

**WEST VIRGINIA
DEPARTMENT OF HEALTH
STANDING ORDER**

OPIOID ANTAGONIST PRESCRIPTION FOR OVERDOSE PREVENTION

Opioid antagonist medications are indicated for reversal of opioid overdose in the event of a drug overdose that is the result of consumption or use of one or more opioid-related drugs causing a drug overdose event.

I. PURPOSE

This standing order is intended to ensure that residents of the State of West Virginia who are at risk of experiencing an opioid-related overdose, or who are family members, friends or other persons, that are in a position to assist a person at risk of experiencing an opioid-related overdose (Eligible Persons), are able to obtain opioid antagonists. This order is not intended to be used by organizations who employ or contract with medical staff who are authorized to write prescriptions. Organizations with a medical staff should rely on those medical professionals to write prescriptions or issue standing orders specific to the personnel who would be expected to administer opioid antagonists.

II. AUTHORITY

This standing order is issued in accordance with West Virginia Code §16-46-7, which permits the State Health Officer to prescribe an opioid antagonist by one or more standing orders to Eligible Persons.

III. AUTHORIZATION

This standing order may be used by Eligible Persons as a prescription or third-party prescription to obtain an opioid antagonist from a pharmacy. This order is authorization for pharmacists to dispense opioid antagonists and devices for its administration in the forms prescribed herein.

IV. ADMINISTRATION

Eligible Persons may administer, provide, or make available opioid antagonists to a person who the Eligible Person suspects of experiencing an opioid overdose event.

V. FORMULATION AND DIRECTIONS

Any opioid antagonists FDA approved for the treatment of a suspected opioid overdose and necessary paraphernalia for their administration may be dispensed to Eligible Persons.

A. For Intranasal Administration

Administer dosage according to the package insert. Repeat after three (3) minutes if no or minimal response.

B. For Intramuscular Injection (vial)

Administer dosage according to the package insert. Inject the recommended dose IM into the shoulder or thigh. Repeat after three (3) minutes if no or minimal response.

C. For Intramuscular or Subcutaneous Injection

Administer dosage according to the package insert. Inject the recommended dose into the outer thigh. Repeat after three (3) minutes if no or minimal response.

VI. REVIEW OF ORDER

This standing order will be reviewed and may be updated as additional information or changes to legislation/training materials occur. This standing order may be withdrawn by the State Health Officer at any time.

EXECUTED on this the 30th day of June, 2025.



P.S. Martin, MD, FACEP, FAEMS
Acting State Health Officer