STANDING ORDER OF THE STATE HEALTH OFFICER
NALOXONE DISTRIBUTION FOR OVERDOSE PREVENTION

Naloxone Hydrochloride (naloxone) is an opioid antagonist indicated for the reversal of an opioid overdose, whether from legally prescribed opioids or from illegal opioids such as heroin or illegally produced fentanyl, in the setting of respiratory depression or unresponsiveness. It may be delivered intranasally with a mucosal atomizer device, intranasally with a nasal spray, or intramuscularly with a needle.

I. PURPOSE

This Standing Order is intended to ensure that naloxone is readily obtainable by any person who is:

A. An individual at risk of experiencing an opioid-related overdose.

B. A family member, friend, or other individual, including law enforcement, fire department, rescue squad, and volunteer fire department personnel, who is in a position to assist a person at risk of experiencing an opioid-related overdose.

II. AUTHORITY

This Standing Order is issued pursuant to Act 2016-307, which authorizes the State Health Officer to prescribe naloxone via standing order.

III. AUTHORIZATION

This Standing Order may be used as a prescription to obtain naloxone from a pharmacy in the event there is an inability to obtain naloxone or a prescription for naloxone from an eligible person's regular healthcare provider or another source. This order is authorization for pharmacists to dispense naloxone and devices for its administration solely in the forms prescribed herein.

IV. ORDER TO DISPENSE

Upon receipt of written communication that provides a factual basis for a reasonable conclusion that the person to receive the naloxone is an eligible person, **and** upon receipt of basic instruction and information on how to recognize and respond to a possible opioid overdose and how to administer naloxone, dispense one naloxone kit (*refer further to Protocol, Pharmacist Actions set out on page 5*). Naloxone kits may be dispensed in bulk quantities to law enforcement agencies, fire departments, rescue squads, and volunteer fire departments.

Pharmacists should use clinical judgment to determine preferred formulation. Unlimited refills are authorized.

A. Intranasal naloxone with atomizer kits must contain a minimum of the following:

- Two 2-mL Luer-Jet Luer-lock syringes prefilled with naloxone hydrochloride (2 mg/2 mL).
- Two mucosal atomization devices (MAD).
- Step-by-step instructions for administration of intranasal naloxone including a possible second dose, along with basic instructions on calling 911, providing rescue breathing, and monitoring the overdose victim until professional help arrives.

B. Intranasal naloxone spray kits must contain a minimum of the following:

- One package of two doses of naloxone nasal spray.
- Step-by-step instructions for administration of intranasal naloxone including a possible second dose, along with basic instructions on calling 911, providing rescue breathing, and monitoring the overdose victim until professional help arrives.

C. Intramuscular naloxone kits must contain a minimum of the following:

- Two single-use 1 mL vials of naloxone hydrochloride.
- Two intramuscular needles with syringes.
- Step-by-step instructions for administration of intramuscular naloxone including a possible second dose, along with basic instructions on calling 911, providing rescue breathing, and monitoring the overdose victim until professional help arrives.

V. APPROPRIATE USE AND DIRECTIONS

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

B. Administer naloxone as follows (pharmacist to indicate to the client which instructions to follow based upon the form of naloxone being dispensed):

1. Intranasal naloxone with syringe and atomizer:

- Pop off two colored caps from the delivery syringe and one from the naloxone vial.
- Screw the naloxone vial gently into the delivery syringe.
- Screw the mucosal atomizer device onto the tip of the syringe.
- Spray half (1 mL) of the naloxone in one nostril and the other half (1 mL) in the other nostril.

- Repeat if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

2. Intranasal naloxone in nasal spray device:

   - Deliver one spray into one nostril (do not "prime" or test the spray device before spraying it into the nostril, as this will waste the medicine).
   - Repeat with the second nasal spray device in the opposite nostril if there is no response after 2-3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

3. Intramuscular naloxone with syringe and needle:

   - Uncap the naloxone vial and uncap the needle on the syringe.
   - Insert the needle through the rubber membrane on the naloxone vial, turn the vial upside down, draw up 1 mL of naloxone liquid, and withdraw the needle.
   - Insert the needle into the muscle of the upper arm or thigh of the victim, through the clothing if needed, and push the plunger to inject all of the naloxone.
   - Repeat the injection with second 1 mL vial of naloxone if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

C. Continue to monitor respiration and responsiveness of the victim, and continue to provide rescue breathing as necessary until emergency assistance arrives.

VI. CONTRAINDICATIONS

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

VII. PRECAUTIONS

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 call 911.

VIII. ADVERSE REACTIONS

Opioid depression. Abrupt reversal of opioid depression may result in nausea, vomiting, sweating, abnormal heart beats, fluid development in the lungs and opioid acute withdrawal syndrome, increased blood pressure, shaking, shivering, seizures, and hot flashes.

IX. EXPIRATION AND REVIEW

This Standing Order will automatically expire on the date naloxone may be approved as an over-the-counter medication. This Standing Order will be reviewed, and may be updated, if there is relevant new science about naloxone administration and will be posted at http://www.alabamapublichealth.gov, search naloxone.

Scott Harris, M.D., M.P.H.
State Health Officer
NPI Number: 1992713408
License Number: MD.16614

Date 9/2/21

PROTOCOL FOR NALOXONE STANDING ORDER

I. INDICATIONS AND USAGE

Naloxone is indicated for the complete or partial reversal of opioid overdose induced by natural or synthetic opioids, and evidenced by respiratory depression or unresponsiveness.

II. ASSESSMENT

A. There is a factual basis for a reasonable conclusion that the individual to receive the naloxone is an individual at risk of experiencing an opioid-related overdose, or is a family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.

B. The individual to whom the naloxone is dispensed is able to understand the essential components of overdose recognition and response and naloxone administration.

C. The person to potentially be administered naloxone, if known, does not have a history of known serious adverse reaction to naloxone. Note that opioid withdrawal symptoms, including body aches, abdominal cramps, diarrhea, nausea or vomiting, increased heart rate, restlessness or irritability, shivering or trembling, can be expected with reversal of an opioid overdose, and should not be equated with a serious adverse reaction to naloxone.

III. PHARMACIST ACTIONS

A. Provide basic instruction on recognition of opioid overdose, calling 911, rescue breathing, and administration of naloxone as described in the Standing Order.

B. Dispense naloxone kit and explain contents to the individual.

C. Counseling: Offer information on risk factors for opioid overdose, overdose prevention measures, risk and recognition of addiction, and resources for mental health and addiction treatment services.

D. Have client complete and sign Client Form (page 6) attesting to need for naloxone, receipt of instructions, and offer of counseling. If bulk dispensing to a law enforcement agency, fire department, rescue squad, or volunteer fire department, have the agency representative complete and sign the Agency Form (page 7).

E. Keep a record of all clients who have received naloxone via this Standing Order.

Scott Harris, M.D., M.P.H.
State Health Officer
NPI Number: 1992713408
License Number: MD.16614

9/2/21
Date

NALOXONE CLIENT FORM

1. Check one:

a) ___ I am an individual at risk of experiencing an opioid-related overdose.

b) ___ I am a family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.

Write in this box the facts that support the statement checked above (this information will be kept confidential, but it is needed to verify your need for naloxone):

2. ___ I have received information on how to recognize and respond to a possible opioid overdose.

3. ___ I have received basic instructions on how to administer naloxone.

4. ___ I have been offered information/counseling on risk factors for opioid overdose, overdose prevention measures, risk and recognition of addiction, and resources for mental health and addiction treatment services.

I understand that I may administer naloxone to another individual if I have a good faith belief that the individual is experiencing an opioid-related overdose, and if I exercise reasonable care in administering the naloxone.

Signature: _____ Date Signed: _____

Print Name: _____ Date of Birth: _____

NALOXONE AGENCY FORM

1. ___ I am a representative of an agency that responds to emergencies involving individuals who may be at risk of experiencing an opioid-related overdose or to emergencies that may place the first responder at risk for exposure to opioids.

Name of Agency: _____

Write in this box the facts that support the statement checked above (this information will be kept confidential, but it is needed to verify your need for naloxone):

2. ___ I have received information on how to recognize and respond to a possible opioid overdose.

3. ___ I have received basic instructions on how to administer naloxone.

4. ___ I will ensure that all persons within my agency who have access or who may at some time administer naloxone are trained.

Signature: _____ Date Signed: _____

Print Name: _____ Date of Birth: _____