

NEW MEXICO DEPARTMENT OF HEALTH

Statewide Standing Order for Naloxone

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.

Narcan® Nasal Spray (naloxone HCl) 4mg/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.

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

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For questions please contact NMDOH Prescription Drug Overdose Prevention Program at 505.476.3541