## May 2019

Dear Walsh County Pharmacy,

Walsh County Health District has received a second Opioid Prevention Grant that we would like to make you part of. We would like to offer a stipend of \$2000 to your agency for the following services:

- Develop and run Lock Monitor Take Back KXPO radio ads and run at least 4 ads per month for 5 months starting May 1, 2019 and ending September 30, 2019. Include in these ads the language of Lock Monitor Take Back and Stop Overdose with Narcan. Please see attached materials as a reference. Make sure you include information about being a drug take back site.
- 2. If you have a Web Page and/or a Facebook Page please advertise that you are a take back site.
- 3. Set aside a day as a Drug Take Back Event and advertise it in one of your radio ads or as a newspaper ad.
- 4. Distribute the <u>One in 4 brochures</u> with every prescription of an Opioid that you provide. (Brochure copies can be obtained from our office).
- 5. Provide Narcan Nasal Spray to people at risk of overdose (or immediate family/household members). Our office will reimburse your agency the amount that insurance does not pay for anyone insured, and will reimburse fully for a Narcan prescription for people with no insurance.
- 6. Receive education on One RX and utilize information to assess risk of opioid overdose. Extra \$500 for your agency if you do this (Or have already done this).

This grant is a short term grant from May 1-Sept 30 2019. We cannot count on an extension, so I would like us to do whatever we can to get Narcan out to people at risk. I would even encourage you to advertise that if you do not have insurance you can get a free prescription during this time. You can send me monthly bills for the Narcan costs, and if we start to run out of money we will need to come up with some new guidance. Obviously anyone with insurance, we would want you to run that first, and then we will pay the difference. We will need the number of prescriptions given out with each monthly billing. No names are necessary.

Owner/Pharmacist	Date
I agree to complete the above listed strategies in the time fra	ame indicated:
Please sign below and return to Wanda if you are interested.	Thank you.