



Quarterly Pharmacy Naloxone Dispensing Report

For Naloxone Non-Patient Specific Prescription and Dispensing Protocol

REPORTING PERIOD (ONE PER REPORT)	REPORT DUE BY
January 1 – March 31	April 30
April 1 – June 30	July 31
July 1 – September 30	October 31
October 1 – December 31	January 31

PHARMACY NAME _____

PHARMACY ADDRESS _____

PHARMACIST NAME _____

CONTACT PHONE _____

CONTACT EMAIL _____

CONTACT FAX _____

Please provide dispensing information for each naloxone formulation in kits (1 kit = 2 doses)
Prescriber: Dr. Mary Bassett: Dec, 2015 - Aug 28, 2018
 Dr. Oxiris Barbot: Aug 29, 2018 - Present

- 1) Narcan® (4MG/.1ML; NDC: 69547-353-02)**
 _____ # Narcan® kits dispensed under **non-patient specific standing order** (Dr. Barbot/Dr. Bassett)
 _____ # Narcan® kits dispensed under **patient-specific prescription** (all other providers)
- 2) Intramuscular (IM) (0.4MG/ML; NDC 00409-1215-01 OR NDC 67457-0292-02)**
 _____ # IM kits dispensed under **non-patient specific standing order** (Dr. Barbot/Dr. Bassett)
 _____ # IM kits dispensed under **patient-specific prescription** (all other providers)
- 3) Evzio® (2MG/ML; NDC 60842-051-01)**
N/A PLEASE NOTE: Evzio® is **not currently authorized** to be dispensed under the standing order.
 _____ # Evzio® kits dispensed under **patient-specific prescription** (all other providers)
- 4) Multi Step Intranasal (IN) (1MG/ML; NDC 76329-3369-01) with atomizers**
 _____ # IN kits dispensed under **non-patient specific standing order** (Dr. Barbot/Dr. Bassett)
 _____ # IN kits dispensed under **patient-specific prescription** (all other providers)

By checking the boxes below, you acknowledge that all pharmacy staff are:

- _____ Aware that patients can receive naloxone/Narcan® without a patient-specific prescription
- _____ Have been educated on the most recent standing order protocol (dated August 2018)
- _____ Are aware that if naloxone/Narcan® is not currently in stock, they must offer to order it when requested

Pharmacists may opt to submit this data using this *Quarterly Reporting Form* or using any other format. Please submit this data to: pharmacynaloxone@health.nyc.gov or 347-396-8889 (fax). This data can also be submit using an online form on our website by visiting nyc.gov/health and searching for: "Pharmacy Naloxone."