

## PREVENTIVE CARE

# SHORT-ACTING OPIOID ANTAGONIST (SAOA)- NALOXONE / NALMEFENE

### STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST

#### AUTHORITY and PURPOSE:

- Per [ORS 689.800 and ORS 689.802](#), a pharmacist may prescribe, distribute and administer a short-acting opioid antagonist (SAOA) and the necessary medical supplies to administer the SAOA. Per [ORS 689.689](#), a pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol.
- Following all elements outlined in [OAR 855-115-0330](#) and [OAR 855-115-0335](#), a pharmacist licensed and located in Oregon may prescribe a SAOA and the necessary medical supplies to administer the SAOA.

#### STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:

- Utilize the standardized SAOA Patient Intake Form *optional* (pg. 2)
- Utilize the standardized SAOA Assessment and Treatment Care Pathway (pg. 3-4)
- Utilize the standardized SAOA Prescription Template *optional* (pg. 5)
- Utilize the standardized SAOA Provider Fax *optional* (pg. 6)
- Utilize the standardized Patient Information *optional* (pg. 7-13)

#### PRESCRIBING PARAMETERS

- No limitations exist for quantity or refills

#### RESOURCES:

Naloxone: Opioid Overdose, Prevention, Recognition & Response – Oregon State College of Pharmacy - CE. Accessed February 4, 2024. <https://oregon-state-pharmacy-ce.catalog.instructure.com/courses/naloxone>

Prescribe to Prevent – Prescribe naloxone, save a life. Accessed February 4, 2024. <https://prescribetoprevent.org/>

Oregon Health Authority. Pharmacist Prescribing of Naloxone. Accessed February 4, 2024.

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/toolkit/RPh-info-sheet.pdf>

Oregon Health Authority. Naloxone Poster for Pharmacies. Accessed February 4, 2024.

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/toolkit/Naloxone-Poster.pdf>

Stay Safe Oregon: Prescription Opioid Safety, Treatment & Information. Stay Safe Oregon. Accessed February 4, 2024.

<http://staysafeoregon.com/>

SAMSHA Behavioral Health Treatment Services Locator. Accessed February 4, 2024. <https://findtreatment.samhsa.gov/>

Oregon Health Authority. Reducing Opioid Overdose and Misuse. Accessed February 4, 2024.

<https://www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/index.aspx>

Oregon Health Authority. Training on Lifesaving Treatment Protocols. Accessed February 4, 2024.

<https://www.oregon.gov/oha/ph/ProviderPartnerResources/EMSTraumaSystems/Pages/epi-protocol-training.aspx#opioidoverdose>

## Self-Screening Patient Intake Form – Short-acting Opioid Antagonist (e.g., naloxone, nalfemene)

**CONFIDENTIAL-Protected Health Information)**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Requestor: \_\_\_\_\_

*Optional Demographic Information-*

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Sex Assigned at Birth (circle) M / F Gender Identification (circle) M / F / Other \_\_\_\_

Pronouns (circle) She/Her/Hers, He/Him/His, They/Them/Their, Ze/Hir/Hirs, Other \_\_\_\_\_

Street Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Healthcare Provider Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Do you have health insurance? Yes / No Insurance Provider Name \_\_\_\_\_

Any allergies to medications? Yes / No If yes, please list \_\_\_\_\_

1. Would you like to receive a short-acting opioid antagonist kit (e.g., naloxone, nalfemene)?  Yes  No  
If yes, how many doses would you like? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Assessment and Treatment Care Pathway- Short Acting Opioid Antagonists (SAOAs) Naloxone / Nalmefene

(CONFIDENTIAL-Protected Health Information)

Name of Requestor: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_

<p>1. Is the person or entity's representative requesting an opioid antagonist?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; background-color: #d9ead3; padding: 5px;"> <input type="checkbox"/> Yes. Proceed to Step 2.         </div> <div style="width: 35%; background-color: #f4cccc; padding: 5px;"> <input type="checkbox"/> No. Do not prescribe, consider giving more information regarding opioid antagonists and opioid overdoses.         </div> </div>	Notes:
<p>2. Choose a product based on their preference or your professional discretion. Counsel and train appropriately. If appropriate, provide information on how to administer naloxone / nalmefene.</p>	Notes:

AVAILABLE TREATMENT OPTIONS	
Naloxone	<ul style="list-style-type: none"> <li>Prepackaged intranasal naloxone 4 mg (Narcan®) or 8 mg (Kloxxado™). Dispensed as 2 unit-dose nasal spray devices per box.</li> <li>Intramuscular naloxone 0.4 mg/mL SDV. Inject the contents of one vial intramuscularly into outer thigh for signs of opioid overdose. Must be dispensed with a 3 mL syringe with a 21-25 G x 1-1 ½ inch needle.</li> <li>Intramuscular naloxone 5 mg/0.5 mL ready to use prefilled single dose syringe (Zimhi™). Dispensed as 2 syringes per box. Inject the contents of 1 syringe intramuscularly into outer thigh for signs of opioid overdose.</li> <li>Intramuscular naloxone auto-injector (Evzio®)</li> <li>Intranasal naloxone 2 mg/2 mL prefilled luer-lock syringe. Instructions for use: Attach atomizer to naloxone syringe then spray one-half of the contents of syringe into each nostril. Must be dispensed with a Mucosal Atomization Device (example MAD300) compatible with the prefilled syringe.</li> </ul>
Nalmefene	<ul style="list-style-type: none"> <li>Prepackaged intranasal nalmefene 2.7 mg (Opvee®). Dispensed as 2 unit-dose nasal spray devices per box.</li> </ul>

PRESCRIBING CONSIDERATIONS
<ul style="list-style-type: none"> <li><b>Patient Characteristics:</b> Consider the patient's medical history, allergies, and any contraindications to specific formulations or delivery methods. Consider the patient's ability to administer the medication. For example, some formulations may be more user-friendly for bystanders.</li> <li><b>Ease of Administration:</b> Evaluate the ease of use for both the patient and potential bystanders. Nasal spray formulations like Narcan® and Kloxxado™ are designed for easy administration without the need for special training.</li> <li><b>Training and Familiarity:</b> Consider the level of training required for proper administration. Some formulations, like auto-injectors (e.g., Evzio®), provide step-by-step instructions, making them suitable for individuals without extensive medical training.</li> <li><b>Onset of Action:</b> Different formulations may have varying onset times. Intramuscular (IM) naloxone may have a faster onset compared to intranasal formulations. Consider the urgency of the situation and the desired speed of response.</li> <li><b>Storage and Stability:</b> Assess the storage requirements for each formulation. Some naloxone products may have specific temperature or storage conditions that need to be considered.</li> <li><b>Cost and Accessibility:</b> Evaluate the cost and accessibility of different naloxone formulations. Some formulations may be more cost-effective or more widely available, which can impact patient access.</li> <li><b>Local Guidelines and Protocols:</b> Familiarize yourself with local and state guidelines regarding SAOA use. Some areas may have specific recommendations or requirements for the use of certain formulations.</li> </ul>

# Assessment and Treatment Care Pathway- Short Acting Opioid Antagonists (SAOAs) Naloxone / Nalmefene

(CONFIDENTIAL-Protected Health Information)

- **Patient Preference:** Consider the patient's preference and comfort level with a specific formulation. Involving the patient in the decision-making process can enhance adherence.
- **Repeat Dosing:** Some formulations may require repeat dosing if the initial response is not sufficient. Providers should be aware of the dosing requirements for each formulation.
- **Patient Education:** Ensure that patients and potential bystanders receive proper education on the chosen naloxone formulation. Provide training materials, demonstrations, and clear instructions for use.

## LABELING REQUIREMENTS

- Standard labeling requirements apply per [OAR 855-041-1130](#) except for SAOAs in the form of a nasal spray that are personally dispensed by the Pharmacist at the pharmacy per [ORS 689.813](#).

## COUNSELING POINTS

- **Addressing Stigma and Building Trust:**
  - Start with empathy and non-judgmental language. Avoid terms like "addict" or "overdose victim," and instead use phrases like "person at risk of overdose" or "someone experiencing an opioid overdose."
  - Normalize the conversation. Explain that opioid misuse and overdose can happen to anyone, regardless of background or circumstance.
  - Focus on harm reduction. Explain that SAOAs are a tool for saving lives, not a guarantee of addiction recovery.
- **Explaining SAOAs and their Use:**
  - Clearly explain how SAOAs work. Describe how it quickly reverses the effects of opioids, restoring breathing and consciousness.
  - Demonstrate administration methods. Show patients how to use the specific product they are receiving, practicing with the nasal spray or auto-injector if available.
  - Emphasize calling 911 immediately after administering a SAOA. Explain that even after SAOAs, medical attention is crucial.
- **Addressing Concerns and Answering Questions:**
  - Anticipate and address common concerns. These might include potential side effects, dependence on SAOAs, or legal issues. Offer accurate and reassuring information.
  - Be prepared to answer specific questions. Be familiar with local resources for addiction treatment and support and connect patients with relevant information.
  - Validate potential hesitation and encourage further discussion. Let patients know you are available to answer questions and provide support at any time.
- **Additional Points:**
  - Offer training materials and resources. Provide patients with written instructions, video demonstrations, and contact information for crisis hotlines or support groups.
  - Encourage SAOAs for bystanders. Explain that anyone can carry SAOAs and save a life, regardless of their relationship to the person at risk.
  - Follow up with patients. Check in with patients who receive naloxone to see if they have any questions or need additional support.

## PRESCRIBING PARAMETERS

- No limitations

## TREATMENT CARE PLAN

- No documented follow-up required

Pharmacist Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Prescription- Short Acting Opioid Antagonists (e.g., naloxone, nalmefene)

Optional-May be used by pharmacy if desired (labeling not required for intranasal sprays)

Patient (or Entity) Name:	Date of birth (if applicable):
Address:	
City/State/Zip Code:	Phone number:

# Rx

- Prepackaged intranasal naloxone**  **4 mg (Narcan®)** or  **8 mg (Kloxxado™)**
  - Administer one spray into one nostril for signs of opioid overdose. Call 911. May repeat x1. #\_\_ doses, \_\_ refills
  
- Intramuscular naloxone**  **0.4 mg/mL single dose vial (SDV)** or  **5 mg/0.5mL (Zimhi™) ready to use prefilled single dose syringe (SDS)**
  - Inject the contents of one vial or syringe intramuscularly into outer thigh for signs of opioid overdose. Call 911. May repeat x1. #\_\_ SDV or SDS, \_\_ refills
  - Supplemental devices to dispense for single dose vial:
    - 3ml Syringe with a 21-25G x1-1 1/2 inch needle
      - Use as directed for naloxone administration, #\_\_, \_\_ refills
  
- Intramuscular naloxone auto-injector (Evzio®)**
  - Administer the dose from one auto-injector for signs of opioid overdose. Call 911. May repeat x1., #\_\_ auto-injectors, \_\_ refills
  
- Intranasal naloxone 2 mg/2 ml prefilled luer-lock syringe**
  - Attach atomizer to naloxone syringe then spray one-half of the contents of syringe into each nostril for signs of opioid overdose. Call 911. May repeat x1., #\_\_ pre-filled syringes, \_\_ refills
  - Supplemental devices to dispense:
    - Mucosal Atomization Device (example MAD300) compatible with the prefilled syringe
      - Use as directed for naloxone administration, #\_\_, \_\_ refills
  
- Prepackaged intranasal nalmefene 2.7 mg (Opvee®)**
  - Administer one spray into one nostril for signs of opioid overdose. Call 911. May repeat x1. #\_\_ doses, \_\_ refills

Written Date: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber Signature: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

-or-

Patient Referred

Notes: \_\_\_\_\_

\_\_\_\_\_

## Provider Notification

### Short-acting Opioid Antagonist (SAOA)- Naloxone / Nalmefene

Pharmacy Name: \_\_\_\_\_ Pharmacist Name: \_\_\_\_\_  
Pharmacy Address: \_\_\_\_\_  
Pharmacy Phone: \_\_\_\_\_ Pharmacy Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Your patient was seen at our pharmacy on \_\_\_\_/\_\_\_\_/\_\_\_\_ requesting a short-acting opioid antagonist (SAOA). During this visit, we carefully reviewed the patient's medical history, prescription history, and lifestyle factors to ensure the safety of all medications prescribed. Upon review it was determined that the patient could benefit from obtaining a SAOA. The following prescription(s) were provided to your patient:

- Prepackaged intranasal naloxone**  **4 mg (Narcan®)** or  **8 mg (Kloxxado™)**
  - Administer one spray into one nostril for signs of opioid overdose. Call 911. May repeat x1. #\_\_\_\_ doses, \_\_\_\_ refills
  
- Intramuscular naloxone**  **0.4 mg/mL single dose vial (SDV)** or  **5 mg/0.5mL (Zimhi™) ready to use prefilled single dose syringe (SDS)**
  - Inject the contents of one vial or syringe intramuscularly into outer thigh for signs of opioid overdose. Call 911. May repeat x1. #\_\_\_\_ SDV or SDS, \_\_\_\_ refills
  - Supplemental devices to dispense:
    - 3ml Syringe with a 21-25G x1-1 1/2 inch needle
      - Use as directed for naloxone administration, #\_\_\_\_, \_\_\_\_ refills
  
- Intramuscular naloxone auto-injector (Evzio®)**
  - Administer the dose from one auto-injector for signs of opioid overdose. Call 911. May repeat x1., #\_\_\_\_ auto-injectors, \_\_\_\_ refills
  
- Intranasal naloxone 2 mg/2 ml prefilled luer-lock syringe**
  - Attach atomizer to naloxone syringe then spray one-half of the contents of syringe into each nostril for signs of opioid overdose. Call 911. May repeat x1., #\_\_\_\_ pre-filled syringes, \_\_\_\_ refills
  - Supplemental devices to dispense:
    - Mucosal Atomization Device (example MAD300) compatible with the prefilled syringe
      - Use as directed for naloxone administration, #\_\_\_\_, 0 refills
  
- Prepackaged intranasal nalmefene 2.7 mg (Opvee®)**
  - Administer one spray into one nostril for signs of opioid overdose. Call 911. May repeat x1, #\_\_\_\_ doses, \_\_\_\_ refills

### **Provider Pearls for SAOAs:**

- SAOAs should be administered promptly in suspected opioid overdose cases, even if the exact opioid involved is unknown.
- Repeat dosing may be necessary, as the duration of action for some opioids can outlast that of a SAOA. Close monitoring is crucial, and additional doses may be administered as needed.
- SAOAs are generally safe and well-tolerated, but withdrawal symptoms, including agitation and nausea, may occur in individuals who are opioid-dependent.
- Individuals who have been administered SAOAs should seek immediate medical attention, as the effects of the SAOA are temporary, and further medical assessment is essential.

This prescription was issued pursuant to the Board of Pharmacy protocol authorized under [OAR 855-115-0345](#).