



Nevada Naloxone Regulations

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Senate Bill 459 Recap

- ▶ Established 4 ways a patient may obtain an opioid antagonist (OA), such as naloxone, to prevent an opioid related overdose:
 1. **Law enforcement** officers, EMTs, paramedics may possess and administer an OA to a person reasonably believed to be experiencing an opioid-related overdose
 2. **Prescribers** allowed to prescribe and dispense OA to a person **other than the patient** such as a **family member/friend/other person** in position to assist a person experiencing an opioid-related overdose
 3. OA may be stored and/or dispensed by an unlicensed person pursuant to a standing order from a properly authorized prescriber so long as the OA is dispensed “**without charge or compensation**”
 4. **Authorizes a registered pharmacist to furnish an opioid antagonist, without a RX, in accordance with standardized procedures OR protocols developed by the State Board of Pharmacy (NRS 453C.010 – 453C.150)**



Naloxone Regulation

- ▶ The State Board of Pharmacy wrote regulations detailing the requirements that must be included in a **pharmacy's standardized procedure** by which a registered pharmacist furnishes an opioid antagonist. The regulation also authorizes a physician to establish a **written protocol** for authorizing a registered pharmacist to furnish an opioid antagonist.
- ▶ Regulations adopted and became effective as of September 9, 2016.



Naloxone Regulation

- ▶ A pharmacist can dispense naloxone without a RX in one of two ways:
 1. **Standardized Procedure** written by the pharmacy, **OR**
 2. **Written Protocol** by a physician authorized prescribe an opioid antagonist



Standardized Procedure

- ▶ “A **pharmacy** in which a **registered pharmacist** may furnish an opioid antagonist...**must implement standardized procedures for furnishing opioid antagonists, which must include**”:
 1. A restriction that a registered pharmacist may not delegate his or her authority to furnish an opioid antagonist (such as delegating this task to a pharmacy technician)
 2. Procedures for counseling a recipient of an opioid antagonist. The counseling must include:
 - a) Information relating to the recognition, prevention and responses to opioid-related drug overdoses
 - b) Methods for the safe administration of opioid antagonists
 - c) Potential side effects and adverse events related to the administration of an OA
 - d) The importance of seeking emergency medical assistance for a person experiencing an opioid-related drug overdose, even after the administration of an opioid antagonist
 - e) The immunity from certain civil or criminal liabilities for seeking medical assistance for a person experiencing an opioid-related overdose.



Written Protocol

- ▶ “A **physician** authorized to prescribe an opioid antagonist **may establish a written protocol authorizing a registered pharmacist to furnish an opioid antagonist.**” The protocol must include:
 1. The name of the physician authorizing the furnishing of the opioid antagonist by a registered pharmacist;
 2. The opioid antagonist to be furnished by a registered pharmacist;
 3. The **standardized procedure implemented by the pharmacy permitting** a registered pharmacist to furnish an opioid antagonist;
 4. A procedure for the annual review of the protocol and its operation by the physician and documentation of the review;
 5. Specific instructions relating to the age of the patient;
 6. A statement that the opioid antagonist will be furnished by the pharmacist in accordance with all applicable federal, state and local laws.
 7. The signature of the physician authorizing the furnishing of the opioid antagonist by a registered pharmacist and the time period for which the protocols is effective;
 8. Any other limitations set my physician



SAMPLE Naloxone Protocol

Not an official document

Legal Authority: NRS 453C.120 and NRS 639.070

_____, NV License # _____, a registered pharmacist, has completed a 1 hour continuing education unit accredited by the Accreditation Council for Pharmacy Education on the use of opioid antagonists and the counseling of a recipient of an opioid antagonist, may dispense naloxone, to a person at risk of experiencing an opiate-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. The authorized pharmacist may do so on behalf of the undersigned physician, according to and in compliance with NAC 453. The registered pharmacy may furnish naloxone to a person who are at least ___ years old on the premises of:

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Pharmacy Name: _____
Pharmacy Address: _____
Pharmacy City: _____ State: _____ Zip Code: _____
Pharmacy Phone Number: _____

Prior to the dispensation of naloxone the pharmacist **must assess the client for the following:**

- Client is at risk of experiencing an opiate-related overdose or is in a position to assist a family member, friend, or other person at risk of experiencing an opiate-related overdose.
- Client reports no known sensitivity or allergy to naloxone hydrochloride. If contraindication/precaution exists, refer client to medical provider for evaluation
- Client is oriented to person, place and time and able to understand and learn the essential components of overdose response and naloxone administration.

The registered pharmacist listed above cannot delegate his or her authority to furnish an opioid antagonist. Prior to the dispensation of naloxone the pharmacist **must counsel the client on use of naloxone, as outlined in the pharmacy standardized procedure for furnishing an opioid antagonist (see appendix).**

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Formulation for Dispensation: (the opioid antagonist will be furnished by the pharmacist in accordance with all applicable federal, state and local laws)

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- **Naloxone autoinjection:** injection solution 0.4mg/1ml
- **Naloxone HCl solution:** injection solution 0.4mg/1ml
- **Naloxone intranasal spray:** nasal spray 4mg/0.1ml
- **Other naloxone formulations**

The authorization will be valid two years from the date indicated below, unless revoked in writing.

1

Pharmacist Name: _____
Pharmacist Signature: _____ Date: _____
Pharmacy License #: _____

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Physician Name: _____
Physician Signature: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Medical License #: _____

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Annual Review of the Above Protocol
1st Annual Review: Physician Signature: _____ Date: _____
2nd Annual Review: Physician Signature: _____ Date: _____

Written Protocol

- ▶ “A physician who has authorized a registered pharmacist to furnish an opioid antagonist by establishing a **written protocol**, shall supervise the implementation of the protocol by each registered pharmacist who has **subscribed to the protocol** by:”
 1. Being readily accessible to the registered pharmacist or the recipient of the opioid antagonist when the registered pharmacist is authorized to furnish an opioid antagonist for consultation, assistance or direction



CE Requirement

- ▶ “...a registered pharmacist shall, before furnishing an opioid antagonist, **complete at least one continuing education unit** approved by the Accreditation Council for Pharmacy Education on the **use of opioid antagonists and the counseling of a recipient of an opioid antagonist** required prior to dispensing an opioid antagonist.”

