State of Utah

SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

Department of Health & Human Services

TRACY S. GRUBER
Executive Director

NATE CHECKETTS
Deputy Director

DR. MICHELLE HOFMANN
Executive Medical Director

DAVID LITVACK
Deputy Director

NATE WINTERS
Deputy Director

Utah Statewide Naloxone Standing Order

Purpose:
Opioid overdose deaths are the leading cause of injury deaths in Utah and the death rate from opioid overdose in Utah is among the highest in the U.S.

Opioid overdose can be reversed and death prevented by timely administration of naloxone which is an opioid antagonist. As authorized by State law, this standing order is intended to increase access to naloxone for those who might be at risk of an overdose or who might be in a position to assist somebody at risk of an overdose.

Authority:
Pursuant to the authority provided in UCA §26-55-105(2), this standing order authorizes a pharmacist licensed under UCA §58-17b Pharmacy Practice Act to dispense naloxone according to the provisions of UCA §26-55-105 and R156-17b-625 and the requirements of this standing order.

Immunity:
UCA §26-55-105 provides protection from civil liability for a pharmacist who dispenses naloxone according to this standing order.

Dispensing Guidelines:
Who may receive naloxone under this standing order:

- An individual who is at increased risk of experiencing an opioid overdose
- A family member, friend or other person who could assist an individual at increased risk of an opioid overdose, including an individual on behalf of:
    - A law enforcement agency;
    - The Utah Department of Health and Human Services;
    - A Utah local health department;
    - An organization that provides substance abuse or mental health treatment, recovery or support services;
    - An organization that provides services to the homeless;
    - An organization that provides training in proper administration of naloxone;
    - An organization that provides harm reduction services; or
    - A school
- An individual on behalf of an overdose outreach provider for use as provided in UCA §26-55-106

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Authorized Naloxone Products:
Nasal administration

- Naloxone HCl 4 mg/0.1mL Nasal Spray
  - Dispense one (1) box containing two (2) 4 mg/0.1 mL doses of naloxone.
  - Instructions: Spray 0.1 mL into one nostril. Repeat with second device into the other nostril after 2-3 minutes if no or minimal response. If used, call 911 for transport to hospital.
- Naloxone HCl Solution 1 mg/mL in a 2 mL pre-filled Luer-Lock Syringe
  - Dispense 2 x 2 mL syringes (4 mL total) with two nasal mucosal atomization devices.
  - Instructions: Spray 1 mL (1/2 of syringe) into each nostril. Repeat after 2-3 minutes if no or minimal response. If used, call 911 for transport to hospital.

Intramuscular (IM) administration

- Naloxone HCl Injection 2 mg/0.4 ml Auto-injector
  - Dispense one box containing two auto-injectors.
  - Inject into outer thigh. Place black side firmly on outer thigh and depress and hold for 5 seconds. Repeat with second device in 2-3 minutes if no or minimal response. If used, call 911 for transport to hospital.
- Naloxone HCl 0.4 mg/mL in a 1 mL unit dose vial or prefilled syringe device
  - Dispense 2 x 1 mL unit dose vials and two (2) 3cc syringes with 23-25G 1-1.5 inch needles for intramuscular injection.
  - Instructions: Inject 1 mL intramuscularly in the deltoid or thigh. Repeat after 2-3 minutes if no or minimal response. If used, call 911 for transport to hospital.

Dispense at least 2 doses of naloxone to an individual or an appropriate amount for the needs of an organization that will further distribute it. Refills may be dispensed under this standing order.

Prices vary widely for the different products and reimbursement practices vary by insurer. Information on Medicaid reimbursement can be obtained at: https://naloxone.utah.gov/

The Utah Department of Health and Human Services Deputy Director will not submit prior authorization forms for this standing order. If prior authorization is required for a particular naloxone product, another type of naloxone product should be provided that does not require prior authorization. The patient may also work with their healthcare provider to submit a prior authorization form on their behalf.

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Reporting:
As required in R156-17b-625, the pharmacist-in-charge (or a responsible corporate officer) for each pharmacy licensee that dispenses naloxone under this standing order shall affirm that the pharmacy licensee has complied with the protocol in UCA §26-55-105 and shall report the following information:

- The total number of single doses of naloxone dispensed during the reporting period, and
- The name of each naloxone product dispensed along with the total number of single doses of that particular product.

The report must be submitted to the Utah Department of Health and Human Services at https://naloxone.utah.gov/ and is due no later than 10 days after December 31 of each calendar year.

Registration:
Pharmacies that plan to dispense naloxone under this standing order are asked to voluntarily register with the Utah Department of Health and Human Services at https://naloxone.utah.gov/.

Records:
In addition to any other requirements under Utah or federal law, the pharmacy licensee must keep the data specified in R156-17b-625(5).

Education:
Pharmacists who dispense naloxone under this order should understand the key warnings related to naloxone established by the FDA Advisory Committee on the Most Appropriate Dose or Doses of Naloxone to Reverse the Effects of Life-threatening Opioid Overdose in the Community Settings:

- Risk of recurrent respiratory and CNS depression as the duration of effect of naloxone may be shorter than the opioids been antagonized. It is recommended that medical care is sought, surveillance maintained and additional naloxone doses administered, if needed.
- Risk of limited efficacy with partial agonists or mixed agonists/antagonists.
- Abrupt postoperative reversal of opioid depression may result in adverse cardiovascular effects, primarily in patients who had preexisting cardiovascular disorders or received other drugs that may have similar adverse cardiovascular effects.
- Precipitation of severe opioid withdrawal, particularly in opioid dependent patients and neonates. It is recommended these patients be monitored for the development of opioid withdrawal.

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Educational materials to provide to an individual when naloxone is dispensed and educational materials for dispensers, in addition to other information about naloxone can be found at https://naloxone.utah.gov/.

Effective Period for this Order:
The Utah Department of Health and Human Services will review this standing order and request input from the Utah Board of Pharmacy as new information becomes available to provide recommendations and support of revisions prior to a re-issue as needed or at least every 2 years.

Michelle Hofmann (Feb 17, 2023 17:07 MST)

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Deputy Director
Utah Department of Health and Human Services

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Date

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