



Risk Mitigation Toolkit

Prescribing Naloxone

Recommendation #8 from the 2022 CDC Guideline for Prescribing Opioids for Pain states, “Before starting and periodically during continuation of opioid therapy, clinicians should evaluate the risk for opioid-related harms and discuss risk with patients. Clinicians should work with patients to incorporate into the management plan strategies to mitigate risk, including offering naloxone”

When to prescribe Naloxone:

Prescribers should offer naloxone to patients at increased risk for opioid overdose, including patients with a history of overdose, patients with a history of a substance use disorder, patients with sleep-disordered breathing, patients taking higher dosages of prescription opioids (e.g., ≥ 50 MME/day), patients taking benzodiazepines with opioids, patients taking illicit opioids, and patients at risk for returning to a high dose to which they have lost tolerance.

Naloxone Access and Patient Safety:

- Establish prescriber/patient trust
 - Prescribers should ask patients about their drug and alcohol use and use validated tools or consult with behavioral specialists to screen for and assess mental health and substance use disorders.
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- Go over the potential costs
 - Naloxone is not always covered by insurance and can burden patients financially. Care should be taken by prescribers, health systems, and payers to ensure naloxone access.
- Education is key
 - Prescribers should provide education on overdose prevention and naloxone use to patients receiving naloxone prescriptions and members of their households, including the potential for opioid withdrawal symptoms.

FACTORS THAT INCREASE THE RISK OF OVERDOSE	
Are taking higher dosages of opioids (≥ 50 morphine milligram equivalents (MME)/day)	History of previous overdose
Have certain medical conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea which may increase their risk of overdose (regardless of opioid dose), or reduced kidney or liver function	Are using illegal drugs such as heroin and/or stimulants, including methamphetamine and cocaine or pills purchased “on the street,” which could potentially be contaminated with illicit synthetic opioids like fentanyl
Have been prescribed benzodiazepines in addition to opioids (regardless of opioid dose)	Are 65+ and have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose)
Are receiving medication for opioid use disorder (OUD), such as methadone, buprenorphine, or naltrexone	Have a history of opioid use and were recently released from incarceration or other controlled setting where there was tolerance to opioids

Resources for Low/No Cost Naloxone:

Overdose Education and Naloxone Distribution Services (OEND/Naloxone sites

- Illinois Helpline <https://helplineil.org/app/home>