

NALOXONE PRESCRIPTION SHEET

1. Does this patient currently use or have a history of using either illicit or prescription opioids?

-If yes, it would be appropriate to prescribe naloxone.

2. Is this patient in contact with anyone who uses or has a history of using either illicit or prescription opioids?

-If yes, it would be appropriate to prescribe naloxone.

3. Does this patient have a known hypersensitivity to naloxone?

-If yes, **do not** prescribe naloxone.

Patient Name _____ DOB _____

Address _____ Date _____

(chose one product depending on patient specific factors including cost, personal ability, and setting)

A. Intranasal (naloxone 2 mg/2 mL)

Sig: Spray 1 mL (one-half of syringe) into each nostril upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.

Dispense # _____.

B. Intramuscular injection (naloxone 0.4 mg/1 mL)

Sig: Inject 1 mL intramuscularly upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.

Dispense # _____.

C. Intramuscular auto-injector (naloxone 0.4 mg/ 0.4 mL)

Sig: Use one auto-injector upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.

Dispense # _____.

D. Intranasal branded (Narcan Nasal Spray)(naloxone 4mg/ 0.1 mL)

Sig: Spray 0.1 mL (contents of one device) into one nostril upon signs of opioid overdose. Call 911. May repeat once if no response within 2-3 minutes.

Dispense # _____.

Pharmacist Signature _____ Refills _____

BRAND MEDICALLY NECESSARY

Yes / No