

STANDING ORDER FOR PRESCRIPTION OF NALOXONE FOR OVERDOSE PREVENTION

I. Authority.

This Standing Order is issued pursuant to authority vested in me as the Commissioner of Public Health and State Health Officer, acting under Georgia Code Sections 31-1-10(b)(2), 31-2A-2(b), 31-2A-4, and 16-13-71(b)(635) and (c)(14.25).

II. Purpose.

The purpose of this Standing Order is to facilitate the widest possible availability of naloxone among the residents of this State, to ensure that family members, friends, co-workers, first responders, schools, pain management clinics, harm reduction organizations, and any other persons or entities (“Eligible Persons or Entities”) are in a position to provide assistance to a person experiencing an opioid-related overdose through the timely administration of the opioid antagonist naloxone.

III. Authorization.

This Standing Order may be used by Eligible Persons or Entities as a prescription to obtain naloxone from a licensed Pharmacy. This Standing Order is authorization for a Pharmacy to dispense naloxone in any of the forms shown on the attached Exhibit A.

Prior to obtaining naloxone under this Standing Order, Eligible Persons and Entities are strongly advised to complete a training program in the administration of opioid antagonists, such as the course available from the Georgia Department of Public Health through this portal:

<https://dph.georgia.gov/approved-training>

Eligible Persons and Entities are further advised to become familiar with the following **Signs and Symptoms of Opioid Overdose** and the appropriate use of naloxone as directed by the manufacturer and the pharmacist.

IV. Signs and Symptoms of Opioid Overdose.

The following are signs and symptoms of an opioid overdose:

- The victim has a history of use of narcotics or opioids (either in prescription drug form or illegal drugs, such as heroin).
- Fentanyl patches or needle punctures in the skin.
- The presence of nearby drug paraphernalia such as needles or rubber tubing.
- The victim is unresponsive or unconscious.
- Breathing is slow, or shallow, or not present.

- Snoring or gurgling sounds from the throat due to partial upper airway obstruction.
- Lips and/or nail beds are blue.
- Pinpoint pupils.
- Skin is clammy to the touch.

Note that these symptoms may also indicate cardiac arrest. If the victim has no discernable pulse, they are likely in cardiac arrest and require immediate CPR.

In all cases, Eligible Persons and Entities are advised to call 911 immediately upon discovering a possible case of opioid overdose.

V. Duration.

This Standing Order shall remain in effect until revoked by me or my successor in office.

This 6 day of March, 2019.

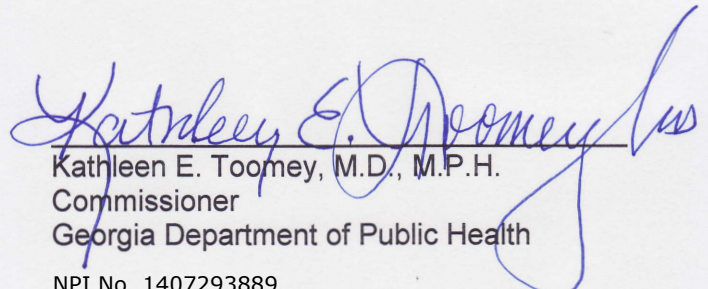

Kathleen E. Toomey, M.D., M.P.H.
Commissioner
Georgia Department of Public Health
NPI No. 1407293889
DEA No. AT8967424

Exhibit A to STANDING ORDER FOR PRESCRIPTION OF NALOXONE FOR OVERDOSE PREVENTION

(Substitution of Pharmaceutically Equivalent Product Allowed)

Naloxone HCl	Route	Strength	Rx and Quantity	Sig.(for suspected opioid overdose)	Supplied (other package sizes acceptable)
Pre-filled syringe	Nasal	1 MG/ML (2ML)	2 pre-filled 2 ML Luer-Jet Luer-Lock needleless syringes PLUS 2 Teleflex mucosal atomizer devices(MAD-300)	Spray 1 ML(1/2 syringe (1MG) into each nostril). Repeat after 2-3 minutes if no or minimal response.	Box of 10 Luer-Jet Luer-Lock prefilled syringes
Pre-filled syringe	IM	0.4MG/ML (1ML) OR 1 MG/ML (2ML)	2 pre-filled 2 ML syringes EITHER fixed with needle OR without fixed needle provide 21-25 gauge 1-1.5 inch needles	0.4MG/ML: Inject 1 ML in outer thigh. Repeat after 2-3 minutes if no or minimal response. OR 1MG/ML: Inject 2 ML in outer thigh. Repeat after 2-3 minutes if no or minimal response.	0.4MG/ML (1ML) and 1 MG/ML (2ML) Box of 25 single dose pre-filled syringes with needles OR shrink wrapped packages of 10 Luer-Jet Luer-Lock pre- filled needleless syringes
Intranasal Liquid	Nasal	2MG/0.1ML OR 4 MG/0.1ML	2 intranasal devices	Spray the contents of 1 device, intranasally in one nostril as a single dose. May repeat in 2 to 3 minutes with contents of another device in the alternating nostril if no or minimal response.	1 MG/ML prefilled syringes box of 25 X 2ML with 21G X 1.5 inch needle
Injection Solution	IM	0.4 MG/ML (1 ML)	2 single-use 1 ML vials PLUS 2 syringes 3ML w/ 21-25 gauge 1.5 inch needles	1- Inject 1 ML in outer thigh. Repeat after 2-3 minutes if no or minimal response.	Box of 10 or package of 25 single-dose vials (1 ML)
Injection Solution	IM	0.4 MG/ML (10 ML)	1 multidose 10ML vial PLUS 2 syringes 3ML w/ 21-25 gauge 1.5 inch needles	1- Inject 1 ML in outer thigh. Repeat after 2-3 minutes if no or minimal response.	Case of 25 multidose vials (10 ML)
Auto-Injector	IM	0.4 MG/0.4ML OR MG/0.4ML	2 2 prefilled auto-injector devices	Inject into outer thigh as directed by English voice-prompt system. Place black side firmly on outer thigh and depress and hold for 5 seconds. Repeat with second device in 2-3 minutes if no or minimal response.	Box of 2 EA of single use autoinjectors + 1 trainer