

Standing Order Agreement for HCS Naloxone Dispensing and Distribution

Naloxone HCl is an opioid antagonist indicated for the emergency treatment of known or suspected overdose, as manifested by respiratory or central nervous system depression.

PURPOSE: This standing order agreement is intended to provide the safe, efficient distribution of naloxone within Kentucky communities participating in the HEALing Communities Study (HCS). This agreement is intended for use by HCS staff and community partner agencies to distribute naloxone to any person who is at risk of experiencing an opioid-related overdose or any person who may be in a position to assist a person experiencing an opioid-related overdose.

AUTHORITY: This standing order is issued pursuant to KRS 217.182, which permits a practitioner to dispense a legend drug for a legitimate medical purpose and in the course of professional practice, and KRS 217.186, which specifically protects licensed health-care providers from disciplinary or other adverse action when dispensing naloxone to a person or agency.

DISPENSING PROTOCOL: The dispensing of naloxone to HCS community partner agencies is authorized by this standing order agreement and will be conducted according to the HCS Naloxone Standard Operating Procedure. Partner agencies may distribute naloxone dispensed under this agreement to any person who has completed the required bystander training, as described herein.

REQUIRED TRAINING: Prior to distributing naloxone dispensed under this agreement, partner agencies shall ensure that each person receiving naloxone has completed bystander training in opioid overdose prevention, recognition and response. This training requirement may be met by completion of the online module available at GetNaloxoneNow.org or by any training method that includes all of the following elements:

- (1) Risk factors of opioid overdose;
- (2) Strategies to prevent opioid overdose;
- (3) Signs of opioid overdose;
- (4) Steps in responding to an overdose;
- (5) Information on naloxone;
- (6) Procedures for administering naloxone; and
- (7) Proper storage and expiration of naloxone product dispensed

MEDICATION: This standing order authorizes the dispensing and distribution of the NARCAN Nasal Spray 4 mg two-pack unit (NDC 69547-0353-02). Each unit of medication will be labeled as follows:

NIH HEAL INITIATIVE <small>HEALing Communities Study Partnership</small>	Prescriber: Dr. Michelle Lotwall 845 Andiana Ave Lexington, KY 40508 (859) 323-9321	
NAME OF PARTNER AGENCY		
For suspected opioid overdose, call 911; spray contents of 1 device into 1 nostril; if needed, repeat with additional device(s) in opposite nostril(s) every 2-3 minutes		
NARCAN NASAL SPRAY 4mg		Qty: 2 doses

DOCUMENTATION: All units of naloxone dispensed and distributed under this agreement will be documented according to the HCS Naloxone Standard Operating Procedure.

EFFECTIVE DATE: This agreement shall take effect immediately upon signing and shall remain in effect for the duration of HCS. At the conclusion of HCS, units of naloxone that have been dispensed under this agreement may be distributed by the partner agency until supplies are exhausted or the expiration date of the naloxone units, whichever comes first.

AUTHORIZATION:

I, Michelle R. Lofwall, M.D., a licensed physician in the state of Kentucky, authorize the dispensing of naloxone to HCS community partner agencies as described herein. I further authorize partner agencies to distribute naloxone according to this agreement as well as to maintain supplies of naloxone to fulfill the needs of the community and HCS.

Michelle R. Lofwall
Michelle R. Lofwall, M.D.

5/14/2020
Date

I, Linda Gorton, a representative of HCS partner agency LFUCG agree that all naloxone received from HCS will be distributed in accordance with this agreement and in compliance with KRS 217.186. I further authorize the following individuals, to serve as representatives eligible to receive and distribute HCS naloxone on behalf of the partner agency:

<u>Relishia Howard</u>	<u>_____</u>
<u>Steve Haney</u>	<u>_____</u>
<u>Stephanie Morgenson</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>

Revisions to this list of authorized representatives may be made by email to naloxoneHCS@uky.edu or by fax to 859-257-6444.

Linda Gorton
Signature

Mayer Linda Gorton
Name and title

5/12/2020
Date