



## 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.

**It is crucial to call 911 immediately upon discovering a possible case of opioid overdose or any medical emergency.**

The following are signs and symptoms of an opioid overdose:

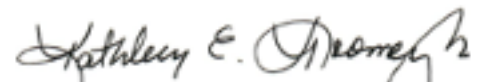
- The victim has a history of use of narcotics or opioids (either in prescription drug form or illegal drugs, such as heroin).
- Fentanyl patches or needle punctures in the skin.
- The presence of nearby drug paraphernalia such as needles or rubber tubing.
- The victim is unresponsive or unconscious.
- 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 other health conditions. Administering an opioid antagonist in such cases generally does not cause harm. If the victim has no discernable pulse, they require immediate CPR. It is important to note that the effects of opioid antagonists are temporary, and overdose symptoms may return. Furthermore, **it is crucial to call 911 immediately if someone is found unconscious and not breathing.**

**I. Duration.**

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

This 4 day of December, 2024.



Kathleen E. Toomey, MD, M.P.H.

Commissioner

Georgia Department of Public Health

NPI No. 1407293889

DEA No. AT8967424

**Exhibit A**  
**STANDING ORDER FOR PRESCRIPTION OF OPIOID ANTAGONIST FOR OVERDOSE PREVENTION**

(Substitution of Pharmaceutically Equivalent Product Allowed)

| OPIOID ANTAGONIST  | Route    | Strength  | Quantity  | Additional Administration Supplies Required  | Sig. (For suspected opioid overdose)  | Supplied (other package sizes acceptable)   |
|--|----------|---|---|--|---|---|
| <p><b>Considerations for selecting product:</b></p> <ul style="list-style-type: none"> <li>•Treatment decisions may include but are not limited to the following: required administration technique, dosage, potency, elimination half-life, shelf-life, and affordability of medication.</li> <li>•Intranasal products may be easier for people who have no formal training, while injectable products may be preferable for those with experience administering medication with a needle.</li> <li>•A report from the US Centers for Disease Control and Prevention showed that administering an 8 mg dose of intranasal naloxone does not increase the odds of surviving an opioid overdose; a higher dose may result in a greater risk for onset of opioid withdrawal symptoms. <a href="https://www.cdc.gov/mmwr/volumes/73/wr/mm7305a4.htm">https://www.cdc.gov/mmwr/volumes/73/wr/mm7305a4.htm</a></li> </ul> |          |   |   |  |   |   |
| Naloxone Pre-filled needleless syringe   | Nasal    | 1 mg/mL (2mL)   | <ul style="list-style-type: none"> <li>•This standing order does not require a minimum or a maximum quantity to be dispensed.</li> <li>•It is recommended the patient have at least 2 doses on hand.</li> </ul> | (1) Teleflex mucosal atomizer devices (MAD-300) per pre-filled needleless syringe  | Spray 1 mL- (1/2 syringe) into each nostril via intranasal mucosal atomization device. Call 911 and seek immediate medical attention. May repeat dose in 3 to 5 minutes if no or minimal response.  | Box of 10 or 24 Luer-Lock prefilled syringes  |
| Naloxone Pre-filled syringe  | IM or SC | 5 mg/0.5 mL   |   | Administer the single dose, prefilled syringe intramuscularly or subcutaneously into the outer thigh, through clothing if necessary. Call 911. If minimal or no response, may repeat using a new device every 2-3 minutes for continued or recurrent respiratory depression until EMS arrives. |   | Case containing one 5 mg/0.5 mL single-dose, prefilled syringe or carton of 2 cases, each of which contain one 5 mg/0.5 mL single-dose, pre-filled syringe. |
| Naloxone Intranasal Liquid   | Nasal    | 3 mg/0.1 mL<br>OR<br>4 mg/0.1 mL<br>OR<br>4 mg/0.25 mL<br>OR<br>8 mg/0.1 mL |   | Administer a single spray in one nostril upon signs of opioid overdose. Call 911. If minimal or no response, may repeat in alternating nostrils using a new nasal spray with each dose every 2-3 minutes for continued or recurrent respiratory depression until EMS arrives.                  |   | 2 EA BOX  |
| Naloxone Injection Solution  | IM       | 0.4 mg/mL (1 mL)  |   | (1) 3mL syringes w/ 21-25 gauge 1-1.5 inch needles per dose  | Inject 1 mL in outer thigh. Call 911 and seek immediate medical attention. If minimal or no response, may repeat dose every 2-3 minutes for continued or recurrent respiratory depression until EMS arrives.  | Box of 10 or 25 single-dose vials (1 mL)  |
| Naloxone Injection Solution  | IM       | 0.4 mg/mL (10 mL)   |   | (1)multidose (MDV)- 10mL vial (2-10) 3mL syringes w/ 21-25 gauge 1-1.5 inch needles per MDV<br><i>IMPORTANT: Due to anticipated absence of aseptic technique, a new vial should be used for separate events.</i>   | Inject 1 mL in outer thigh. Call 911 and seek immediate medical attention. If minimal or no response, may repeat dose every 2-3 minutes for continued or recurrent respiratory depression until EMS arrives. The vial should be discarded after the event.                    | 1 MDV or case containing 25 multidose vials (10 mL)   |
| Nalmefene  | Nasal    | 2.7mg/0.1mL   |   |  | Administer a single spray in one nostril upon signs of opioid overdose. Call 911. If minimal or no response, may repeat in alternating nostrils using a new nasal spray with each dose every 2-3 minutes for continued or recurrent respiratory depression until EMS arrives. | 2 EA BOX  |