NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

Subject: Nebraska Opioid Overdose Reversal Medication Standing Order Information

Nebraska Opioid Overdose Reversal Medication Standing Order Information

Dear Pharmacists,

Opioid overdose deaths remain a growing concern in Nebraska. According to NE Vital Records data, 140 people died of an overdose in 2024, and at least 56 of those were opioid related. In 2025 (provisional data), 137 people died of an overdose, and at least 58 of those were opioid related.

Nebraska Department of Health and Human Services (DHHS), Executive Medical Officer, Dr. Roger Donovick, MD, has issued a standing order to further facilitate the availability of Federal Drug Administration (FDA)-approved opioid overdose reversal medications (OORM) (in accordance with Neb. Rev. Stat. §28-470 and §38-2840). The standing order allows the public to have opioid overdose reversal medications dispensed through a pharmacy. The expanded availability of opioid overdose reversal medications to friends, family, and bystanders will increase the probability of administration in a timely manner and prevent death from an opioid overdose. Certain forms of naloxone, such as naloxone nasal spray 4mg (brand name NARCAN Nasal Spray), are also available without a prescription for purchase.

Details specific to the Opioid Overdose Reversal Medication (OORM) Standing Order are included below in the attached document. Information that will be useful to you to proceed with the standing order for opioid overdose reversal medications includes:

NPI# 1710902622

301 Centennial Mall South

Nebraska Department of Health and Human Services

Lincoln, NE 68509

If you have questions about the Naloxone Standing Order, please contact DHHS.DBHPrevention@Nebraska.gov.

Nebraska Naloxone Standing Order

Background:

On May 27, 2015, LB390 was signed into law. This law (codified at Neb. Rev. Stat. §28-470) authorized health professionals to dispense, prescribe, or administer Naloxone, a life-saving drug used to reverse the effects of an opioid overdose, to certain persons. The FDA approved naloxone nasal spray 4mg (brand name NARCAN Nasal Spray) for over-the-counter-purchase in 2023. In 2025, the Nebraska Legislature passed LB195, which expanded the medications a health professional was authorized to dispense, prescribe, or administer from naloxone to any FDA-approved opioid overdose reversal medication (OORM) (e.g., nalmefene). Although Neb. Rev. Stat. §28-470 allows for dispensing an OORM without a prescription, this standing order can be used in place of a prescription for an OORM if a prescription is desired.

Purpose:

This standing order, in accordance with Neb. Rev. Stat. §28-470 and §38-2840, is issued to further facilitate the availability of OORM.

Expanding the availability of OORM to friends, family, and bystanders will increase the likelihood that it will be administered in a timely manner and prevent death from an opioid overdose. It is critical that 911 is contacted as a first step of administering any OORM.

Immunity:

Neb. Rev. Stat. §28-470 provides protection from administrative action or criminal prosecution when a pharmacist dispenses an OORM under the following limited circumstances:

- A person who is apparently experiencing or who is likely to experience an opioid-related overdose; or
- A family member, friend, or other person in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose.

- A family member, friend, or other person who is in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose, other than an emergency responder or peace officer, is not subject to actions under the Uniform Credentialing Act, administrative action, or criminal prosecution if the person, acting in good faith, obtains the OORM from a health professional or a prescription for an OORM from a health professional and administers the naloxone obtained from the health professional or acquired pursuant to the prescription to a person who is apparently experiencing an opioid-related overdose.
    - For the purpose of the Neb. Rev. Stat. §28-470, the following definitions apply:
        - **Administer** means to directly apply a drug or device by injection, inhalation, ingestion, or other means to the body of a patient or research subject.
        - **Dispense** means interpreting, evaluating, and implementing a medical order, including preparing and delivering a drug or device to a patient or caregiver in a suitable container appropriately labeled for subsequent administration to, or use by, a patient.
        - **Emergency responder** means an emergency medical responder, an emergency medical technician, an advanced emergency medical technician, or a paramedic licensed under the Emergency Medical Services (EMS) Practices Act or practicing pursuant to the EMS Personnel Licensure Interstate Compact.
        - **Law enforcement agency** means a police department, a town marshal, the office of sheriff, or the Nebraska State Patrol.
        - **Law enforcement employee** means an employee of a law enforcement agency, a contractor of a law enforcement agency, or an employee of such contractor who regularly, as part of his or her duties, handles, processes, or is likely to come into contact with any evidence or property which may include or contain opioids.
        - **Peace officer** shall include sheriffs, coroners, jailers, marshals, police officers, state highway patrol officers, members of the National Guard on active service by direction of the Governor during periods of emergency, and all other persons with similar authority to make arrests.

Dispensing Guidelines:

<u>Nasal administration</u>

- Nasal Spray (naloxone HCl) 4 mg/0.1 ml Nasal Spray
    - Dispense between one (1) and five (5) boxes containing two (2) 4 mg/0.1 ml doses of naloxone.
    - Instructions:
        - Call 911.
        - Spray 0.1 ml into one nostril.
        - Repeat with second device into the other nostril after 2-3 minutes if no or minimal response.
        - Monitor the person until professional help arrives.
- Nasal Spray (naloxone HCl) 8 mg/0.1 ml Nasal Spray
    - Dispense between one (1) and five (5) boxes containing two (2) 4 mg/0.1 ml does of naloxone.
    - Instructions:
        - Call 911.
        - Spray 0.1 ml into one nostril.
        - Repeat with second device into the other nostril after 2-3 minutes if no or minimal response.
        - Monitor the person until professional help arrives.
- Nasal Spray (nalmefene IN) 2.7 mg/0.1 ml Nasal Spray
    - Dispense between one (1) and five (5) boxes containing two (2) 2.7 mg/0.1 ml doses of nalmefene.
    - Instructions:
        - Call 911.
        - Spray 0.1ml into one nostril.
        - Repeat with second device into the other nostril after 2-5 minutes if no or minimal response.
        - Monitor the person until professional help arrives.
- Naloxone HCl Solution 1 mg/ml in a 2 ml pre-filled Luer-Lock Syringe
    - Dispense between 2 x 2 ml syringes (4 ml total) and 8 x 2 ml syringes (16 ml total) with five nasal mucosal atomization devices.
    - Instructions:
        - Call 911.

- Spray 1 ml into one nostril and spray an additional 1 ml into the other nostril.
- Repeat after 2-3 minutes if no or minimal response.
- Monitor the person until professional help arrives.

Intramuscular (IM) administration

- Naloxone HCl 0.4 mg/ml in a 1 ml unit dose vial
  - Dispense between 2 units (1 ml unit dose vials plus two (2) 3cc syringes with 23-250 1-1.5 inch needles) and 8 units (1 ml unit does vials plus eight (8) 3cc syringes with 23-250 1-1.5 inch needles) for intramuscular injection.
  - Instructions:
    - Call 911
    - Inject 1 ml in the shoulder or thigh. Repeat after 2-3 minutes if no or minimal response.
    - Monitor the person until professional help arrives.
- Nalmefene 1.5 mg autoinjector syringes
  - Dispense 1 unit (1.5 mg pre-filled autoinjector syringe) under the skin into a muscle, such as the shorter or thigh.
  - Instructions:
    - Call 911
    - Inject 1.5 ml in the shoulder or thigh. Repeat after 2-5 minutes if no or minimal response.
    - Monitor the person until professional help arrives.

Prices vary widely for the different products and reimbursement practices vary by insurer.
Dispense at least 1 package of an OORM to an individual. Refills may be dispensed under this standing order.

Signs and symptoms of opioid-related overdose:

The following may be signs and symptoms of an individual experiencing an opioid-related overdose:

- A history of current narcotic or opioid use or fentanyl patches on skin or needle in the body.
- Unresponsive or unconscious individuals.

- Not breathing or slow/shallow respirations.
- Snoring or gurgling sounds (due to partial upper airway obstruction).
- Blue lips and/or nail beds.
- Pinpoint pupils.
- Clammy skin.

Note that individuals in cardiac arrest from all causes share many symptoms with someone with a narcotic overdose (unresponsiveness, not breathing, snoring/gurgling sounds, and blue skin/nail beds). If no pulse, these individuals are in cardiac arrest and require CPR.

Adverse reactions:

A. Opioid Withdrawal
   - Abrupt reversal of opioid depression may result in nausea, vomiting, sweating, abnormal heartbeat, fluid development in the lungs and opioid acute withdrawal syndrome (see part "B" below), increased blood pressure, shaking, shivering, seizures and hot flashes.

B. Opioid Dependence
   - Abrupt reversal of opioid effects in persons who are physically dependent on opioids may cause an acute withdrawal syndrome.
   - Acute withdrawal syndrome may include, but not be limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, or irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, and fast heartbeat.
   - Reactions resulting from administration of naloxone may appear within minutes of naloxone administration and subside in approximately two hours. Additionally, the opioid-related adverse reactions may subside within minutes of naloxone administration; signs of opioid overdose could reappear after 60-90 minutes after naloxone administration, so it is imperative that the person experiencing an opioid-related overdose receive emergency medical care flowing naloxone administration.
   - Most often the symptoms of opioid withdrawal and acute withdrawal syndrome are uncomfortable but sometimes can be severe enough to require advanced medical attention. Adverse reactions beyond opioid-related overdose are rare.

Educational Materials:

Educational materials for dispensers about naloxone can be found at:
https://dhhs.ne.gov/Pages/Drug-Overdose-Prevention.aspx
Educational materials for patients about naloxone and referral to treatment options can be found at:
https://stopodne.com/

Effective Period for this Order:

This standing order will expire August 10, 2027.

M.D. Date: 8/5/26

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