

Virginia Board of Pharmacy

Protocol for the Prescribing of Naloxone and Dispensing by Pharmacists and Distribution to Authorized Entities

Pharmacists shall follow this protocol when dispensing naloxone pursuant to an oral, written or standing order to a person to administer to another person believed to be experiencing or about to experience a life-threatening opioid overdose as authorized in subsection X of §54.1-3408.

- 1) **Procedure:** When someone requests naloxone, or when a pharmacist in his or her professional judgment decides to advise of the availability and appropriateness of naloxone, the pharmacist shall:
 - a) Provide counseling in opioid overdose prevention, recognition, response, administration of naloxone, to include dosing, effectiveness, adverse effects, storage conditions, shelf-life, and safety. Recipient cannot waive receipt of this counseling unless the pharmacist is able to verify successful completion of the REVIVE! training program. If the naloxone is dispensed upon discharge from a hospital or delivered by a pharmacy to an alternate delivery site, e.g., a local health department, and the recipient has not completed the REVIVE! training program, the aforementioned counseling shall be provided by a pharmacist, physician, nurse practitioner, physician assistant, nurse, or an approved trainer of the REVIVE! training program within the hospital or at the alternate delivery site.
 - b) The pharmacist shall provide the recipient with the current REVIVE! brochure available on the Department of Behavioral Health and Developmental Services website at <http://www.dhp.virginia.gov/Pharmacy/docs/osas-revive-pharmacy-dispensing-brochure.pdf> If the recipient indicates interest in addiction treatment, recovery services, or medication disposal resources at this time, the pharmacist may provide information or referrals to appropriate resources.
- 2) **Product Selection:** The pharmacist who dispenses naloxone pursuant to an oral, written or standing order shall dispense the drug and other items, if applicable, as prescribed and in accordance with this protocol.
- 3) **Standing Order:** In addition to dispensing naloxone pursuant to an oral or written order issued to a specific individual, a pharmacist may dispense naloxone pursuant to a standing order. The standing order may be issued by an individual prescriber to a specific pharmacy or pharmacies, or the standing order may be issued by the Health Commissioner to all pharmacies located and permitted in Virginia. The standing order authorizes a pharmacist to dispense one or more of the specified naloxone formulations to any person seeking to obtain naloxone. A standing order shall be valid for no more than two years from the date of issuance and shall contain the following information at a minimum:
 - a) Name of pharmacy authorized to dispense naloxone pursuant to standing order if the standing order is issued by a prescriber for a particular pharmacy or pharmacies;
 - b) Contents to be dispensed, to include quantity of drug and directions for administration;
 - c) Prescriber's signature; and

d) Date of issuance.

4) Dispensing Requirements for Intranasal or Auto-Injector Administration:

Intranasal	Auto-Injector	Intranasal
<p>Naloxone 2mg/2ml prefilled syringe, # 2 syringes</p> <p>SIG: Spray one-half of the syringe into each nostril upon signs of opioid overdose. <u>Call 911</u>. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p> <p>Mucosal Atomization Device (MAD) # 2 SIG: Use as directed for naloxone administration.</p> <p>Must dispense with 2 prefilled syringes and 2 atomizers and instructions for administration.</p>	<p>Naloxone 2 mg #1 twin pack</p> <p>SIG: Use one auto-injector upon signs of opioid overdose. <u>Call 911</u>. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p>	<p>Narcan Nasal Spray 4mg, #1 twin pack</p> <p>SIG: Administer a single spray intranasally into one nostril. Administer additional doses using a new nasal spray with each dose, if patient does not respond or responds and then relapses into respiratory depression. <u>Call 911</u>. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p>

Optional items include rescue breathing masks, and latex-free gloves.

5) Labeling and Records:

Each vial or syringe of naloxone shall be dispensed and labeled in accordance with §54.1-3410 with the exception that the name of the patient does not have to appear on the label. The pharmacist shall maintain a record of dispensing in accordance with recordkeeping requirements of law and regulation. A standing order issued by an individual prescriber or the Health Commissioner shall be maintained by the pharmacist for two years from the date of the last dispensing prior to expiration or discontinuation of the standing order.

Protocol for Distributing to Law-Enforcement Officers, Firefighters, and Employees of the Department of Forensic Science, Office of the Chief Medical Examiner, and Department of General Services Division of Consolidated Laboratory Services

Alternatively, a pharmacy, wholesale distributor, third party logistics provider, or manufacturer may distribute naloxone via invoice to:

1. Designated employees of the Department of Forensic Science, employees of the Office of the Chief Medical Examiner, and employees of the Department of General Services Division of Consolidated Laboratory Services who have successfully completed a training program developed by the Department of Behavioral Health and Developmental Services; or
2. Designated law enforcement officers or firefighters who have successfully completed a training program developed by the Department of Behavioral Health and Developmental Services in consultation with the Department of Criminal Justice Services or Department of Fire Programs, respectively, at the address of the law enforcement agency or fire department.

Training shall be conducted in accordance with policies and procedures of the law enforcement agency, fire department, Department of Forensic Science, Office of the Chief Medical Examiner, or the Department of General Services Division of Consolidated Laboratory Services.

Resources:

- a. REVIVE! Opioid Overdose Reversal for Virginia Training Curriculum “Understanding and Responding to Opioid Overdose Emergencies Using Naloxone”, available at <http://www.dhp.virginia.gov/pharmacy/docs/osas-revive-training-curriculum.pdf>
- b. Substance Abuse Mental Health Services Administration’s “Opioid Prevention Toolkit” (2014), available at <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2014/SMA14-4742>
- c. Prescribe to Prevent, <http://prescribetoprevent.org/pharmacists>
- d. Harm Reduction Coalition, <http://harmreduction.org/issues/overdose-prevention/tools-best-practices/od-kit-materials>