

# Pharmacist Naloxone Dispensing Toolkit

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CLINICAL PHARMACIST II

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# Formulations



Source: narcain.com

## Narcain Nasal Spray

\$75 each<sup>9</sup>



Source: naloxoneautoinjector.com

## Evzio Auto-Injector

\$18.53 (generic)<sup>9</sup>

Brand DSC



Source: kloxxado.com

## Kloxxado Nasal Spray

\$75 each<sup>9</sup>

# Formulations Cont'd.

ZIMHI™ (naloxone HCl) 5mg/0.5ml



Source: <https://zimhi.com>

\$75 each<sup>9</sup>

Naloxone HCl 0.4 mg/ml



Source: <https://www.projectazarus.org/naloxone>

\$5.27-\$23.72  
(manufacturer  
specific)<sup>9</sup>

## Formulary Naloxone Products

Health Plan	Line of Business (LOB)	Covered Products	Limits/Comments*
Aetna	Commercial	Narcan nasal spray and naloxone injection	n/a
Aetna	Medicare	Narcan nasal spray, and naloxone injections 0.4 mg/mL and 2 mg/mL	n/a
Anthem Blue Cross	Commercial	Naloxone vials and syringes, Evzio, Narcan nasal spray	Evzio is non-preferred, requires step therapy with preferred agents. Quantity limit of 6 syringes/vials per 3 months, 6 nasal sprays (3 cartons) per 3 months or 6 auto-injectors per 3 months
Anthem	Medicare	Naloxone vials and syringes (1 mg/mL, 0.4 mg/mL), Narcan nasal spray	n/a
Blue Shield of California	Commercial	Narcan nasal spray, vials and syringes	Quantity limit of two 1mL vials/month or 2 syringes per month; for nasal spray quantity limit of 2 doses/month
Blue Shield of California	Medicare	Naloxone solution and syringes, Narcan nasal spray	Quantity limit of 2 mL per month for the solution; #2 per 30 days for the nasal spray
Care1st	Medicare	Narcan nasal spray	Quantity limit of 2 mL per day
CenCal Health	Medi-Cal	Naloxone hcl	Carved out for Medi-Cal members
Contra Costa Health Plan	All LOB	Naloxone 1 mg/ml Injector	Carved out for Medi-Cal members
Health Net of California	Commercial	Narcan nasal spray	Quantity limit of #4 sprays per month
Health Net of California	Medicare	Narcan nasal spray and naloxone syringes, Evzio, naloxone 2 mg/2 mL prefilled syringe	Quantity limit of #4 sprays per month, Evzio requires prior authorization
Humana	Medicare	Naloxone vial (0.4 mg/mL) and syringes (2 mg/2 mL)	n/a
Kaiser	All LOB	Naloxone hcl	n/a
L.A. Care Covered	Commercial	Naloxone syringes and Narcan nasal spray	n/a
L.A. Care	Medicare	Naloxone syringes and Narcan nasal spray	n/a
Medi-Cal plans	Fee for Service and Managed Medi-Cal Plan	Naloxone syringes and Narcan nasal spray	Carved out to fee for service
Molina Marketplace	Exchange	Narcan nasal spray, naloxone vials and syringes	Quantity limit of #2 per year
Molina	Medicare	Naloxone injection and syringes	n/a
Scan (Medicare)	Medicare	Narcan nasal spray and naloxone injection	n/a
Sharp Health Plan	Commercial	Narcan nasal spray	Quantity limit of #2 per 30 days on nasal spray
Sharp Health Plan	Medicare	Naloxone vials and syringes, Narcan nasal spray	Quantity limit of #4 per 30 days on the nasal spray
UnitedHealthcare	Medicare	Naloxone injection, Narcan nasal spray	n/a

\*Prior authorization may be required, check individual benefit plans. Disclaimer: verification of individual plans and benefits may be required for formulary status. This information reflects formulary status as of January 2018 based on information available at the health plan websites.

▶ Reference: DHCS> Medi-Cal Rx> Contract Drugs List

Medi-Cal Rx Contract Drugs List  
Effective 11/01/2022



Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Code I
Naloxone HCL	Injection	0.4 mg/ml	ml		
		1.0 mg/ml	ml		
	Intranasal Spray	4 mg/0.1ml *	ea	LR	* Restricted to NDC labeler code 69547.
8 mg/0.1 ml *		ea	LR	* Restricted to NDC labeler code 59467.	
Syringe, 2-pack	5 mg/0.5 ml *	ml	LR	* Restricted to NDC labeler code 78670 for 5 mg/0.5 ml syringe only.	

# Pharmacist Naloxone Protocol

- ▶ Board of Pharmacy, California Code of Regulations 1746.3<sup>1</sup>
  - ▶ BPC section 4052.01
    - At least **1-hour of CE** training in all routes of administration or complete a curriculum-based training course at board recognized school of pharmacy
    - **Counsel and screen** patient/recipient (*cannot decline counsel*)
    - Label furnished naloxone product
    - Maintain medication record for at least three years
    - Notify patient's primary care provider of furnishment (requires verbal or written consent)
    - Provide **Naloxone Fact Sheet** and **overdose training**
    - **Refer** to substance use disorder services as requested

# CA BOP Naloxone Screening Questions

(A) Does the recipient currently use or have a history of using illicit or prescription opioids? If *yes*, *skip question B*.


(B) Is the recipient in contact with anyone who uses or has a history of using illicit or prescription opioids? If yes, ask question C.

(C) Does the receiver of naloxone have a known hypersensitivity to naloxone? If yes, do not dispense. If no, **proceed to dispense**.

Screening questions in different languages are available on the Board of Pharmacy website

# Opioid Safety: Focus on Furnishing Naloxone

A GUIDE FOR CALIFORNIA COMMUNITY PHARMACISTS



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## Naloxone Training Webinar

SOURCE: [HTTPS://WWW.PHARMACY.CA.GOV/LICENSEES/WEBINARS/NALOXONE\\_TRAINING/NALOXONE.HTML](https://www.pharmacy.ca.gov/licensees/webinars/naloxone_training/naloxone.html)



# Naloxone Recipient Training (Required)

- ▶ Discuss when and/or how to:
  - ▶ Activate EMS (911)
  - ▶ Administer medication or triage symptoms
  - ▶ Control adverse reactions
  - ▶ Control for opioid overdose risk factors (prevention)
  - ▶ Identify signs and symptoms of opioid overdose
  - ▶ Store and handle medication (safe boxes for opioids)
    - ▶ Inform where naloxone will be kept prior to need

# Naloxone Prescription Template

- Consider as a hardcopy?
- Propose new template?

Mind the typo!

Please also verify correct dosing/sig

**NALOXONE PRESCRIPTION SHEET**

- Does this patient currently use or have a history of using either illicit or prescription opioids?  
-If yes, it would be appropriate to prescribe naloxone.
- Is this patient in contact with anyone who uses or has a history of using either illicit or prescription opioids?  
-If yes, it would be appropriate to prescribe naloxone.
- Does this patient have a known hypersensitivity to naloxone?  
-If yes, **do not** prescribe naloxone.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_  
(choose one product depending on patient specific factors including cost, personal ability, and setting)

**A. Intranasal (naloxone 2 mg/2 mL)**  
Sig: Spray 1 mL (one-half of syringe) into each nostril upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.  
Dispense # \_\_\_\_\_.

**B. Intramuscular injection (naloxone 0.4 mg/1 mL)**  
Sig: Inject 1 mL intramuscularly upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.  
Dispense # \_\_\_\_\_.

**C. Intramuscular auto-injector (naloxone 0.4 mg/ 0.4 mL)**  
Sig: Use one auto-injector upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.  
Dispense # \_\_\_\_\_.

**D. Intranasal branded (Narcan Nasal Spray)(naloxone 4mg/ 0.1 mL)**  
Sig: Spray 0.1 mL (contents of one device) into one nostril upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.  
Dispense # \_\_\_\_\_.

Pharmacist Signature \_\_\_\_\_ Refills \_\_\_\_\_

BRAND MEDICALLY NECESSARY Yes / No

Source: <https://www.nodakpharmacy.com/pdfs/naloxoneRx.pdf>

# CA BOP Naloxone Fact Sheet

## What is an opioid overdose?



Opioids can cause bad reactions that make your breathing slow or even stop. This can happen if your body can't handle the opioids that you take that day.

### TO AVOID AN ACCIDENTAL OPIOID OVERDOSE:

- Try not to mix your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill, or start new medications.

## Now that you have naloxone...

Tell someone where it is and how to use it.

## Common opioids include:

GENERIC	BRAND NAME
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic, Actiq
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

\* Heroin is also an opioid.

For patient education, videos and additional materials, please visit [www.prescribtoprevent.org](http://www.prescribtoprevent.org)



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

2016

## Opioid safety and how to use naloxone



A GUIDE FOR PATIENTS AND CAREGIVERS

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

## In case of overdose:

### 1 Check reponsiveness

Look for any of the following:

- No reponse even if you shake them or say their name
- Breathing slows or stops
- Lips and fingernails turn blue or gray
- Skin gets pale or clammy

### 2 Call 911 and give naloxone

If no reaction in 3 minutes, give second naloxone dose

### 3 Do rescue breathing and/or chest compressions

Follow 911 dispatcher instructions

**>> STAY WITH PERSON UNTIL HELP ARRIVES.**

## How to give naloxone:

There are 4 common naloxone products. Follow the instructions for the type you have.

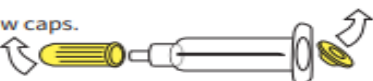




### Nasal spray

This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.



### Nasal spray with assembly

This requires assembly. Follow the instructions below.

- 1 Take off yellow caps. 
- 2 Screw on white cone. 
- 3 Take purple cap off capsule of naloxone. 
- 4 Gently screw capsule of naloxone into barrel of syringe. 
- 5 Insert white cone into nostril; give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.**  Push to spray.
- 6 If no reaction in 3 minutes, give second dose.



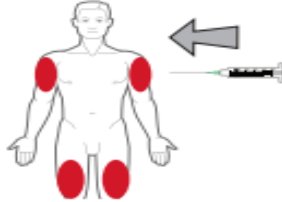
### Auto-injector

The naloxone auto-injector needs no assembly and can be injected into the outer thigh, even through clothing. It contains a speaker that provides step-by-step instructions.



### Injectable naloxone

This requires assembly. Follow the instructions below.

- 1 Remove cap from naloxone vial and uncover the needle. 
- 2 Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.  fill to 1 ml
- 3 Inject 1 ml of naloxone into an upper arm or thigh muscle. 
- 4 If no reaction in 3 minutes, give second dose.

### Health Services Provided by Pharmacists

Under requirements specified in the California Business and Professions Code and the California Code of Regulations, qualified pharmacists are authorized to initiate and furnish the health services listed below to patients without a prescription.

- Self-administered hormonal contraception
- Emergency contraception
- Vaccinations – NOTE: COVID-19 vaccine supplies are limited and may not be available.
- Travel medications
- Nicotine replacement therapy
- Naloxone
- HIV preexposure prophylaxis (PrEP)
- HIV postexposure prophylaxis (PEP)

To find a pharmacist near you providing any of these services, enter a pharmacy or pharmacist name or your city or ZIP code in the search box below.

Search Name, City, or ZIP Code

At least 1 character is required for results.

# Naloxone Locator

## Colorado Medical Pharmacy

1680 COLORADO BLVD  
LOS ANGELES CA 90041

Phone Number: 323-254-6736

### Services Offered

- Self-administered hormonal contraception
- Emergency contraception
- Vaccinations
- Naloxone

## USC Medical Plaza Pharmacy

1510 SAN PABLO ST #144  
LOS ANGELES CA 90033

Phone Number: 3234425770

### Services Offered

- Self-administered hormonal contraception
- Emergency contraception
- Vaccinations
- Travel medications
- Nicotine replacement therapy
- Naloxone
- HIV preexposure prophylaxis (PrEP)
- HIV postexposure prophylaxis (PEP)

Sampled Search Results for “Los Angeles”



# NextDistro

MAILS FREE NALOXONE!

## WHAT IS NEXT Distro?

An online and mail-based **harm reduction service** designed to reduce opioid overdose death, prevent injection-related disease transmission, and improve the lives of people who use drugs. Source: nextdistro.org

# What Is Harm Reduction?

- ▶ Dates to 1980s epidemics surrounding crack cocaine use and the spread of HIV<sup>6</sup>
- ▶ Late 1980s led to the North American Syringe Exchange Network (NASEN)<sup>6</sup>
- ▶ **Strategy to reduce harm associated with substance use disorders**
  - ▶ Medication assisted treatment (MAT) for OUD includes buprenorphine and methadone
  - ▶ Reduced spread of blood borne pathogens among people who inject drugs (PWID)<sup>6</sup>
  - ▶ Services include infectious disease counseling/screening/treatment, overdose education, med lockboxes, naloxone distribution, safe sex kits, and substance abuse counseling/supplies/treatment<sup>6</sup>
- ▶ **Resources:**
  - ▶ **CDPH Harm Reduction Fact sheet**—supplies and supply clearinghouse (see helpful links)
  - ▶ **SAMSHA**—harm reduction services and supplies
  - ▶ **Harmreduction.org**—online training institute





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Reference: <https://www.hri.global/subscribers/signup>

# Harm Reduction International

## Pharmacists and harm reduction: A review of current practices and attitudes

Reference: Watson, T., & Hughes, C. (2012). Pharmacists and harm reduction: A review of current practices and attitudes. *CPJ/RPC*, 145(3), 124–127.

- <https://doi.org/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3567507/pdf/i1913-701X-145-3-124.pdf>

- ▶ In the community pharmacy setting, examples may include the following:
  - ▶ Counsel on safe sex practices
  - ▶ Counsel on and dispense MAT for OUD
  - ▶ Opioid substitution therapy (non-US)
  - ▶ Sale of condoms
  - ▶ Sale of syringes and sharps container
  - ▶ Screening and testing of infectious diseases
- ▶ Pharmacists with balanced viewpoints most comfortable providing harm reduction services to intravenous drug users (IDUs)
  - ▶ In CA, pharmacists' willingness to provide needle exchange services is proportional to the number of IDUs in the service area

# Harm Reduction Programs

- ▶ **Asian American Drug Abuse Program (AADAP)**
  - ▶ Health Intervention Program for women of color and injection drug users
  - ▶ Needle exchange program open to non-clients
  - ▶ Located in Inglewood, CA
  - ▶ Program coordinator: Terri Washington-Reynolds
  - ▶ Phone: (424) 331-5799
  - ▶ Website: <https://aadapinc.org/healthinterventionprogram>

# Harm Reduction Programs

- ▶ Los Angeles Community Health Project (CHPLA)
  - ▶ Overdose Education + Naloxone Distribution (OEND)—**FREE** Narcan (website)
  - ▶ Needle exchange program
  - ▶ Located in Los Angeles, CA (90057)
  - ▶ Phone: 213-568-3542
  - ▶ Website: [chpla.org](http://chpla.org)



# Harm Reduction Programs

- ▶ **Bienestar**
  - ▶ English and Spanish community services
  - ▶ Substance use disorder program
  - ▶ Needle exchange program
  - ▶ Program director: Nery Melendez, MSW
  - ▶ Phone: (866) 590-6411 ext. 301
  - ▶ Email: [info@bienestar.org](mailto:info@bienestar.org)



# Naloxone Target Population

- ▶ Concurrent alcohol, antidepressant, benzodiazepine, or sedative use
- ▶ Co-morbid disease states:
  - Asthma, COPD, emphysema, sleep apnea, smoking, respiratory infection
  - Heart, kidney, or liver impairment
- ▶ High dose of opioids (MME's >50)
  - AB2760 requirement— Greater than 90 MME<sup>3</sup>
- ▶ History of substance abuse, including illicit use
- ▶ Persons with limited access to care (remote locations)
- ▶ Previous history of overdose
- ▶ Treatment with buprenorphine or methadone

# Fentanyl Laced Substances

## 2021 Findings

- ▶ US DEA website reports historic seizure of fentanyl-laced pills in San Diego and Imperial county
  - ▶ Over 131, 500 fentanyl-laced fake pills<sup>11</sup>
  - ▶ Four out of 10 fake-laced pills can cause death<sup>11</sup>
  - ▶ 720 methamphetamine-laced fake Xanax<sup>®</sup> pills <sup>11</sup>
- ▶ Michigan Poison & Drug Information Center releases public health alert regarding fentanyl-laced marijuana

## Interventions

- ▶ Promote public safety
  - ▶ Educate to get prescriptions from reputable sources, e.g., clinics or pharmacies
  - ▶ Fentanyl test strips
  - ▶ Naloxone!
  - ▶ One Pill Can Kill Awareness Campaign (DEA)<sup>11</sup>

# Naloxone in Pregnancy

- ▶ The American College of Obstetrics and Gynecology (ACOG) recommends for the use of opioid agonist pharmacotherapy to manage opioid use disorder and thus, prevent withdrawal<sup>5</sup>
  - ▶ Neonatal abstinence syndrome (withdrawal)<sup>9</sup>
- ▶ Pregnancy category C (risk vs. benefits)<sup>8</sup>
- ▶ Transmitted through breastmilk<sup>8</sup>





# Strategies to Increase Naloxone Use Among At-Risk Individuals

Medicaid has increased the availability of naloxone, but only accounts for 5% of its distribution.<sup>7</sup>

- Why is access still limited?
  - Increasing Rx costs<sup>\*\*\*</sup>
  - Liability<sup>\*\*\*</sup>
  - Limited distribution<sup>\*\*\*</sup>
  - Non-OTC status<sup>\*\*\*</sup>

What other steps can be taken to increase access?

- Promote intern-led naloxone and SUD health fairs, while also addressing **social determinants of health (SDoH) barriers**
- Assign interns to scrub pharmacy data for at-risk individuals
- Update software alerts

Direct at-risk patients to harm reduction programs or outpatient services to overcome cost constraints

- Hospital pharmacists (interns or residents) work to link patients to below resources *before* transition of care:
  - Harm reduction programs
  - **Specific community pharmacists' services**

<sup>\*\*\*</sup>Source: Drug Policy Facts>Barriers to Naloxone> <https://www.drugpolicyfacts.org/node/1938>

# Attitudes, Barriers, and Perceptions Influence Naloxone Prescribing by Pharmacists

- ▶ Pharmacy Times article by Boyle et al. (2020)
- ▶ Theory of planned behavior (TPB) defined as factors that influence behavior
  - ▶ Applied to the study of low rates of PharmD naloxone prescribing
- ▶ Community awareness of opiate risks and naloxone increases all types of practitioner prescribing of naloxone
- ▶ Resources:
  - ▶ American Pharmacist Association (APhA) Institute on Substance Use Disorders
  - ▶ CDC Rx Awareness campaign

## 🔵 Opioid and Addiction-Related Resources

### Recommended Websites

- APhA Opioid Resource Center
- USA Pharmacist Recovery Network
- APhA-ASP Operation Substance Use Disorders
- National Institute on Drug Abuse (NIDA)
- NIDA - National Drug Facts Week
- National Institute on Alcohol Abuse and Alcoholism
- Office of National Drug Control Policy
- The Partnership at drugfree.org
- The Medicine Abuse Project
- DEA Office of Diversion Control
- FDA Resources for Consumers
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Drug Abuse and Heroin Summit
- Parents360 Rx Action Toolkit
- Stop Medicine Abuse
- Providers' Clinical Support System For Medication Assisted Treatment
- Providers' Clinical Support System For Opioid Therapies
- Edheads - Trauma for 7-12 Grade Students
- Tyler's Light
- Alcoholics Anonymous

- Narcotics Anonymous
- Al-Anon Family Groups
- Find a Treatment Center for Prescription Drug Abuse (SAMSHA)
- Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery
- Transforming Youth Recovery
- Young People in Recovery (YPR)

### National Council on Patient Information and Education (NCPIE) Resources

- Taking Action to Prevent & Address Prescription Drug Abuse - A Resource Kit for America's College Campuses
- Maximizing Your Role as a Teen Influencer: What You Can Do To Help Prevent Teen Prescription Drug Abuse
- Not Worth the Risk - Even If It's Legal
- Talk About Prescriptions - Educate Before You Medicate
- Recovery Opens Doors
- [Prescription Drug Abuse Prevention: Resources for Community Action](#)

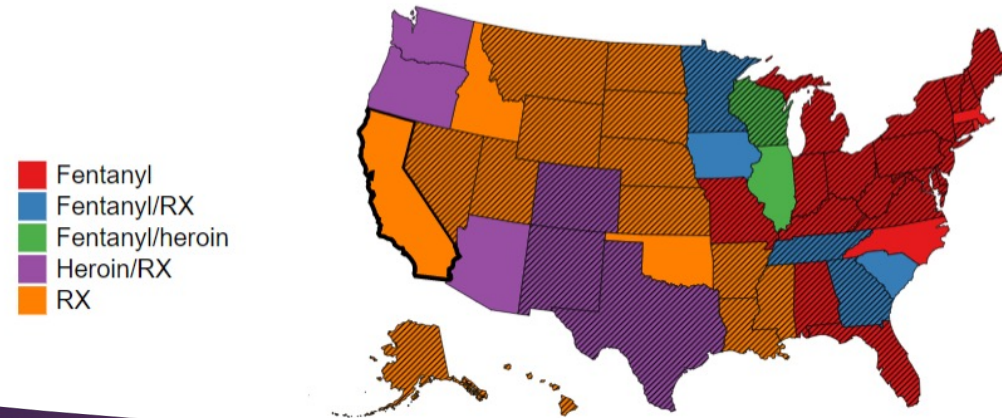
# APhA Institute on Substance Use Disorders Resources

prescribed by a provider) in a community affects how much naloxone is needed. Select a state to get started.

Note, the data and model projections are based on 2017 data. The epidemic classification for a given state may have since changed, for instance, shifting to a fentanyl epidemic.

**Suggested citation:** MA Irvine, D Oller, J Boggis, B Bishop, D Coombs, E Wheeler, M Doe-Simkins, AY Walley, BDL Marshall, J Bratberg, TC Green. Estimating Naloxone Need in the United States Across Fentanyl, Heroin, and Prescription Opioid Epidemics: A Modelling Study *Lancet Public Health*, 2022.

[https://doi.org/10.1016/S2468-2667\(21\)00304-2](https://doi.org/10.1016/S2468-2667(21)00304-2)



## How Much Naloxone Does Your State Need to Save Lives?

- ▶ Interactive tool to determine state need
- ▶ Source: [naloxoneneededtosave.org](http://naloxoneneededtosave.org)

## Legality of Dispensing Expired Naloxone in CA

- ▶ CA Law permits
  - ▶ All licensed HCPs with prescriptive authority to furnish naloxone
  - ▶ Pharmacists may furnish naloxone to patients under protocol upon completion of one-hour continuing education training
  - ▶ Pharmacies, wholesalers, and manufacturers may supply naloxone to trained law enforcement personnel<sup>3</sup>
- ▶ Any person who provides naloxone under a prescription or standing order has immunity for administration, distribution, and possession, regardless of the expiration date of naloxone<sup>3</sup>

# Helpful Links

- ▶ **APhA Institute on Substance Use Disorders**
  - Link: <https://aphainstitute.pharmacist.com/apha-institute/about-institute>
- ▶ **Brandeis Opioid Resource Connector**
  - Community checklist: <https://opioid-resource-connector.org/community-focus/checklist>
- ▶ **CA BOP Naloxone Fact Sheet, FAQ, Protocol, and Screening Questions**
  - Link: [https://www.pharmacy.ca.gov/licensees/naloxone\\_info.shtml](https://www.pharmacy.ca.gov/licensees/naloxone_info.shtml)
- ▶ **CDPH Fact Sheet: Harm Reduction Supplies and the California Harm Reduction Supply Clearinghouse**
  - Link: [https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/HR\\_Supplies\\_Clearinghouse\\_Factsheet\\_FINAL.pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/HR_Supplies_Clearinghouse_Factsheet_FINAL.pdf)
- ▶ **Harm Reduction Strategies for People Who Inject Drugs: Considerations for Pharmacists**
  - Link: [https://www.opioidlibrary.org/wp-content/uploads/2019/06/CPNP\\_HarmReductPharmacists.pdf](https://www.opioidlibrary.org/wp-content/uploads/2019/06/CPNP_HarmReductPharmacists.pdf)
- ▶ **Naloxone Prescribing with Opioid Prescriptions—Starting the Conversation Section**
  - Link: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//630145.pdf>
- ▶ **Opioid Safety: Focus on Furnishing Naloxone- A Guide for California Community Pharmacists**
  - Link: [http://prescribetoprevent.org/wp2015/wp-content/uploads/OpioidSafetyFocusOnNaloxone\\_Pharmacists\\_AUG.18\\_final-with-links.pdf](http://prescribetoprevent.org/wp2015/wp-content/uploads/OpioidSafetyFocusOnNaloxone_Pharmacists_AUG.18_final-with-links.pdf)
- ▶ **Project Lazarus—Naloxone-The Overdose Antidote**—Link: <https://www.projectlazarus.org/naloxone>

# References

- 1) Board of Pharmacy (2022). Protocol for Dispensing of Naloxone to Individuals at Risk of Experiencing or Witnessing an Opioid-Related Overdose. Accessed May 10, 2022. <https://pharmacy.ohio.gov/Documents/Pubs/Naloxone/Pharmacist/Sample%20Naloxone%20Dispensing%20Protocol%20for%20Pharmacies.pdf>
- 2) Boyle et al. (Dec 2020). Attitudes, Barriers, and Perceptions Influence Naloxone Prescribing by Pharmacists. *Pharmacy Times*. Accessed July 31, 2022. <https://www.pharmacytimes.com/view/attitudes-barriers-and-perceptions-influence-naloxone-prescribing-by-pharmacists>
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