Indiana Department of Health

Mike Braun
Governor

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State Health Commissioner

CSO-26-01

Statewide Standing Order ("Standing Order") For Overdose Intervention Drugs

Purpose: Opioid intervention drugs This statewide standing order is intended to ensure opioid intervention drugs are readily available to any eligible recipients or providers that comply with IC 16-42-27. Attached is the *Indiana Statewide Standing Order Toolkit for Entities (Toolkit)*, which was incorporated by reference.

Definitions: ""Overdose intervention drug (OID)" means naloxone or any other drug that:

(1) Is an opioid, opiate, or morphine antagonist; and
(2) Prevents or reverses the effects of:
    a. Opioids;
    b. Opiates; or
    c. Morphine

Including respiratory depression, sedation, and hypotension.
"OID entity/entities" means an entity that obtains its OID rescue kit through this standing order and complies with the following requirements from IC 16-42-27-2:

1. Annually register at https://optin.in.gov/ in a manner prescribed by the Indiana Department of Health (IDOH).
2. Provide substance use education and training on drug overdose response and treatment, including the administration of an overdose intervention drug and the requirement to call **9-1-1** immediately before or after the administration of the drug.
3. Provide substance use treatment information and referrals to substance use treatment programs, including programs in the local areas and programs that offer medication assisted treatment that includes a federal Food and Drug Administration approved long acting, nonaddictive medication for the treatment of opioid or alcohol dependence.
4. Submit an annual report to IDOH containing:
    a. The number of sales of naloxone dispensed;
    b. The dates of sale of naloxone dispensed; and
    c. Any additional information required by IDOH.

"OID rescue kit" means a kit containing an overdose intervention drug, any components needed to administer the drug, and a quick guide of opioid overdose symptoms and assembly instructions.

Procedure: An OID entity or an individual may, in accordance with IC 16-42-27 and the Toolkit, receive, dispense, maintain, and/or administer an OID as part of a OID rescue kit. The OID entity or individual may distribute the naloxone rescue kit to those who may be able to assist an individual suffering an opioid-related overdose.

The following are available versions of OIDs for the state standing order:

- Intranasal:
    - Naloxone 4mg (0.1ml) intranasal, administer one spray into one nostril.
    - Naloxone 3mg (0.1mL) intranasal, administer one spray into one nostril.
    - Naloxone 8mg (0.1mL) intranasal, administer one spray into one nostril.
    - Nalmefene 2.7mg (0.1mL) intranasal, administer one spray in one nostril. Only to be given to people 12 years and older.
- Intramuscular auto-injectable:
    - Naloxone 2mg (0.44mL) IM, administer IM into the anterior lateral thigh.
    - Naloxone 5mg (0.5mL) IM, administer IM into the anterior lateral thigh.
    - Nalmefene 1.5mg (0.5mL) IM, administer IM into the anterior lateral thigh. Only to be given to people 12 years and older.

In 2023, the Food and Drug Administration (FDA) approved Narcan, 4mg naloxone hydrochloride nasal spray for OTC, nonprescription, use. This is currently the only dose that is available without a prescription. Opioid intervention drugs that require a prescription must use the standing order to be sold, dispensed, or distributed without examining a patient in person or via telehealth.

Geographic Region: This Standing Order is applicable statewide.

Standing Orders Authorization: This Standing Order is being issued pursuant to IC 16-42-27-2 which requires the Department to ensure there is a statewide standing order issued for the dispensing of an overdose intervention drug.

This Standing Order shall be reviewed annually by the department of health and revised as needed. This Standing Order is effective January 1 through December 31, 2026.

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Indiana Statewide Standing Order Toolkit for Overdose Intervention Drug Entities
IC 16-42-27

Introduction

Individuals and entities that wish to obtain, administer or dispense overdose intervention drugs under Indiana's Statewide Standing Order must annually register as "OID Entities" with the Indiana Department of Health on the **OptIN** website found here: https://optin.in.gov

The Statewide Standing Order, authorized by IC 16-42-27, is renewed each year. OID Entities must always remain compliant with Indiana law to act under the Statewide Standing Order and abide by the attestations made on the OptIN website.

This toolkit includes: (1) substance use/dependence education, (2) training on overdose response and OID administration, and (3) treatment and referral information. The Toolkit may be a helpful resource for OID Entities seeking compliance with IC 16-42-27.

OID entities will automatically receive renewed Standing Orders and other important communications if they maintain current contact information on OptIN. **OID Entities are required by law to annually renew their registration, comply with reporting requirements, and to update their registration throughout the year as changes occur (e.g., input changes in address, contact information, etc.).**

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In 2023, the Food and Drug Administration (FDA) approved Narcan, 4mg naloxone hydrochloride nasal spray for OTC, nonprescription, use. This is currently the only dose that is available without a prescription. Opioid intervention drugs that require a prescription must use the standing order to be sold, dispensed, or distributed without examining a patient in person or via telehealth.

Note: **Neither this Toolkit nor the Indiana Statewide Standing Order guarantees coverage or prior authorization under Medicaid or other insurance programs.**

OID Overview

Naloxone

Naloxone is an opioid antagonist indicated to reverse central nervous system depression in an individual experiencing an opioid-related oversedation, poisoning, or overdose. Naloxone is active in the body for 30 minutes to two hours. Naloxone is the generic form of Narcan. Naloxone does not cause euphoric effects, is non-addictive, and is not a drug of abuse. Since 1971, naloxone has been successfully used to reverse opioid overdoses. Naloxone is a legend drug, but not a controlled substance.

Nalmefene

Nalmefene is an opioid receptor antagonist used to treat acute opioid overdose. However, it has a higher half-life than naloxone and can stay in the body between 12 and 24 hours. This can make withdrawal symptoms more severe and last longer. Nalmefene is only available by prescription and is intended for use in healthcare and community settings for individuals who are 12 years old or older. Nalmefene nasal spray and intramuscular autoinjector were approved by the FDA as OIDs in 2023 and 2024, respectively.

Candidates for OIDs are those who:

- Take high doses of opioids for long-term management of chronic pain
- Receive rotating opioid medication regimens
- Have been discharged from emergency medical care following opioid poisoning or intoxication
- Take certain extended-release or long-acting opioid medication
- Those who have had a period of abstinence to include those recently released from incarceration.

Pregnant women can be safely given both naloxone and nalmefene in limited doses under the supervision of a doctor. Nalmefene can cause opioid withdrawal in an unborn baby so it is important that practitioners know the medication has been used so the patient and baby can be monitored.

Patients prescribed an automatic injection device for naloxone or who use the nasal spray should always keep the item available. It is important to remember to replace medication when the expiration date passes and if exposed to temperatures below 39°F or above 104°F. Nalmefene should be kept at room-temperature and away from direct sunlight. It is important to remember to replace medication when the expiration date passes.

OID Effects

OIDs reverse opioid-related oversedation, poisoning, or overdose by replacing and blocking agonists from attaching to the brain's opioid receptors. OIDs have a stronger affinity to opioid receptors than it does agonists. When administered to a person with opioids in their system, OIDs neutralize opioids' effect, allowing the body to return to more normal function. However, because many opioid overdoses are caused by high doses of opioid drugs or long-acting opioid drugs, rescuers may need to administer multiple doses of an OIDs. Additionally, OIDs can initiate withdrawal symptoms that, while not life-threatening, can be extremely uncomfortable. For these reasons and pursuant to IC 16-42-27, seeking immediate medical assistance **(calling 9-1-1)** is a required part of overdose response education.

OIDs do not reverse drug overdoses or produce any effect in people without opioids in their system. OIDs are not known to interact with any medications other than opioids. The only contraindication to administering an OIDs is if the recipient has a known sensitivity or allergy to naloxone or nalmefene or its components, which is rare. Because opioids remain in the person's system, OIDs cannot be used to disrupt a urine screen.

The most common side effect of an OIDs in someone who has taken opioids is the induction of opioid withdrawal symptoms, including tachycardia, increased blood pressure, body aches, diarrhea, fever, and irritability.

Symptoms of Opioid Overdose

A person experiencing an opioid overdose may present with some or all of the following symptoms:

- Decreased level of consciousness,

- Pinpoint pupils,
- Gurgling or choking noises,
- Limp body,
- Slowed or stopped breathing,
- Slowed or stopped heart rate,
- Blue lips and/or nail beds,
- Clammy skin, or
- Cannot be woken or cannot speak, even after:
    - Being shaken or
    - Receiving a sternal rub.

Environmental Signs of an Opioid Overdose

In addition to the physical symptoms indicating an opioid overdose, the following items may indicate an opioid overdose:

- Needles,
- Spoons (especially bent spoons) or other cookers,
- Lighters,
- Tourniquets,
- Balloons or baggies,
- Pill bottles, or
- Pills (whole or crushed).

OID Administration

If you believe a person is experiencing an opioid overdose:

1) Confirm your belief by checking for the symptoms and signs of opioid overdose found herein
2) **Call 9-1-1**,
3) Administer OID according to instructions,
4) If the person has no pulse, give CPR if you know how and are comfortable doing so,
5) If there is no change in 2-5 minutes after giving, administer another dose, and
6) Stay with the person until first responders arrive.

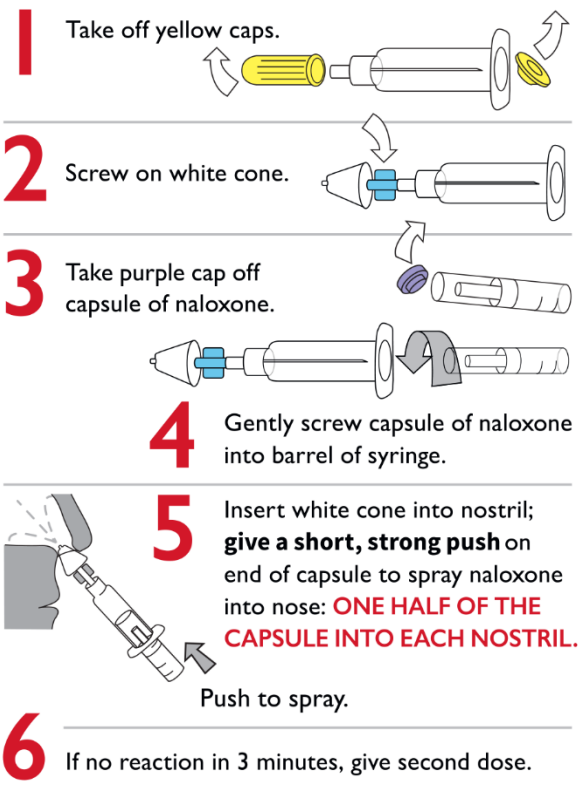
When administering an OID, an individual may not be considered to be practicing medicine without a license in violation of IC 25-22.5-8-2 if the individual, acting in good faith, does the following:

1) Obtains the OID from a prescriber (such as by participating in the Indiana Statewide Overdose Intervention Drug Standing Order);
2) Administers the OID to an individual who is experiencing an apparent opioid-related overdose; and
3) Attempts to summon emergency services **(calls 9-1-1)** either immediately before or immediately after administering the OID.

Naloxone Administration Instructions

Naloxone Rescue Kits may be designed for nasal or muscular administration. Follow the instructions below based on the type of naloxone in your Naloxone Rescue Kit.

Intranasal Naloxone:
Follow steps one through six below for administering naloxone nasal spray.



Intranasal Narcan:

Follow steps one through three below for administering Narcan nasal spray and watch the online video instructions at https://narcan.com/en/ before encountering an overdose emergency.

1) Peel back the package to remove the device.
2) Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
3) Press the plunger firmly to release the dose into the patient's nose.

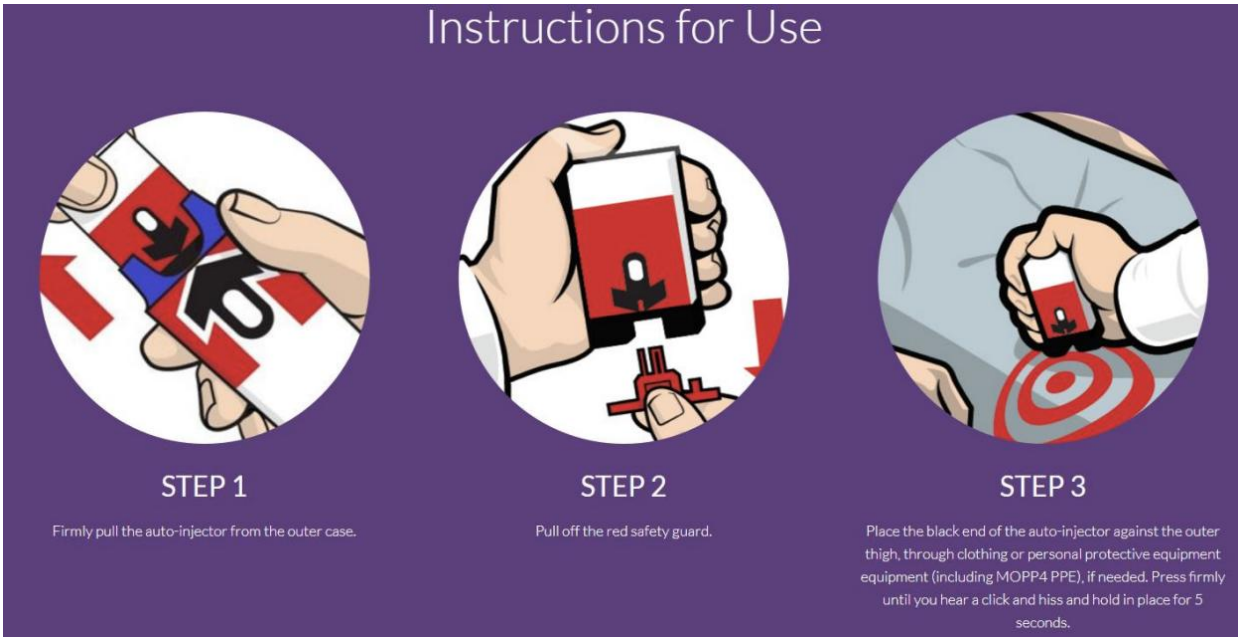
Intramuscular Naloxone via Syringe:

Follow steps one through three below for administering injectable intramuscular naloxone.

1) Take the orange cap off the vial and stick the needle through the rubber stopper.
2) Withdraw the indicated amount of medication, as directed on the packaging, through the needle by pulling back on the plunger. Be sure the syringe fills with liquid and not air.
3) Insert the syringe into muscle in the shoulder (like a flu shot) or into the front of the thigh. Push down on the plunger to empty the syringe.

Intramuscular Naloxone via Auto-Injector:

Follow steps one through three below for administering naloxone via auto-injector.



Nalmefene HCl Administration Instructions

Nalmefene, like naloxone, is an opioid receptor antagonist used to treat acute opioid overdose. However, nalmefene has a higher half-life and can stay in the body between 12 and 24 hours, whereas naloxone is present in the body from 30 minutes to 2 hours. This prolonged half-life can make withdrawal symptoms more severe and last longer. Nalmefene is only available by prescription and is intended for use in healthcare and community settings for individuals who are 12 years old or older. Nalmefene nasal spray and intramuscular autoinjector were approved by the FDA as Overdose Intervention Drugs (OIDs) in 2023 and 2024, respectively. Additionally, both naloxone and nalmefene can be given to pregnant women. Nalmefene can cause opioid withdrawal in an unborn baby so it is important that practitioners know the medication has been used so the patient and baby can be monitored.

Intranasal nalmefene (Opvee):

- Nalmefene 2.7mg (0.1mL) intranasal, administer one spray in one nostril according to the steps below. Can give a repeat dose in 2-5 minutes if needed. Only for patients 12 years and older.

PLACE

Holding the device with your fingers on both sides of the nozzle and your thumb on the plunger, place the tip of the OPVEE® nozzle into one nostril until your fingers are against the bottom of the person's nose.

PRESS

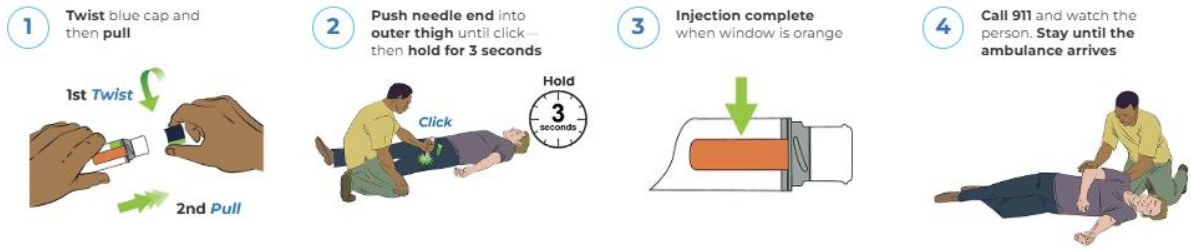
Press the plunger firmly, which delivers one dose of OPVEE® automatically when the plunger stops moving.

PAUSE

Call 911 immediately and wait with the person. Move the person on their side, with their hand supporting their head, bend their knee, and turn their face to the side. If the person does not wake up or start breathing normally after 2 to 5 minutes, another dose may be given.

Intramuscular nalmefene via Auto-Injector (Zurnai):

Nalmefene 1.5mg (0.5mL) IM, administer IM into the anterior lateral thigh according to the steps below. Can give a repeat dose in 2-5 minutes if needed. Only for patients 12 years and older



! If the person does not wake up within 2-5 minutes after injection, repeat steps 1-3 with a new ZURNAI Auto-Injector.[1]

! Always seek emergency medical assistance after administration of the first dose of ZURNAI in the event of a suspected, potentially life-threatening opioid emergency.[1]

Treatment Information

Several resources exist for locating treatment information:

- Indiana's Community Mental Health Centers: https://www.in.gov/fssa/dmha/files/DMHA_SOFs_and_CMHCs.pdf
- Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatment Services Locator: https://findtreatment.gov/
- SAMHSA National Helpline: 1-800-662-HELP (4357)
- Indiana Department of Health: https://www.in.gov/health/overdose-prevention/
- Indiana Division of Mental Health and Addiction – Family and Social Services Administration: https://www.in.gov/fssa/dmha/
- Connect to help by dialing **2-1-1:** https://in211.communityos.org/
- Overdose Lifeline: https://www.overdoselifeline.org/