

Dear EMS Agency,

The State of Georgia has been awarded settlement funds to be used to address the negative effects of opioid misuse and to invest in opioid abatement strategies. Governor Kemp has allocated a little over 2 million dollars to DPH to provide Naloxone to licensed Emergency Medical Services providers.

As communicated previously, the Office of EMS and Trauma ("Department") will open an **EMS Naloxone Request application** in LMS for two weeks prior to the beginning of each quarter. Once the application closes, the allocation, packaging and shipping processes will begin so that each agency receives Naloxone at the beginning of each quarter.

(Q1: Jan – Mar, Q2: April – June, Q3: July – Sept, Q4: Oct – Dec)

This application will be available in the Authorized Agent's application que for your EMS agency on a quarterly basis to request an allocation. The goal in offering this application on a quarterly basis, is to help eliminate the need for stock piling and/or the need to allocate Naloxone in bulk quantities due to risk of the medication expiring prior to usage.

The first quarter 2024 **EMS Naloxone Request Application** will open on **Monday, November 20, 2023**, for one Authorized Agent at each EMS agency to complete and submit for the EMS agency. This application will close at 5pm on **Friday, December 8, 2023**.

The application will include the following requirements:

1. Upload your agency's approved Medication/Pharmacy Formulary and Clinical Protocols that include the administration of Naloxone. **The documents must contain a current date and be approved and signed by the Medical Director by direct signature or protocol cover page.**
2. Request the amount of Naloxone by box quantity from the below types/concentrations:
 1. Naloxone Nasal Spray 4mg – 2 dose/box
 2. Naloxone 4mg multi-dose vial (0.4mg/mL 10mL = 4mg MDV) – Box of 10
 3. Naloxone 0.4mg single-dose vial (0.4/ml 1mg vial = .4mg SDV) – Box of 25
 4. Naloxone 2mg syringe (1mg/mL 2mL = 2mg) – Box of 10
3. Agency Point of Contact and shipping information. PO Boxes will not be accepted.

(Naloxone 8mg Nasal Spray will not be included in this request due to the short shelf life of the 8mg Naloxone Nasal Spray available to DPH.)

If you have any questions, please reach out to your Regional Director.

Thank you for all you do.

Office of EMS and Trauma

Instructions

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This application is for EMS Agencies to request a Naloxone allocation from DPH in order to supplement your available Naloxone inventory. Naloxone will be allocated based on the supply on hand.

In order for an EMS Agency to receive Naloxone, the EMS agency must have Naloxone as part of their Medication/Pharmacy Formulary and Clinical Protocols that have been approved and signed by the EMS Agency Medical Director.

This Naloxone request will be available to complete on a quarterly basis until all funds allocated have been exhausted. Agencies should only request the amount of Naloxone expected to be utilized for the next quarter. The Office of EMS and Trauma will compare the requested amount of Naloxone to the agency's previous Naloxone usage as reported to the Department through submission of required ePCR data.

The Naloxone allocated to this EMS Agency is for patients this EMS agency responds to and treats. The Naloxone allocated to this licensed EMS agency is not for reallocation to any other entity or agency.

Agencies should not stockpile Naloxone allocated from DPH as this can result in expiration of the medication.

Please select Save and Continue

EMS Agency Information

EMS Agency Information

EMS Agency Name

License Number

License Level(s)

- Ground Ambulance
- Air Ambulance
- Neonatal Ambulance
- Medical First Responder

Current Status

EMS Region

*Have you previously received Naloxone through the OEMST Naloxone allocation process?

- Yes
- No

Please select Save and Continue

Type of Naloxone Requested

Type of Naloxone Requested

*What Concentration and/or Delivery Method of Naloxone are you Requesting?

- 4 mg Nasal spray (2 dose box)
- 0.4 mg single-dose vial (0.4 mg/mL 1 mL = 0.4 mg total) - box of 25

2 mg syringe (1 mg/mL 2 mL total = 2 mg total) - box of 10

2 mg syringe Quantity

2 mg syringe Quantity

*How many boxes of 2 mg syringe (1 mg/mL, 2 mL total = 2 mg total - box of 10) are you requesting?

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Agency POC

Agency POC

Important: Please ensure the below information is complete and accurate, to allow for prompt communication regarding allocation and/or shipment of Naloxone.

The shipping address must include full street address, city, state and zip code. (P.O. Box addresses are not acceptable.)

Please DO NOT use a Post Office Box.

All shipments will be delivered Monday - Friday and will require a signature upon delivery.

EMS Agency Point of Contact (POC) for Naloxone Request and Shipment

*EMS Agency POC for Naloxone Shipment - Name

Douglas Eberhart

*EMS Agency POC for Naloxone Shipment - Phone

678 - 644 - 6323

*EMS Agency POC for Naloxone Shipment - Email

DKEberhart@dekalbcountyga.gov

*Complete Shipping Address for Receiving Naloxone (Street, City, State, Zip Code) (**No PO Boxes Accepted**)

1574 stone ridge dr, stone mountain ga 30083

*Please indicate if there are any shipment receiving requirements for this EMS agency. Example: Shipments may only be received at loading dock.

None

Attestation

Attestation

As Authorized Agent for this EMS Agency, I understand:

- That this Naloxone allocation is not intended to replace my agency supply of Naloxone but is being distributed to supplement my agency supply of Naloxone.
- That my EMS Agency must have current EMS Medication/Pharmacy Formulary and EMS Protocols that include Naloxone, that has been approved, dated, and signed by my Medical Director on file with DPH - OEMST as part of my EMS license.
- That the Naloxone allocated to my EMS Agency is for EMS responses performed by my EMS Agency.
- That this is a request for an allocation of Naloxone and that Naloxone will be distributed by DPH based on:
 - Supplies/resources currently available for distribution; and
 - Historical usage of Naloxone by my EMS agency as submitted by my EMS agency to the Department through submission of required ePCR data.

*As the Authorized Agent of the EMS Agency listed above, do you fully understand and agree to the terms and attestation statement above?

Yes

No

You have indicated that you understand and agree with the terms above - please sign the attestation statement below.

***Authorized Agent Attestation Signature**

Signed on Feb 16, 2024 2:36:48 PM by Troy Augustin