

NEW MEXICO DEPARTMENT OF HEALTH

Statewide Standing Order for Naloxone (or other opioid antagonist)

Name: _____ DOB: _____ Date: _____

Address: _____

Dispense one of the three following products based on product availability and preference.

Naloxone HCl Solution 1 mg/mL; 2 mL pre-filled Luer-Lok Syringe

Qty: 2 x 2 mL syringes (4 mL total) with two nasal mucosal atomization devices.

Sig: Spray 1 mL (one-half of prefilled syringe) in each nostril. Repeat after 3 minutes if no response. Call 911.

Narcan® Nasal Spray (naloxone HCl) 4 mg/0.1 mL Nasal Spray

Qty: 1 box containing two 4 mg/0.1 mL doses of naloxone

Sig: Administer a single spray of Narcan® Nasal Spray in one nostril. Open second dose and repeat after 3 minutes if no response. Call 911.

Any **other naloxone preparation or opioid antagonist** commercially available and **FDA approved** for the emergency treatment of known or suspected opioid overdose. Label with directions for use consistent with drug monograph. Call 911.

Refills: PRN

Prescriber: Chris Novak, MD

NPI: 1508834110

Address: 1190 S St. Francis Dr. Ste. S-1057
Santa Fe, NM 87505

For questions, please contact NMDOH Prescription Drug Overdose Prevention Program at 505.660.7373