Instructions For Healthcare Professionals: Prescribing Naloxone

Naloxone is the antidote for an opioid overdose. It has been used for decades to reverse respiratory depression associated with toxic exposure to opioids. Naloxone is not a controlled substance and can be prescribed by anyone with a medical license. Take-home naloxone can be prescribed to patients at risk of an opioid overdose. Some reasons for prescribing naloxone are:

- Receiving emergency medical care involving opioid intoxication or overdose
- Suspected history of substance abuse or nonmedical opioid use
- Starting methadone or buprenorphine for addiction
- Higher-dose (>50 mg morphine equivalent/day) opioid prescription
    - Receiving any opioid prescription for pain plus:
    - Rotated from one opioid to another because of possible incomplete cross-tolerance
    - Smoking, COPD, emphysema, asthma, sleep apnea, respiratory infection, other respiratory illness
    - Renal dysfunction, hepatic disease, cardiac illness, HIV/AIDS
    - Known or suspected concurrent alcohol use
    - Concurrent benzodiazepine or other sedative prescription
    - Concurrent antidepressant prescription
- Patients who may have difficulty accessing emergency medical services (distance, remoteness)
- Voluntary request from patient or caregiver

Two naloxone formulations are available. Intra-muscular injection is cheaper but may be lessattractive because it involves using a needle syringe. (IM syringes aren't widely used to inject controlled substances.) Intra-nasal (IN) spray is of comparable effectiveness but may be more difficult to obtain at a pharmacy. Check with pharmacist to see whether IM or IN is more feasible.

Billing for Clinical Encounter to Prescribe Naloxone

Most private health insurance, Medicare, and Medicaid cover naloxone, but it varies by state.

Billing Codes

Commercial Insurance: CPT 99408 (15 to 30 mins.)
Medicare: G0396 (15 to 30 mins.) Medicaid: H0050 (per 15 mins.)

Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT can be used to bill time for counseling a patient. Complete the DAST-10 and counsel patient on how to recognize overdose and how to administer naloxone, using the following sheets. Refer to drug treatment program if appropriate.

Drug Abuse Screening Test-DAST-10		
These Questions Refer to the Past 12 Months	**Yes**	**No**
1. Have you used drugs other than those required for medical reasons?	☐	☐
2. Do you abuse more than one drug at a time?	☐	☐
3. Are you unable to stop using drugs when you want to?	☐	☐
4. Have you ever had blackouts or flashbacks as a result of drug use?	☐	☐
5. Do you ever feel bad or guilty about your drug use?	☐	☐
6. Does your spouse (or parents) ever complain about your involvement with drugs?	☐	☐
7. Have you neglected your family because of your use of drugs?	☐	☐
8. Have you engaged in illegal activities in order to obtain drugs?	☐	☐
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped	☐	☐
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	☐	☐

Guidelines for Interpretation of DAST-10		
Score	**Degree of Problems Related to Drug Abuse**	**Suggested Action**
0	No problems reported	Encouragement and education
1-2	Low level	Risky behavior - feedback and advice
3-5	Moderate level	Harmful behavior - feedback and counseling; possible referral k>r specialized assessment
6-8	Substantial level	Intensive assessment and referral

Interpretation
(Each "Yes" response = 1)

Skinner HA. The Drug Abuse Screening Test. Addictive Behavior. 1982;7(4):363-371