Proposed addition to the Organizational Supports section

Addition:

Supporting the development of an MAT program for those tapering who are diagnosed with an opioid use disorder, or ensuring appropriate referral resources and processes.

Proposed Re-ordering to the Determining When to Taper Opioids section

1. The patient experiences unmanageable adverse effects (e.g., drowsiness, constipation, cognitive impairment, worsening pain despite increasing doses)
2. The patient does not adhere to their treatment plan or exhibits unsafe behaviors (e.g., early refills, lost/stolen prescription, buying or borrowing opioids, failure to obtain or aberrant urine drug test)
3. The patient develops suicidality or worsening mood associated with opioid therapy
4. The underlying condition for which opioids were prescribed (e.g., injury, surgical pain) has resolved and opioids are no longer indicated
5. The patient experiences no reduction in pain, no improvement in function, or requests to discontinue or reduce opioid therapy
6. The patient has medical risk factors that can increase risk of adverse outcomes including overdose (e.g., lung disease, sleep apnea, liver disease, renal disease, fall risk, medical frailty)
7. The patient is taking other medications that increase the risk of drug-drug interactions or the risk of overdose, such as benzodiazepines or other sedating medications (e.g., Benadryl, Gabapentin). Prescribers should be mindful of an individual patient's hepatic and renal function that may impact drug metabolism.
8. The patient has experienced a previous overdose event involving opioids.
9. The patient's history indicates an increased risk for substance use disorder (SUD) (e.g., past diagnosis of SUD, SUD-related behaviors, family history of SUD)
10. The patient is on a daily opioid dose of 50-90 MED or higher

Proposed edits to the When to Refer section

When to refer

To facilitate a taper plan, medical clinicians may consider referring patients to other specialists with expertise in specific areas. In a team-based model of care, a medical clinician may refer to another member of the team (when the need is outside the medical clinician's scope of practice), such as a pharmacist or a social worker to help facilitate the taper plan in a way that is safe and effective for the patient. When the need is outside the team's scope of practice (i.e., patients with significant mental illness, challenging tapers, or critical social needs), the medical clinician is encouraged to ~~want to~~ consider referring to an outside specialist. Such referrals may include addiction medicine, behavioral health, peer support, support groups, and/or pain specialists. Involving addiction medicine specialists or pain consultants can provide additional options and supports to address concerning opioid dependence based on the needs of the individual patient.

*Red text – additions to existing working draft language.