

Statewide Standing Order for Naloxone and Other Opioid Reversal Agents
Virginia Department of Health
109 Governor Street, 13th Floor
Richmond, VA 23219

Date Issued: March 5, 2024

The persons identified below are authorized to dispense and administer naloxone and other opioid antagonists, referred to as opioid reversal agents (ORA), pursuant to this standing order and in accordance with protocols by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. Additionally, this standing order authorizes a licensed pharmacy, wholesale distributor, third party logistics provider or manufacturer to distribute the ORA formulations specified below via invoice to entities designated by this standing order in accordance with Virginia Board of Pharmacy Guidance Document §110-44.

Authorized Dispensers:

The following individuals may dispense and administer ORAs pursuant to this standing order to a person to administer to another person believed to be experiencing or about to experience a life-threatening opioid overdose and shall follow Board of Pharmacy protocol when dispensing naloxone as authorized in §54.1-3408 (X):

- Pharmacists who maintain a current active license practicing in a pharmacy located in Virginia that maintains a current active pharmacy permit,
- Health care providers providing services in a hospital emergency department
- Emergency medical services personnel as defined in §32.1-111.1, and
- Law-enforcement officers as defined in §9.1-101,
- Employees of the Department of Forensic Science,
- Employees of the Office of the Chief Medical Examiner,
- Employees of the Department of General Services Division of Consolidated Laboratory Services,
- Employees of the Department of Corrections designated by the Director of the Department of Corrections or designated as probation and parole officers or as correctional officers as defined in §53.1-1,
- Employees of the Department of Juvenile Justice designated as probation and parole officers or as juvenile correctional officers,
- Employees of regional jails,
- School nurses,
- Local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board,
- Other school board employees, or individuals contracted by a school board to provide school health services, and
- Firefighters.

Authorized ORAs for Persons Authorized to Dispense Pursuant to §54.1-3408 (X)			
Intranasal	Auto-injector	Intranasal	Intranasal
<p>Naloxone 2mg/2mL prefilled syringe, #2 syringes</p> <p>Directions: Spray one-half of the syringe into each nostril upon signs of opioid overdose. Call 911. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p> <p>Mucosal Atomization Device (MAD)</p> <p>Directions: Use as directed for naloxone administration. Must dispense with 2 prefilled syringes and 2 atomizers and instructions for administration.</p>	<p>Naloxone 2mg or 5mg auto-injector, #1 twin pack</p> <p>Directions: Use one auto-injector upon signs of opioid overdose. Call 911. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p>	<p>Naloxone 4mg or 8mg nasal spray, #1 twin pack</p> <p>Directions: Administer a single spray intranasally into one nostril. Administer additional doses using a new nasal spray with each dose, if the patient does not respond or responds and then relapses into respiratory depression. Call 911. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p>	<p>Nalmefene 2.7mg nasal spray, #1 twin pack</p> <p>Directions: Administer a single spray intranasally into one nostril upon signs of opioid overdose. Administer additional dose in other nostril using a new nasal spray with each dose, if patient does not respond or responds and then relapses into respiratory depression. Call 911. Additional doses may be given every 2 to 5 minutes until emergency medical assistance arrives.</p>

The following individuals who are acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone, e.g., non-profit organization, community service board, or behavioral health authority, may dispense naloxone pursuant to this standing order to a person to administer to another person believed to be experiencing or about to experience a life-threatening opioid overdose and shall follow Board of Pharmacy protocol when dispensing naloxone as authorized in §54.1-3408 (Y)

- A person who is acting on behalf of such organization may dispense formulations for intranasal administration or an autoinjector formulation;
- A person who is authorized by the Department of Behavioral Health and Developmental Services to train individuals on the proper administration of naloxone by and proper disposal of hypodermic needle or syringe may dispense formulations for intranasal administration, autoinjector formulation, or an injectable naloxone formulation with a hypodermic needle or syringe, if the organization has obtained a controlled substances registration from the Board of Pharmacy at no charge.
- **Note: Virginia Code §54.1-3408 (Y) does not currently authorize the dispensing of opioid antagonists other than naloxone.**

Authorized Naloxone Formulations for Persons Authorized to Dispense Pursuant to §54.1-3408 (Y)

Intranasal		Auto-injector	Injection*
<p>Naloxone 2mg/2mL prefilled syringe, #2 syringes</p> <p>Directions: Spray one-half of the syringe into each nostril upon signs of opioid overdose. Call 911. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p> <p>Mucosal Atomization Device (MAD)</p> <p>Use as directed for naloxone administration. Must dispense with 2 prefilled syringes and 2 atomizers and instructions for administration.</p>	<p>Naloxone 4mg or 8mg nasal spray, #1 twin pack</p> <p>Directions: Administer a single spray intranasally into one nostril. Administer additional doses using a new nasal spray with each dose, if the patient does not respond or responds and then relapses into respiratory depression. Call 911. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p>	<p>Naloxone 2mg or 5mg auto-injector, #1 twin pack</p> <p>Directions: Use one auto-injector upon signs of opioid overdose. Call 911. Additional doses may be given every 2 to 3 minutes until emergency medical assistance arrives.</p>	<p>Naloxone 0.4mg/mL, #2 single-use 1 mL vials</p> <p>Directions: inject 0.4mg (1mL) in shoulder or thigh muscle upon signs of opioid overdose. Call 911. Repeat after 2-3 minutes if no or minimal response.</p> <p>Must dispense with 2 single-use 1 mL vials, 2 (3 ml) syringes and 2 (23-25 gauge) hypodermic needles and instructions for administration.</p> <p>Directions: Use as directed for naloxone administration.</p>

*Only those DBHDS-approved trainers who have successfully completed DBHDS-approved training on proper drug administration with, and disposal of hypodermic needles and syringes, who are otherwise authorized to dispense injectable naloxone through a standing order issued in compliance with this protocol, and whose organizations has first obtained a controlled substances registration from the Board of Pharmacy may dispense injectable naloxone with hypodermic needles and syringes.

This order is effective for two (2) years from the date issued, unless otherwise discontinued by the Commissioner or upon his resignation, removal, or retirement. Any individual dispensing ORAs pursuant to this order must maintain a copy of the standing order for two (2) years from the last date of dispensing.

Please call the Office of the Commissioner at (804) 864-7001 with questions about this standing order. Please call the Board of Pharmacy at (804) 367-4456 with questions about the dispensing protocol. For questions about the REVIVE! Training program, please call the Department of Behavioral Health and Developmental Services at (804) 786-0464.

May refill as long as order remains effective.

Prescriber: *Karen Shelton* Date: 03/05/2024

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 Virginia Department of Health