

# Is this Rx $\geq 50$ MME?

Example prescriptions equal to 60 MME/day

**Hydrocodone/APAP 10/325 mg**  
1 po q 4 h PRN

**Fentanyl patch 25 mcg/hr**  
1 q 72 h

**Methadone 5 mg**  
1 po q 8 h

**Oxycodone ER 20 mg**  
1 po BID

**Hydromorphone 4 mg**  
1 po q 6 h

(Note: Rx is 64 MME/day)

For more tools, including CDC's conversion table and mobile app, visit: [www.cdc.gov/drugoverdose/prescribing/resources.html](http://www.cdc.gov/drugoverdose/prescribing/resources.html)



## Who Needs Naloxone?



### *CDC Recommendations*

- $\geq 50$  MME/day
- Opioid + benzodiazepine
- History of opioid overdose
- Substance use disorder (e.g., buprenorphine therapy)
- Decreased tolerance (e.g., therapy gap, taper, incarceration)
- Other high-risk factors:
  - $\geq 65$  years old
  - Sleep-disordered breathing
  - Mental health condition
  - Renal or hepatic insufficiency

**FDA recommends discussing naloxone with *all patients* who are prescribed opioids**

# Tips for Talking about Naloxone

Tip	Example Statements
<b>Focus on adverse effects</b>	A serious side effect of this medication is that it can slow down or stop your breathing. Naloxone can help your [spouse, caretaker, etc.] save your life if you have a bad reaction.
<b>Talk about the individual</b>	Because you also [have COPD, take anxiety medication, etc.] you are at higher risk for breathing issues from this medication ...  I know you have been taking this medication for awhile, but breathing emergencies can occur unexpectedly, especially [at this dose, because you've had a gap in therapy, if your other conditions worsen, etc.] ...
<b>Emphasize safety</b>	While accidental overdose may be unlikely when you use this medication as prescribed, a serious accident might occur if you unintentionally take too much or if a child or other person gets access to your medication.
<b>Use analogies</b>	Naloxone is like a fire extinguisher. You take precautions and hope you won't need to use it, but you keep it on hand just in case something bad happens.  We recommend naloxone for patients taking opioids just like we recommend an EpiPen for patients who have severe allergies.
<b>Make it routine</b>	We recommend naloxone to all of our patients taking opioid pain medicine.
<b>Gauge interest</b>	Has anyone discussed naloxone with you? Would you like to learn more about how it improves safety?