Pharmacists Call to Action

We are in the heart of an opioid overdose crisis in the United States (US) and community pharmacists are well positioned to have a powerful impact on the reduction of human lives lost.

Missouri Opioid Overdose Deaths in 2016

35% increase in opioid overdose deaths from 2015 to 2016

93% of opioid overdose deaths were accidental in 2016

Missouri is making headway in our efforts to combat the opioid overdose epidemic. Recently, the Missouri Department of Mental Health was awarded $10 million through the Missouri State Targeted Response to the Opioid Crisis (Opioid STR) grant, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant aims to address the opioid epidemic through prevention, treatment, and recovery support efforts. One major prevention goal is to increase access to overdose education and naloxone.

Community Pharmacy Naloxone Expansion

Program sponsored by:
Missouri Opioid State Targeted Response

Contact Us

To receive FREE expert pharmacy training on overdose education and naloxone dispensing for your staff through the Missouri State Targeted Response to the Opioid Crisis (Opioid STR) grant, contact:

Lauren Green
Overdose Prevention Coordinator
Missouri Institute of Mental Health
314-516-8479
Lauren.Green@mimh.edu

Additional Resources:

- Overdose Prevention Education:
  - Prescribe to Prevent: www.prescribetoprevent.org
  - Prevent to Protect: www.prevent-protect.org
  - Harm Reduction Coalition: www.harmreduction.org
  - Naloxone Pharmacist Resource Center: www.pharmacytimes.org/resourcecenter/opioid-overdose-rescue

- Substance Use Treatment Locator:
  www.findtreatment.samhsa.gov or Call 1-800-662-HELP
**WHAT IS NALOXONE?**

Naloxone is a competitive antagonist at opioid receptor sites with a primary purpose of reversing respiratory depression and death associated with an overdose. It has been used by EMS and emergency department clinicians for over 40 years to save patient lives. The antidote is highly effective at reversing an overdose of heroin as well as prescription opioids, but it must be administered within minutes of an overdose.

It is essential that ALL patients who are at risk of experiencing or witnessing an opioid overdose have access to naloxone.

**NALOXONE FOR TAKE HOME:**

Naloxone should not just be in hospitals and ambulances — it should be in homes and other settings where overdoses occur.

Naloxone for take home use is most commonly prescribed and/or dispensed as a nasal spray or intramuscular (IM) device. Missouri Medicaid currently provides coverage for the naloxone nasal spray as well as generic IM naloxone vials.

As of August 28th, 2017, all Missouri pharmacies can dispense naloxone under a statewide standing order to any patient without an outside prescription. Physician protocols are no longer needed.

**DISPENSING NALOXONE IN MISSOURI USING STATEWIDE PROTOCOL**

1. Review laws on Missouri Board of Pharmacy website regarding the naloxone standing order.
2. Fill the prescription for the person requesting the naloxone and use the physician name from the statewide protocol (Dr. Randall Williams).
3. Document all sales, including: transaction, date, product name/strength/dosage form, quantity and name of the person, if known. If unknown, document “John/Jane Doe”

**Note:** If a prescription for naloxone is brought in, it should be filled per standard prescription regulations NOT according to the statewide protocol procedures.

For additional information on how to implement the naloxone standing order at your pharmacy, see the regulations at: [www.pr.mo.gov/pharmacists-naloxone.asp](http://www.pr.mo.gov/pharmacists-naloxone.asp).

**COUNSELING GUIDE**

Pharmacists should counsel recipients about overdose and naloxone. A summary document including a guide to naloxone administration should be provided.

Things to note when discussing naloxone:

- According to Missouri’s standing order, anyone who requests naloxone at a pharmacy can receive it.
- Patients will vary in their knowledge about their risk, the medication, and overdose response protocols — be sure they feel prepared to use the naloxone device before leaving the pharmacy. It is very simple — a little instruction goes a long way.
- Patients may be self-conscious when requesting or discussing naloxone. Choosing non offensive language will help (e.g., say person who uses opioids instead of "addict" or "junkie").

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**What can be dispensed through the statewide standing order?**

<table>
<thead>
<tr>
<th>Route(s) of Administration</th>
<th>Intranasal (IN) Preferred Method</th>
<th>Intramuscular (IM) Inject into Shoulder or Thigh</th>
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</table>
| **Medication and Required Device for Administration** | Naloxone HCl 1 mg/mL
2x2 mL as pre-filled Luer-Lock syringes
- Dispense two (2) doses
Two (2) x Intranasal Muscoanal Atomizing Devices (MAD 300) | Naloxone HCl 0.4 mg/mL
- 2 x 1 mL single dose vials (SDV)
- 2 (tow) 3 mL syringe
- 2 (tow) 25 G, 1 inch needle
Naloxone HCl 2mg/2mL lnj.
- Dispense 2 (tow) pre-filled syringes
- 2 (tow) 25 G, 1 inch needle |
| **Directions for Use** | Call 911. Spray 1 mL in each nostril. Repeat every 3 minutes as needed if no or minimal response. | Call 911. Administer a single spray of Narcan® in one nostril. Repeat every 5 minutes as needed if no or minimal response. |
| | | Call 911. Inject the entire solution of the vial or pre-filled syringe IM in shoulder or thigh. Repeat every 5 minutes as needed if no or minimal response. |