



OVERDOSE PREVENTION AND HARM REDUCTION 50-State Survey

Statewide Naloxone Standing Orders and Similar Mechanisms

May 2024 Update

Background


Drug overdose is a nationwide epidemic. Drug overdoses were responsible for the deaths of nearly 108,000 people in the United States in 2022.¹ Opioids, both prescription painkillers such as Oxycontin and non-prescribed drugs such as heroin and fentanyl, are involved in approximately 75% of these deaths.²

Many of these deaths are preventable. Naloxone, a pure opioid antagonist, quickly reverses opioid overdose if administered quickly.³ Around 40% of people who overdose are not alone when they do so.⁴ Nearly all of those witnessed deaths – and some that were unwitnessed but where help was summoned in time - would have been prevented if the other person or people present had administered naloxone to the person experiencing the overdose. However, naloxone is often not available when and where it is needed. Although some formulations of naloxone remain available only by prescription, the medication is not a controlled substance and has no abuse potential.⁵ While it was traditionally used only by first responders, it can be administered by laypeople with little or no formal training.⁶ All 50 states and the District of Columbia have passed legislation to improve layperson naloxone access.⁷

The majority of these laws permit the medication to be distributed under a blanket directive without the prescriber having examined the patient, a process technically referred to as “non-patient specific prescription”.⁸ In most states this takes the form of a standing order issued by a physician or other prescriber, while in a few states the same objective is accomplished via a protocol issued by one or more regulatory or licensing boards or a collaborative practice agreement (CPA) that acts as the functional equivalent of a standing order.

While most state laws permit any prescriber who is authorized to prescribe medications to issue a standing order for naloxone distribution, a piecemeal approach whereby each business, organization, or agency that wishes to distribute naloxone must secure their own standing order is time-consuming and inefficient. To streamline this process, in many states a state health official has issued a standing order or other directive for naloxone distribution. The specifics of these directives vary on such characteristics as the individual or body that issued it, which individuals can access naloxone under its provisions, the formulations of naloxone it permits to be distributed, and where the naloxone can be accessed.⁹ These variations can have important implications for both the individuals who would be helped by increased naloxone access and researchers studying the effects of these directives.

In 2023, two brand-name formulations of naloxone were moved over the counter (OTC) by the U.S. Food and Drug Administration (FDA): the 4mg nasal spray Narcan and the 3mg nasal spray RiVive. While this change will increase the availability of naloxone in some venues, state standing orders are still necessary to distribute non-OTC formulations and, in most cases, for insurance to cover prescription versions of the medication. FDA has also approved nalmeferene, another



prescription medication for opioid overdose reversal, which is available under the brand-name nasal spray Opvee. Most state standing orders have been updated to refer generally to “opioid antagonists,” which would include nalmeferene in addition to naloxone or any future opioid antagonist products.

Summary of Statewide Non-Patient Specific Naloxone Directives

We systematically collected and categorized each statewide directive for naloxone distribution that had been issued by a state official or licensing board as of May 1, 2024. A total of 40¹⁰ states and the District of Columbia had in place some mechanism that permits pharmacists, and potentially others, to dispense prescription naloxone without the recipient first obtaining a prescription from a provider other than the individual from which they receive it. While there is a good deal of similarity among these directives, there are also several notable differences. Statewide standing orders had been issued in 29 states¹¹, and were available upon request in a further seven¹². Statewide protocols under which naloxone can be dispensed or distributed existed in nine states¹³, and one state, Tennessee, had enacted a Collaborative Pharmacy Practice Agreement that serves as the functional equivalent of a standing order. In four states, both a statewide standing order and protocol are in place.¹⁴ Thirty states and the District of Columbia limit these mechanisms to pharmacy distribution¹⁵, while ten permit community organizations to distribute naloxone¹⁶. In many cases, the statewide standing orders are more restrictive in this way than the relevant legislation permits, suggesting that naloxone access could be improved if the directives were amended to permit non-pharmacy distribution.

Each of the directives differ regarding the information it includes. Most provide an expiration date, though that date varies in length and specificity. Most permit anyone who may be able to assist in reversal of an overdose to access naloxone under their provisions, although a handful are more restrictive. While most non-patient specific prescribing mechanisms permit both intra-nasal and intra-muscular naloxone to be distributed, this varies by state, with a few expressly excluding certain formulations.¹⁷ Eighteen states allow formulations that would include RiVive¹⁸ and 16 would include nalmeferene generally or Opvee specifically¹⁹. Finally, directives in 31 states and the District of Columbia require some sort of training or education for either the dispenser or the recipient, ranging from trainings specifically developed by the state to basic education on how to administer naloxone.²⁰

Non-Patient Specific Directives for Opioid Antagonist Distribution

State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
Alabama	SO	Will be reviewed and possibly updated, if new relevant science regarding administration of opioid reversal agents becomes available	State health officer	Pharmacies	Individual at risk of opioid-related OD, or friend, family or others who may in a position to assist such person, first responder organizations	<ul style="list-style-type: none"> - IN naloxone with atomizer (two pre-filled 2mg/2mL syringes and two MADs²²) - Integrated IN naloxone (one two-dose package) - Integrated IN nalmefene²³ (one two-dose package) (12 years and older) - IM naloxone (two 1mL vials and two syringes) 	Must receive "written communication that provides factual basis for a reasonable conclusion that the person to receive the opioid reversal is an eligible person"	Must be provided instructions for administration, calling 911, providing rescue breathing, and monitoring person experiencing OD, and must complete "Client Form" attesting need for opioid reversal agent, that instructions were given and counseling was offered
Alaska	SO	-	Chief Medical Officer, Dept. of Health and Human Services	Project HOPE Overdose Response Programs (ORP)	Individual at risk of overdose or family member, friends, caregiver, or other person in a position to administer naloxone	<ul style="list-style-type: none"> - Narcan Nasal Spray: 4mg/0.1 ml (1 x two pack) - Kloxxado Nasal Spray: 8mg/0.1 ml (1 x two pack) - Other FDA- approved naloxone Nasal Spray 4mg/0.1 ml or 8mg/0.1 ml (1 x two pack) 	<p>Become an approved Project HOPE ORP; log all distributed naloxone administrations</p> <p>Must also distribute CPR barrier patient face shield, nitrile sterile single gloves (large) and instructions for identifying an overdose and how to administer</p>	Receive education on recognizing and responding to overdose



State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
							naloxone nasal spray	
Arizona	SO	August 22, 2024	Chief Medical Officer of Public Health Services	Arizona-licensed pharmacists	Any individual	<ul style="list-style-type: none"> - Narcan 4mg/0.1mL nasal spray - IM naloxone 0.4mg/mL in 1mL single dose vials w/ one 3cc, 23g, 1" syringe per dose dispensed - other FDA approved medications for opioid overdose reversal 	-	-
Arkansas	SO/Protocol ²⁴	-	State Medical board and State Board of Pharmacy	Arkansas - licensed pharmacists	Eligible ²⁵ individuals at risk of OD, or their family, friends, or others who may be in a position to assist	Any fast-acting opioid antagonist that is FDA approved and commercially available	-	-
California	Protocol; SO available upon request ²⁶	Two years from date of signature (SO)	Public health officer (SO); Board of Pharmacy (Protocol)	Pharmacists (protocol); Community organizations (standing order) ²⁷	Individuals who use or have used opioids or are in contact with such persons	SO: <ul style="list-style-type: none"> - Two naloxone hydrochloride .4mg/ml vials and two 3ml syringes with 25g 1" needles. - Two Evzio® (naloxone HCl) .4mg/1ml auto-injectors - Two NARCAN® (naloxone HCl) 4mg/.1ml Nasal Spray 	SO: Receipt of opioid overdose prevention and treatment training Protocol: Continuing education program specific to naloxone, or equivalent curriculum-based training program ²⁸	SO: Brief educational program re: OD prevention and response



State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
						Protocol: Any FDA-approved form of naloxone hydrochloride	Pharmacist must screen for person who uses or is in contact with a person who uses opioids and for naloxone hypersensitivity; must provide approved fact sheet, training on overdose prevention and response, counseling on the product given, and any information resources/referrals to treatment, recovery services, or medication disposal	
Colorado	SO available upon request ²⁹	-	Chief Medical Officer	Pharmacists, harm reduction agencies, law enforcement agencies, local public health agencies	First responders (pharmacists and law enforcement agencies), Individuals at risk of OD, or their family, friends (all), or others who may be in a position to assist (all), an employee or volunteer of a harm reduction organization (pharmacists and harm reduction agencies) a	- Any approved formulation of naloxone hydrochloride	Determine whether the recipient is a person in the "Who can receive?" column Determine if the recipient is "oriented to person, place, and time and	Completion of education regarding recognizing and responding to OD



State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
					school district, school, or an employee or agent of a school if the school is an elementary or secondary public or nonpublic school whose governing authority has adopted and implemented a policy regarding naloxone possession and administration (pharmacists), a person that is not a private entity and that makes a defibrillator or AED available to aid the general public (pharmacists)		<p>able to understand and learn the essential components of overdose response and naloxone administration"</p> <p>Provide information and/or referral for SUD/behavioral health treatment</p> <p>Provide opioid overdose educational information/resources or referral to resources.</p> <p>Screen for contraindications and precautions if prescribing or dispensing to a person at risk of OD</p>	
Connecticut	_30	-	-	-	-	-	-	-



State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
District of Columbia	SO available upon request ³¹	When signer is no longer employee of DC Health, if medical license expires, or if there is a change in Pharmacist in Charge	-	Pharmacists located in DC	Residents of DC at risk of opioid OD, friends, family members, other persons at risk ³²	<ul style="list-style-type: none"> - 4mg/0.1 mL Narcan nasal spray with face shield, if available - IN 2mg/2mL single-dose Luer-lock prefilled syringe w/ mucosal atomizer and face shield, if available - IM naloxone in 0.4mg/ml single dose 1ml vials w/ one 3cc, 23g 1" syringe per dose dispensed, and face shield and alcohol swabs, if available - IM Two pack Evzio 2mg/0.4mL auto-injectors 	Must have completed DC Health's Naloxone Training Program if the Pharmacy is not a part of a National Pharmacy Organization ³³	-
Delaware	SO	-	Community-based Naloxone Access Program (CBNAP) Medical Director, Division of Public Health	Pharmacies and community-based training programs	Persons who have completed "CBNAP Opioid Overdose Responder Training"	<ul style="list-style-type: none"> - Two labeled (to meet Board of Pharmacy standards) Naloxone HCL 2mg/2mL Luer-Jet luer-lock pre-filled syringes (concentration 1mg/ml) & two mucosal atomization devices - Two labeled (to meet Board of Pharmacy standards) naloxone hydrochloride (4 mg/0.1 mL) pre-filled nasal spray applicators - Two labeled (to meet Board of Pharmacy standards) naloxone hydrochloride pre-filled 	Maintain registries of persons trained Kits dispensed must include product specific instructions and the Delaware Overdose Guidance document	Must complete CBNAP training



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						naloxone (0.4 mg/0.4 mL OR 2mg/0.4mL) single-use auto-injector devices & one Auto-injector trainer (no needle, no medication, reusable)		
Florida	SO	-	State Surgeon General	Licensed pharmacists practicing in a permitted FL pharmacy	Emergency responders	<ul style="list-style-type: none"> - Naloxone (auto-injector) 2 mg/0.4ml - Naloxone 2 mg/2 ml - Mucosal Atomization Device (MAD) 1 ml (or 3 ml) syringe w/ 2 prefilled syringes and 2 atomizers and instruction for administration - Narcan Nasal Spray 2mg and 4 mg of naloxone hydrochloride in 0.1 ml - KLOXXADO naloxone hydrochloride 8 mg in 0.1 ml - ZIMHI naloxone hydrochloride 5 mg in 0.5 ml 	-	-
Georgia	SO	Until revoked by Commissioner	Commissioner, Georgia Department of Public Health	Licensed pharmacies	Family, friends, co-workers, first responders, schools, pain management clinics, harm reduction organizations, or other persons in a position to	<ul style="list-style-type: none"> - Naloxone HCl in (2) 1mg/ml (2ml) pre-filled needleless syringes with (2) Teleflex mucosal atomizer devices (MAD300) 	-	Individuals are "strongly advised" but not required to complete a training program



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					assist a person experiencing an OD	<ul style="list-style-type: none"> - Naloxone HCl in (2) IN devices in 4MG/0.1ML or 8MG/0.1ML - IM Naloxone HCl in (2) single-use 1 ML vials w/ (2) 3ML syringes w/ 21-25 gauge 1-1.5 inch needles - IM Naloxone HCl in (1) multidose- 10ML vial w/ (2) 3ML syringes w/ 21-25 gauge 1-1.5 inch needles <p>Allows for "Substitution of Pharmaceutically Equivalent Product"</p>		
Hawaii	34	-	-	-	-	-	-	-
Idaho	35	-	-	-	-	-	-	-



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Illinois	SO available on request	February 8, 2025 ³⁶	Director of Department of Public Health	Illinois licensed pharmacists and pharmacies, overdose education and naloxone distribution programs, ³⁷ and schools registered with the Illinois State Board of Education and their staff	Anyone “who may assist an individual suffering opioid-related overdose”	<ul style="list-style-type: none"> -Two 1 ml single-use vials naloxone hydrochloride (0.4 mg/ml) or one 10 ml multi-use vial of naloxone hydrochloride (0.4 mg/ml) w/ two 23–25 gauge, 1-1.5 inch intramuscular sterile needles with Two 3 mL syringes - One case containing one ZIMHI (naloxone HCL injection, USP) 5mg/0.5 mL single-dose, prefilled syringe - One carton containing two cases of ZIMHI - One box containing two NARCAN Nasal Spray Devices (4 mg/0.1mL) - One box containing two KLOXXADO™ Nasal Spray Devices (8mg/0.1mL) - One box containing two Sandoz (generic) naloxone nasal spray devices (4mg/0.1mL) - One box containing two Teva (generic) naloxone intranasal spray devices (4mg/0.1mL) - One box containing two OPVEE Nasal 	Must provide overdose prevention information pamphlet with step-by-step instructions for use	Must complete training in opioid overdose prevention and reversal



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						Spray Devices (3 mg/0.1mL)		
Indiana	SO available on request to state-registered Naloxone Entities ³⁸	December 31, 2024	State Health Commissioner	"Naloxone entities" ³⁹	Anyone who may be able to assist an individual suffering an opioid-related overdose.	- Any formulation or dosage of FDA approved naloxone products ⁴⁰	Annual registration, provide education and training on OD response and treatment, including the administration of an overdose intervention drug and the legal requirement to call 9-1-1, provide drug addiction treatment and referrals	-
Iowa	SO Protocol	Upon the employment of a new medical director (SO) When terminated by the Board of Pharmacy (Protocol)	Medical Director, Iowa Department of Public Health (SO) Iowa Board of Pharmacy	Pharmacists	Individuals at risk of OD, or their family, friends, or others who may be in a position to assist; a first responder; school employee; "secondary distributor" ⁴¹ (SO only); a patient who is prescribed an opioid pain reliever or medication to treat	- IN naloxone w/ two Luer-Jet Luer-lock syringes (each prefilled with 2mg/2ml naloxone hydrochloride) & two mucosal atomization devices (MAD) with step-by-step administration instructions - IN naloxone in one FDA-approved naloxone hydrochloride	Completion of Pharmacy board approved eligibility assessment and maintaining records of assessments Completion of at least a one hour continuing education	Fill out an assessment form with an attestation that the recipient will make available all received training materials to any individual that may be in a position to administer the naloxone If the eligible recipient is a minor, a parent or



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					opioid use disorder (Protocol Only)	<p>prepackaged kit containing two doses with step-by-step administration instructions</p> <ul style="list-style-type: none"> - IM autoinjector in one FDA-approved naloxone hydrochloride prepackaged kit containing two doses with step-by-step administration instructions - Pharmacist may only dispense 5 of the above types of naloxone kits at one time unless more is "reasonable and justified" (SO Only) - any opioid antagonist that is FDA-approved for the treatment of opioid overdose (Protocol only) 	<p>program approved by the Accreditation Council for Pharmacy Education (ACPE) related to using overdose-reversal opioid antagonist (Protocol Only)</p> <p>Provide patient training and education⁴² (Protocol Only)</p>	guardian shall provide consent (SO)
Kansas	Protocol ⁴³	Discontinuation by dispensing pharmacist	State Board of Pharmacy	Kansas licensed pharmacists	Individuals at risk of OD, or their family, friends, or others who may in a position to assist; a first responder employed by a service program, law enforcement agency, or fire department; school nurse	<ul style="list-style-type: none"> - FDA- approved 4mg-8mg IN naloxone in a ready-to-use nasal spray device - FDA-approved IN naloxone 2 mg/2 ml prefilled luer lock syringe w/ mucosal atomization device - FDA-approved immediate release naloxone 0.4 mg/ml 1ml 	Shall provide in-person counseling, training, and written educational materials to the individual to whom naloxone is dispensed if a patient or bystander, written education	Parent or guardian consent if recipient is under 18 years old



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						single dose vial or 5mg ready-to-use prefilled single-dose syringe w/ 3ml Syringe with a 25G x1 inch needle - FDA approved auto-injector naloxone - FDA-approved 2.7mg IN nalmefene	and training materials if a first responder or school nurse	
Kentucky	Protocol	⁴⁴	Medical Director, Kentucky Department for Medicaid Services	Pharmacists that do not have a medical provider to issue a protocol	Voluntary request by a person or agency, persons who have difficulty accessing emergency services, or persons meeting several other factors ⁴⁵	- 4mg nasal spray (Narcan) - 8mg nasal spray (Kloxxado) - 2.7mg nalmefene nasal spray (Opvee) (only patients 12 and older) - 5mg pre-filled syringe (Zimhi) (only patients 12 and older)	Pharmacist must receive certification from Board of Pharmacy Verbal counseling and written education materials when recipient is person or agency not operating a harm reduction program Documentation via prescription record Documentation of name and title of person who provides recipient education	



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Louisiana	SO	January 1, 2025	Chief Medical Officer - Medicaid, Department of Health	Louisiana Board of Pharmacy licensed pharmacy	Any Louisiana resident	- Naloxone or other opioid antagonist via any device approved by the FDA	Verify recipient's knowledge and understanding on proper use including how to recognize an OD, how to store and administer the naloxone or opioid antagonist and emergency follow-up procedures	
Maine	- ⁴⁶	-	-	-	-	-	-	-
Maryland	SO ⁴⁷	June 30, 2024	Secretary of Maryland Department of Health	Maryland licensed pharmacists	Any individual	- Any formulation of naloxone that is most appropriate for the patient	Provide consultation about dosage and formulation; directions to call 911, provide rescue breathing and monitor the person	- ⁴⁸
Massachusetts	SO ⁴⁹	-	Medical Director, Opioid Overdose Prevention Program, Department of Public Health	Licensed pharmacists	Person at risk of OD or a friend, family member, or other person in a position to help.	"Preferred naloxone formulations and doses": - IN naloxone 4mg/0.1mL nasal spray (2 doses) - IN Naloxone 2mg/2mL single-dose Luer-Jet	Pharmacist must counsel the recipient and distribute an Opioid Antagonist Information Pamphlet	-



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						<p>prefilled syringe w/ luer-lock mucosal atomization device per dose dispensed. (2 doses)</p> <ul style="list-style-type: none"> - IN Naloxone 3mg/0.1mL nasal spray (2 doses) - IM Naloxone 0.4mg/mL in 1mL single dose vial w/ one 3cc, 25 gauge, 1" syringe per dose dispensed (2 doses). <p>Alternatives⁵⁰:</p> <ul style="list-style-type: none"> -IN Naloxone 8mg/0.1mL nasal spray (2 doses) - IM Naloxone 5mg/0.5mL in a single dose pre-filled syringe (2 doses) 		
Michigan	SO available upon request ⁵¹	When signer is no longer Chief Medical Executive or otherwise provided by law	Chief Medical Executive	Pharmacists, community based organizations	Individuals at risk of OD, or their family, friends, or others who may in a position to assist	All formulations of naloxone that are FDA approved, including OTC	<p>"Appropriate training on naloxone"⁵²</p> <p>Pharmacists must "provide information on the best formulation (dose and route) to be used in various settings"</p>	-



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							Must advise recipient to review educational materials approved by the MI Dep't of Health and Human Services	
Minnesota	Protocol ⁵³	-	Minnesota Board of Pharmacy	Pharmacists	Any individual who requests an opioid antagonist	FDA-approved opioid antagonist products	<p>Successfully complete a training program specifically developed for prescribing opioid antagonists for the treatment of an acute opioid overdose.⁵⁴</p> <p>Provide "appropriate" written information and with counseling on the product dispensed related to administration; effectiveness, adverse effects, storage conditions and shelf-life, information concerning MN Good Sam law</p>	-



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							<p>“Steve’s Law”, and recommendation that 911 be called if the opioid antagonist is administered</p> <p>Provide information about, and/or referrals to, substance abuse treatment resources if the recipient indicates interest and information and “appropriate” resources concerning proper disposal of medications and needles/syringes</p>	
Mississippi	SO	May 4, 2024	Interim State Epidemiologist, Department of Health	Mississippi-licensed pharmacists	A person at risk of experiencing an opioid-related OD or registered pain management clinic, family, friends, or others who are in a position to assist	<ul style="list-style-type: none"> - 4mg Narcan nasal spray (or generic) - 8mg Kloxxado nasal spray (or generic) - Naloxone 2mg/2mL single-dose Luer-Jet prefilled syringe w/ mucosal atomization device - 1ml vial IM naloxone w/ 3cc, 23g-25g, 1-1.15 inch syringe 	-	-



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						- 5mg ZIMHI prefilled syringe in case or carton (or generic)		
Missouri	SO	-	Physician authorized by the Director of Missouri Department of Health and Senior Services	Pharmacists practicing in Missouri	Individuals at risk of OD, or their family, friends, or others who are in a position to assist	- 4mg IN naloxone nasal spray -8mg IN naloxone nasal spray - 1ml vial IM naloxone HCl with syringe - IM Naloxone HCl in 2mg/2ml prefilled syringe	-	Receive education regarding the risk factors of overdose, overdose signs and response, proper use of naloxone, and need for comprehensive substance abuse medical treatment
Montana	SO	December 31, 2024	State Medical Officer, Montana Department of Health and Human Services	Pharmacists	Individuals at risk of OD, or their family, friends, or others who may be in a position to assist, first responder, state crime lab, probation/parole officer, harm reduction organization, public health official, veterans' service organization	- IN 4mg naloxone nasal spray - IN naloxone 2 mg/2ml prefilled syringe w/ atomizer device	Provide recipient with DPHHS developed basic instruction and information	-
Nebraska	SO	August 10, 2024	Executive Medical Officer, Department of Health and Human Services	Pharmacists	Not specified ⁵⁵	- IN 4mg or 8mg naloxone nasal spray - IN naloxone HCl Solution 1mg/ml in a 2 ml pre-filled Luer-Lock Syringe w/ mucosal atomization device	-	-



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						- 1ml vial IM naloxone HCl with two to eight 3cc syringes w/ 23-35G 1-1.5 inch needles		
Nevada	56	-	-	-	-	-	-	-
New Hampshire	SO	December 31, 2025	Chief Medical Officer, Department of Health and Human Services	Community Organizations	Individuals at risk of opiate-related OD, or their family, friends, or others who are in a position to assist	-4mg naloxone nasal spray (Narcan) -8mg naloxone nasal spray (KLOXXADO) - IN naloxone in two 1ml Luer-Lock prefilled needless syringe with atomizer - IN nalmefene nasal spray 2.7mg (OPVEE) - IM naloxone HCl in one 10ml vial or two 1ml single dose vials w/ one IM syringe and 1-1.5 inch needle	Provide written step-by-step instructions for administration	-
New Jersey	SO	If "all forms of opioid antidotes have been approved as over-the-counter medications"	Acting Deputy Commissioner, Public Health Services, Department of Health	New Jersey licensed pharmacists	"any individual who or entity that is prescribed or dispensed an opioid antidote" in accordance with N.J.S.A. 24:6J-4 or N.J.S.A. 45:14-67.2 ⁵⁷	Opioid antidote defined as "any drug, regardless of dosage amount or method of administration which has been approved by the United States Food and Drug Administration	Provide overdose prevention information	-



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						(FDA) for the treatment of an opioid overdose.”		
New Mexico	SO	-	New Mexico Dept. of Health Medical Director	Registered pharmacists	Any person who uses an opioid; any person in a position to assist	Any naloxone formulation or opioid antagonist commercially available and FDA approved for the emergency treatment of known or suspected opioid overdose	Must provide opioid overdose and naloxone administration education and provide written educational handout to recipient	
New York	SO	February 12, 2026 or replacement of Commissioner of Health	Commissioner of Health, New York State Department of Health	Pharmacists in New York State who are registered and in good standing with the New York State Education Department’s Board of Pharmacy and dispensing medications at a pharmacy licensed by the Board of Pharmacy	Persons who request naloxone	-4mg IN naloxone nasal spray - IM naloxone in 1mL single use vials w/ syringes - any other FDA approved naloxone formulations identical in strength, dose volume, route of administration and pharmacologic action	Must counsel recipient and/or provide materials on naloxone, risk factors for opioid overdose, signs of opioid overdose, and how to respond to an overdose	-



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North Carolina	SO	Until revoked by the State Health Director	State Health Director and Chief Medical Officer	Pharmacists practicing and licensed to dispense opioid antagonists in NC	Individuals at risk of OD, or their family, friends, or others who may be in a position to assist	Any FDA-approved opioid antagonist	-	Must receive relevant education
North Dakota	_.58	-	-	-	-	-	-	-
Ohio	_.59	-	-	-	-	-	-	-
Oklahoma	SO	-	Medical Director Department of Mental Health and Substance Abuse Services	Licensed pharmacists practicing in an OK licensed pharmacy	Individuals at risk of OD, or their family, friends, or others who may be in a position to assist; first responders	<ul style="list-style-type: none"> - 4 or 8 mg IN naloxone nasal spray - IM 1 mL Single Dose Vial (SDV) or pre-filled syringe - IM 1 mg/mL Injection SDV or pre-filled syringe, - Naloxone 5 mg/ 0.5 mL auto-injection 	Provide recipient with basic instruction and information	-
Oregon	_.60	-	-	-	-	-	-	-



State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
Pennsylvania	SO	The date that the physician who signs the standing order ceases to be an employee of the Department of Health	Acting Secretary of the Department of Health	Pharmacists	Individuals at risk of OD, or their family, friends, or others who may be in a position to assist, community-based organizations	<ul style="list-style-type: none"> - IN 4 mg Narcan spray or generic equivalent - IN 8mg Kloxxado spray or generic equivalent - IN Luer-lock syringes with 2mL of naloxone w/ mucosal atomizer - ZIMHI auto-injector (5mg/0.5mL dose) - IM naloxone in 2 vials of 1mL w/ syringes - explicitly includes OTC 	-	61
Rhode Island	62	-	-	-	-	-	-	-
South Carolina ⁶³	Protocol	-	President, Board of Medical Examiners and Chairman, Board of Pharmacy	SC licensed pharmacists practicing in SC	<p>Persons who voluntarily request naloxone and who are at risk of overdose or are the caregivers of a person at risk of overdose (individual)</p> <p>Community distributor - an organization that provides substance use disorder assistance and services (community-based)</p>	<ul style="list-style-type: none"> - IN 4 mg naloxone nasal spray - IN 8mg naloxone nasal spray - IN Luer-lock syringes with 2mL of naloxone w/ mucosal atomizer - IM naloxone in 2 single-dose vials of 1mL w/ 3mL, 25G, 1 inch IM syringes 	"Sufficient[ly]" educated on naloxone	Must receive education regarding risk factors for OD, signs of OD, and the use of naloxone



State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
South Dakota	SO	Two years from signature date	Medicaid Chief Medical Officer	Licensed pharmacist in a pharmacy located in SD	An individual at risk of an opioid-related overdose or a family member, friend, or other close third party to a person at risk of experiencing an opioid-related overdose	<ul style="list-style-type: none"> - IN prepackaged FDA-approved naloxone HCl nasal spray w/ 2 doses - IM 2 vials of 1mL naloxone w/ syringes and needles or 2mg/2ml syringes w/ needles - FDA-approved prepackaged auto-injector naloxone w/ 2 doses 	<p>Complete eligibility assessment for recipient</p> <p>Provide basic instruction and information on how to recognize and respond to a possible opioid overdose and how to administer naloxone</p> <p>Complete at least one hour of training related to naloxone dispensing, administration and recipient education</p> <p>Distribute patient education materials</p>	-
Tennessee	CPA ⁶⁴	Two years from issuance, or upon resignation, removal, or retirement of signer from office	Chief Medical Officer, TN Dep't. of Health	TN licensed pharmacists	At-risk individuals and/or family or friends of an at-risk individual; any other person in a position to assist the person at risk of experiencing an opiate-related overdose; pain	<ul style="list-style-type: none"> - IM naloxone one 10mL multi-dose flip top vial, or two 1 mL vials w/ IM syringes 25 gauge 3cc 1" long - 4mg or 8mg naloxone nasal spray - 2mL Luer-Jet luer-lock naloxone prefilled 	<p>Complete training program approved by DOH</p> <p>Must provide education and counseling to recipient</p>	



State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
					management clinics; primary care or ambulatory care clinics; local health departments; school or other educational institutions; harm reduction organizations; emergency medical services technicians; first responders; law enforcement officers or agencies; or agents of licensed mental health or substance abuse treatment facilities	syringes with generic atomizer (concentration: 1mg/1mL) - A pharmacist may substitute another "comparable" formulation at their discretion "using reasonable care and clinical judgement"		
Texas	SO available upon request ⁶⁵	Unclear	Unclear	Texas licensed pharmacist	Unclear	- IM naloxone in multi-dose vial or pre-filled syringe - IN naloxone with mucosal atomization device - IN Naloxone Nasal Spray (such as Narcan or equivalent). - Specifically excludes auto-injectors	One hour Texas accredited course provided by an Accreditation Council for Pharmacy Education approved provider in coordination with the Texas Pharmacy Association	-
Utah	SO	Reviewed and updated as needed, or at least every two years.	Executive Director, Utah Department of Health	Utah licensed pharmacist	Individual at risk of OD, family member, friend, other person who could assist, or an individual on behalf of	- 4mg naloxone nasal spray - IN naloxone 1 mg/mL in a 2 mL pre-filled Luer-	Must report doses dispensed, by product type	-



State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
					an overdose outreach provider	Lock syringe with atomizer - IM naloxone in a 1 mL unit dose vial or prefilled syringe device - 2 mg/0.4 ml IM auto-injector		
Vermont	SO Protocol ⁶⁶	August 31, 2025 (SO)	Commissioner, Department of Health	Pharmacists	VT residents at risk of OD, their family, friends, or others who may be in a position to assist (SO) Anyone (Protocol)	- Naloxone/ Narcan Nasal Spray (SO) - FDA-approved opioid antagonist products (Protocol)	Provide patient information brochure (SO) Screen for knowledge around naloxone and responding to an overdose and provide basic training and written information (Protocol)	Review instructional materials OR complete training program (SO)
Virginia	SO ⁶⁷	March 5, 2025 or upon resignation, removal, or retirement of signer	State Health Commissioner	VA licensed pharmacists EMS personnel Numerous other entities who have rec'd training	To a person to administer to another they believe is experiencing an overdose	- 4 mg or 8mg naloxone nasal spray - IN naloxone in 2mg/2mL prefilled syringe with generic atomizer - 2mg IM auto-injector - IM naloxone in 0.4mg/ml #2 single-use 1ml vials (pharmacists only)	Must provide instruction on opioid overdose prevention, recognition, and naloxone administration. ⁶⁸	-



State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
Washington	SO	Upon revocation or signer ceasing to act as Secretary of Health's designee	Chief Science Officer, Department of Health	"Any eligible person or entity" including pharmacies	Any person at risk of opioid OD or in a position to assist such person	<ul style="list-style-type: none"> - Two 1mL single-dose vials of IM naloxone HCl (0.4mg/1mL) w/ syringes - 1 kit containing two single-dose devices of naloxone HCl 4mg nasal spray - Emergency medical agencies may receive 1 prefilled luer-lock syringe and compatible delivery device 	Must provide directions for use, directions from pharmacist must be written	-
West Virginia ⁶⁹	SO ⁷⁰ Protocol ⁷¹	-	Commissioner & State Health Officer (SOs)	Pharmacy	Residents of WV at risk of OD, or their family, friends, or others who may be in a position to assist	Any opioid antagonist approved by the FDA	<p>Must provide two tri-fold brochures created by state OEMS (Protocol only)</p> <p>Screen recipient for hypersensitivity</p> <p>Product counseling and information</p> <p>Provide the 1-844-HELP-4-WV phone number if the recipient indicates interest in addiction treatment or recovery services</p>	-



State	SO, CPA, or Protocol ²¹	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Drugs and formulations	Requirements for dispenser	Requirements for recipient
Wisconsin	SO ⁷²	August 1, 2025	DHS Chief Medical Officer	Pharmacists located and licensed in WI	Individual at risk of OD or in position to assist individual at risk of overdose	- 4mg naloxone nasal spray - Two 2 mL naloxone Luer-Lock prefilled syringes with atomizer -Two 1mL vials of IM naloxone w/ syringes	Must complete at least 1 hour of training, educate patient and provide patient education materials.	-
Wyoming	_ ⁷³	-	-	-	-	-	-	-

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¹ National Institute on Drug Abuse, Drug Overdose Death Rates, <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates> (“Nearly 108,000 persons in the U.S. died from drug-involved overdose in 2022, including from illicit or prescription drugs.”)

² *Id.* (“Opioid-involved overdose deaths rose from 49,860 in 2019 to 81,806 in 2022.”)

³ Opioid overdose is caused by excessive depression of the respiratory and central nervous systems. Naloxone, a κ - and δ , and μ -opioid receptor competitive antagonist, works by displacing opioids from these receptors, thereby reversing their depressant effect. See J. M. Chamberlain & B. L. Klein, *A comprehensive review of naloxone for the emergency physician*, 12 AM J EMERG MED 6, 650-60, (1994).

⁴ Christine L. Mattson et al., *Opportunities to Prevent Overdose Deaths Involving Prescription and Illicit Opioids, 11 States, July 2016 – June 2017*, 67 MORB. MORTAL WK'LY REP. 34, 945-951 (2018).

⁵ See 21 U.S.C. § 801, 21 CFR § 1308.

⁶ Eliza Wheeler, et al., *Opioid Overdose Prevention Programs Providing Naloxone to Laypersons - United States, 2014*, 64 MORB. MORTAL WK'LY REP. 23, 631-635 (2015); Maya Doe-Simkins, et al., *Overdose rescues by trained and untrained participants and change in opioid use among substance-using participants in overdose education and naloxone distribution programs: a retrospective cohort study*, 14 BMC PUBLIC HEALTH 297 (2014).

⁷ For further background on these laws, please see Corey S. Davis & Derek Carr, *Legal changes to increase access to naloxone for opioid overdose reversal in the United States*. DRUG & ALCOHOL DEPEND. 157, 112-120 (2015).

⁸ For a full explanation of the various mechanisms by which naloxone may be dispensed without a patient-specific order, see C. Davis & D. Carr, *State legal innovations to encourage naloxone dispensing*, 57 J AM PHARM ASSOC (2003) (2017).

⁹ This table lists the characteristics of standing orders that have been issued by a state official or can be requested from a state official. The characteristics of these standing orders do not necessarily track what is permissible under state law. For links to the relevant law in each state, see NETWORK FOR PUBLIC HEALTH LAW, LEGAL INTERVENTIONS TO REDUCE OVERDOSE MORTALITY: NALOXONE ACCESS AND GOOD SAMARITAN LAWS (2023), available at <https://www.networkforphl.org/wp-content/uploads/2023/11/Naloxone-Access-Laws-50-State-Survey-2023.pdf>.

¹⁰ Only states with a standing order, protocol or collaborative practice agreement are included. Of the remaining states, Connecticut, Idaho, Maine, North Dakota, Oregon and Wyoming provide pharmacist prescription authority. Hawaii and Nevada permit standing orders but do not have one in place. Ohio allows physician approved protocols but no statewide protocol has been issued. Rhode Island has no statewide order or protocol in place and removed all standing order references from the law in July 2022 with only standing orders in school settings remaining in the law.

¹¹ Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Iowa, Louisiana, Maryland, Massachusetts, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania, South Dakota, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin.

¹² California, Colorado, District of Columbia, Illinois, Indiana, Michigan, Texas.

¹³ Arkansas, California, Iowa, Kansas, Kentucky, Minnesota, South Carolina, Vermont, West Virginia.

¹⁴ Arkansas, Iowa, West Virginia, Vermont. This does not include California, where a standing order is available upon request.

¹⁵ Alabama, Arizona, Arkansas, District of Columbia, Florida, Georgia, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia, Wisconsin.

¹⁶ Alaska, California, Colorado, Delaware, Illinois, Indiana, Michigan, New Hampshire, Virginia, Washington. California allows community organizations to request a standing order. Indiana allows “Naloxone entities” which requires registration at <https://optin.in.gov/> and can include community based organizations. Washington allows “any eligible entity” which includes “persons at risk of experiencing an opioid-related overdose or persons or entities in a position to aid persons experiencing an opioid-related overdose.”

¹⁷ Some standing orders still explicitly allow for the distribution of the brand name auto-injector formulation Evzio, which was discontinued in 2020.

¹⁸ Alabama, Arizona, Arkansas, California, Colorado, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, North Carolina, South Dakota, Vermont, West Virginia. Tennessee is not included in the count because the language – “Comparable substitutions are accepted at the discretion of the pharmacist using reasonable care and clinical judgement” – is unclear.

¹⁹ Alabama, Arizona, Arkansas, Colorado, Illinois, Iowa, Kansas, Kentucky, Louisiana, Minnesota, New Hampshire, New Jersey, New Mexico, North Carolina, Vermont, West Virginia.

²⁰ Alabama, Alaska, California, Colorado, District of Columbia, Delaware, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Hampshire, New Jersey, New Mexico, New York, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin

²¹ SO refers to Standing Order. CPA refers to Collaborative Practice Agreement.

²² MAD refers to a Mucosal Atomization Device, which fits on the end of the syringe in place of a needle and permits the naloxone to be administered in a mist into the nose.

²³ According to the Alabama standing order, nalmefene is approved for individuals over the age of 12.

²⁴ The document is titled “Arkansas Naloxone Protocol” but refers to itself as a “standing order.” Under state law, “A healthcare professional acting in good faith may directly or by standing order prescribe, dispense and supply an opioid antagonist.” Ark. Code Ann. § 20-13-1804(a). State law also permits a pharmacist to “initiate therapy and administer or dispense, or both, drugs that include Naloxone” under a statewide protocol. Ark. Code Ann. § 17-92-101(18)(A)(i)(g).

²⁵ “Eligibility Criteria: ...an individual who is at increased risk of an opioid overdose or who is a family member, friend, or other person who is in a position to assist an individual with an increased risk of an opioid overdose is eligible to receive naloxone. Factors that may place an individual at an increased risk of opioid overdose include: a. Opioid use including prescription or illicit drugs b. History of opioid intoxication, overdose, and/or emergency medical care for acute opioid poisoning c. High opioid dose prescribed (>50 morphine milligram equivalents daily) d. Suspected or known concurrent alcohol use e. Concurrent prescriptions or use of benzodiazepines, tricyclic anti-depressants (TCA’s), skeletal muscle relaxants and other medications f. Treatment of opioid use disorder with either buprenorphine or methadone. g. Concurrent history of smoking/COPD or other respiratory illnesses or obstruction.” https://www.healthy.arkansas.gov/images/uploads/pdf/Naloxone_Standing_Order_Dr_Bala.pdf

²⁶ California law permits both standing orders and a statewide protocol order. See Cal. Civ. Code § 1714.22(c)(1) (standing order); Business and Professions Code § 4052.01 (protocol). However, there is no statewide standing order, only a statewide protocol. Organizations must individually apply for a standing order at <https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone-Standing-Order.aspx>.

²⁷ See §1746.3 Protocol for Pharmacists Furnishing Naloxone Hydrochloride, http://www.pharmacy.ca.gov/publications/naloxone_protocol.pdf.

²⁸ “Prior to furnishing naloxone hydrochloride, pharmacists who use this protocol must have successfully completed a minimum of one hour of an approved continuing education program specific to the use of naloxone hydrochloride in all routes of administration recognized in subsection (c)(4) of this protocol, or an equivalent curriculum-based training program completed in a board recognized school of pharmacy.” https://www.pharmacy.ca.gov/publications/naloxone_protocol.pdf.

²⁹ As with California, Colorado does not maintain a single standing order but will issue standing orders to entities upon request. Sample standing orders are available for [pharmacies](#), [harm reduction agencies](#), [law enforcement officers](#), and [local public health agencies](#). They are very similar in content.

³⁰ Connecticut does not maintain a statewide standing order for naloxone dispensing. State law does, however, permit pharmacists that meet certain criteria to prescribe and dispense naloxone on their own authority. Conn. Gen. Stat. Ann. § 20-633c. A list of pharmacies where naloxone is available in this manner is available [here](#). A pharmacy participating in a standing order may only distribute intranasal naloxone and auto-injector naloxone.

³¹ Washington D.C.’s standing order is not a blanket order, but individual pharmacists may request one from the Health Regulation and Licensing Administration. The information listed here comes from the sample standing order. See DC Health Regulation and Licensing Administration, *District of Columbia Naloxone Standing Order*, https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/181204%20DC%20Naloxone%20Standing%20Order_1.pdf.

³² Limited to individuals “not able to obtain naloxone or a prescription from their regular health care provider.” See *id.*

- ³³ See DC Health Regulation and Licensing Administration, *Memo from Shauna White, PharmD, RPh, MS, Executive Director, Board of Pharmacy, Program Manager Pharmaceutical Control Division*, <https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/181204%20Naloxone%20Letter%20to%20Pharmacies.pdf>.
- ³⁴ Hawaii law permits standing orders to be issued. Haw. Rev. Stat. §§ 329E-2. However, no statewide standing order is currently in place.
- ³⁵ Idaho law permits pharmacist prescribing and dispensing. Idaho Code Ann. § 54-1735. The Idaho Office of Drug Policy (ODP), has a standing order to provide naloxone, however, there does not appear to be a statewide standing order. ODP “aims to distribute free naloxone kits to organizations in Idaho interacting with individuals at risk of an opioid-related overdose.” <https://prevention.odp.idaho.gov/naloxone/>. Organizations can request naloxone from ODP here: <https://app.keysurvey.com/f/41689119/17ac/>.
- ³⁶ Per the state Department of Public Health, the Order will be renewed annually. <http://dph.illinois.gov/sites/default/files/IDPH-Naloxone-FAQ-110117.pdf>
- ³⁷ These organizations include law enforcement agencies, drug treatment programs, local health departments, hospitals or urgent care facilities, or other for-profit or not-for-profit community-based organizations. See <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/naloxone-so-procedures.pdf>.
- ³⁸ See Indiana Statewide Naloxone Standing Order Toolkit for Naloxone Entities Indiana Code § 16-42-27, <https://optin.in.gov/files/Indiana-Statewide-Naloxone-Standing-Order-Toolkit.pdf> (“Individuals and entities that wish to obtain, administer or dispense naloxone under Indiana’s Statewide Naloxone Standing Order must annually register as “Naloxone Entities” with the Indiana State Department of Health on the OptIN website found here: <https://optin.in.gov>. The Statewide Standing Order, authorized by I.C. § 16-42-27, is renewed each year. Naloxone Entities must at all times remain compliant with Indiana law to act under the Statewide Standing Order, and abide by the attestations made on the OptIN website.”
- ³⁹ See Indiana Statewide Naloxone Standing Order Toolkit for Naloxone Entities Indiana Code § 16-42-27, <https://optin.in.gov/files/Indiana-Statewide-Naloxone-Standing-Order-Toolkit.pdf> (“Individuals and entities that wish to obtain, administer or dispense naloxone under Indiana’s Statewide Naloxone Standing Order must annually register as “Naloxone Entities” with the Indiana State Department of Health on the OptIN website found here: <https://optin.in.gov>. The Statewide Standing Order, authorized by I.C. § 16-42-27, is renewed each year. Naloxone Entities must at all times remain compliant with Indiana law to act under the Statewide Standing Order, and abide by the attestations made on the OptIN website.”
- ⁴⁰ “A statewide standing order issued under this section must allow for choice in the: (1) purchasing; (2) dispensing; and (3) distributing; of any formulation or dosage of a naloxone product that is approved by the federal Food and Drug Administration.” [Ind. Code Ann. § 16-42-27-2\(f\)](#).
- ⁴¹ “a law enforcement agency, emergency medical services program, fire department, school district, health care provider, licensed behavioral health provider, county health department, or the department of health and human services” 2023 Iowa Acts, House File 595, Section 15
- ⁴² Must include calling 911, basic life support, signs and symptoms of overdose, all possible adverse reactions, including withdrawal, appropriate use and directions of opioid antagonists and information about substance abuse or behavioral health treatment programs or use in pregnancy, if applicable.
- ⁴³ Kansas’s statewide protocol appears to be the functional equivalent of a standing order. See https://pharmacy.ks.gov/docs/librariesprovider10/naloxone/naloxone-statewide-protocol---official.pdf?sfvrsn=c709a601_14 Because Kansas’s protocol requires pharmacists to opt-in to the protocol, check with the pharmacy before attempting to get naloxone to see if they participate
- ⁴⁴ The protocol does not have an expiration date, but by its terms it must be renewed annually.
- ⁴⁵ Persons with a history of receiving medical care for acute opioid poisoning or overdose, persons with a suspected history of substance abuse or nonmedical opioid use, persons receiving high-dose opioid prescriptions (e.g. >50 mg morphine equivalent), persons who are opioid naïve and receiving a first prescription for methadone for pain, persons starting buprenorphine or methadone for addiction treatment, persons on opioid prescriptions for pain in combination with: smoking, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or other respiratory illness, renal dysfunction, hepatic disease, or cardiac disease, known or suspected alcohol use, concurrent benzodiazepine or other sedative prescriptions, concurrent antidepressant prescription.
- ⁴⁶ Maine law permits standing orders. See Me. Rev. Stat. Ann. tit. 22, § 2353. However, no standing order appears to have been issued. Additionally, a pharmacist may prescribe and dispense naloxone hydrochloride to an individual of any age at risk of experiencing an opioid-related drug overdose. Me. Rev. Stat. Ann. tit. 22, § 2353(2)(A-1). A pharmacist may also prescribe and dispense naloxone to a person of “any age who is a member of an individual’s immediate family or a friend of the individual or to another person in a position to assist the individual if the individual is at risk of experiencing an opioid-related drug overdose.” Me. Rev. Stat. Ann. tit. 22, § 2353(2)(C-1). Maine does have a standing order for providing over the counter naloxone to MaineCare recipients located at <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Standing%20Order%20for%20Naloxone%20%28MaineCare%29%202023.pdf>
- ⁴⁷ State law permits collaborative practice agreements, but there is no statewide CPA. “A pharmacist may dispense naloxone in accordance with a therapy management contract under Title 12, Subtitle 6A of the Health Occupations Article.” Md. Code Ann., Health-Gen. § 13-3106(c). A therapy management contract under Maryland law is the equivalent of what other states refer to as a collaborative practice agreement.
- ⁴⁸ Indeed, the standing order specifically notes that “an individual is not required to have previously received training or education on opioid overdose response to be dispensed naloxone” and accompanying guidance notes that “The standing order does not require the pharmacist to verify the individual’s knowledge, skills or abilities prior to dispensing.”
- ⁴⁹ The Board of Pharmacy has also issued a policy for pharmacist dispensing located [here](#).

⁵⁰ Per the standing order: "The following doses and formulations of naloxone should be considered when the preferred doses or formulations are not available. These higher dose formulations are likely to have an increased risk of naloxone precipitated withdrawal."

⁵¹ There is no signed statewide standing order. Rather, pharmacists must individually request a signed standing order. Data for this line come from the sample standing order, posted at https://www.michigan.gov/documents/mdhhs/Standing_Order_571880_7.pdf.

⁵² See Standing Order Packet-Naloxone Prescription for Opioid Overdose Prevention at V. B., available at https://www.michigan.gov/documents/mdhhs/Standing_Order_571880_7.pdf. See also, Michigan Department of Health and Human Services, Information for Opioid Prescribers, available at https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584---,00.html.

⁵³ The Minnesota Board of Pharmacy has developed a protocol that governs naloxone dispensing, and pharmacists may use it or develop their own protocol. However, the pharmacist must still enter into an agreement with a prescriber. See Minnesota Board of Pharmacy, Pharmacist Prescribing Protocol Opioid Antagonists, December 23, 2020, available at https://mn.gov/boards/assets/Minnesota%20Board%20of%20Pharmacy%20Opioid%20Antagonist%20Protocol%20for%20Independent%20Prescribing%20Approved_tcm21-463726.pdf.

⁵⁴ "The program must be offered by a college of pharmacy, by a continuing education provider that is accredited by the Accreditation Council for Pharmacy Education (ACPE), or a program approved by the Board."

⁵⁵ Standing order states the intent is to expand access to friends, family, and bystanders.

⁵⁶ Nevada law permits standing orders. Nev. Rev. Stat. Ann. § 453C.100. While there is no statewide standing order in place, the Medical Director of the Southern Nevada Health District has issued an order valid in that District. See <http://media.southernnevadahealthdistrict.org/download/ems/2018/standing-order-for-naloxone-2018.pdf>.

⁵⁷ N.J. Stat. Ann. § 24:6J-4 and N.J. Stat. § 45:14-67.2 allow dispensing to any person or entity.

⁵⁸ North Dakota allows pharmacists to prescribe naloxone to patients at risk of an overdose, their friends and family members, or other individuals in a position to assist in the event of an overdose. N.D. Admin. Code 61-04-12-01, 02.

⁵⁹ Ohio law permits pharmacists to enter into a physician-approved protocol to dispense naloxone to individuals without a patient-specific prescription. However, no statewide protocol has been issued. Ohio Admin. Code § 4729-5-39. See State of Ohio Board of Pharmacy, Dispensing of Naloxone by Pharmacists and Pharmacy Interns without a Prescription, March 30, 2022, available at <https://www.pharmacy.ohio.gov/documents/pubs/naloxone/resources/pharmacy%20resources/guidance%20document%20-%20dispensing%20of%20naloxone%20without%20a%20prescription.pdf> A list of pharmacies that dispense naloxone pursuant to such a protocol is available [here](#).

⁶⁰ Oregon permits pharmacists to prescribe naloxone. Or. Rev. Stat. Ann. § 689.682. See also Or. Admin. § 855-019-0460 (rules regulating pharmacist naloxone prescription).

⁶¹ While not a requirement, the standing order recommends the following: "Prior to obtaining Naloxone under this Standing Order, Eligible Persons are strongly advised to complete a training program approved by the Pennsylvania Department of Health (DOH) in consultation with the Pennsylvania Department of Drug and Alcohol Programs (DDAP), such as the one found online at Train PA's website (<https://www.train.org/pa/admin/course/1085469/>) and obtain a certificate of completion. Act 139 does not require training; however, training is necessary in order to ensure that Eligible Persons are protected from legal liability to the extent that Act 139 provides that the receipt of DOH/DDAP-approved training and instructional materials and prompt seeking of additional medical assistance creates a rebuttable presumption that an Eligible Person acted with reasonable care in administering Naloxone."

⁶² Language related to standing orders was removed in July 2022. References to standing orders for naloxone are now limited to the school setting; "School physicians shall prepare standing orders for the procedures to be followed in dealing with a suspected opioid overdose in a school setting. The standing orders shall not require any school nurse-teacher to administer an opioid antagonist." 21 R.I. Gen. Laws Ann.16-21-35(c).

⁶³ The standing order for community-based organizations is located here:

https://llr.sc.gov/med/Policies/Joint%20Community%20Distributor%20Naloxone_Protocol%20with%20Appendix.pdf

⁶⁴ Tennessee doesn't have a statewide standing order, but it does have a statewide collaborative practice agreement that works like a standing order. Because this agreement requires pharmacies to opt-in, check with the pharmacy before attempting to get naloxone to see if they participate.

⁶⁵ As with several other states, this is not a true statewide standing order; rather, pharmacists must apply for and obtain a standing order. There is no sample standing order available, therefore much of this line is "unclear."


⁶⁶ The protocol was adopted January 28, 2015.

⁶⁷ The pharmacist dispensing under a standing order is required to act in accordance with protocols developed by the state board of pharmacy. The protocols are available at <https://www.dhp.virginia.gov/pharmacy/guidelines/110-44.pdf>.

⁶⁸ This requirement is not listed in the standing order itself, but is required by the [accompanying protocol](#).

⁶⁹ West Virginia also authorizes distribution by eligible organizations via standing order located at https://www.wvbop.com/www/download_resource.asp?id=417.

⁷⁰ Effective June 5, 2018, the state health officer may prescribe naloxone via statewide standing order. W. Va. Code. Ann § 16-46-7.



⁷¹ Pharmacists have been permitted to dispense under the protocol since June 10, 2016. W. Va. Code Ann. § 16-46-3a.

⁷² Pharmacies must [enroll](#) to receive a signed standing order. Information included is from the sample standing order available at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.dhs.wisconsin.gov/forms/f01802.pdf

⁷³ Under Wyoming law, pharmacists may prescribe naloxone and dispense to individuals at risk of OD or persons in a position to help. See Wyo. Admin. Code 059.0001.18 § 4; Wyo. Stat. Ann. § 35-4-903. More information on Wyoming's efforts is available [here](#).