



State of New Jersey
DEPARTMENT OF HEALTH

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Commissioner

STANDING ORDER TO DISPENSE OPIOID ANTIDOTE FOR OVERDOSE PREVENTION

Control Number: 2017-

This standing order is issued pursuant to P.L. 2017, c. 88 ("Act"), which provides that the "Commissioner of Health, or, if the commissioner is not a duly licensed physician, the Deputy Commissioner for Public Health Services, shall issue, upon request by a pharmacist licensed to practice in this State, a standing order authorizing the pharmacist to dispense an opioid antidote to any patient, regardless of whether the patient holds an individual prescription for the opioid antidote, provided the pharmacist complies with the requirements of the 'Overdose Prevention Act,' P.L. 2013, c. 46 (C.24:6J-1 et al.)." The Act defines the term "opioid antidote" as "naloxone hydrochloride, or any other similarly acting drug approved by the United States Food and Drug Administration for self-administration for the treatment of an opioid overdose. The term "patient" includes a person who is at risk of an opioid overdose or a person who is not at risk of an opioid overdose but who, in the person's individual capacity, obtains an opioid antidote from a health care practitioner, professional, or professional entity for the purpose of administering that antidote to another person in an emergency, in accordance with subsection c. of section 4 of P.L. 2013, c.46 (C.24:6J-4). "Patient" includes a professional who is acting in that professional's individual capacity, but does not include a professional who is acting in a professional capacity.

I. AUTHORIZATION

This standing order is authorization for the pharmacist identified herein to dispense an opioid antidote including any supplies necessary for the administration of such opioid antidote. Prior to dispensing an opioid antidote, the pharmacist shall certify that they are licensed to practice pharmacy in

the state of New Jersey and that their license is both active and in good standing with the New Jersey Board of Pharmacy.

II. ORDER TO DISPENSE

- A. The pharmacist is required to use his/her professional judgment prior to dispensing an opioid antidote.
- B. Unlimited refills are authorized with opioid antidotes.
- C. The pharmacist may dispense an opioid antidote in any of the following formulations:
 - 1. Intramuscular Naloxone;
 - 2. Naloxone Auto-Injector (Evzio);
 - 3. Intranasal Naloxone (for administration by mucosal atomization device or other available method or device);
 - 4. Naloxone Nasal Spray (Narcan); and
 - 5. Any other opioid antidote formulation permitted under the Law.
- D. A pharmacist may also dispense any other items necessary for the administration of opioid antagonists determined by the pharmacist's professional judgment (including but not limited to syringes and mucosal atomization devices).

III. INFORMATION

Upon dispensing the opioid antidote, the pharmacist shall provide information to the person or patient receiving the antidote which shall include but is not limited to the following:

- 1. Information on opioid overdose prevention and recognition;
- 2. Instructions on how to perform rescue breathing and resuscitation;
- 3. Information on dosage and instructions regarding administration in conjunction with the packaging insert included with the opioid antidote;
- 4. Information regarding circumstances which warrant calling 911 for assistance with opioid overdose;
- 5. Instructions regarding appropriate care of an overdose victim after administration of the opioid antidote;

6. Instructions on contraindications and precautions; and
7. Information on adverse reactions.

IV. EXPIRATION AND REVIEW

This standing order currently has no expiration date but will automatically expire if opioid antidotes become approved as over-the-counter medications or if otherwise withdrawn in writing by the Department of Health. This standing order will be reviewed periodically and updated if there are relevant developments in the law or science about opioid antidote administration.

The pharmacist dispensing the opioid antidote shall maintain records as required by the Board of Pharmacy.

Pharmacist: _____ (print name)

Pharmacist: _____ (sign name)

License Number: _____

By signing above, I hereby certify that I am a licensed pharmacist in the state of New Jersey and that my license is active and in good standing.

New Jersey Department of Health
Regulating Office

Date