



OVERDOSE PREVENTION AND HARM REDUCTION

50-State Survey

Characteristics of Statewide Naloxone Distribution Mechanisms

Background

Drug overdose is a continuing epidemic that claimed the lives of over 67,000 Americans in 2018.¹ Opioids, either alone or in combination with other substances, were responsible for approximately 70% of these deaths.² Many of these lost lives and other opioid-related harms are preventable through the timely administration of the opioid reversal drug naloxone and, where needed, the provision of ancillary emergency care.³ To help reverse this unprecedented increase in overdose-related harm, all fifty states and the District of Columbia have modified their laws to increase access to naloxone, the standard first-line treatment for opioid overdose.

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”.⁴ 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. One state utilizes 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 that applies to all entities in the state, subject to the restrictions in the directive. 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.⁵ 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.

Summary of Statewide Non-Patient Specific Naloxone Directives

To provide clarity on these questions, we systematically collected and categorized each statewide directive for naloxone distribution that had been issued by a state official or licensing board as of December 31, 2019. A total of 35 states had in place some mechanism for the statewide distribution of naloxone without a patient-specific prescription. While there is a good deal of similarity among these directives, there are also several notable differences. Statewide standing orders had been issued in 23 states, and were available upon request in a further eight. Statewide protocols under which naloxone can be dispensed or distributed existed in seven states, and one state had enacted a Collaborative Pharmacy Practice Agreement that serves as the functional equivalent of a standing order.⁶ In four states, both a statewide standing order and protocol are in place. Twenty-seven states limit these mechanisms to pharmacy distribution, while seven permit community organizations to distribute naloxone. 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 with regard to the information they include. Most provide an expiration date, though that date varies in length and specificity. Most permit anyone who may be in a position to assist in reversal of an overdose to access naloxone under their provisions, although a handful are more restrictive. While the majority of 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. Finally, directives in 20 states require some sort of training or education for either the dispenser or the recipient, ranging from those specifically developed by the state to basic education on how to administer naloxone.

Non-Patient Specific Directives for Naloxone Distribution

State	Standing Order (SO), Collaborative Practice Agreement (CPA), or Protocol	Expiry Date	Who Issued	Who can distribute?	Who can receive?	Forms Covered: Intra-nasal (IN) Intra-muscular (IM)	Requirements for dispenser	Requirements for recipient
Alabama	SO	When naloxone becomes OTC	State health officer	Pharmacies	Individual at risk of opioid-related OD, others who may in a position to assist such person	IN w/ MAD ⁶ IN (Narcan) IM w/ syringe IM auto-injector	-	Must be provided instructions for administration, calling 911, providing rescue breathing, and monitoring person experiencing OD

Alaska	- ⁷	-	-	-	-	-	-	-
Arizona	SO	November 7, 2020	Director of AZ Dept. of Health and Human Services	Licensed pharmacists	Any individual	IN (Narcan) IN w/ syringe IM (Evzio)	-	-
Arkansas	SO ⁸	-	Director and State Health Officer, AR Dept. of Health	Licensed pharmacists	Eligible ⁹ individuals at risk of OD, or their family, friends, or others who may be in a position to assist	IN w/ MAD IN (Narcan) IM (Evzio)	-	-
California	Protocol; SO available upon request ¹⁰	-	Public health officer (SO); Board of Pharmacy (Protocol)	Community organizations (standing order); Pharmacies (protocol) ¹¹	Individuals who use or have used opioids or are in contact with such persons, including first responders	IN (Narcan) IM (Evzio) IN (SO) Any FDA-approved form (Protocol)	SO: Receipt of opioid overdose prevention and treatment training Protocol: Continuing education program, or equivalent curriculum-based training program. ¹²	Brief educational program re OD prevention and response (SO) Must be provided approved fact sheet (Protocol)
Colorado	SO available upon request ¹³	-	Chief Medical Officer	Pharmacists, harm reduction agencies, law enforcement agencies	First responders, Individuals at risk of OD, or their family, friends, or others who may be in a position to assist	IM IM (Evzio) IN (Narcan) IN w/ MAD	-	Provided information and/or referral for SUD/behavioral health treatment; Completion of training regarding recognizing and responding to OD

Connecticut	_14	-	-	-	-	-	-	-
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"	IN (Narcan) IM (Evzio) IN w/ MAD	Maintain registries of persons trained	Must complete CBNAP training
Florida	SO	-	Deputy Secretary for Children's Medical Services	Licensed pharmacists practicing in a licensed FL pharmacy	Emergency responders	IN (Narcan) IM auto-injector IN w/ MAD	-	-
Georgia	SO	As long as Commissioner remains in office, or until revoked by signer	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 assist a person experiencing an OD	IN w/ MAD IN (Narcan) IM w/ syringe IM auto-injector	-	Individuals are "strongly advised" but not required to complete a training program
Hawaii	_15	-	-	-	-	-	-	-

Idaho	- ¹⁶	-	-	-	-	-	-	-
Illinois	SO available on request	September 6, 2020 ¹⁷	Chief Medical Officer, Department of Public Health	Licensed pharmacists and overdose education and naloxone distribution programs ¹⁸	Anyone who requests it “for the use of reversing a potential overdose”	IN w/ MAD IN (Narcan) IM auto-injector	Training in opioid overdose prevention and reversal ¹⁹	-
Indiana	SO available on request to state-registered Naloxone Entities ²⁰	-	Unclear ²¹	“Naloxone entities” ²²	Pharmacies, pharmacists or other non-pharmacy organizations, non-profit entities or individuals that are in a position to assist an individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose	IN w/ MAD IN (Narcan) IM w/ syringe IM auto-injector	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	Sept. 21, 2020, or when naloxone is made over-the-counter, whichever occurs first (SO)	Medical Director and State Epidemiologist, Iowa Department of Public Health	Pharmacists	Individuals at risk of OD, or their family, friends, or others who may be in a position to assist; a first responder	IN w/ MAD IN (Narcan) IM (Evzio) IM w/ syringe (Protocol only)	Completion of training regarding recognizing and responding to OD; maintain attestation forms	If the eligible recipient is a minor, a parent or guardian shall provide consent (SO)

		Protocol automatically renews each April 5			Eligible recipients aged 18 and older (Protocol)			
Kansas	Protocol ²³	-	State Board of Pharmacy	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	IN w/ MAD IN (Narcan) IM IM auto-injector	-	In-person counseling, training, and written educational materials to the individual to whom naloxone is dispensed if a patient or bystander, written education and training materials if a first responder or school nurse
Kentucky	Protocol	._24	Deputy Commissioner, Kentucky Department of Public Health	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 ²⁵	IN (Narcan) IN w/ MAD IM (Evzio)	Education for the recipient, documentation in the pharmacy management system	
Louisiana	SO	January 1, 2021	Secretary, Department of Health	Licensed pharmacy	-	Any device approved by the FDA	-	Must have knowledge of how to recognize opioid OD, storage and administration of naloxone, follow up procedures
Maine	._26	-	-	-	-	-	-	-

Maryland	SO ²⁷	June 1, 2021	Assistant Secretary of Health	Maryland licensed pharmacists	"any individual"	IN w/ MAD IN (Narcan) IM IM (Evzio)	-	_28
Massachusetts	SO	Dec. 31, 2020	Medical Director, Opioid Overdose Prevention Program, Department of Public Health	Pharmacists, Registered Programs	Approved Opioid Overdose Responder ²⁹	IN w/ MAD IN IM IM auto-injector	-	Must receive training from Approved Opioid Overdose Trainers
Michigan	SO available upon request ³⁰	When signer is no longer Chief Medical Executive	Chief Medical Executive	Pharmacists	Individuals at risk of OD, or their family, friends, or others who may in a position to assist	IN (Narcan) IM w/ syringe IM (Evzio)	"Appropriate training on naloxone" ³¹	Must be advised to review educational materials approved by the MI Dep't of Health and Human Services
Minnesota	_32	-	-	-	-	-	-	-
Mississippi	SO	May 18, 2020	State Epidemiologist, Department of Health	Pharmacists	Not specified	IN w/ MAD IN (Narcan) IM IM (Evzio)	-	-
Missouri	SO	-	Director, Missouri Department of Health and Senior Services ³³	Pharmacists	Individuals at risk of OD, or their family, friends, or others who are in a position to assist	IN w/ MAD IN (Narcan) IM	-	-

Montana	SO	December 31, 2020	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 w/ MAD IN (Narcan) IM (Evzio)	-	-
Nebraska	SO	August 10, 2020	State Epidemiologist, Department of Public Health	Pharmacists	Not specified	IN w/ MAD IN (Narcan) IM w/ syringe IM (Evzio)	-	-
Nevada	_ ³⁴	-	-	-	-	-	-	-
New Hampshire	_ ³⁵	-	-	-	-	-	-	-
New Jersey	SO available upon request ³⁶	If "opioid antidotes become approved as over-the-counter medications"	Commissioner, Department of Health	Pharmacist	_ ³⁷	IN w/ MAD IN (Narcan) IM IM (Evzio) "Any other opioid antidote permitted under the law"	-	- ³⁸



New Mexico	SO	-	New Mexico Dept. of Health State Epidemiologist	Pharmacists	Any person who uses an opioid; Any person in a position to assist	IN w/ MAD IN (Narcan) IM (Evzio)	-	Must be provided with opioid overdose and naloxone administration education
New York	-.39	-	-	-	-	-	-	-
North Carolina	SO	Until revoked by the State Health Director	State Health Director and Chief Medical Officer	Pharmacists	Individuals at risk of OD, or their family, friends, or others who may be in a position to assist	IN w/ MAD IN (Narcan) IM	-	Must receive relevant education
North Dakota	-.40	-	-	-	-	-	-	-
Ohio	-.41	-	-	-	-	-	-	-
Oklahoma	-.42	-	-	-	-	-	-	-
Oregon	-.43	-	-	-	-	-	-	-

Pennsylvania	SO	“On the date the signer... has ceased acting as Secretary of Health or until a health care professional otherwise authorized to prescribe Naloxone... does so as authorized under Act 139-2014”	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	IN w/ MAD IN (Narcan) IM (Evzio)	-	-
Rhode Island	-.44	-	-	-	-	-	-	-
South Carolina	Protocol	-	President, Board of Medical Examiners and Chairman, Board of Pharmacy	Pharmacists	Individuals at risk of OD, or their family, friends, or others who may be in a position to assist	IN w/ MAD IN (Narcan) IM w/ syringe IM auto-injector	“Sufficient[ly]” educated on naloxone	Must receive education regarding risk factors for OD, signs of OD, and the use of naloxone
South Dakota	-.45	-	-	-	-	-	-	-
Tennessee	CPA	Two years from issuance, or upon resignation, removal, or retirement of	Chief Medical Officer, TN Dep’t. of Health	Pharmacist	At-risk individuals and/or family or friends of an at-risk individual, or any other person in a position to assist the person at risk of	IN w/ MAD IN (Narcan) IM w/ syringe IM (Evzio)	Complete training program approved by DOH	Must receive education and counseling from pharmacist

		signer from office			experiencing an opiate-related overdose			
Texas	SO available upon request ⁴⁶	Unclear	Unclear	Pharmacist	Unclear	IN w/ MAD IN (Narcan) IM w/ syringe ⁴⁷	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	Pharmacist	Individual at risk of OD, family member, friend, or other person at risk of OD	IN w/ MAD IN (Narcan) IM w/ syringe IM (Evzio)	Must report doses dispensed, by product type	-
Vermont	SO Protocol ⁴⁸	August 31, 2021 (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) Person >12 years of age at risk, family member, friend, other in a position to help such person (Protocol)	IN (Narcan) (SO) IN w/ MAD (Protocol)	Kit must be dispensed w/ DOH brochure on intranasal naloxone (Protocol only)	Review instructional materials OR complete training program (SO)

Virginia	SO ⁴⁹	March 19, 2022 or upon resignation, removal, or retirement of signer	State Health Commissioner	Pharmacists EMS personnel Numerous other entities who have rec'd training	Not specified	IN w/ MAD IN (Narcan) IM w/ syringe (pharmacists only) IM (Evzio)	-	Must receive instruction on opioid overdose prevention, recognition, and naloxone administration. ⁵⁰
Washington D.C.	SO available upon request ⁵¹	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 ⁵²	IN w/ MAD IN (Narcan) IM w/ syringe IM (Evzio)	Must have completed DC Health's Naloxone Training Program ⁵³	-
Washington	SO	September 1, 2021 or upon revocation or signer ceasing to act as State Health Officer	State Health Officer	"Any eligible person or entity"	Any person at risk of opioid OD or in a position to assist such person	IN w/ MAD IN (Narcan) IM w/ syringe	Must notify SOH via email	Must be provided written instructions on what to do in OD
West Virginia	SO ⁵⁴ Protocol ⁵⁵	July 14, 2024 (SO)	State Health Officer	Pharmacy	Residents of WV at risk of OD, or their family, friends, or others who may be in a position to assist	IN w/ MAD IN (Narcan) IM w/ syringe IM (Evzio)	-	Must be provided two tri-fold brochures created by state OEMS (Protocol only)
Wisconsin	SO	August 1, 2021	DHS Chief Medical Officer	Pharmacy	Individual at risk of OD or in position to assist individual at risk of overdose	IN w/ MAD IN (Narcan) IM (w/ syringe) IM (Evzio)	Must complete at least 1 hour of training	Must receive education and patient education materials



Wyoming	56	-	-	-	-	-	-	-
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SUPPORTERS

The Network for Public Health Law is a national initiative of the Robert Wood Johnson Foundation.

This document displays the state of the policy landscape as of December 31, 2019. It was developed by Samuel Breen, JD, Legal Fellow, and Corey Davis, JD, MSPH, Director of the Harm Reduction Legal Project at the Network for Public Health Law (cdavis@networkforphl.org), with assistance from Leah DeGrazia. The Network for Public Health Law provides information and technical assistance on issues related to public health. The legal information and assistance provided in this document does not constitute legal advice or legal representation. For legal advice, please consult specific legal counsel.

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References

- ¹ N. Wilson, et al., *Drug and Opioid-Involved Overdose Deaths - United States, 2017-2018*, 69 MMWR MORB MORTAL WKLY REP (2020).
- ² *Id.*
- 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 (1994).
- ⁴ 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).
- ⁵ 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 (2018), available at http://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf.

⁶ 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.

⁷ Alaska law permits standing orders for naloxone to be issued. Alaska Stat. Ann § 17.20.085(a). However, no statewide standing order is currently in place, although the state does make naloxone available from a number of different locations via [Project HOPE](#).

⁸ 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 and dispense an opioid antagonist.” Ark. Code. Ann. § 20-13-1804(a). State law also permits a pharmacist to “initiate therapy and administer, and dispense, or both, Naloxone” under a statewide protocol. Ark. Code Ann. § 17-92-101(17)(A)(i)(h).

⁹ “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.pharmacyboard.arkansas.gov/Websites/pharmacy/images/home-page/Naloxone%20Protocol%202018%20Dec%20206.pdf>

¹⁰ 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/CCDPPH/DCDIC/SACB/Pages/Naloxone-Standing-Order.aspx>.

¹¹; See §1746.3 Protocol for Pharmacists Furnishing Naloxone Hydrochloride, http://www.pharmacy.ca.gov/publications/naloxone_protocol.pdf; Sample Standing Order to Dispense Naloxone Hydrochloride, <https://www.cdph.ca.gov/Programs/CCDPPH/DCDIC/SACB/CDPH%20Document%20Library/Naloxone/Standing%20Order%20Sample%20Editable%20-%20ADA.docx>

¹² “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

¹³ 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](#), and [law enforcement officers](#). They are very similar in content.

¹⁴ 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](#).

¹⁵ Hawaii law permits standing orders to be issued. Haw. Rev. Stat. §§ 329E-2. However, no statewide standing order is currently in place.

¹⁶ Idaho appears to have a standing order in place for certain first responders. Because it is limited to that group, it is not included here. See Idaho Office of Drug Policy (ODP), First Responder Naloxone Guide, September 2017, at 6, available at https://prevention.odp.idaho.gov/wp-content/uploads/sites/108/ODP_NaloxoneGuide_rnd4-1.pdf. ODP opened a mini-grant program offering funding to organizations to stock and distribute naloxone. Eligible organizations include First Responders, Corrections, Substance Use Treatment and Recovery Support Agencies, Crisis Centers, Homeless Shelters, and Hospital Emergency Departments. See <https://prevention.odp.idaho.gov/naloxone-distribution/>.

¹⁷ 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>

¹⁸ 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 <http://dph.illinois.gov/sites/default/files/IDPH-Naloxone-FAQ-110117.pdf>. See also Illinois Naloxone Standardized Procedure, <https://www.idfpr.com/Forms/DPR/NaloxoneStdProcOpioidAntInit.pdf>.

¹⁹ See <http://dph.illinois.gov/sites/default/files/IDPH-Naloxone-FAQ-110117.pdf>

²⁰ 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.”

²¹ Entities must apply for the standing order, and a sample does not appear to be available online.

²² 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.”

²³ Kansas’s statewide protocol appears to be the functional equivalent of a standing order. See <https://pharmacy.ks.gov/docs/default-source/Naloxone/naloxone-statewide-protocol---copy.pdf?sfvrsn=0>

²⁴ The protocol does not have an expiration date, but by its terms it must be renewed annually.

²⁵ 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. >100 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.

²⁶ 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).

²⁷ 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.

²⁸ 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.”

²⁹ The new standing order defines Approved Opioid Overdose Responder as “A person, who successfully completed an Opioid Overdose Prevention Training, provided the training was presented by an approved Opioid Overdose Prevention Trainer.” This definition seems to indicate that anyone can access naloxone provided they complete the approved training.

³⁰ 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

³¹ 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

³² 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, Opiate Antagonist Protocol, September 30, 2016, available at <https://www.health.state.mn.us/communities/injury/pubs/documents/OpiateAntagonistProtocolRevision09302016.pdf>.

³³ <http://pr.mo.gov/boards/pharmacy/newsletter/2017-08-01.pdf> at p. 3.

³⁴ 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>.

³⁵ New Hampshire does not have a statewide naloxone order, although such orders are permitted by law. N.H. Rev. Stat. Ann. § 318-B:15(IV)(a). The state Dept. of Health and Human Services has created a “template” standing order, but it does not appear to be in effect. See <https://www.oplc.nh.gov/pharmacy/documents/nh-dhhs-naloxone-standing-order-template.pdf>. The state does provide a map of pharmacies that provide naloxone under a standing order, <https://www.thedoorway.nh.gov/pharmacies>.

³⁶ New Jersey does not maintain a statewide standing order, but a standing order will be issued to any licensed pharmacist upon request. The information in this row is based on the state-issued sample standing order. See State of New Jersey Department of Health, Division of Mental Health and Addiction Services, <https://nj.gov/health/integratedhealth/services-treatment/naloxone.shtml>, last visited June 26, 2019. See also N.J. Stat. Ann. § 24:6J-4 a. (1) “A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote: (a) directly or through a standing order...”

³⁷ Not specified in standing order, but per state law may be issued to cover “any recipient who is deemed by the health care practitioner to be capable of administering the opioid antidote to an overdose victim in an emergency” and first responders. See generally N.J. Stat. Ann. § 24:6J-4 et seq.

³⁸ Information about substance use treatment disorder programs. See generally N.J. Stat. Ann. § 24:6J-6.

³⁹ While New York state does not have a statewide standing order for naloxone dispensing, many pharmacies in the state dispense naloxone under standing orders issued by other providers. The state maintains a list of such pharmacies [here](#). New York City does employ a city-wide standing order, which is available [here](#).

- 40 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.
- 41 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, June 13, 2019, available at <https://www.pharmacy.ohio.gov/Documents/Pubs/Naloxone/Pharmacist/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](#).
- 42 Effective Nov. 1, 2014, Oklahoma law provided that, “Naloxone, also known as Narcan, or any of its generic equivalents may be dispensed or sold by a pharmacy without a prescription; provided, however, it shall be dispensed or sold only by, or under the supervision of, a licensed pharmacist.” Ok. Stat. Ann. tit. 63 § 2-312.2. Effective Nov. 1, 2017, that language was changed to read, “Naloxone, also known as Narcan, or any of its generic equivalents may be dispensed or sold by a pharmacy without a prescription; provided, however, it shall be dispensed or sold only by, or under the supervision of, a licensed pharmacist. Naloxone may be prescribed and dispensed by a licensed pharmacist; provided, however, it shall be dispensed only by, or under the supervision of, a licensed pharmacist. No dispensing protocol shall be required.” Per Ok. Admin. Code 535:10-9-15(c), “A Pharmacist may prescribe and dispense Naloxone without a protocol or prescription to any person at risk of experiencing an opioid-related drug overdose, family or friend of an at-risk person, or first responder. Naloxone may only be dispensed by, or under the supervision, of a licensed pharmacist.” That section was effective Sept. 14, 2018. A list of providers at which naloxone can be obtained is available [here](#).
- 43 Oregon permits pharmacists to prescribe naloxone. Or. Rev. Stat. Ann. § 689.682. See also Or. Admin. § 855-019-0460 (rules regulating pharmacist naloxone prescription).
- 44 Rhode Island law permits standing orders, third party prescribing, and layperson distribution and possession of naloxone. See generally 216 R.I. Code R. 216-RICR-20-20-5.4. However, the state has not issued a statewide standing order. A map of pharmacies where naloxone is available via standing order is available at <https://preventoverdoseri.org/get-naloxone/>.
- 45 South Dakota law permits standing orders to be issued, but there is no statewide standing order for pharmacy naloxone dispensing. S.D. Codified Laws § 34-20a-103.
- 46 As with several other states, this is not a true statewide standing order; rather, pharmacists must apply for and obtain a standing order.
- 47 Standing order appears to explicitly exclude Evzio.
- 48 The protocol was adopted January 28, 2015.
- 49 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 <http://leg5.state.va.us/pdfs/6198/365dc006198~3s.pdf>.
- 50 This requirement is not listed in the standing order itself, but is required by the [accompanying protocol](#).
- 51 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.
- 52 Limited to individuals “not able to obtain naloxone or a prescription from their regular health care provider.” See *id*.
- 53 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>.
- 54 Effective June 5, 2018, the state health officer may prescribe naloxone via statewide standing order. W. Va. Code. Ann § 16-46-7.
- 55 Pharmacists have been permitted to dispense under the protocol since June 10, 2016. W. Va. Code Ann. § 16-46-3a.
- 56 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 § 6. More information on Wyoming’s efforts is available [here](#).