

## Montana Standing Order for Naloxone Opioid Antagonists

This standing order authorizes pharmacists who maintain a current active license practicing in a pharmacy located in Montana to initiate a prescription and dispense a naloxone opioid antagonist formulation listed in this standing order.

Any prescription issued pursuant to this standing order must designate the eligible recipient as the patient, regardless of that eligible recipient's status as an individual, organization, agency, or other entity.

Pharmacists utilizing this standing order to dispense naloxone products must:

- Maintain a copy of the standing order at the pharmacy.
- Designate the prescriber as the State Medical Officer pursuant to the standing order.
- Comply with all Montana Board of Pharmacy requirements for prescription orders, labeling and recordkeeping, and counseling.
- Provide the patient with basic instruction and information, the content of which has been developed by DPHHS and made publicly available on their website at:  
<http://dphhs.mt.gov/publichealth/emsts/prevention/opioids>.
  - The *DPHHS Opioid Overdose Recognition and Response Guide* includes information concerning recognition of the signs and symptoms of an opioid-related drug overdose, indications for the administration of an opioid antagonist, administration technique, and the need for immediate and long-term follow-up to the administration of the opioid antagonist, including calling 9-1-1.

All prescriptions created from this standing order must be entered as one of the following orders for which the pharmacist indicates the quantity to dispense:

Gregory Holzman, MD, MPH  
Address: 1400 East Broadway St  
Cogswell Building, Rm 201  
PO Box 202951  
Helena MT 59620  
Phone: 1-844-684-5848  
NPI # 1952504631  
*Intranasal naloxone HCL (Narcan®)*

### **Rx Naloxone Nasal Spray 4 mg**

Administer a single spray into one nostril upon signs of opioid overdose. Call 911.

May repeat every 2-3 minutes until EMS arrives.

Quantity: \_\_\_\_\_ (minimum 2 units)

*Intranasal naloxone with atomizer device (2 prescriptions):*

### **Rx Naloxone 2 mg/2ml Prefilled Syringe**

Spray one-half the content of each syringe into each nostril upon signs of opioid overdose.

Call 911. May repeat one time.

Quantity: \_\_\_\_\_ (minimum 2 syringes)

### **Rx Mucosal Atomization Device (MAD)**

Use as directed for nasal naloxone administration. Call 911.

Quantity: \_\_\_\_\_ (minimum 2 devices)

*Intramuscular naloxone HCL injection (Evzio®)*

### **Rx Naloxone 0.4/0.4 ml Auto-Injector Twin-Pack**

Administer one auto-injector upon signs of opioid overdose. Call 911.

May repeat one time.

Quantity: \_\_\_\_\_ (minimum 1 twin-pack)

### Patients Defined as Eligible Recipients

The Montana Legislature passed the [2017 House Bill \(HB\) 333](#), the Help Save Lives from Overdose Act, authorizing increased access to opioid antagonist through amendments to Montana Code Annotated (MCA) [Title 50](#) and other MCA provisions.

Pursuant to the definition in [the new 2017 law](#), eligible recipient means:

- a) a person who is at risk of experiencing an opioid-related drug overdose;
- b) a family member, friend, or other person who is in a position to assist a person who is at risk of experiencing an opioid-related drug overdose;
- c) a first responder or a first responder entity;
- d) a harm reduction organization or its representative;
- e) the Montana state crime laboratory or its representative;
- f) a person who, on behalf of or at the direction of a law enforcement agency or officer, may process, store, handle, test, transport, or possess a suspected or confirmed opioid;
- g) a probation, parole, or detention officer;
- h) a county or other local public health department or its representative; or
- i) a veterans' organization or its representative.

Additional information is available from DPHHS in the **Montana Implementation Guide for Access to Naloxone Opioid Antagonists** at: <http://dphhs.mt.gov/publichealth/emsts/prevention/opioids>.

This standing order is effective October 6, 2017 through December 31, 2019 unless otherwise updated by the State Medical Officer, or his replacement upon resignation, removal or retirement.

 \_\_\_\_\_ 10/5/17

Gregory Holzman, MD, MPH (Prescribing Signature), Signing Date  
State Medical Officer  
Montana Department of Health and Human Services