

FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT NH NALOXONE ACCESS LAWS

The following questions and answers have been prepared and reviewed by several work groups associated with the Opioid Task Force of the NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery. Members of these work groups have included senior staff of the NH Medical Society, the NH Board of Medicine, the NH Board of Pharmacy, and the Attorney General's Office.

FAQ for PRESCRIBERS Relative to HB 270 & 271

LEGAL AND REGULATORY FAQS

- Q1. May I prescribe naloxone to anyone, regardless of whether or not they are a patient of mine?**
- A.** Yes. There is no requirement that there be a prescriber-patient relationship. The Board of Medicine has issued a statement on naloxone prescribing. (See policies at <http://www.nh.gov/medicine/documents/naloxonestatement.pdf>)
- Q2. Can I write a prescription for naloxone to someone regardless of whether or not the person intends to use it for him/herself or for someone else?**
- A.** Yes. The law is intended to provide access to anyone who may be in a position to help someone experiencing an opioid-related overdose.
- Q3. Can I write more than one prescription to one person?**
- A.** Yes. Friends, family and community leaders may be interested in distributing naloxone to other family members or friends. This is allowed under the law. The prescription is written to the individual requesting the medication.
- Q4. Am I protected from liability if the naloxone I've prescribed ends up being used in a way other than prescribed or explained or in a way that causes harm?**
- A.** Yes. The law provides protection from civil, criminal and professional liability to the prescriber, dispenser and administrator of naloxone in the interest of allowing the widest access possible for the general public.
- Q5. What does a 'standing order' mean in reference to these laws?**
- A.** The Attorney General has indicated that the law allows for standing orders, which means that a licensed medical provider can have a prescription on file at any pharmacy that will allow pharmacists to dispense naloxone to ANYONE requesting it. This will facilitate the widest possible access to naloxone for the general public. The Board of Medicine is approving and posting a standing order template that will be available under "Announcements and Notices" at www.nh.gov/medicine.
- Q6. What are my responsibilities for education of persons receiving a prescription for naloxone?**
- A.** Along with the prescription, prescribers must provide brief instructions that include recognition of opioid overdose, the need to call 911 and to provide rescue breathing, and the administration of naloxone. A standardized instruction sheet is forthcoming and will be available for downloading at the NH Board of Medicine. Dispensers/pharmacists are responsible for in-person education and consultation regarding use.

CLINICAL FAQS

- Q7. What do I need to know about the different available forms of naloxone?**
- A.** Naloxone is available in three forms: 1) intranasal via atomizer using prefilled syringes; 2) intramuscular using a syringe and needle; and 3) an IM autoinjector with audio instructions.
Intranasal form (2mg/2ml) requires the dispensing of the medication AND the dispensing of the mucosal atomizer device.
Injectable form (0.4mg/ml) requires the dispensing of the medication AND a syringe with a 23 g 1-1.5 in needle to administer.
Auto-injector forms are pre-loaded (1ml dose dispensed as a single use or multi dose vial).
- Q8: For whom is a prescription for naloxone indicated?**
- A:** Anyone at risk of an opioid overdose or concerned about someone at risk for overdose due to opioid misuse or taking an opioid for pain management.
- Q9. What are the risks of naloxone?**
- A.** Naloxone is not a controlled drug and carries very minimal risk, even if administered to someone who is not experiencing an opioid overdose.
- Q10. How should prescriptions for naloxone be documented?**
- A.** If the prescriber has an established clinical relationship with the recipient of a naloxone prescription, documentation should be made in the medical record. If there is not an established prescriber/patient relationship, the Board of Medicine will have forthcoming recommendations regarding documentation.



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FAQ for PHARMACISTS Relative to HB 270 & 271

LEGAL AND REGULATORY FAQS

- Q1. Do these laws mean anyone can come to a pharmacy to fill a prescription for a medication even though they intend to administer the medication to someone else?**
- A. Yes. People are permitted to access naloxone to have on hand for a friend, family member, or anyone that may be at risk of an overdose.
- Q2. Can a doctor write multiple prescriptions for the same person?**
- A. Yes. The law does not limit the number of naloxone kits that a person can be prescribed, and pharmacies should dispense that number unless limited by supply but fill as soon as adequate supply is available.
- Q3. Is the NH Board of Pharmacy aware of and supportive of this legislation?**
- A. Yes. The NH Board of Pharmacy has been actively involved in review and interpretation of these laws and encourages all pharmacists and pharmacies to support naloxone access as stipulated by law.
- Q4. Is there more that pharmacies can do to be prepared for an increase in people filling prescriptions for naloxone?**
- A. Yes. One important thing that pharmacies can do is to consider partnering with a prescriber to establish a standing order so that people can request naloxone directly from the pharmacy to maximize timely access.
- Q5. Am I protected from liability if the naloxone I've dispensed-prescribed ends up being used in a way other than prescribed or explained or in a way that causes harm?**
- A. Yes. The laws were designed to protect prescribers and dispensers while allowing the widest access possible for the general public.

CLINICAL FAQS

- Q6. Are there different forms/concentrations of naloxone that are available for dispensing and use?**
- A. Yes, naloxone is available in three forms: 1) intranasal via atomizer using prefilled syringes; 2) intramuscular using a syringe and needle; and 3) an IM autoinjector with audio instructions.
- Intranasal form (2mg/2ml) requires the dispensing of the medication AND the dispensing of the mucosal atomizer device.
- Injectable form (0.4mg/ml) requires the dispensing of the medication AND a syringe with a 23 g 1-1.5 in needle to administer.
- Auto-injector forms are pre-loaded (1ml dose dispensed as a single use or multi-dose vial).
- Q7: For whom is a prescription for naloxone indicated?**
- A: Anyone at risk of an opioid overdose or concerned about someone at risk for overdose due to opioid misuse or taking an opioid for pain management.
- Q8. What are the risks of naloxone?**
- A. Naloxone is not a controlled drug and carries very minimal risk, even if administered to someone who is not experiencing an opioid overdose.

