

NEW MEXICO DEPARTMENT OF HEALTH <u>Statewide Standing Order for Naloxone</u>		
Name: _____ DOB: _____ Date: _____		
Address: _____		
<i>Dispense one of the three following naloxone products based on product availability and preference.</i>		
<input type="checkbox"/>	Naloxone HCl Solution 1 mg/mL; 2 mL pre-filled Luer-Lock 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.	
<input type="checkbox"/>	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® in one nostril. Repeat after 3 minutes if no response.	
<input type="checkbox"/>	Evzio® (naloxone HCl) 0.4 mg/0.4 mL auto-injector Qty: 1 box containing two auto-injectors Sig: Follow audio instructions from device. Place on thigh and inject 0.4 mL. Repeat after 3 minutes if no response.	
Refills: PRN Prescriber: Michael Landen, MD, MPH NPI: 1811198732 <div style="text-align: center;">1190 S Saint Francis Dr SE N1320 Santa Fe, NM 87505-4173</div>		
For questions please contact NMDOH Prescription Drug Overdose Prevention Program at 505.476.3541		

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