kit distribution, meeting any of the criteria of overdose risk:
	1. Voluntary request from patient, family member, or friend
	2. Recipient of emergency medical care for acute opioid poisoning
	3. Suspected illicit or nonmedical opioid user
	4. High dose opioid prescription (>100 mg morphine equivalence per day)
	5. Any methadone prescription to opioid naïve patient
	6. Any opioid prescription and smoking/COPD or other respiratory illness
	7. Any opioid prescription for patients with renal dysfunction or hepatic disease
	8. Any opioid prescription and known or suspected concurrent alcohol use
	9. Any opioid prescription and concurrent benzodiazepine prescription/use
	10. Any opioid prescription and concurrent SSRI/SNRI or TCA anti-depressant prescription
	11. Prisoners released from correctional facilities
	12. Release from opioid detoxification and mandatory abstinence program
	13. Patients entering methadone maintenance treatment programs (for addiction or pain)
	14. Any opioid prescription and young child(ren) in the home
	15. Difficulty accessing emergency medical services
2. Pharmacists will be allowed to initiate a naloxone prescription, according to the following specifications, if individual meets any of the specified criteria
	1. Naloxone HCl will be dispensed for intramuscular or intranasal administration, as noted above
	2. Naloxone must have a shelf life of at least 12 months at time of dispensing
	3. Before dispensing naloxone, the pharmacist shall ensure that patients and appropriate family members or friends are properly trained in opioid overdose recognition, response, and naloxone administration
3. Pharmacists will provide patient education on the following:
	1. Purpose and indication for naloxone use, correct way to administer naloxone, precautions regarding medications that may interact with naloxone
	2. High-risk overdose situations, risk reduction strategies, and appropriate response, including rescue breathing and call 911
4. Pharmacists will document each patient’s participation information including:
	1. Date the prescription was dispensed, the manufacturer and lot number, and the name and title of the person providing mediation and education.
5. Physician notification and record maintenance are optional under Utah codes and rules and can be determined by the physican and pharmacist specified within this CPA, and may include:
	1. Written notification via fax to medical provider listed on CPA of patient participation and/or naloxone dispensing for an agreed upon duration
	2. Maintaining records of patient involvement, consent, naloxone utilization, and/or any other pre-determined metrics agreed upon by those specified within this CPA
6. Contact the medical provider listed on CPA in the event that the pharmacist requires medical consultation for a particular patient
7. The collaborating medical provider may override a CPA decision made by the pharmacist, if appropriate and/or in the best interest of the patient
8. Both parties shall maintain a copy of licensing and liability insurance information in their respective records for both the pharmacist and physician named below.

This policy and procedure shall remain in effect for 2 years after the effective date unless rescinded earlier by either member of the original CPA.

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 Physician or Medical Provider Date

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 Utah License number

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 Pharmacist Date

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 Utah License number

Date of implementation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Proof of liability insurance will be included for above signatories in the appendix to this document.*