California State Board of Pharmacy
2720 Gateway Oaks Drive, Ste 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

To: Board Members

Subject: Agenda Item VII. Discussion, Consideration and Possible Action Related to Proposed Regulations, Title 16, California Code of Regulations Section 1746.3, Related to Opioid Antagonist Protocol, Including Review of Comments Received During the 45-Day Comment Period

---

Background:
At the January 28, 2022, Board meeting, the Board approved proposed regulation text to amend Section 1746.3 related to the Opioid Antagonist Protocol. This proposal amends the board's regulations regarding the furnishing of opioid antagonists by pharmacists.

As required by the Administrative Procedure Act, Board staff released the proposed text for the 45-day comment period on December 15, 2023, which ended on January 29, 2024. Several comments were received during the comment period.

Board staff are recommending a minor edit to subdivision (a) at add "for overdose reversal" to improve clarity with respect to the use of the protocol consistent with previous Board policy discussions.

Attached following this memo are the following:
1. The proposed text released for the 45-day public comment period.
2. Board staff prepared summarized comment with recommendation.
3. Board staff recommend modified text.
4. Comment received during the 45-day comment period.

At this Meeting:
The Board will have the opportunity to discuss the regulation and determine what course of action it wishes to pursue. Among its options:
1. Adopt the regulation text as noticed on December 15, 2023.
2. Amend the regulation as recommended by Board staff and notice the modified text for a 15-day comment period.

Possible Adoption Language:
Accept the Board staff recommended comment response and amend the regulation text as recommended by Board staff. Additionally, if no adverse comments are received during the 15-day comment period, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 1746.3 as noticed. Further, delegate

to the executive officer the authority to make technical or non-substantive changes as may be required by the Control agencies to complete the rulemaking file.

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. Board of Pharmacy

Proposed Regulatory Language
Opioid Antagonist Protocol

Legend: Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend section 1746.3 to Article 5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1746.3. Protocol for Pharmacists Furnishing Opioid Antagonists ~~Naloxone Hydrochloride~~.

A pharmacist furnishing an opioid antagonist ~~naloxone hydrochloride~~ pursuant to section 4052.01 of the Business and Professions Code shall satisfy the requirements of this section.

(a) As used in this section:
  (1) "Opioid" means naturally derived opiates as well as synthetic and semi-synthetic opioids.
  (2) "Recipient" means the person to whom ~~naloxone hydrochloride~~ an opioid antagonist is furnished.

(b) Training. Prior to furnishing ~~naloxone hydrochloride~~ an opioid antagonist, pharmacists who use this protocol must have successfully completed a minimum of one hour of an approved continuing education program or equivalent curriculum-based training program, completed in a Board recognized school of pharmacy, specific to the use of opioid antagonists for overdose reversal. ~~naloxone hydrochloride in all routes of administration recognized in subsection (c)(4) of this protocol, or an equivalent curriculum-based training program completed in a board recognized school of pharmacy.~~

(c) Protocol for Pharmacists Furnishing Opioid Antagonists ~~Naloxone Hydrochloride~~. Before providing an opioid antagonist ~~naloxone hydrochloride~~, the pharmacist shall:
  ~~(1) Screen the potential recipient by asking the following questions:~~
    ~~(A) Whether the potential recipient currently uses or has a history of using illicit or prescription opioids. (If the recipient answers yes, the pharmacist may skip screening question B.);~~
    ~~(B) Whether the potential recipient is in contact with anyone who uses or has a history of using illicit or prescription opioids. (If the recipient answers yes, the pharmacist may continue.);~~
    ~~(C) Whether the person to whom the naloxone hydrochloride would be administered has a known hypersensitivity to naloxone. (If the recipient answers yes, the pharmacist may not provide naloxone. If the recipient responds no, the pharmacist may continue.)~~

~~The screening questions shall be made available on the Board of Pharmacy's website in alternate languages for patients whose primary language is not English.~~

(~~2~~1) Provide the recipient training in opioid overdose prevention, recognition, response, and administration of the opioid antagonist furnished ~~antidote naloxone~~.

(~~3~~2) When an opioid antagonist ~~naloxone hydrochloride~~ is furnished:

(A) The pharmacist shall provide the recipient with appropriate counseling and information on the product furnished, including dosing, effectiveness, adverse effects, storage conditions, shelf-life, and safety. The recipient is not permitted to waive the required consultation.

(B) The pharmacist shall provide the recipient with any informational resources on hand and/or referrals to appropriate resources if the recipient indicates interest in addiction treatment, recovery services, or medication disposal resources at this time.

(C) The pharmacist shall answer any questions the recipient may have regarding ~~naloxone hydrochloride~~ the opioid antagonist furnished.

(~~4~~3) Product Selection: A pharmacist shall advise the recipient on how to choose the route of administration based on the formulation available, how well it can likely be administered, the setting, and local context. ~~A pharmacist may supply naloxone hydrochloride as an intramuscular injection, intranasal spray, auto-injector or in another FDA-approved product form.~~ A pharmacist may also recommend optional items when appropriate, including alcohol pads, rescue breathing masks, and rubber gloves.

(~~5~~4) Labeling: A pharmacist shall label the ~~naloxone hydrochloride~~ opioid antagonist consistent with law and regulations. The person to whom the drug is furnished shall also receive the FDA-approved medication guide. ~~Labels shall include an expiration date for the naloxone hydrochloride furnished. An example of appropriate labeling is available on the Board of Pharmacy's website.~~

~~(6) Fact Sheet: The pharmacist shall provide the recipient a copy of the current naloxone fact sheet approved by the Board of Pharmacy or a fact sheet approved by the executive officer. The executive officer may only approve a fact sheet that has all the elements and information that are contained in the current board-approved fact sheet. The board-approved fact sheet shall be made available on the Board of Pharmacy's website in alternate languages for patients whose primary language is not English. Fact sheets in alternate languages must be the current naloxone fact sheet approved by the Board of Pharmacy.~~

(~~7~~5) Notifications: ~~If the recipient of the naloxone hydrochloride is also the person to whom the naloxone hydrochloride would be administered, then the naloxone recipient is considered a patient for purposes of this protocol and notification may be required under this section.~~

~~If the patient gives verbal or written consent, then the pharmacist shall notify the patient's primary care provider of any drug(s) and/or device(s) furnished, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by the patient and that primary care provider.~~

At the request of the patient, a pharmacist shall notify the identified primary care provider, if any, of the product furnished or enter appropriate information in a shared patient record system as permitted by the primary care provider. If the patient does not have or does not identify a primary care provider, ~~or chooses not to give notification consent, then~~ the pharmacist shall provide the patient a written record of the drug~~(s) and/or device(s)~~ furnished ~~and advise the patient~~ along with a recommendation for the patient to consult with an appropriate health care provider of the patient's choice.

~~(8) Documentation: Each naloxone hydrochloride product furnished by a pharmacist pursuant to this protocol shall be documented in a medication record for the naloxone recipient, and securely stored within the originating pharmacy or health care facility for a period of at least three years from the date of dispense. The medication record shall be maintained in an automated data or manual record mode such that the required information under title 16, sections 1707.1 and 1717 of the California Code of Regulations is readily retrievable during the pharmacy or facility's normal operating hours.~~

~~(9) Privacy: All pharmacists furnishing naloxone hydrochloride in a pharmacy or health care facility shall operate under the pharmacy or facility's policies and procedures to ensure that recipient confidentiality and privacy are maintained.~~

NOTE: Authority cited: Section 4052.01, Business and Professions Code. Reference: Section 4052.01, Business and Professions Code.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Ste 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

Proposed Regulation to Amend Title 16 CCR Section 1746.3, Opioid Antagonist Protocol

---

Summarized 45-day Comments Regarding Opioid Antagonist Protocol with Board Staff Recommendations:

Written Comments from Lorri Walmsley, Walgreens

Comment 1: The commenter indicates that FDA-approved medication guides are not currently available for all available opioid antagonist products. Commenter requests that subdivision (c)(4) be amended to change "FDA-approved medication guide" to "manufacturers package insert if available" to allow pharmacists to provide the manufacturers' package insert to patients.

Response to Comment 1: Board staff does not recommend any changes to the text based upon the comment. Board staff notes that the regulation text requires the FDA-approved medication guide. Additionally, nothing in the language prohibits the pharmacist from providing the manufacturers' package insert to patients should the pharmacist wish to do so. Board staff note that medication guides are written in a different format and geared more towards patients or consumers as opposed to healthcare professionals, as such, Board staff believe that FDA-approved medication guides are more appropriate for patients and consumers when available. Currently, there are only two FDA approved overdose reversal drugs, naloxone and nalmefene hydrochloride. Board staff also note that there are versions of naloxone available over the counter and this protocol would not apply to those products.

Written Comments from Lucas Evensen, California Medical Association

Comment 2: The commenter recommends that the regulation text be split into two different protocols, one for Naloxone and one for all other opioid antagonists. Commenter states that medications beyond Naloxone require "*a thorough evaluation based on the clinical context, patient needs, and the balance of risks and benefits*." Additionally, commenter states that "*coordination with the patient's primary care provider is crucial to ensure they are informed about the furnished medication and its management to monitor its effectiveness and any adverse effects*."

Response to Comment 2: Board staff does not recommend any changes to the text based upon the comment. Board staff note pharmacists are healthcare

professions, who are appropriately trained to use clinical judgement when evaluating a patient's needs. Additionally, pharmacists must provide the recipient with appropriate counseling, that cannot be waived, and information on the product furnished, including dosing, effectiveness, adverse effects, storage conditions, shelf-life, and safety.

With respect to Nalmefene referenced in the commenters letter, Board staff note that, according to the FDA, Nalmefene is an opioid receptor antagonist which is used to treat acute opioid overdose. Its approval was supported by safety and pharmacokinetic studies, as well as a study in people who use opioids recreationally to assess how quickly the drug worked.

With respect to Naltrexone referenced in the commenters letter, pursuant to BPC section 4052(a)(14) a pharmacist may provide medication assisted treatment consistent with a standardized protocol, which would include Naltrexone. Board staff note that, according to the FDA, Naltrexone administration is usually started after a patient has been off alcohol or opioids for about 7 to 10 days.

Comment 3: Commenter also recommends limiting the opioid antagonists which may be furnished to those indicated for reversal of respiratory depression associated with opioid overdose.

Response to Comment 3: Board staff does not recommend any changes to the text based upon the comment; however, Board staff notes that the regulation text is directly related to opioid overdose reversal, consistent with the legislative intent. Board staff recommend that subdivision (a) be amended to add "for overdose reversal" consistent with prior Board policy discussions.

Comment 4: Commenter also recommends that the term "patient" be defined to clarify when notification is appropriate.

Response to Comment 4: Board staff does not recommend any changes to the text based upon the comment. Board staff notes that the term "patient" is used within the subdivision (c)(5) with respect to the notification of the patient's primary care provider. Board staff does not believe it necessary to define this term as it is clear within the context of the regulation text.

Comment 5: Commenter also recommends adding language to clarify that the protocol does not apply in situations where a pharmacist is recommending an FDA approved over-the-counter opioid antagonist.

Response to Comment 5: Board staff does not recommend any changes to the text based upon the comment. Board staff notes that providing an over-the-counter medication is not subject to the Board's regulations, as such the protocol

would not apply. Board staff note that there are versions of Naloxone available over the counter and this protocol would not apply to those products.

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. Board of Pharmacy

Modified Regulatory Language
Opioid Antagonist Protocol

Legend: Added text is indicated with an underline.
Deleted text is indicated by ~~strikeout~~.
Modified Text Legend: Added text is indicated with a double underline.
Deleted text is indicated by ~~double strikeout~~.

Amend section 1746.3 to Article 5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

§ 1746.3. Protocol for Pharmacists Furnishing Opioid Antagonists ~~Naloxone Hydrochloride~~.

A pharmacist furnishing an opioid antagonist for overdose reversal ~~naloxone hydrochloride~~ pursuant to section 4052.01 of the Business and Professions Code shall satisfy the requirements of this section.

(a) As used in this section:
(1) "Opioid" means naturally derived opiates as well as synthetic and semi-synthetic opioids.
(2) "Recipient" means the person to whom ~~naloxone hydrochloride~~ an opioid antagonist is furnished.

(b) Training. Prior to furnishing ~~naloxone hydrochloride~~ an opioid antagonist, pharmacists who use this protocol must have successfully completed a minimum of one hour of an approved continuing education program or equivalent curriculum-based training program, completed in a Board recognized school of pharmacy, specific to the use of opioid antagonists for overdose reversal. ~~naloxone hydrochloride in all routes of administration recognized in subsection (c)(4) of this protocol, or an equivalent curriculum-based training program completed in a board recognized school of pharmacy.~~

(c) Protocol for Pharmacists Furnishing Opioid Antagonists ~~Naloxone Hydrochloride~~. Before providing an opioid antagonist ~~naloxone hydrochloride~~, the pharmacist shall:
~~(1) Screen the potential recipient by asking the following questions:~~
~~(A) Whether the potential recipient currently uses or has a history of using illicit or prescription opioids. (If the recipient answers yes, the pharmacist may skip screening question B.);~~
~~(B) Whether the potential recipient is in contact with anyone who uses or has a history of using illicit or prescription opioids. (If the recipient answers yes, the pharmacist may continue.);~~
~~(C) Whether the person to whom the naloxone hydrochloride would be administered has a known hypersensitivity to naloxone. (If the recipient~~

~~answers yes, the pharmacist may not provide naloxone. If the recipient responds no, the pharmacist may continue.)~~

~~The screening questions shall be made available on the Board of Pharmacy's website in alternate languages for patients whose primary language is not English.~~

(~~2~~1) Provide the recipient training in opioid overdose prevention, recognition, response, and administration of the opioid antagonist furnished ~~antidote naloxone~~.

(~~3~~2) When an opioid antagonist ~~naloxone hydrochloride~~ is furnished:

(A) The pharmacist shall provide the recipient with appropriate counseling and information on the product furnished, including dosing, effectiveness, adverse effects, storage conditions, shelf-life, and safety. The recipient is not permitted to waive the required consultation.

(B) The pharmacist shall provide the recipient with any informational resources on hand and/or referrals to appropriate resources if the recipient indicates interest in addiction treatment, recovery services, or medication disposal resources at this time.

(C) The pharmacist shall answer any questions the recipient may have regarding ~~naloxone hydrochloride~~ the opioid antagonist furnished.

(4~~3~~) Product Selection: A pharmacist shall advise the recipient on how to choose the route of administration based on the formulation available, how well it can likely be administered, the setting, and local context. ~~A pharmacist may supply naloxone hydrochloride as an intramuscular injection, intranasal spray, auto-injector or in another FDA-approved product form.~~ A pharmacist may also recommend optional items when appropriate, including alcohol pads, rescue breathing masks, and rubber gloves.

(~~5~~4) Labeling: A pharmacist shall label the ~~naloxone hydrochloride~~ opioid antagonist consistent with law and regulations. The person to whom the drug is furnished shall also receive the FDA-approved medication guide. ~~Labels shall include an expiration date for the naloxone hydrochloride furnished. An example of appropriate labeling is available on the Board of Pharmacy's website.~~

~~(6) Fact Sheet: The pharmacist shall provide the recipient a copy of the current naloxone fact sheet approved by the Board of Pharmacy or a fact sheet approved by the executive officer. The executive officer may only approve a fact sheet that has all the elements and information that are contained in the current board-approved fact sheet. The board-approved fact sheet shall be made available on the Board of Pharmacy's website in alternate languages for patients whose primary language is not English. Fact sheets in alternate languages must be the current naloxone fact sheet approved by the Board of Pharmacy.~~

(~~7~~5) Notifications: ~~If the recipient of the naloxone hydrochloride is also the person to whom the naloxone hydrochloride would be administered, then the naloxone recipient is considered a patient for purposes of this protocol and notification may be required under this section.~~

~~If the patient gives verbal or written consent, then the pharmacist shall notify the patient's primary care provider of any drug(s) and/or device(s) furnished, or enter the appropriate information in a patient record system shared~~

~~with the primary care provider, as permitted by the patient and that primary care provider.~~

At the request of the patient, a pharmacist shall notify the identified primary care provider, if any, of the product furnished or enter appropriate information in a shared patient record system as permitted by the primary care provider. If the patient does not have or does not identify a primary care provider, ~~or chooses not to give notification consent, then~~ the pharmacist shall provide the patient a written record of the drug~~(s) and/or device(s)~~ furnished ~~and advise the patient~~ along with a recommendation for the patient to consult with an appropriate health care provider of the patient's choice.

~~(8) Documentation: Each naloxone hydrochloride product furnished by a pharmacist pursuant to this protocol shall be documented in a medication record for the naloxone recipient, and securely stored within the originating pharmacy or health care facility for a period of at least three years from the date of dispense. The medication record shall be maintained in an automated data or manual record mode such that the required information under title 16, sections 1707.1 and 1717 of the California Code of Regulations is readily retrievable during the pharmacy or facility's normal operating hours.~~

~~(9) Privacy: All pharmacists furnishing naloxone hydrochloride in a pharmacy or health care facility shall operate under the pharmacy or facility's policies and procedures to ensure that recipient confidentiality and privacy are maintained.~~

NOTE: Authority cited: Section 4052.01, Business and Professions Code. Reference: Section 4052.01, Business and Professions Code.

Lorri Walmsley, RPh., FAzPA
Director, Pharmacy Affairs
Walgreen Co.
5330 E. Washington St, Ste. 105
Phoenix, AZ 85034
p: 602-214-6618
lorri.walmsley@walgreens.com

December 22nd, 2023
California State Board of Pharmacy
Attention: Anne Sodergren, Executive Director
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Via Email: PharmacyRulemaking@dca.ca.gov

RE: § 1746.3 Opioid Antagonists

Dear Executive Director Sodergren and members of the California Board of Pharmacy,

On behalf of all pharmacies owned and operated by Walgreen Co. licensed in the State of California, we thank the Board for the opportunity to comment on the amended sections of §1746.3 to Article 5 of Division 17 of Title 16 of the California Code of Regulations.

For all currently available opioid antagonist products an FDA-approved medication guide is not available for pharmacists to provide to the patient receiving these products[1]. Walgreens requests the board to update the proposed text to allow pharmacists to furnish the manufacturers' package insert for patients to ensure the recipient of this product is informed on the products safety and use.

§ 1746.3. Protocol for Pharmacists Furnishing Opioid Antagonists

(c)(4) Labeling: A pharmacist shall label the naloxone hydrochloride opioid antagonist consistent with law and regulations. The person to whom the drug is furnished shall also receive the ~~FDA-approved medication guide or~~ manufacturers package insert if available.

Walgreens thanks the Board for the opportunity to comment on these proposed amended text. If the Board would like additional information, please feel free to contact me.

Sincerely,

Lorri Walmsley

Lorri Walmsley, RPh, FAzPA

1) FDA. Drug Databases, Medication Guides. Accessed 12/21/2023 https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=medguide.page&utm_campaign=SBIA%3A%20FDA%20Launches%20New%20Medication%20Guide%20Database&utm_medium=email&utm_source=Eloqua

CALIFORNIA MEDICAL ASSOCIATION

January 29, 2024

Lori Martinez
Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Sent via email to PharmacyRulemaking@dca.ca.gov

RE: Proposed Regulatory Language for Opioid Antagonist Protocol

Dear Ms. Martinez:

On behalf of the California Medical Association (CMA) and our nearly 50,000 physician and medical student members, CMA writes to respectfully request amendments to the proposed regulations updating the California State Board of Pharmacy's (Board's) protocol for pharmacists furnishing naloxone hydrochloride to include all Food and Drug Administration (FDA) approved opioid antagonists.

I. Bifurcating protocols for naloxone hydrocholoride and other opioid antagonists

CMA recommends that the Board's opioid antagonist protocol be bifurcated into two sets of protocols, one specific to naloxone hydrochloride, and another for opioid antagonists other than naloxone hydrocholoride. Naloxone hydrochloride is recognized for its safety and ease of use in various formulations, making it a critical tool in addressing opioid overdoses. Healthcare professionals, including pharmacists, play a vital role in educating patients and their families about overdose recognition and the steps to take after naloxone administration. They also assist in connecting individuals with resources for treating substance use disorders. However, when considering opioid antagonists beyond naloxone, such as nalmefene and naltrexone, it is essential to account for their distinct characteristics, including dosing, administration methods, and possible side effects. These medications require a thorough evaluation based on the clinical context, patient needs, and the balance of risks and benefits. Coordination with the patient's primary care provider is crucial to ensure they are informed about the furnished medication and its management to monitor its effectiveness and any adverse effects.

1201 K Street, Suite 800, Sacramento, CA 95814 T (916) 444-5532 F (916) 444-5689 cmadocs.org

The bifurcated protocol CMA is proposing would allow pharmacists to furnish naloxone hydrochloride through the streamlined process developed by the Board while pharmacists will need to continue screening patients for hypersensitivity and asking for consent to notify the patient's primary care provider to furnish all other opioid antagonists. CMA also recommends limiting the opioid antagonists which may be furnished to those indicated for reversal of respiratory depression associated with opioid overdose. Additionally, CMA reincorporated the "patient" definition to clarify when notification is appropriate. Finally, CMA recommends adding language clarifying this protocol does not apply in situations where a pharmacist is recommending an FDA approved over-the-counter opioid antagonist.

CMA finds that a bifurcated protocol is necessary due to the different risk profiles of the different opioid antagonists. Opioid antagonists, including any approved by the FDA in the future, may have different risk profiles than previously approved medications. Two examples of opioid antagonists with different risk profiles than that of naloxone are offered below for your consideration:

- **Nalmefene.** Nalmefene has different formulations, including oral and injection. An intranasal dosage form of nalmefene was approved by the FDA in May 2023. The International Journal of Drug Policy recently published an article discussing nalmefene as an alternative to naloxone and argues that the risks may not support using nalmefene and naloxone interchangeably.[1] The article highlights risks associated with this longer-acting opioid antagonist, noting that nalmefene's longer acting agents may make it difficult for providers to manage withdrawal symptoms and comorbidities like chronic pain. Post-discharge management is also a concern, as patients may seek higher opioid doses to counteract the nalmefene blockade, heightening overdose risks. Additionally, the extended withdrawal duration compared to naloxone might discourage future use of reversal agents. Knowing that a patient has received nalmefene to reverse overdose would be important information for a patient's physician who is managing comorbidities to know.
- **Naltrexone.** The administration of naltrexone for alcohol or opioid use disorder requires careful clinical oversight to determine appropriate dosing, evaluate risks, and monitor health.[2] Its potential side effects and interactions with other medications including cough medications and antidiarrheals

---

[1] Infante AF, Elmes AT, Gimbar RP, Messmer SE, Neeb C, Jarrett JB. Stronger, longer, better opioid antagonists? Nalmefene is NOT a naloxone replacement. *International Journal of Drug Policy*. 2024/02/01/ 2024;124:104323. doi: https://doi.org/10.1016/j.drugpo.2024.104323

[2] Singh D, Saadabadi A. Naltrexone. In: *StatPearls*. StatPearls Publishing; 2024. https://www.ncbi.nlm.nih.gov/books/NBK534811/

underscore the importance of including naltrexone in medical records for safe emergency treatment. In acute pain scenarios, the naltrexone blockade can be overcome with high opioid doses, but this approach risks an exaggerated response, particularly respiratory depression, and should be managed in a monitored setting.

Given these considerations, the broader implementation of opioid antagonist availability by pharmacists and stronger, longer-acting opioid antagonists such as nalmefene or naltrexone over naloxone for opioid overdose reversal necessitates coordination with primary care providers to ensure patient safety and effective treatment outcomes.

Ensuring a patient's primary care provider is notified that an opioid antagonist with a higher risk profile was furnished to their patient remains critical in ensuring a patient's continuity of care. Notification of the primary care provider can also facilitate connecting the patient with life-saving treatment and resources. With the FDA's approval of over-the-counter naloxone-hydrochloride nasal sprays, a patient choosing to request an alternative opioid antagonist directly from a pharmacist could indicate they would benefit from follow-up and further treatment by their primary care provider.

II. Adding clarifying language to limit protocols to situations of overdose reversal

Additionally, opioid antagonists approved by the FDA extend beyond medications used to reverse respiratory depression associated with opioid overdose. These medications include methylnaltrexone and alvimopan. Methylnaltrexone is an opioid antagonist the FDA approved for treatment of opioid-induced constipation.[3] It is typically prescribed to patients using prescription opioids for the management of severe chronic pain who are experiencing opioid-induced constipation and where laxative therapy has not been sufficient. Alvimopan is an opioid antagonist approved by the FDA for the management of postoperative ileus in patients undergoing bowel resection.[4] It would be inappropriate for a pharmacist to furnish these medications without a prescription, so CMA recommends limiting the opioid antagonists pharmacists may furnish to those used to reverse respiratory depression associated

[3] Yuan C-S, Foss JF, O'Connor M, et al. Methylnaltrexone for Reversal of Constipation Due to Chronic Methadone Use: A Randomized Controlled Trial. *JAMA*. 2000;283(3):367-372. doi:10.1001/jama.283.3.367

[4] Kraft M, Maclaren R, Du W, Owens G. Alvimopan (entereg) for the management of postoperative ileus in patients undergoing bowel resection. *Pharmacy and Therapeutics*. Jan 2010;35(1):44-9.

with opioid overdose. This would also remain in line with the intent of SB 1259 as articulated in the bill analyses, which focused on access for the potential future FDA-approval of opioids antagonists to reverse the effects of overdose from fentanyl and other substances (reversal agents).

III. Retaining "patient" definition

CMA recommends reincorporating the term "patient" and defining it at the beginning of the section for clarity to ensure pharmacists understand when notification is appropriate. Otherwise, the language as proposed by the Board contemplates a pharmacist asking a recipient, who may be an individual other than the intended patient user, to give notification consent contrary to privacy laws that prohibit anyone other than the patient themselves to provide authorization and consent.

IV. Adding clarifying language to address over-the-counter opioid antagonists

Finally, CMA agrees with public comments made at the February 7, 2023, Board meeting that a more involved protocol should not be applied to opioid antagonists that have been approved for over-the-counter availability. CMA recommends adding a subdivision at the end of the protocol to make explicitly clear that this does not apply to FDA approved over-the-counter opioid antagonists.

CMA has attached proposed opioid antagonist protocol language that aligns with these comments at the end of this document for the Board's consideration.

CMA would like to thank the Board for its consideration of our input and perspective. CMA looks forward to working with the Board and other stakeholders to further our common goals of ensuring the protection of public health. If any further information or clarification is needed, please do not hesitate to contact me at levensen@cmadocs.org.

Sincerely,

Lucas Evensen

Lucas Evensen
Associate Director, Strategic Engagement
California Medical Association

§ 1746.3. Protocol for Pharmacists Furnishing Opioid Antagonists

~~**A pharmacist furnishing an opioid antagonist pursuant to section 4052.01 of the Business and Professions Code shall satisfy the requirements of this section.**~~ **A pharmacist may furnish an opioid antagonist pursuant to 4052.01 of the Business and Professions Code only if the opioid antagonist is indicated for the reversal of respiratory depression associated with opioid overdose, and the pharmacist satisfies the requirements of this section.**

a) As used in this section:

(1) "Opioid" means naturally derived opiates as well as synthetic and semi-synthetic opioids.

(2) "Recipient" means the person to whom an opioid antagonist is furnished.

(3) "Patient" means the recipient of the opioid antagonist is also the person to whom the opioid antagonist would be administered.

(b) Training. Prior to furnishing an opioid antagonist, pharmacists who use this protocol must have successfully completed a minimum of one hour of an approved continuing education program or equivalent curriculum-based training program, completed in a Board recognized school of pharmacy, specific to the use of opioid antagonists for overdose reversal.

(c) Protocol for Pharmacists Furnishing ~~**Opioid Antagonists**~~ **Naloxone Hydrochloride**. Before providing ~~**an opioid antagonist**~~ **naloxone hydrochloride**, the pharmacist shall:

(1) Provide the recipient training in opioid overdose prevention, recognition, response, and administration of ~~**the opioid antagonist**~~ **naloxone hydrochloride** furnished.

(2) When ~~**an opioid antagonist**~~ **naloxone hydrochloride** is furnished:

(A) The pharmacist shall provide the recipient with appropriate counseling and information on the product furnished, including dosing, effectiveness, adverse effects, storage conditions, shelf-life, and safety. The recipient is not permitted to waive the required consultation.

(B) The pharmacist shall provide the recipient with any informational resources on hand and/or referrals to appropriate resources if the recipient indicates interest in addiction treatment, recovery services, or medication disposal resources at this time.

(C) The pharmacist shall answer any questions the recipient may have regarding ~~**the opioid antagonist**~~ **naloxone hydrochloride** furnished.

(3) Product Selection: A pharmacist shall advise the recipient on how to choose the route of administration based on the formulation available, how well it can likely be administered, the setting, and local context.

(4) Labeling: A pharmacist shall label the ~~**opioid antagonist**~~ **naloxone hydrochloride** consistent with law and regulations. The person to whom the drug is furnished shall also receive the FDA-approved medication guide.

(5) Notifications: **Notification may be required under this subdivision.**

At the request of the patient, a pharmacist shall notify the identified primary care provider, if any, of the product furnished or enter appropriate information in a shared patient record system as permitted by the primary care provider. If the patient does not have or does not identify a primary care provider, the pharmacist shall provide the patient a written record of the drug furnished along with the recommendation for the patient to consult with an appropriate health care provider of the patient's choice.

(d) Protocol for Pharmacists Furnishing Other Opioid Antagonists. Before providing an opioid antagonist besides those described in subdivision (c):

(1) Screen the potential recipient by asking whether the person to whom the opioid antagonist would be administered has a known hypersensitivity to the opioid antagonist. If the recipient answers yes, the pharmacist may not provide the opioid antagonist. If the recipient responds no, the pharmacist may continue.

(2) Provide the recipient training in opioid overdose prevention, recognition, response, and administration of the opioid antagonist furnished.

(3) When an opioid antagonist is furnished:

(A) The pharmacist shall provide the recipient with appropriate counseling and information on the product furnished, including dosing, effectiveness, adverse effects, storage conditions, shelf-life, and safety. The recipient is not permitted to waive the required consultation.

(B) The pharmacist shall provide the recipient with any informational resources on hand and/or referrals to appropriate resources if the recipient indicates interest in addiction treatment, recovery services, or medication disposal resources at this time.

(C) The pharmacist shall answer any questions the recipient may have regarding the opioid antagonist furnished.

(4) Product Selection: A pharmacist shall advise the recipient on how to choose the route of administration based on the formulation available, how well it can likely be administered, the setting, and local context. A pharmacist may also recommend optional items when appropriate, including alcohol pads, rescue breathing masks, and rubber gloves.

(5) Labeling: A pharmacist shall label the opioid antagonist consistent with law and regulations. The person to whom the drug is furnished shall also receive the FDA-approved medication guide.

(6) Notifications: Notification may be required under this subdivision.

If the patient gives verbal or written consent, then the pharmacist shall notify the patient's primary care provider of any drug furnished or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by the patient and that primary care provider. If the patient does not have a primary care provider, or chooses not to give notification consent, then the pharmacist shall provide the patient a written record of the

drug furnished along with a recommendation for the patient to consult with an appropriate health care provider of the patient's choice.

(e) Nothing in this section shall be construed to require a pharmacist to follow this protocol when recommending an FDA-approved over-the-counter opioid antagonist.