NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

Subject: Nebraska Naloxone Standing Order Information

Nebraska Naloxone Standing Order Information

Dear Pharmacists,

Opioid overdose deaths are a growing concern in Nebraska. In 2021, 253 people died of a drug overdose, and at least 126 of those deaths were opioid related. In 2020, 232 people died of a drug overdose, and at least 101 of those deaths were opioid related.

Nebraska DHHS, Division of Public Health, Dr. Roger Donovick, MD, has issued a standing order to further facilitate the availability of Naloxone (in accordance with Neb. Rev. Stat. §28-470 and §38-2840). Expanding the availability of naloxone to friends, family and bystanders will increase the likelihood that it will be administered in a timely manner and prevent death from an opioid overdose.

Details specific to the Naloxone Standing Order are included below in the attached document. Information that will be useful to you to proceed with the standing order for naloxone includes:

NPI# 1710902622
301 Centennial Mall South
Nebraska Department of Health and Human Services
Lincoln, NE 68509

If you have questions about the Naloxone Standing Order, please contact Davidson Wissing at DHHS.PDMP@Nebraska.gov or 402-471-0835.

Nebraska Naloxone Standing Order

Background:

On May 27th, 2015, LB 390 was signed into law. This law authorized the expanded access to Naloxone, a life-saving drug used to reverse the effects of an opioid overdose. Although the Naloxone statute (Neb. Rev. Stat. §28-470) allows for dispensing Naloxone without a prescription, if a prescription is desired this standing order can be used in its place, pursuant to Neb. Rev. Stat. §38-2840.

Opioid overdose deaths are a growing concern in Nebraska. Since 1999, Nebraska has seen an increase in drug overdose deaths. In 2021, 253 people died of a drug overdose, and at least 126 of those deaths were opioid related. In 2020, 232 people died of a drug overdose, and at least 101 of those deaths were opioid related.

Purpose:

This standing order, in accordance with Neb. Rev. Stat. §28-470 and §38-2840, is issued to further facilitate the availability of Naloxone.

Expanding the availability of naloxone to friends, family and bystanders will increase the likelihood that it will be administered in a timely manner and prevent death from an opioid overdose. It is critical that 911 is contacted as a first step of administering naloxone.

Immunity:

Neb. Rev. Stat §28-470 provides protection from administrative action or criminal prosecution when a pharmacist dispenses naloxone under the following limited circumstances:

- A person who is apparently experiencing or who is likely to experience an opioid-related overdose; or
- A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose.
- A family member, friend, or other person who is in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose, other than an emergency responder or peace officer, is not subject to actions under the Uniform Credentialing Act, administrative action, or criminal prosecution if the person, acting in good faith, obtains naloxone

from a health professional or a prescription for naloxone from a health professional and administers the naloxone obtained from the health professional or acquired pursuant to the prescription to a person who is apparently experiencing an opioid-related overdose.

- For the purposes of Neb. Rev. Stat. § 28-470, the following definitions apply:
    - **Administer** means to directly apply a drug or device by injection, inhalation, ingestion, or other means to the body of a patient or research subject.
    - **Dispense** means interpreting, evaluating, and implementing a medical order, including preparing and delivering a drug or device to a patient or caregiver in a suitable container appropriately labeled for subsequent administration to, or use by, a patient.
    - **Emergency responder** means an emergency medical responder, an emergency medical technician, an advanced emergency medical technician, or a paramedic licensed under the Emergency Medical Services Practices Act or practicing pursuant to the EMS Personnel Licensure Interstate Compact.
    - **Law enforcement agency** means a police department, a town marshal, the office of sheriff, or the Nebraska State Patrol.
    - **Law enforcement employee** means an employee of a law enforcement agency, a contractor of a law enforcement agency, or an employee of such contractor who regularly, as part of his or her duties, handles, processes, or is likely to come into contact with any evidence or property which may include or contain opioids.
    - **Peace officer** shall include sheriffs, coroners, jailers, marshals, police officers, state highway patrol officers, members of the National Guard on active service by direction of the Governor during periods of emergency, and all other persons with similar authority to make arrests.

Dispensing Guidelines:

Nasal administration

- Nasal Spray (naloxone HCl) 4 mg/0.1 ml Nasal Spray

    Dispense between one (1) and four (4) boxes containing two (2) 4 mg/0.1 ml doses of naloxone

    Instructions:

    - Call 911.

- Spray 0.1 ml into one nostril.
- Repeat with second device into the other nostril after 2-3 minutes if no or minimal response.
- Monitor the person until professional help arrives.

- Nasal Spray (naloxone HCI) 8 mg/0.1 ml Nasal Spray

Dispense between one (1) and four (4) boxes containing two (2) 4 mg/0.1 ml doses of naloxone

Instructions:

- Call 911.
- Spray 0.1 ml into one nostril.
- Repeat with second device into the other nostril after 2-3 minutes if no or minimal response.
- Monitor the person until professional help arrives.

- Naloxone HCI Solution 1mg/ml in a 2 ml pre-filled Luer-Lock Syringe

Dispense between 2 x 2 ml syringes (4 ml total) and 8 x 2 ml syringes (16 ml total) with four nasal mucosa I atomization devices

Instructions:

- Call 911.
- Spray 1 ml into one nostril and spray additional 1 ml into the other nostril.
- Repeat after 2-3 minutes if no or minimal response.
- Monitor the person until professional help arrives.

Intramuscular (IM) administration

- Naloxone HCI 0.4 mg/ml in a 1ml unit dose vial

Dispense between 2 units (1ml unit dose vials plus two (2) 3cc syringes with 23-25G 1-1.5 inch needles) and 8 units (1ml unit dose vials plus eight (8) 3cc syringes with 23-25G 1-1.5 inch needles) for intramuscular injection.

Instructions:

- Call 911.
- Inject 1 ml in shoulder or thigh. Repeat after 2-3 minutes if no or minimal response.

- Monitor the person until professional help arrives.

Prices vary widely for the different products and reimbursement practices vary by insurer.

Dispense at least 2 doses of naloxone to an individual. Refills may be dispensed under this standing order.

Signs and symptoms of opioid-related overdose

The following may be signs and symptoms of an individual experiencing an opioid-related overdose:

- A history of current narcotic or opioid use or fentanyl patches on skin or needle in the body.
- Unresponsive or unconscious individuals.
- Not breathing or slow/shallow respirations.
- Snoring or gurgling sounds (due to partial upper airway obstruction).
- Blue lips and/or nail beds.
- Pinpoint pupils.
- Clammy skin.

Note that individuals in cardiac arrest from all causes share many symptoms with someone with a narcotic overdose (unresponsiveness, not breathing, snoring/gurgling sounds, and blue skin/nail beds). If no pulse, these individuals are in cardiac arrest and require CPR.

Adverse reactions:

A. Opioid Withdrawal

Abrupt reversal of opioid depression may result in nausea, vomiting, sweating, abnormal heartbeat, fluid development in the lungs and opioid acute withdrawal syndrome (see part "B" below), increased blood pressure, shaking, shivering, seizures and hot flashes.

B. Opioid dependence

Abrupt reversal of opioid effects in persons who are physically dependent on opioids may cause an acute withdrawal syndrome.

Acute withdrawal syndrome may include, but not be limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or

trembling, nervousness, or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, and fast heartbeat.

Reactions resulting from administration of naloxone may appear within minutes of naloxone administration and subside in approximately 2 hours. Additionally, the opioid-related adverse reactions may subside within minutes of naloxone administration; signs of opioid overdose could reappear after 60-90 minutes after naloxone administration, so it is imperative that the person experiencing an opioid-related overdose receive emergency medical care following naloxone administration.

Most often the symptoms of opioid withdrawal and acute withdrawal syndrome are uncomfortable, but sometimes can be severe enough to require advanced medical attention. Adverse reactions beyond opioid-related overdose are rare.

Educational Materials:

Educational materials for dispensers about naloxone can be found at:
http://dhhs.ne.gov/Pages/Drug-Overdose-Prevention-Naloxone.aspx
Educational materials for patients about naloxone and referral to treatment options can be found at:
https://stopodne.com/

Effective Period for this Order:

This standing order will expire **August 10, 2024**

Date: 8/8/23

Dr. Roger Donovick, MD
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Executive Medical Officer
Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509