

Kentucky Statewide Physician Protocol to Initiate Dispensing of Opioid Antagonists for Opioid Overdose Prevention and Response

Purpose

This statewide physician protocol signed by a physician with the Kentucky Department for Public Health specifies the criteria and procedures for eligible pharmacists who have met the requirements and received certification from the Kentucky Board of Pharmacy, according to and in accordance with the Kentucky Board of Pharmacy administrative regulations 201 KAR 2:360 to initiate the dispensing of opioid antagonists. *This signed protocol is intended for pharmacists that **do not** have a medical provider to issue a protocol.*

Opioid Antagonist Dispensing Protocol		
Eligible Candidates	▪ Persons with a history of receiving medical care for acute opioid poisoning or overdose ▪ Persons with a suspected history of substance abuse or nonmedical opioid use ▪ Persons receiving high-dose opioid prescriptions (e.g., >50mg morphine equivalent) ▪ Persons who are opioid naïve and receiving a first prescription for methadone for pain ▪ Persons starting buprenorphine or methadone for addiction treatment ▪ Persons on opioid prescriptions for pain in combination with: ◦ Smoking, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or other respiratory illness ◦ Renal dysfunction, hepatic disease, or cardiac disease ◦ Known or suspected alcohol use ◦ Concurrent benzodiazepine or other sedative prescriptions ◦ Concurrent antidepressant prescription ▪ Persons who may have difficulty accessing emergency medical services ▪ Voluntary request by a person or agency	
Medication	Nasal Spray Naloxone HCl 4 mg / 0.1 ml (Narcan) or Naloxone HCl 8 mg / 0.1 ml (Kloxxado) or Nalmefene 2.7 mg / 0.1 ml (Opvee) (for patients 12 and older) Dispense #1 carton	Pre-filled Syringe Naloxone 5 mg /0.5ml injection (Zimhi) (for patients 12 and older) Dispense #1 carton
Directions for Use	◦ Call 911. ◦ Do not prime. ◦ Spray in nostril upon signs of opioid overdose. ◦ May repeat in 2–5 minutes in opposite nostril if no or minimal breathing, then as needed (if doses are available), every 2 – 5 minutes.	◦ Call 911. ◦ Administer into the anterolateral aspect of the thigh, through clothing if necessary upon signs of opioid overdose. ◦ May repeat in 2-3 minutes if no or minimal breathing and responsiveness, then as needed (if doses are available), every 2-3 minutes.

Education	Pharmacist dispensing an opioid antagonist to a person or agency not operating a harm reduction program shall provide verbal counseling and written educational materials, appropriate to the product and dosage form of dispensed.
Documentation	- Provide education both verbally and in written form for take-home use. - Include name and title of person providing education to recipient of the opioid antagonist prescription. - Document via prescription record each person who receives an opioid antagonist prescription under this protocol.
Contraindications	- Patients with known hypersensitivity or allergy to naloxone hydrochloride or nalmefene. - Naloxone crosses the placenta and may precipitate withdrawal in the fetus. The fetus should be evaluated for signs of distress after naloxone is used. Naloxone should only be used in pregnant women with opioid dependence in situations of life-threatening overdose. (Pregnancy Category C)
Notification of Participation	Pharmacists choosing to participate in opioid antagonist distribution under the authority of this Statewide Protocol shall notify the Department for Public Health when initiating their participation. A facsimile of this signed form shall be emailed to Naloxoneprotocol@ky.gov or faxed to 502-564-9377 within seven (7) days of dispensing naloxone.

Opioid Antagonist Statewide Physician Protocol Signatures:

Judy Ann Theriot, MD, CPE

Judith Ann Theriot, MD, CPE

Medical Director

Kentucky Department for Medicaid Services

National Provider ID: 1811990476

June 24, 2026 Date Signed

This order is effective immediately upon signing and may be revised or revoked by the Kentucky Department for Public Health according to their direction.

By signing this Statewide Physician Protocol, the pharmacist attests that he/she is naloxone-certified by the Kentucky Board of Pharmacy, and has read and understands this Protocol.

Pharmacist

Date Signed

Printed Name

Pharmacy Name	Store number(s)
Pharmacy Address and email, if available	

- A copy of this Signed Protocol must be maintained on file and be readily retrievable at each participating pharmacy site.
- This Signed Protocol must be renewed **annually**.

July 17, 2024