

#### PRESCRIBE NALOXONE TO ANYONE WHO REQUESTS IT, INCLUDING:

- Anyone at risk of experiencing an opioid-related overdose
- Anyone, including friends and family, who may assist someone at risk for an opioid-related overdose
- Anyone receiving prescription opioid analgesics

# Providers may wish to conduct a risk assessment to identify additional patients who need naloxone. The following factors increase overdose risk and may serve as additional screening criteria:

- High-dose opioid prescription (90 or more daily morphine milligram equivalents); chronic opioid therapy (for three months or longer); and concurrent opioid and benzodiazepine prescriptions
- Current or previous opioid misuse or illicit drug use; treatment for opioid use disorder (e.g., methadone, buprenorphine, naltrexone); and opioid overdose history

## NARCAN<sup>®</sup> NASAL SPRAY

4 mg (NDC 69547-353-02) 1 x two-pack Refills: <u>PRN</u>



Sig: For suspected opioid overdose Follow package instructions.

## INTRANASAL

Naloxone HCl 1 mg/mL 2 x 2 mL as pre-filled Luer-Lock syringe (NDC 76329-3369-1) Refills: <u>PRN</u> 2 x intranasal mucosal atomizing device (MAD 300) Refills: PRN

Sig: For suspected opioid overdose Spray 1 mL in each nostril. If no response in two minutes, give second dose.

Atomizer typically not covered by insurance.

*Note to pharmacist:* Call 866-246-6990 or 800-723-3892 to order MAD 300.

## INTRAMUSCULAR

Naloxone HCl 0.4 mg/mL 2 x 1 mL single-dose vials (NDC 0409-1215-01 or 67457-292-02) Refills: <u>PRN</u> 2 x 23 g, 3 mL, 1-inch syringe

Refills: PRN

Sig: For suspected opioid overdose Inject 1 mL intramuscularly in shoulder or thigh.

Materials adapted with permission from the New York City Department of Health and Mental Hygiene