



2025 Report on Statewide Naloxone Standing Order for Pharmacists

The Wisconsin Statewide Naloxone Standing Order (SSO) for Pharmacists renews every two years. The last renewal occurred on August 1, 2023, and is set to renew again on August 1, 2025. While most pharmacies will enroll or re-enroll at that time, pharmacies can enroll at any time the standing order is in effect.

In March 2023, the FDA approved the first formulation of naloxone hydrochloride (Narcan®, 4 mg) for use without a prescription and it became available for sale over the counter (OTC). The cost of OTC Narcan® averages \$45 per package (two doses). Since that time, additional formulations of naloxone and other overdose prevention medications have been approved for use, and some are available over the counter.

During this time, the Wisconsin Department of Health Services (DHS) conducted a review of the standing order for pharmacies to determine whether it was still necessary given the availability of OTC naloxone. After consulting internally with partners in the Division of Medicaid Services and Division of Care and Treatment Services, and externally with the Pharmacy Society of Wisconsin, DHS determined it is necessary to continue to provide an SSO for pharmacies as some insurance plans do cover naloxone, making it a more affordable option than purchasing OTC. The standing order is and always has been just one of the ways that DHS works to get affordable naloxone into the hands of those who need it.

With the increasing number of overdose reversal agents on the market, DHS also reviewed what is available, assessing how effective each agent is at reversing overdose and the extent to which it precipitates withdrawals.

Enrollment

Group reporting

Pharmacies that have five or more branches or are corporately owned are encouraged to complete group reporting. This is convenient for pharmacies because only one coordinator is responsible for enrolling, ensuring group pharmacists complete required trainings, and keeping a signed copy of the standing order on file. They also complete quarterly reporting on naloxone dispensing, reducing workload for their pharmacists. As of December 2024, there were six groups reporting for a total of 217 pharmacies:

- Costco Pharmacy: 11
- CVS: 79
- Hayt: 15
- Walmart and Sam's Club: 97
- Trig's: 4
- SSM Health: 11*

* SSM recently agreed to adopt group reporting for all of their pharmacies, so this number will increase.

Individually reporting

Looking at enrollment over time, there were 196 individually-reporting pharmacies enrolled between July 2019 and June 2021; between July 2021 and June 2023, there were 169; and July 2023 through March 2025, there were 157.

A total of 374 pharmacies (group and individually reporting) are currently enrolled in the statewide standing order.

Dispensing

Naloxone continues to be dispensed through pharmacies at high levels. Among the grouped pharmacies during 2024, 2,390 prescriptions were filled through the SSO. The majority of these (1,671) were filled by Walmart, followed by Hayat pharmacies (249). Individually reporting pharmacies reported a total of 447 naloxone fills dispensed through the SSO. Note: Pharmacies report the number of "fills," often these include two doses.

Naloxone dispensed through non-statewide standing order prescriptions totaled 5,133 among the group reporting pharmacies and 16,174 among the individually reporting pharmacies. It should be noted that 13,164 of these were the result of four large quarterly dispensings by Gundersen Moundview Hospital in Adams County. Past inquiries to other pharmacies have shown that large numbers such as these are usually the result of purchases by treatment programs and sometimes community organizations who distribute naloxone.

These numbers are similar to those for 2023 when there were 17,494 naloxone prescriptions filled by pharmacies participating in the SSO, with 1,766 of those prescriptions filled through the SSO.

We also received 2024 naloxone dispensing totals from Walgreens, which has an organization-wide standing order. This total was 8,879, slightly lower than 10,578 in 2023.

Recommendations

It is the recommendation of the ad hoc committee for the statewide standing order for naloxone for pharmacists to continue the standing order. At a time when funding is being cut for naloxone, it is more important than ever to stand up policies that make naloxone more available and affordable in communities across Wisconsin.

The committee has the following recommendations moving forward.

- Make the naloxone statewide standing order for pharmacists indefinite to align with other standing orders in the state.
 - A two-year renewal period adds a barrier for pharmacists to dispense naloxone.
 - At a time when many pharmacists are already receiving training on naloxone administration and overdose prevention, it is not necessary to reinforce the need for this training.
 - Consultation with policy partners at the Pharmacy Society of Wisconsin confirmed that removing an expiration date eliminated a barrier for pharmacists.
 - Ad hoc committee will continue to meet annually to discuss whether updates need to be made to the naloxone statewide standing order for pharmacists and the standing order for nurses.
- Encourage co-promotion with the [naloxone statewide standing order for nurses](#). Committee will work with DHS communications staff to promote these standing orders and why they are utilized.
 - Highlight the importance of providing accessible and affordable naloxone and encouraging training on overdose prevention.
 - Reducing the barriers to access naloxone leads to decreased overdose deaths and hospitalizations. To make our communities healthy, we must provide the tools to save lives, and this includes naloxone.
- Compassionate overdose response is central to determining which types of overdose reversal agents will be included in the standing order.
 - People who use drugs have implemented overdose prevention, treatment, and post-event care for decades, developing a standard approach that is evidence-based, effective, and compassionate. Their voices should be central to the development, design, and distribution of all overdose reversal products (International Journal of Drug Policy, 2024).
 - At the Compassionate Overdose Response Summit, the following recommendations were provided.
 - People who use drugs should be involved in decisions regarding the research, development, selection, and distribution of opioid overdose reversal products.
 - Regulatory agencies and pharmaceutical manufacturers should carefully consider and communicate the risk and duration of withdrawal associated with higher dose and long-acting opioid antagonists.

- Take-home naloxone kits should include at least two doses of an IM product containing 0.4 mg or an IN product containing ≤ 4 mg.
 - At this time, high dose and long-acting opioid antagonists have no use in acute opioid overdose response.
 - Overdose response educational materials, instructions on overdose response, and training should emphasize the restoration of breathing, avoiding withdrawal, and compassionate post-overdose support and care.
- Add the 3 mg nasal naloxone ReVive to the standing order. (It is important to note that the 3 mg formulation of naloxone is not covered by Medicaid. Patients with Medicaid may have to pay full price for ReVive.)
 - The 3.0 mg dose is based on the scientific literature supporting the efficacy of naloxone in opioid overdose reversals broadly, and the efficacy of both 2.0 mg and 4.0 mg intranasal (IN) naloxone formulations. The 3 mg formulation was chosen after extensive input from harm reduction experts, consideration of the long history of reversing opioid overdoses using 0.4 mg of intramuscular naloxone, and the desire to administer enough naloxone to restore spontaneous breathing without inducing full blown acute opioid withdrawal (Harm Reduction Therapeutics, 2024).
 - Recent studies have shown that both 8.0 mg and 4.0 mg intranasal naloxone products were equally effective (99%) in reversing overdoses when compared to 3 mg products, but the 8.0 mg dose was far more likely to induce serious opioid withdrawal (Harm Reduction Therapeutics, 2024).
- Address why other overdose reversal agents, including nalmefene and higher dose (>4 mg) naloxone, are not included.
 - Nalmefene remains in the body for significantly longer than naloxone, with a half-life of 11 hours compared to naloxone's half-life of 1.5 to 2 hours. Research has shown that this longer half-life can lead to extended withdrawal symptoms in people who are tolerant on opioids—however, how this affects a real-world overdose is unknown (SAMHSA, 2023).
 - Injectable nalmefene was approved by FDA in 1995; however, nalmefene nasal spray was only recently approved in 2023 and does not yet have the same extensive field experience as naloxone (SAMHSA, 2023).
 - Studies conducted on the utility of nalmefene included healthy people, as opposed to opioid overdose patients at-risk for naloxone precipitated withdrawal (International Journal of Drug Policy, 2024).
 - In higher dose naloxone, it has been reported that the higher the dose, the more likely and more severely someone who has developed tolerance to opioids will experience symptoms of withdrawal upon awakening. Withdrawal symptoms are flu-like and can include muscle pain, sweating, gastrointestinal distress, and heightened anxiety (SAMHSA, 2023).
 - Experiences of withdrawal, particularly when severe, can be traumatic and may result in people who use drugs avoiding or leaving medical care settings due to their withdrawal

symptoms (SAMHSA, 2023). This prevents professionals from offering any patient education on safer use or resources on treatment and recovery.

- Fear of withdrawal may prevent someone from seeking needed care or hiding their drug use to avoid having naloxone administered (Harm Reduction Therapeutics, 2024).

The official statement from the DHS website:

"All opioid reversal medications cause precipitated withdrawal symptoms. Precipitated withdrawal symptoms range in severity from mild dysphoria or gastrointestinal upset to life-threatening conditions including acute respiratory distress syndrome, severe agitation, dysrhythmias, and stress cardiomyopathy.

"A second medication used to reverse opioid overdose, nalmefene, is a long-acting overdose reversal medication. Evidence shows increased risks with nalmefene and high-dose naloxone than standard dose naloxone, as there is higher likelihood of severity of symptomology and elongated duration of the precipitated withdrawal.

"Currently, there is no evidence to demonstrate nalmefene or high-dose naloxone (>4 mg) is more effective than standard dosing of naloxone.

"For the reasons stated above, Wisconsin does not include nalmefene or high-dose naloxone in the state's standing orders for opioid reversal medication. People who would like to consider nalmefene or high-dose naloxone as an option should consult with a health care provider."