16.19.26.13 NALOXONE FOR OPIOID OVERDOSE

A. PROTOCOL:
(1) Prescriptive authority for naloxone drug therapy shall be exercised solely in accordance with the written protocol for naloxone drug therapy approved by the board.
(2) Any pharmacist exercising prescriptive authority for naloxone drug therapy must maintain a current copy of the written protocol for naloxone drug therapy approved by the board.

B. EDUCATION AND TRAINING:
(1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), in the subject area of naloxone for opioid overdose drug therapy provided by:
   a) the new mexico pharmacists association; or
   b) a similar health authority or professional body approved by the board.
(2) Training must include study materials and instruction in the following content areas:
   (a) mechanisms of action;
   (b) contraindications;
   (c) identifying indications for the use of naloxone drug therapy;
   (d) patient screening criteria;
   (e) counseling and training patient and care-giver regarding the safety, efficacy and potential adverse effects of naloxone;
   (f) evaluating patient's medical profile for drug interactions;
   (g) referring patient for follow-up care with primary healthcare provider;
   (h) informed consent;
   (i) record management;
   (j) management of adverse events;
(3) Continuing education: Any pharmacist exercising prescriptive authority for naloxone drug therapy shall complete a minimum of 0.2 CEU of live ACPE approved naloxone drug therapy related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.

C. AUTHORIZED DRUG(S):
(1) Prescriptive authority shall be limited to naloxone and shall include any device(s) approved for the administration of naloxone.
(2) Prescriptive authority for naloxone drug therapy shall be limited to naloxone as delineated in the written protocol for naloxone drug therapy approved by the board.

D. RECORDS:
(1) The prescribing pharmacist must generate a written or electronic prescription for any naloxone dispensed.
(2) Informed consent must be documented in accordance with the approved protocol for naloxone drug therapy and a record of such consent maintained in the pharmacy for a period of at least three years.

E. NOTIFICATION:
(1) Upon signed consent of the patient, the pharmacist shall notify the patient’s designated physician or primary care provider within fifteen (15) days of naloxone dispensing.

HISTORY OF 16.19.26 NMAC: [ RESERVED ]