

# **Newfoundland and Labrador Pharmacy Board Guidelines for Pharmacy Practice**



## **The Sale of Naloxone in Community Pharmacies**

**November 2022**

## 1) Introduction

In response to significant increases in the incidence of opioid overdose, the large majority of which result in death, steps are being taken across Canada to provide greater access to naloxone, an opioid antagonist indicated for the complete or partial reversal of opioid overdose.

In March 2016, Health Canada revised its listing for naloxone on the Prescription Drug List such that naloxone or its salts ("naloxone") no longer required a prescription when indicated for emergency use for opioid overdose. Subsequently, in December of 2016, the National Drug Scheduling Advisory Committee moved naloxone hydrochloride injection and naloxone hydrochloride nasal spray, when indicated for emergency use for opioid overdose from Schedule 1 to Schedule 2 of the National Drug Schedules, and consequently, it was added to Schedule 2 of the [Newfoundland and Labrador Provincial Drug Schedules](#).

Medications listed in Schedule 2, while less strictly regulated than those listed in Schedule 1, must be retained within an area of the pharmacy where there is no public access and no opportunity for patient self-selection and require professional intervention from the pharmacist at the point of sale. Additionally, when providing Schedule 2 medications, pharmacists are expected to meet the consultation requirements outlined in the NLPB [Standards of Pharmacy Operation – Community Pharmacy](#).

While pharmacists are required to meet the referenced requirements for Schedule 2 medications and patient consultation, in the context of the provision of naloxone for overdose prevention, reducing the harms associated with opioid overdose should be at the forefront of decision-making. Generally speaking, naloxone is very safe, and its use is rarely contraindicated.

Guidelines are intended to guide pharmacy practice in the absence of defined legislation or standards of practice. Registrants should only depart from a guideline if they can demonstrate that, by doing so, they did not detract from the safety, effectiveness, or appropriateness of patient care.

## 2) Practice Expectations

### 2.1 Patient Assessment

- a) Only a pharmacist may authorize the sale of naloxone.
- b) While it would be ideal for the pharmacist to personally consult with the person for whom the naloxone is intended, considering the nature of the medication and its intended use, this may not always be possible or appropriate. Consideration should be given to providing naloxone to:
  - i) any individual who uses opioids for either legitimate medical purposes or for recreational use;
  - ii) close personal friends or family members of the individuals identified in i); or
  - iii) any person who knows or may encounter an opioid user who would like to be prepared in the event of an accidental overdose.
- c) Before providing naloxone, the pharmacist should have sufficient knowledge and understanding of the circumstances such that they can be reasonably satisfied that providing naloxone is appropriate. Where the individual intended to receive the naloxone is known, the pharmacist should assess their:
  - i) allergies and intolerances;
  - ii) medication use and medication history, including past use of naloxone and use of opioids; and
  - iii) any other personal circumstances, practical needs, values, preferences, or other information relevant to the assessment.

## 2.2 Additional Equipment and Supplies

When providing naloxone, pharmacists should provide the product as part of a kit that is:

- a) obtained from the provincial take home naloxone program; or
- b) assembled at the pharmacy and includes:
  - i) two 1 mL ampoules or vials of naloxone hydrochloride 0.4mg/ml solution or two doses of naloxone hydrochloride 4mg/0.1ml nasal spray;
  - ii) two 3cc syringes with auto-retractable 25G needles attached (1" length recommended) (for injectable naloxone);
  - iii) alcohol swabs (for injectable naloxone);
  - iv) one pair of non-latex gloves;
  - v) ampoule opening device (optional);
  - vi) rescue breathing barrier; and
  - vii) step-wise instructions for recognizing and responding to an opioid overdose including written and visual instructions for administering naloxone administration.

## 2.3 Pharmacist-Patient Consultation

- a) In accordance with the NLPB [Standards of Pharmacy Operation – Community Pharmacy](#), pharmacists must consult with patients regarding the selection and use of Schedule 2 medications, including naloxone. Consultations should allow the purchaser the opportunity to ask questions / discuss concerns and include a review of the important education and training points including:
  - i) a review of the contents of the naloxone kit;
  - ii) how to identify an opioid overdose;
  - iii) the importance of calling 911 immediately for medical assistance due to the short half-life of the drug;
  - iv) the importance of rescue breathing;
  - v) when to administer naloxone;
  - vi) for injectable naloxone:
    - how to prepare the dose for administration by withdrawing the dose of naloxone from the ampoule/vial into the syringe;
    - how to landmark the thigh and administer an intra-muscular injection; and
    - how to avoid and manage needle stick injuries;
  - vii) for intranasal naloxone:
    - how to administer properly, noting that the device does not need to be “primed” and that once the plunger is depressed, the dose has been released;
  - viii) when to use the second dose of naloxone;
  - ix) the need to remain with the victim to provide supportive measures and to assess the need for subsequent doses while waiting for emergency first responders to arrive: and
  - x) any other information the pharmacist deems relevant to the circumstances.
- b) The details of the consultation including the assessment and the medication provided should be documented on the patient profile, as appropriate.

### 3) Additional Resources

- a) [Government of Canada naloxone information](#)
- b) [Government of Newfoundland and Labrador Opioids and Naloxone information](#)
- c) [University of Waterloo Naloxone and Opioid resources](#)
- d) Canadian Pharmacy Journal Frequently-Asked Questions about Naloxone, [Part 1](#) and [Part 2](#)