

Arkansas Opioid Antagonist Protocol

Opioid antagonists are medications that reverse or block the effects of opioid analgesics. Timely administration of an opioid reversal agent (opioid antagonist) 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 ≥ 50 MME per day, and concurrent use of benzodiazepines, muscle relaxants or other similar drugs, all of which are indications for prescribing naloxone that providers should consider.

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 opioid antagonists, 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.

Authority and Eligibility

This standing order is issued pursuant to (Arkansas Code § 17-92- 101(18)) to authorize licensed pharmacists in Arkansas to order, dispense and/or administer naloxone according to the provisions of Arkansas Code § 17-92-101(18) and the requirements of this standing order.

In addition to naloxone, Pursuant to Arkansas Code § 20-13-1804:

(a) A healthcare professional acting in good faith may directly or by standing order prescribe, dispense, and supply an opioid antagonist to:

- (1) A person at risk of experiencing an opioid-related drug overdose;
- (2) A family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose;
- (3) An individual who is employed or contracted by a public or private organization, including without limitation:
 - (A) A state, municipal, or county entity;
 - (B) A hospital or clinic;
 - (C) A law enforcement agency;
 - (D) A harm reduction organization;
 - (E) A shelter or homeless services organization;
 - (F) An educational institution;
 - (G) A building manager; or
 - (H) A pain management center;
- (4) An emergency medical services technician;
- (5) A first responder;
- (6) A law enforcement officer; or
- (7) An employee of the State Crime Laboratory.

Additional Guidelines

Contraindications:

Do not administer an opioid antagonist if there is a known hypersensitivity to the medication or any of its components.

Product Availability:

An Arkansas Licensed Pharmacist may prescribe, dispense and supply any fast-acting Opioid Antagonist such as naloxone and nalmefene products that are FDA approved and commercially available to qualifying patients to be used according to manufacturer instructions.

Common examples of opioid antagonists include but are not limited to:

Naloxone in various forms: nasal spray, solution, autoinjector

Nalmefene nasal spray

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. Opioid antagonists should be used with caution in patients with a history of seizures and/or cardiovascular disease.
4. Opioid antagonists will have no effect on respiratory depression caused from non-opioid substances.
5. Whenever an opioid antagonist is administered to reverse a potential opioid overdose, medical follow-up is needed as overdose reversal effects may wear off quickly resulting in the need for further medical care. Opioid antagonists should be considered a temporary overdose reversal agent with the potential need for multiple doses under acute medical care.

If you do not have a primary care provider you should consult a provider of your choice.

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.