

Naloxone Rescue Kit

Standing Order for Dispensing Naloxone Rescue Kits to Individuals at Risk of Experiencing or Witnessing an Opioid-Related Overdose

Overview of Pharmacy Naloxone Rescue Kit Access Program

The procedures and protocols in this example standing order reflect current medical research and clinical best practice as of February 2016. The standing order can be modified per individual clinical practice and must be signed by a collaborating Massachusetts licensed physician.

In July 2014, amendments to M.G.L. c 94C § 19B (c) were passed requiring all pharmacists dispensing naloxone rescue kit via standing order to complete at least 1 hour of training on naloxone rescue kits approved by the DPH Commissioner or designee. Currently approved trainings include:

- Prescribe to Prevent : <http://prescribetoprevent.org/pharmacist-solutions/>
- CVS Pharmacy Training available to employees through the company's intranet
- Pharmacist's Letter: http://pharmacistsletter.therapeuticresearch.com/ce/documents/ce_15552-03.pdf

Naloxone Standing Order Requirements:

- A copy of the standing order signed by a Massachusetts licensed physician must be maintained on file and readily retrievable at each participating pharmacy site.
- All registered pharmacists at the site must complete training approved by the DPH Commissioner or designee.
- The Pharmacist Manager of Record must sign the standing order, attest that all registered pharmacists at the site have completed the required training and are familiar with naloxone rescue kits and the patient pamphlet.
- Standing order must be filed with the Board of Registration in Pharmacy (Board) via email: naloxonestandingorders@Massmail.State.MA.US
- Pharmacy must distribute the patient pamphlet at the time of dispensing.
<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/dispensing-of-naloxone-by-standing-order-.html>

EXAMPLE STANDING ORDER FOR COMMUNITY PHARMACIES

Standing Order for Dispensing Naloxone Rescue Kits to Individuals at Risk of Experiencing or Witnessing an Opioid-Related Overdose by **(Your Company Name)**

Store #: _____ **License #: DS**_____

Naloxone is indicated for the reversal of respiratory depression or unresponsiveness caused by an opioid overdose. It may be delivered intranasally as a spray or with the use of a mucosal atomizer device or intramuscularly with use of a needle.

Take-home naloxone rescue kits can be dispensed by a pharmacist without a prescription under this standing order to patients at risk of an opioid overdose or witnessing an opioid overdose.

Some indications for dispensing naloxone are:

1. Previous opioid intoxication or overdose
2. History of nonmedical opioid use
3. Initiation or cessation of methadone or buprenorphine for opioid use disorder treatment
4. Higher-dose (>50 mg morphine equivalent/day) opioid prescription
5. Receiving any opioid prescription for pain plus:
 - a. Rotated from one opioid to another because of possible incomplete cross-tolerance
 - b. Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, other respiratory illness
 - c. Renal dysfunction, hepatic disease, cardiac illness, HIV/AIDs
 - d. Known or suspected concurrent alcohol use
 - e. Concurrent benzodiazepine or other sedative prescription
 - f. Concurrent antidepressant prescription
6. Patients who may have difficulty accessing emergency medical services (distance, remoteness)
7. Voluntary request from patient or caregiver

Side Effects:

Naloxone can neither be *abused* nor cause *overdose*.

Hypersensitivity (rash, worsening difficulty breathing, anxiety) is rare.

Too much naloxone can cause withdrawal symptoms such as:

- Anxiety, runny nose and eyes, chills, muscle discomfort, disorientation, combativeness, nausea/vomiting, diarrhea

Take-home Naloxone Order

1. This standing order authorizes Registered Pharmacist(s) at (company name) to maintain supplies of naloxone rescue kits for the purpose of dispensing to a person at risk of experiencing an opioid-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose.
2. This standing order authorizes Registered Pharmacist(s) at (company name) to dispense naloxone rescue kits to a person at risk of experiencing an opioid-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose.
3. The Pharmacist Manager of Record at each (company name) must file a copy of the signed standing order with the Massachusetts Board of Registration in Pharmacy and must maintain a copy of this signed standing order and the “*Naloxone Pamphlet*” on file and readily retrievable at each pharmacy location.
4. The pharmacy that assembles naloxone rescue kits will label kits and note the expiration date based on the expiration date of the included naloxone hydrochloride unit.
5. The Registered Pharmacist dispensing naloxone rescue kits must be familiar with the “*Naloxone Pamphlet*” and the use of naloxone rescue kits.
Available at:
<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhp1/pharmacy/dispensing-of-naloxone-by-standing-order.html>
6. The Registered Pharmacist dispensing naloxone rescue kits must document successful completion of 1 hour of training approved by the standing order prescriber (prescriber name) on overdose prevention and naloxone rescue kits.
 - a. Online training that qualify are available here:
<http://prescribetoprevent.org/pharmacist-solutions/>
 - b. CVS Pharmacy Training available to employees through the company’s intranet
 - c. Pharmacist’s Letter:
<http://pharmacistsletter.therapeuticresearch.com/ce/documents/ce15552-03.pdf>
7. Each (company name) will maintain a record of the number of naloxone rescue kits dispensed from each location under the standing order and the names of the people receiving the kits. On a monthly basis, (company name) will report to the standing order prescriber (prescriber name) the date, location, formulation (Eg, IN or IM) and payment method (eg. Insurance-covered or self-pay) of each naloxone rescue kit.

Note: Individuals should become familiar with assembly and administration of naloxone prior to the need to use it.

NALOXONE with NASAL ADAPTOR RESCUE KITS contain the following at a minimum:

- Two 2 mL Luer-Jet luer-lock syringes prefilled with naloxone (concentration 1mg/mL) [NDC 76329-3369-1]
- Two mucosal atomization devices- Teleflex MAD 300
- Patient information pamphlet with overdose prevention information and step by step instructions for overdose responses and naloxone administration.
 - <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/dispensing-of-naloxone-by-standing-order.html>

NALOXONE NASAL SPRAY RESCUE KITS contain the following at a minimum:

- Naloxone HCL 4mg/0.1mL – the pre-packaged kits include 2 single-use spray devices
- Patient information pamphlet with overdose prevention information and step by step instructions for overdose responses and naloxone administration.
 - <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/dispensing-of-naloxone-by-standing-order.html>

NALOXONE MUSCLE RESCUE KITS contain the following at a minimum:

- Naloxone HCL 0.4mg/mL
 - One 10mL multidose fliptop vial (NDC 0409-1219-01) **or**
 - Two 1 mL vials (NDC 00409-1215-01)
- Two intramuscular syringes, 25 gauge 3cc 1" long
- Patient information pamphlet with overdose prevention information and step by step instructions for overdose responses and naloxone administration.
 - <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/dispensing-of-naloxone-by-standing-order.html>

NALOXONE MUSCLE AUTO-INJECTOR KIT

- Naloxone HCL 0.4mg/mL – the pre-packaged kits (NDC 60842-030-01) include 2 auto-injectors with audio instructions and 1 training device
- Instructions: For opioid overdose, use as directed by printed and audio instructions on auto-injector device.
- Also include patient information pamphlet with overdose prevention information for overdose response and naloxone administration.

- <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/dispensing-of-naloxone-by-standing-order.html>

Physician's Signature

Date

Physician's Name and License No. (print legibly)

Order Expiration Date*

*** The Standing Order must be renewed annually.**

By signing this Naloxone Standing Order, the Pharmacy Manager of Record attests that all Registered Pharmacists at this location have read and understand both the Naloxone Standing Order and the "*Naloxone Pamphlet*" and have completed at least 1 hour of approved training on naloxone rescue kits.

Pharmacy Manager of Record's Signature

Date

Pharmacy Manager of Record's Name and License No. (print legibly)

Pharmacy Name and Store Number

Pharmacy Address