

Naloxone for Overdose Prevention

Patient Name



Prescriber Name

Prescriber Address

Prescriber City, State, ZIP COde

Prescriber Phone Number

INTRANASAL

Naloxone HCl 1 mg/mL
2 x 2 mL as pre-filled Luer-Lock needleless syringe
(NDC 76329-3369-1)

Refills: _____

2 x Intranasal Mucosal Atomizing device (MAD

300)

Refills: _____

For suspected opioid overdose, spray 1mL in each nostril.
Repeat after 3 minutes if no or minimal response.

Pharmacist: Call 1-800-788-7999 to order MAD 300.

Prescriber Signature

Date

INTRAMUSCULAR

Naloxone HCl 0.4 mg/mL (Narcan®)
1 x 10 mL as one fliptop vial (NDC 0409-1219-01)
OR
2 x 1 mL single dose vials (NDC 0409-1215-01)

Refills: _____

Intramuscular (IM) syringe, 23 G, 3cc, 1 inch

Qty: _____ Refills: _____

Sig: for suspected opioid overdose, inject 1 mL IM
in shoulder or thigh.
Repeat after 3 minutes if no or minimal response.

Prescriber Signature

Date