

## Naloxone Request Form

### Iowa Organizations, Businesses and Schools

To help address the issue of opioid misuse, the Iowa Department of Health of Human Services (IHHS) is launching a new initiative to provide naloxone (the opioid overdose reversal medication) to Iowa organizations, businesses and schools, which may be in a position to render aid to a person at risk of experiencing an opioid overdose. Funded through the State Opioid Response (SOR 2) grant, IHHS is offering eligible organizations, businesses and schools, free naloxone nasal spray kits. The purpose of this initiative is to equip organizations, businesses and schools, in the event that their employees, agents, or volunteers encounter someone experiencing a suspected opioid overdose. While the hope is there would never be a need for the use of naloxone, having this medication available as part of a first-aid response could save someone's life.

Eligible organizations, businesses and schools, include but are not limited to: retail/convenience stores; libraries; public or nonpublic schools, community colleges, colleges, universities; restaurants; bars; community or social-services organizations; event venues; and mobile service providers. Note: Under this grant organizations, businesses or schools, which support the use of marijuana to treat substance use or mental health disorders are not eligible.

To complete the process of requesting naloxone kits, an individual with the authority to represent the organization, business or school, must indicate acceptance of the following criteria:

- 1) This organization/business/school understands the essential components of opioid-related overdose, appropriate overdose response, naloxone storage conditions, and naloxone administration.
- 2) This organization/business/school shall ensure that any employee, agent, or volunteer authorized to administer naloxone received from the Iowa Department of Health and Human Services has received training on proper naloxone administration.
- 3) This organization/business/school understands that naloxone provided through this request (1) cannot be distributed or redistributed in any way (including but not limited to being given away, sold, or traded) to anyone outside the organization/business/school and (2) is intended for use only by employees, agents, or volunteers trained to administer naloxone to an individual whom they reasonably and in good faith believe to be experiencing an opioid-related overdose.
- 4) This organization/business/school understands that the purpose of this opportunity is to provide naloxone to be used as part of a response to a suspected opioid overdose, only in the event that other policies, laws, licenses or scope of practice do not prohibit this from occurring.
- 5) This organization/business/school understands that the use of naloxone is not meant to be an alternative to contacting emergency medical services. Due to concerns involving a return of overdose symptoms, always contact 911 when administering naloxone.
- 6) This organization/business/school understands that any naloxone administration, provided as part of this opportunity, shall be reported to the Iowa Department of Health and Human Services within 30 days of the administration. Reported administration should be sent to the State Opioid Response (SOR 2) helpdesk at [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov) as an email and only include the date of administration and the outcome (was the individual able to be revived).

A maximum of five (5) naloxone kits per location or per eligible employee, agent, or volunteer, may be requested. If kits are requested for more than one location, please provide a list of the different locations and include the following information:

- Address
- Name of contact person
- E-mail/phone number of contact person
- Number of kits requested

All of the kits requested will be sent to the mailing address listed below.

There are two versions of naloxone offered as part of this initiative, both contain naloxone but have different dosage amounts.

- Narcan Nasal Spray 4 mg
- Kloxxado Nasal Spray 8mg

Please indicate below which version of naloxone is being requested.

By signing this request, I attest that I understand and agree to the criteria specified above and further attest that I have the authority to represent this organization/business/school. I also understand that my request will be reported to the Iowa Board of Pharmacy but that my name will not be reported to the State's Prescription Drug Monitoring Program (PDMP).

Name of Organization/Business/School: \_\_\_\_\_

Type of Organization/Business/School: \_\_\_\_\_

Number of Iowa locations: \_\_\_\_\_

Mailing Address (for naloxone shipment): \_\_\_\_\_

\_\_\_\_\_

Website of Organization/Business/School: \_\_\_\_\_

Total number of **Narcan** kits requested: \_\_\_\_\_

Total number of **Kloxxado** kits requested: \_\_\_\_\_

Representative – Organization/Business/School: \_\_\_\_\_

(Printed Name)

Representative – Organization/Business/School: \_\_\_\_\_

(Signature)

Date: \_\_\_\_\_

Completed forms are to be emailed to the State Opioid Response (SOR 2) helpdesk at [sor@idph.iowa.gov](mailto:sor@idph.iowa.gov).

For IDPH Use Only

**AUTHORIZATION**

I have reviewed and approve the distribution of naloxone to the above-listed organization, business, or school.

IHHS Program Staff: \_\_\_\_\_

Date: \_\_\_\_\_

**PRESCRIPTION**

I hereby prescribe naloxone in the name of the above-listed representative in the version, strength, and quantity listed in this Naloxone Request Form, which I have reviewed and approved.

Medical Director/Physician Designee of IHHS: \_\_\_\_\_

Date: \_\_\_\_\_