

August 28, 2024

Stephen Gollan
Fort Lauderdale Fire Rescue
1300 SW 1st Street
Fort Lauderdale, Florida 33312

Dear Stephen Gollan:

The Department of Health is pleased to award emergency opioid antagonists to your agency through the Helping Emergency Responders Obtain Support (HEROS) Program. The purpose of this program is to reduce the number of drug/opioid overdose-related deaths and adverse events by providing emergency responders with the appropriate pharmaceutical resources to address this crisis.

Your agency has been approved to receive the following emergency opioid antagonist:

Quantity (Doses)	Type	
500	Intranasal	Dose: 4 MG/0.1 ML Package Size 1 package contains 2 doses
0	KLOXXADO	Dose: 8 mg/0.1mL Package Size 1 package contains 2 doses
350	Luerlock Pre-filled Syringe	Dose: 1 MG/1 ML Package Size 1 package contains 10 doses
0	MIN-I-JET	Dose: 1 MG/1 ML Package Size 1 package contains 10 doses
0	Vial	Dose: 0.4 MG/1 ML Package Size 1 package contains 25 doses
0	Naloxone Auto-Injector (PROPHYLACTIC Use Only)	Dose: 10 mg/0.4mL Package Size 1 package contains 10 doses

Your agency must meet the following requirements before receiving the award:

- Awardees must register for the Minnesota Multi-State Contracting Alliance for Pharmacy Agreement (MMCAP). MMCAP's primary function is to provide a full range of pharmaceuticals to its participating agencies. MMCAP participation is free of charge and applicants may register at https://www.floridahealth.gov/licensing-and-regulation/ems-system/_documents/mmcap-app.pdf
- Licensed EMS agency applicants must have the ability to report naloxone administrations through the Emergency Medical Services Tracking and Reporting System (EMSTARS) to document naloxone administrations. All other applicants must have the ability to report to the Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program (OD Maps) identified in Chapter 401.253(1), Florida Statutes. Applicants may register for OD Maps free of charge at <http://www.hidta.org/odmap/>. Applications may be approved for funding pending registration with OD Maps or software upgrades pending for EMSTARS.

Your agency's requirement status is listed below:

Status	Requirements
Yes	MMCAP
Yes	Reporting Requirement

Your agency is required to meet the MMCAP and the reporting requirements (either EMSTARS or OD Maps). If the Department's records reflect both requirements met, the Department will order the emergency opioid antagonist during the first business week of each month to the shipping address that was provided in your submitted application. The Department will not order the emergency opioid antagonist for your agency until the Department verifies that both requirements have been met.

Upon receiving the product, a designated person shall compare the shipping invoice with the products and quantities received. This person shall verify the shipment and certify the receipt. Any discrepancies (including shortages, overages, or incorrect product) between the listed quantity shipped and the actual quantity received must be noted with notification sent to herosprogram@flhealth.gov the same day. Copies of the invoices/packing slips should be scanned and emailed to herosprogram@flhealth.gov. ***This documentation must be signed by the party responsible for receiving, dated with the receiving date and the discrepancy noted.***

Thank you for your participation in this state HEROS Program. If you need assistance, please contact the Division of Emergency Preparedness and Community Support, HEROS Support Coordinator, at 850-558-9774 or herosprogram@flhealth.gov.

Sincerely,



Doug Woodlief
Division Director
Emergency Preparedness and Community Support