Pharmacy Name

Address

City, State, Zip Code

Date

**Re: Naloxone Program at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pharmacy**

As a part of a continued effort in ensuring the safety of our patients on opioid therapy here at \_\_\_\_\_\_\_\_\_ Pharmacy, beginning [insert date], we will be implementing a naloxone program. Through this program, all patients considered at risk, as determined by the checklist below will be counseled on the risks associated with opioid therapy and the benefits of carrying Naloxone in the event of an opioid emergency.

Patient risks will be determined from the following (Check all that apply)

Review of the CSRS

Use of the *Risk Index for Overdose or Serious Opioid Induced Respiratory Depression* validated screening tool

List of eligible candidates outlined in the NC Standing Order for Naloxone

Patients agreeing to receive naloxone will have their prescription processed in accordance with the NC Standing Order for Naloxone. Patients will have a choice of formulations from which to choose and cost associated with a chosen product may be billed to insurance where applicable or as cash per patient’s request. For patients with financial barriers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_pharmacy will share local resources for low or no cost Naloxone if available.

As required per the standing order, the pharmacist dispensing naloxone will utilize the “Opioid Emergency Action Plan” to educate and reinforce counseling to patients with each dispensing.

Documentation of Counseling and receipt of Naloxone will be recorded in the patient’s profile noting date of refusal or acceptance.

We are hopeful that increasing access to this life-saving drug will aid in combating the epidemic facing our community at this time.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_