

# Arkansas Naloxone Protocol

Naloxone hydrochloride is an opioid antagonist that reverses or blocks the effects of opioid analgesics. Timely administration of naloxone in the event of an opioid overdose can stop the potentially fatal respiratory depression that is linked with an opioid overdose. Factors that increase risk for an opioid overdose include a history of overdose or substance use disorder, opioid dosages  $\geq 50$  MME per day, and concurrent use of benzodiazepines or other similar drugs, all of which are indications for prescribing naloxone that providers should consider.

## I. Purpose

The purpose of this standing order is to reduce the morbidity and mortality of opioid overdoses in Arkansas by allowing Arkansas-licensed pharmacists to initiate therapy including ordering, dispensing and/or administering naloxone, along with any necessary supplies for administration, to eligible persons who are at risk of experiencing an opioid-related overdose, or who are family members, friends, or others who are in a position to assist a person at risk of experiencing an opioid-related overdose.

## II. Authority

This standing order is issued pursuant to Act 284 of 2017 (SB 142) (Arkansas Code § 17-92-101(16)) to authorize licensed pharmacists in Arkansas to order, dispense and/or administer naloxone according to the provisions of Arkansas Code § 17-92-101(16) and the requirements of this standing order.

## III. Dispensing Guidelines

### A. Eligibility Criteria:

An Arkansas Licensed Pharmacist may initiate therapy to an individual who is at increased risk of an opioid overdose or who is a family member, friend, or other person who is in a position to assist an individual with an increased risk of an opioid overdose is eligible to receive naloxone.

\* Factors that may place an individual at an increased risk of opioid overdose include:

- a. Opioid use including prescription or illicit drugs
- b. History of opioid intoxication, overdose, and/or emergency medical care for acute opioid poisoning
- c. High opioid dose prescribed ( $>50$  morphine milligram equivalents daily)
- d. Suspected or known concurrent alcohol use
- e. Concurrent prescriptions or use of benzodiazepines, tricyclic anti-depressants (TCA's), skeletal muscle relaxants and other medications
- f. Treatment of opioid use disorder with either buprenorphine or methadone.
- g. Concurrent history of smoking/COPD or other respiratory illnesses or obstruction

**B. Contraindications:**

Do not administer naloxone to an individual with a known hypersensitivity to naloxone or any of the other components.

**C. Product Availability:**

Naloxone products that may be dispensed/provided under this standing order:

1. Narcan® Nasal Spray (naloxone HCl) 4 mg/0.1 mL Nasal Spray  
Directions for use: Administer one (1) spray of Narcan® in one nostril. Repeat after three (3) minutes if no response.
2. Naloxone HCl Solution 1 mg/mL in a 2 mL pre-filled Luer-Lock Syringe  
Directions for use: Spray 1 mL (1/2 of syringe) into each nostril. Repeat after three (3) minutes if no response – (for use with mucosal atomization device)
3. Evzio® (naloxone HCl injection) autoinjector  
Directions for use: Follow audio instruction from device. Place on thigh and inject.  
Repeat after three (3) minutes if no response.

**D. Warnings/Precautions:**

1. Abrupt reversal of opioid effects in a person with a physical dependence on opioids can cause acute withdrawal symptoms such as, but not limited to, the following: nausea/vomiting, diarrhea, fever, body aches, sweating, sneezing, yawning, shivering/trembling, irritability, chills, anxiety, combativeness/disorientation .
2. Abruptly reversing the effects of opioids could result in a pain crisis due to neutralization of the analgesic effects of the opioid.
3. Naloxone should be used with caution in patients with a history of seizures and/or cardiovascular disease.
4. Naloxone will have no effect on respiratory depression caused from non-opioid substances.
5. Whenever naloxone is administered to reverse a potential opioid overdose, medical follow-up is needed as naloxone's effects wear off quickly resulting in the need for further medical care. Naloxone should be considered a temporary overdose reversal agent with the potential need for multiple doses under acute medical care.

Primary Care Physician's name and contact information if for own use. If you do not have a primary care provider you should consult a physician of your choice:

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Protocol Approved by the Arkansas State Medical Board and the Arkansas State Board of Pharmacy. The prescriber of record for any pharmacy related paperwork may be listed as Dr. Bala Simon with ADH or the deciding pharmacist so that any questions back on this would be directed to the pharmacy and pharmacist using this protocol.