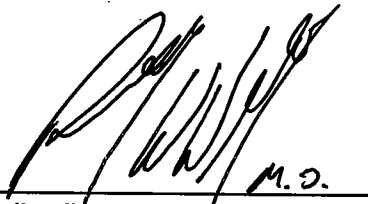


This standing order authorizes any pharmacist practicing in the state of Missouri and licensed by the Missouri Board of Pharmacy to dispense or sell the following naloxone products to persons as directed below.

<b>Naloxone HCL Dispensing Procedures</b>			
<b>Eligible Candidates</b>	<ul style="list-style-type: none"> <li>▪ Persons who voluntarily request naloxone and are at risk of experiencing an opiate-related overdose, including but not limited to:               <ul style="list-style-type: none"> <li>- Current illicit or non-medical opioid users or persons with a history of such use</li> <li>- Persons with a history of opioid intoxication or overdose and/or recipients of emergency medical care for acute opioid poisoning</li> <li>- Persons with a high dose opioid prescription (&gt;50 morphine mg equivalents per day)</li> <li>- Persons with an opioid prescription and known or suspected concurrent alcohol use</li> <li>- Persons from opioid detoxification and mandatory abstinence programs</li> <li>- Persons entering methadone maintenance treatment programs (for addiction or pain)</li> <li>- Persons with opioid prescription and smoking/COPD or other respiratory illness or obstruction</li> <li>- Persons with an opioid prescription who also suffer from renal dysfunction, hepatic disease, cardiac disease, HIV/AIDS</li> <li>- Persons who may have difficulty accessing emergency medical services</li> <li>- Persons enrolled in prescription lock-in programs</li> </ul> </li> <li>▪ Persons who voluntarily request naloxone and are the family member or friend of a person at risk of experiencing an opiate-related overdose.</li> <li>▪ Persons who voluntarily request naloxone and are in the position to assist a person at risk of experiencing an opiate-related overdose.</li> </ul>		
<b>Route(s) of Administration</b>	<b>Intranasal (IN)</b> <i>Preferred method</i>		<b>Intramuscular (IM)</b> <b>Inject into shoulder or thigh</b>
<b>Medication and Required Device for Administration</b>	Naloxone HCl 1mg/mL Inj. 2X2 mL as pre-filled Luer-Lock syringes <ul style="list-style-type: none"> <li>▪ Dispense 2 (two) doses</li> </ul> 2 (two) X Intranasal Mucosal Atomizing Devices (MAD 300)	NARCAN <sup>®</sup> 4 mg/0.1 mL Nasal Spray <ul style="list-style-type: none"> <li>▪ Dispense 1 X two-pack</li> </ul>	<u>Naloxone HCl 0.4 mg/mL Inj.</u> <ul style="list-style-type: none"> <li>▪ 2 X 1mL single dose vials (SDV)</li> <li>▪ 2 (two) 3 mL syringe</li> <li>▪ 2 (two) 25 G, 1 inch needle</li> </ul> Naloxone HCl 2 mg/2mL Inj. <ul style="list-style-type: none"> <li>▪ Dispense 2 (two) pre-filled syringes</li> <li>▪ 2 (two) 25 G, 1 inch needle</li> </ul>
<b>Directions for Use</b>	Call 911. Spray 1 mL in each nostril. Repeat every three minutes as needed if no or minimal response.	Call 911. Administer a single spray of NARCAN <sup>®</sup> in one nostril. Repeat every three minutes as needed if no or minimal response.	Call 911. Inject the entire solution of the vial or pre-filled syringe IM in shoulder or thigh. Repeat every three minutes as needed if no or minimal response.
<b>Refills</b>	PRN		
<b>Contraindications</b>	A history of hypersensitivity to naloxone or any of its components		
<b>Patient Education</b>	Every person dispensed or sold naloxone under this standing order shall receive education regarding the risk factors of overdose, signs of an overdose, overdose response steps, and the use of naloxone.		



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 National Provider ID: 1427013002  
 DEA # BW1733117

August 28, 2017

This order is effective immediately upon signing.