

Bring to Pharmacy to Purchase NARCAN® Nasal Spray

 **NARCAN**® (naloxone HCl)  
**NASAL SPRAY 4mg**

**To Pharmacist:**

According to the naloxone state-wide standing order and/or state naloxone access laws, pharmacists can fill NARCAN® (naloxone HCl) Nasal Spray 4mg without an individualized prescription. When dispensing NARCAN® Nasal Spray, please comply with state law or pharmacy guidelines.

**NDC# 69547-0353-02**

**To Patient:**

Please let the pharmacist know how many boxes of NARCAN® (2 doses per box) you would like for your household and if you will be using your insurance or paying cash.



DEA # \_\_\_\_\_  
LIC. # \_\_\_\_\_  
NPI # \_\_\_\_\_  
NAME John Doe DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

**Rx** *Narcan Nasal Spray  
4mg / 0.1 ml*

*Dispense per  
standing order*

Comply with state law or pharmacy guidelines in the dispensing of NARCAN® Nasal Spray.

For illustrative purposes only. Not an actual prescription.

For Assistance, call 844-4-NARCAN (844-462-7226) to talk to a customer service representative

**Be Sure to Ask Your Pharmacist How to Use NARCAN® Nasal Spray**

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NAR4-US-0331 Adapt Pharma, Inc. Radnor, PA

**ADAPT**  
PHARMA

**Sample Narcan prescription:**

Patient Name: _____	
Address: _____	
_____	
Rx	Naloxone Nasal Spray 4 mg/1mL # <u>2</u>
	Administer x 1 intranasally
	Repeat in alternate nostril if no response
	after 2-3 minutes
Do Not Refill _____	_____ (Signature)
Refill <u>2</u> Times	D.E.A. Number _____
Date _____	Print Last Name _____