

New Mexico Statewide Standing Order for Naloxone

Authority: NMSA 24-23-1.F: A licensed prescriber may directly or by standing order prescribe, dispense, or distribute an opioid antagonist to: 1) a person at risk of experiencing an opioid-related drug overdose; 2) a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose; 3) an employee, volunteer or representative of a community-based entity providing overdose prevention and education services that is registered with the department; 4) a first responder.

Section A: Purpose:

Opioid overdose death is preventable through administering, dispensing, and prescribing naloxone to people who are at risk of experiencing or witnessing an opioid overdose. As trusted and accessible health care professionals, pharmacists are in a unique position to educate individuals on opioid overdose and dispense naloxone when indicated.

This standing order authorizes registered pharmacists in New Mexico to dispense naloxone to:

1. Any person who uses an opioid, regardless of how the opioid is used or obtained.
2. Any person in a position to assist a person at risk of experiencing an opioid overdose.

Section B: Order and Dispensing Procedures

1. Assessment and Eligibility Criteria

Indication: Naloxone is an opioid antagonist that reverses the effects of opioids, including respiratory and central nervous system depression. It is indicated for emergency treatment of a known or suspected opioid overdose. It is not a substitute for emergency medical care.

Eligibility:

1. People who voluntarily request naloxone and meet criteria as described in Section A are eligible to receive naloxone.
2. Pharmacists, using their professional judgment, may offer naloxone to individuals identified to be at increased risk of experiencing an opioid overdose. Factors to consider that may increase risk of overdose: High dose of opioids, using opioids for more than 3 months, using opioids and benzodiazepines simultaneously, being treated for opioid use disorder with buprenorphine, methadone, or naltrexone, history of opioid overdose.

Contraindications: Known hypersensitivity to naloxone. Anaphylactic shock may occur in those allergic to naloxone or any of its components.

Warnings/Precautions: Naloxone may cause opioid withdrawal symptoms such as: nausea/vomiting, diarrhea, chills, sweating, anxiety, and combativeness/disorientation. Naloxone is not effective in reducing respiratory and central nervous system depression caused by non-opioid substances.

2. Order to Dispense

Product Selection and Labeling

The pharmacist may dispense one of the three following naloxone products based on product availability and preference.
Naloxone HCl Solution 1 mg/mL prefilled Luer-Lock Syringe Dispense: 2 x 2 mL syringes (4 mL total) with two nasal mucosal atomization devices. Directions for use: Spray 1 mL (one-half of syringe) in each nostril. Repeat after 3 minutes if no response. Call 911. Note: DO NOT dispense naloxone product available with a fixed needle (NDC 76329-1469-01). The needle is fixed on the syringe barrel and the individual will not be able to attach the nasal mucosal atomization device.
Narcan® Nasal Spray (naloxone HCl) 4 mg/0.1 mL Nasal Spray Dispense: 1 box containing two 4 mg/0.1 mL doses of naloxone Directions for use: Administer a single spray of Narcan® in one nostril. Repeat after 3 minutes if no response. Call 911.
Evzio® (naloxone HCl) 2 mg auto-injector Dispense: 1 box containing two auto-injectors Directions for use: Follow audio instructions from device. Place on thigh and inject 2 mg. Repeat after 3 minutes if no response. Call 911.

Prescription Label Requirements: Name of recipient/person requesting naloxone, date dispensed, naloxone product and quantity, licensed prescriber name: *Michael Landen, MD*, directions for use, refills: PRN.

3. Opioid Overdose and Naloxone Administration Education

Required Counseling and Educational Information: Pharmacists dispensing under this standing order must provide individuals receiving naloxone with opioid overdose and naloxone administration education. The pharmacist should be familiar with opioid overdose prevention, using opioid medications safely, and naloxone administration instructions.

Education must, at a minimum, include:

Opioids and what causes opioid overdose:	<ul style="list-style-type: none"> • Most opioids are narcotic pain relievers such as: oxycodone, hydrocodone, oxymorphone, hydromorphone, codeine, morphine, fentanyl, methadone, and buprenorphine. Heroin is also an opioid drug. • Opioids can have severe adverse reactions that slow or stop breathing. This can happen when a person ingests too much of the opioid medication or mixes an opioid medication with another substance. Opioid overdoses can be fatal because they slow or stop breathing.
Factors that increase risk for overdose:	<ul style="list-style-type: none"> • Mixing opioids with alcohol, benzodiazepines, or other drugs. • Taking opioids more often or in higher quantities than prescribed. • Restarting opioids after a period of abstinence.
Naloxone overview:	<ul style="list-style-type: none"> • Naloxone is a safe medication that reverses and blocks the effects of opioids and can be used to treat a known or suspected opioid overdose. • Naloxone only reverses the effects of opioids. It will not have an effect on an overdose caused by another substance (e.g. alcohol, benzodiazepines, stimulants, etc.). • Naloxone may cause opioid withdrawal symptoms such as: nausea/vomiting, diarrhea, chills, sweating, anxiety, and combativeness/disorientation. People who use opioids chronically are more likely to experience these effects. • Naloxone will not have an effect on a person who has not taken opioids.
How to recognize an opioid overdose:	<ul style="list-style-type: none"> • Person is unresponsive or unconscious; will not wake up even when shaken. • Person is not breathing or breathing is very slow and shallow. • Person's lips or fingernails are blue/grey and skin is pale and clammy.
What to do in case of an overdose:	<ol style="list-style-type: none"> 1. Call 911 as soon as possible and follow dispatcher instructions. Naloxone is not a substitute for emergency medical services. 2. Follow dispatcher instructions for rescue breathing, if appropriate. 3. Administer naloxone. If no response in 3 minutes, give a second dose. 4. Once revived, place person in recovery position and stay until help arrives.
How to administer naloxone:	<ul style="list-style-type: none"> • Refer to attached educational handout in Section C: <u><i>User Guide - Information on Opioid Safety and How to Use Naloxone</i></u> • Pharmacist should review naloxone administration instructions for the naloxone product being dispensed.

Refer to the attached educational handout in Section C of this documents as a guide to educate and counsel individuals receiving naloxone. Review with each individual and provide a written copy with the naloxone product being dispensed.

Pharmacists dispensing naloxone under this standing order must comply with dispensing procedures and associated opioid overdose and naloxone education as detailed in this section.

Licensed Prescriber:

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Address: 1190 S St. Francis Dr., Ste. N1320, Santa Fe, NM 87505

NPI: 1811198732 License#: 97-297

Michael Landen

Michael Landen, MD, MPH

Date: 9/19/18

Section C: Additional Information and Attached Documents

Educational handout: Review with each individual and provide a written copy with the naloxone product being dispensed.

User Guide - Information on Opioid Safety and How to Use Naloxone

Helpful information and resources for pharmacists dispensing naloxone under this standing order.

Pharmacist Naloxone Dispensing Guide

Overdose Prevention and Rescue Breathing in 20 minutes or less

<https://nmhealth.org/publication/view/help/1706/>