

SAMPLE MISSOURI PROTOCOL TEMPLATE FOR PHARMACIST NALOXONE DISPENSING

(This sample template can be used to build a pharmacist/physician naloxone protocol. This template is not mandatory and is provided by the Missouri Board of Pharmacy for informational purposes only. Pharmacist should independently determine applicable protocol terms/requirements in conjunction with their protocol physician.)

1. Pursuant to § 195.206, RSMo, this protocol authorizes the undersigned pharmacist(s) to dispense an emergency opioid antagonist without a prescription subject to the terms included herein. For purposes of the protocol, an “emergency opioid antagonist” is defined as naloxone hydrochloride that blocks the effects of an opioid overdose that is administered in a manner approved by the United States Food and Drug Administration or any accepted medical practice method of administering (also referred to herein as naloxone).

2. The undersigned pharmacist(s) may dispense any of the following formulations of naloxone and the applicable drug delivery devices without a prescription (*check all that apply*):
 - Intramuscular naloxone
 - Intranasal naloxone
 - Auto-Injector

3. Pursuant to the pharmacist’s professional judgment, the undersigned pharmacist(s) may dispense or distribute naloxone without a prescription to the following (*check all that apply*):
 - Any individual or entity upon request
 - Patients of the physician
 - Any individual experiencing or at risk of experiencing an opioid-related overdose
 - Any person that may assist an individual who has experienced or may be at risk of experiencing an opioid-related overdose (e.g., family members, caregivers, associates)
 - Other: _____ [*Any age or other restrictions can be identified in this section*]

SAMPLE MISSOURI PROTOCOL TEMPLATE FOR PHARMACIST NALOXONE DISPENSING

4. Pharmacists shall provide patient counseling if requested by the patient/recipient. Counseling elements suggested by the Board include (but are not limited to):
 - a. Risk factors for opioid overdose
 - b. Strategies to prevent opioid overdose, including, signs of an opioid overdose
 - c. Proper naloxone use and administration
 - d. Adverse reactions and side effects
 - e. Proper naloxone storage
 - f. Product expiration, and
 - g. Seeking emergency medical attention.

5. The pharmacist(s) shall notify the patient/recipient either verbally or in writing that anyone who administers naloxone to another person must contact emergency personnel immediately after administering the drug, as required by § 195.206.5, RSMo.

6. The undersigned pharmacist(s) shall document all naloxone sales and distributions in writing. Documentation should be maintained in the pharmacy's records for a minimum of two (2) years and must be provided to the undersigned physician(s) on request. (*Prescription records must be maintained as required by Missouri law*). The required documentation must include:
 - a. The transaction/purchase date
 - b. Product name, strength and dosage form; and
 - c. Quantity

7. The undersigned physician(s) and pharmacist(s) shall comply with all applicable provisions of state and federal law, including, but not limited to, Chapters 195, 338 and 334, RSMo. Nothing in this protocol shall exempt the pharmacist or physician from compliance with any applicable state or federal requirements. In the event of a conflict, applicable state or federal law shall control.

8. ADDITIONAL REQUIREMENTS/RESTRICTIONS: (Licensees could include any additional protocol requirements, restrictions or allowances here):

SAMPLE MISSOURI PROTOCOL TEMPLATE FOR PHARMACIST NALOXONE DISPENSING

9. This protocol is in effect until rescinded by the physician(s) or pharmacist(s)

-OR-

9. This protocol shall expire on _____ (date) and may be renewed in writing by agreement of the physician and pharmacist. Either party may terminate this agreement before the applicable expiration date by providing [written] notice to the other party.

SIGNATURES:

The undersigned pharmacist(s) and physician(s)

PHYSICIAN SIGNATURE	DATE
PHYSICIAN NAME (print)	PHYSICIAN LICENSE #/LICENSING STATE

PHARMACIST SIGNATURE	DATE
PHARMICIST NAME (print)	PHARMACIST LICENSE #