

MDHHS Naloxone Request Form

If the Submit Form button does not work, please email the request form to MDHHS-NaloxoneRqst@michigan.gov to ensure the form is received.

Naloxone distributed through this portal by the State of Michigan is meant to provide additional naloxone capacity, beyond existing efforts through the state, the Prepaid Inpatient Health Plans, community organizations, non-profit organizations, and other channels.

By checking this box, I affirm that my organization will maintain any existing effort, including financial resources, devoted to naloxone distribution after receiving these doses. These doses will be additional resources and will not substitute for or displace existing resources provided by my organization. I affirm that MDHHS is not liable for any claim related to or arising from the distribution or use of the naloxone provided by MDHHS according to this agreement. **I affirm:**

1. Please provide the following information:

Organization Name:

Contact Person Name:

Phone Number:

Email Address:

Address Line 1 (for
FedEx delivery):

Address Line 2:

City, State, Zip:

Type of Organization:

If this request is a re-order from the portal, please indicate the counties targeted for distribution of this order. Of the previous order, please indicate the number of kits used in the community and, if known, the number of uses that resulted in overdose reversal:

2. Please very briefly describe your organization's mission and work (50 words):

3. Number of kits requested (kit requests must be in a quantity of 12):

Please confirm by typing the requested number of kits:

4. Approximate number of clients served by your organization annually:

5. If different, estimate number of clients with opioid use disorder served by your organization annually:

Please continue to the following page

6. Research suggests that of distributed naloxone kits, approximately 80 – 90 percent of naloxone doses are administered by individuals actively using substances. Furthermore, risk of overdose is highest among certain populations, including:

- individuals who have reduced tolerance of opioids (e.g., after leaving incarceration or abstinence-based treatment; post-partum women who have stopped using; people who have gone through withdrawal);
- individuals using opioids intravenously;
- individuals who have previously experienced an opioid overdose; and
- individuals using opioids with certain other substances
- individuals with opioid use disorder and complex co-occurring medical conditions.

Please describe specifically how your organization will distribute these doses to individuals at highest risk of overdose (100 words):

7. Please describe your organization's past or current efforts to distribute naloxone to high-risk populations, including any data collected around kits distributed and overdose reversals reported (100 words):

All requests are subject to approval by MDHHS. Completion of this form does not guarantee that the product will be provided to the organization or in the amounts requested.

Naloxone provided by MDHHS is done so under the Naloxone Standing Order. For more information, please refer to <http://www.legislature.mi.gov/documents/2015-2016/publicact/pdf/2016-PA-0383.pdf>.

Educational Resources can be viewed and downloaded at the following links:

<https://www.narcan.com/patients/patient-resources>

<https://www.narcan.com/first-responders/law-enforcement-roll-call-video>

<https://beawarebeprepared.com/resources/>

If your entity wishes to obtain printed copies of these educational resources and/or demonstration/training devices, please submit a request via email to narcancustomerservice@ebsi.com.