Effective: May 08, 2025

NALOXONE STANDING ORDER DOH-001-2025

KEY INFORMATION

1. If you believe someone is experiencing an opioid overdose, call 911.

2. If you have questions about the proper use of naloxone, ask the pharmacist, contact your health care provider, or go to the Department of Health website at https://www.pa.gov/agencies/health/programs/opioids/naloxone.html.

I. PURPOSE

This Standing Order is intended to ensure that residents of the Commonwealth of Pennsylvania who are at risk of experiencing an opioid-related overdose or other persons who are in a position to assist a person at risk of experiencing an opioid-related overdose (Eligible Persons), are able to obtain naloxone.

Unless otherwise expressly permitted herein, this Standing Order is not intended to be used by organizations who employ or contract with medical staff who are authorized to write prescriptions. Such organizations should utilize the medical professionals with whom they have a relationship to write prescriptions specific to personnel who would be expected to administer naloxone and would be wise to ensure that all such personnel are appropriately trained to administer them.

II. SIGNATURE

This Standing Order replaces Standing Order DOH-003-2023. Standing Order DOH 001-2025 will automatically expire on the date that the physician whose signature appears below has ceased serving as an employee of the Pennsylvania Department of Health. This Standing Order will be reviewed, and may be updated, if there is relevant new science about opioid overdose reversal medication administration, or at least in 4 years. This Standing Order may be revised or withdrawn at any time.

Secretary of Health Signature

Debra Bogen, MD, FAAP MD065922L
Secretary of Health Name and PA License Number

III. FORMULATIONS AND DIRECTIONS

Preferred Formulations:
The following formulations and doses of naloxone are preferred because they provide the best combination of a) effectiveness at displacing opioids such as heroin or fentanyl, b) titratability when multiple doses are needed and c) minimizing risk of precipitated withdrawal.

Table 1. Preferred naloxone formulations and directions

Product	Route of administration	Directions for use	Ancillary products required
Naloxone 4mg/0.1mL nasal spray *Dispense one carton containing two doses*	Intranasal	Call 911. Administer a single spray in one nostril. If no or minimal response after 2–3 minutes, give additional dose.	N/A
Naloxone 3mg/0.1mL nasal spray *Dispense one carton containing two doses*	Intranasal	Call 911. Administer a single spray in one nostril. If no or minimal response after 2–3 minutes, give additional dose.	N/A
Naloxone 2mg/2ml single-dose Luer-Jet luer-lock prefilled syringe *Dispense two prefilled syringes (for use with mucosal atomization device)*	Intranasal	Call 911. Spray 1 mL (half of prefilled syringe contents) in each nostril via intranasal mucosal atomization device. If no or minimal response after 2–3 minutes, give additional dose.	Two intranasal mucosal atomization device (MAD 300)
Naloxone 0.4mg/mL in 1mL single dose vial *Dispense two 1 mL single dose vials*	Intramuscular injection	Call 911. Inject 1 mL into the muscle of the outer thigh or upper arm. If no or minimal response after 2–3 minutes, give additional dose.	Two 3 mL syringes with two 23 or 25 gauge, 1- or 1.5-inch needles

Alternative Formulations:
The following formulations and doses of naloxone are permitted but should be considered less preferred alternatives because these higher dose formulations are likely to have an increased risk of precipitated withdrawal.

Table 2. Alternative naloxone formulations and directions

Product	Route of administration	Directions for use	Ancillary products required
Naloxone 8 mg/0.1 mL nasal spray *Dispense one carton containing two doses*	Intranasal	Call 911. Administer a single spray in one nostril. If no or minimal response after 2–3 minutes, give additional dose.	N/A
Naloxone 5 mg/0.5 mL in single dose prefilled syringe *Dispense one carton containing two doses*	Intramuscular (IM) or subcutaneous (SC) injection	Call 911. Inject one syringe IM or SC into anterolateral aspect of thigh. If no or minimal response after 2–3 minutes, give additional dose.	N/A

Refills:
Refills may be obtained as needed under this standing order.

If you have questions about the proper use of naloxone, ask the pharmacist, contact your health care provider, or go to the Department of Health website at https://www.pa.gov/agencies/health/programs/opioids/naloxone.html.

IV. AUTHORITY

This Standing Order is issued pursuant to Act 139 of 2014 (Act 139) (amending The Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. §§ 780-101 et seq.)), which permits health care professionals otherwise authorized to prescribe naloxone to prescribe it via the Standing Order to Eligible Persons.

V. AUTHORIZATION

1. This Standing Order may be used by Eligible Persons as a prescription or third-party prescription to obtain naloxone from a pharmacy. This Standing Order is authorization for pharmacists to dispense naloxone and devices for their administration solely in the forms prescribed herein. This also includes FDA-authorized over-the counter naloxone products.

2. This Standing Order may be used by community-based organizations (CBOs) that are in a position to assist a person at risk of experiencing an opioid-related overdose, to obtain naloxone and provide them to individuals at risk of experiencing an opioid-related overdose, their family members and friends, or other persons in a position to assist a person at risk of experiencing an opioid-related overdose. CBOs may provide naloxone in person or via the mail. This authorization is in no way intended to establish an agency relationship between CBOs operating under this standing order and the Department of Health.

VI. TRAINING AND INSTRUCTIONAL MATERIALS

Prior to obtaining naloxone under this Standing Order, Eligible Persons are strongly advised to complete a training program approved by the Pennsylvania Department of Health (DOH) in consultation with the Pennsylvania Department of Drug and Alcohol Programs (DDAP), such as the one found online at Train PA's website at https://www.train.org/pa/course/1085469/details, and obtain a certificate of completion. Act 139 does not require training; however, training is necessary to ensure that Eligible Persons are protected from legal liability to the extent that Act 139 provides that the receipt of DOH/DDAP-approved training and instructional materials and prompt seeking of additional medical assistance creates a rebuttable presumption that an Eligible Person acted with reasonable care in administering naloxone.