

Hawaii Naloxone Dispensing Guidance Document

Who Should Receive Naloxone	<input type="checkbox"/> Anyone who requests it <input type="checkbox"/> Persons with a history of receiving medical care for acute opioid poisoning or overdose <input type="checkbox"/> Persons with a suspected history of substance abuse or nonmedical opioid use <input type="checkbox"/> Persons starting buprenorphine/methadone or being treated for substance use disorder <input type="checkbox"/> Persons receiving opioid prescriptions from multiple pharmacies and/or prescribers <input type="checkbox"/> Persons on opioid prescriptions for pain in combination with: <ul style="list-style-type: none"> <input type="checkbox"/> Smoking, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or other respiratory illness <input type="checkbox"/> Renal dysfunction, hepatic disease, cardiac disease, or mental illness <input type="checkbox"/> Known or suspected alcohol use <input type="checkbox"/> Concurrent benzodiazepine or other sedative prescriptions <input type="checkbox"/> Concurrent antidepressant prescription <input type="checkbox"/> Persons receiving 50mg Oral Morphine Equivalent (OME) or more <table border="1" style="margin-left: 20px; width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Medication</th> <th style="text-align: left;">50mg OME</th> </tr> </thead> <tbody> <tr> <td>Fentanyl TD (Duragesic)</td> <td>20mcg</td> </tr> <tr> <td>Methadone</td> <td>12mg</td> </tr> <tr> <td>Hydromorphone (Dilaudid)</td> <td>12.5mg</td> </tr> <tr> <td>Oxymorphone (Opana, Numorphan)</td> <td>16.5mg</td> </tr> <tr> <td>Oxycodone (Oxycontin)</td> <td>33.5mg</td> </tr> <tr> <td>Hydrocodone (Vicodin, Norco)</td> <td>50mg</td> </tr> <tr> <td>Tramadol (Ultram)</td> <td>250mg</td> </tr> </tbody> </table>	Medication	50mg OME	Fentanyl TD (Duragesic)	20mcg	Methadone	12mg	Hydromorphone (Dilaudid)	12.5mg	Oxymorphone (Opana, Numorphan)	16.5mg	Oxycodone (Oxycontin)	33.5mg	Hydrocodone (Vicodin, Norco)	50mg	Tramadol (Ultram)	250mg
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Billing Procedures	<input type="checkbox"/> <u>Commercial Insurance</u> Prescription should be written and billed under the intended naloxone recipient. If not available, prescription may be written and billed under the individual requesting naloxone. <input type="checkbox"/> <u>Medicaid/Medicare</u> Prescription must be written and billed under the intended naloxone recipient. <input type="checkbox"/> <u>Self-Pay</u> Patient may choose to pay out-of-pocket ***Persons who are unable to receive naloxone from the pharmacy may be referred to the Hawaii Health & Harm Reduction Center (Call 808-853-3292 or go to www.hhhrc.org)																
Prescription	<input type="checkbox"/> Rx: Narcan 4mg nasal spray Disp: one box (2 devices) Refill: PRN Sig: Call 911. Spray the contents of one device in either nostril. May repeat in 2-3 minutes in opposite nostril if no or minimal response. (symptoms of an opioid emergency persist)																
Patient Education	<input type="checkbox"/> Pharmacist will provide persons receiving naloxone with information and written educational material containing the following: <ol style="list-style-type: none"> 1. Risk factors for opioid overdose 2. Signs of opioid overdose 3. Step-by-step response to an overdose 4. Information about naloxone including procedures for administering naloxone 5. Proper storage and expiration date of naloxone product dispensed 																

_____ I have received and understand information on the risk and signs of opioid overdose/overmedication.
 _____ I have been trained or will train a caregiver on the proper use of this opioid antagonist formulation.
 _____ I have been provided written patient overdose educational materials.

Requester Name (Print): _____

Requester Signature: _____

Date: _____

