Prescribed drugs

hydrocodone 20 mg/day
methadone 30 mg/day

Total Morphine Dose:

288mg/day

The following parameters were evaluated and identified to elevate risk for opioid-induced respiratory depression in this patient:

Within the past 6 months the patient had a healthcare visit (outpatient, inpatient, or ED) involving any of the following health conditions:

- Chronic kidney disease with clinically significant renal impairment
- Chronic pulmonary disease (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)
- Chronic headache (e.g., migraine)

Prescribed Drugs or Drug Classes Identified by RIOSORD:

Methadone
An extended-release or long-acting (ER/LA) formulation of any prescription opioid, including the above
A prescription antidepressant (e.g., fluoxetine, citalopram, venlafaxine, amitriptyline)

The following parameters were evaluated and identified to elevate risk for opioid-induced respiratory depression to this patient above which is calculated for the validated RIOSORD: carisoprodol, hydromorphone

Predicted Opioid Risk Assessment - 83%

This patient was evaluated for percent risk of opioid-induced respiratory depression using the validated RIOSORD [1,2] analysis tool. This patient was determined to have a (m) 83% risk based on the unique criteria outlined herein.

For this reason, naloxone for in-home use is recommended for this patient. This recommendation is consistent with AMA, ASAM, FDA, CDC, SAMHSA and other professional organization recommendations or guidelines to provide in-home naloxone for patients receiving opioids that are at risk for opioid induced respiratory depression.

hydrocodone 20mg/day, methadone 30mg/day

This patient is on hydrocodone 20mg/day which is metabolized by CPY 2D6 to a more active metabolite and by 3A4 to an inactive metabolite. For this reason, a medication inducer or inhibitor may increase or decrease these levels and place the patient at higher risk
Patient and caregiver were counseled on opioid risk factors, how to minimize such risks, and offered naloxone for in-home use. Based on the overall assessment and understanding of patient and/or caregiver, it is determined that the best option for this patient is: Evzio auto-injector. This is due to the following reason(s): Patient's caregiver lacks the manual dexterity or strength to manipulate intranasal dosage form, Patient has medically documented physical or pathological issue to one or both nares.

Patient agrees to fill prescription for naloxone as outlined above. Education about overdose prevention and instructions for use of Evzio auto-injector for OPIOID OVERDOSE reversal were provided to this patient and/or caregiver. Method of contact was In-person. Length of the session was 40 minutes.
