A: Determination of Appropriateness For Opioid Therapy

1. Diagnosis of chronic pain
   - Presence of pain for at least 3 months
   - Pain significantly impacting function and quality of life

2. Identification of risk factors for opioid use disorder (OUD)
   - History of substance use disorder
   - Family history of substance use disorder
   - History of mental health disorders

3. Assessment of pain intensity and functional status
   - Use of pain scales (e.g., Numeric Rating Scale, Visual Analog Scale)
   - Evaluation of functional limitations

4. Evaluation of alternative treatments
   - Non-pharmacological therapies (e.g., physical therapy, cognitive behavioral therapy)
   - Non-opioid medications (e.g., nonsteroidal anti-inflammatory drugs, topical analgesics)

5. Consideration of patient preferences and values
   - Patient’s understanding of the nature and implications of the treatment
   - Patient’s willingness to accept the risks and benefits of opioid therapy

6. Discussion of potential adverse outcomes
   - Physical dependence
   - Respiratory depression
   - Liver toxicity

7. Evaluation of patient readiness for opioid therapy
   - Patient’s understanding of treatment goals and responsibilities
   - Patient’s willingness to adhere to treatment plan

B: Treatment with Opioid Therapy

1. Initiation of opioid therapy
   - Start with a low dose
   - Gradual titration based on analgesic efficacy and tolerance

2. Monitoring of pain and function
   - Assess pain intensity weekly or biweekly
   - Evaluate functional status and quality of life

3. Adjustment of opioid therapy
   - Titration of dose to achieve pain control
   - Tapering or discontinuation of therapy

4. Risk mitigation strategies
   - Naloxone availability
   - Supportive interventions (e.g., counseling, education)
   - PDMP monitoring

5. Follow-up and reassessment
   - Periodic evaluation of treatment response
   - Reassessment of risk factors and need for opioid therapy

Sidebar A: Components of Biopsychosocial Assessment

- Assessment of the patient’s physical, mental, and social functioning
- Identification of risk factors for opioid use disorder (OUD)
- Evaluation of patients’ readiness for opioid therapy

Sidebar B: Indications for Tapering and Discontinuation

- Lack of clinically meaningful improvement in pain or function
- Failure to adhere to treatment plan
- Patient refusal to continue treatment

Sidebar C: Strategies for Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar D: Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar E: Risk Mitigation Strategies

- Opioid substitution therapy
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar F: Indication for Tapering and Discontinuation

- Lack of clinically meaningful improvement in pain or function
- Failure to adhere to treatment plan
- Patient refusal to continue treatment

Sidebar G: Strategies for Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar H: Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar I: Risk Mitigation Strategies

- Opioid substitution therapy
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar J: Indication for Tapering and Discontinuation

- Lack of clinically meaningful improvement in pain or function
- Failure to adhere to treatment plan
- Patient refusal to continue treatment

Sidebar K: Strategies for Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar L: Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar M: Risk Mitigation Strategies

- Opioid substitution therapy
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar N: Indication for Tapering and Discontinuation

- Lack of clinically meaningful improvement in pain or function
- Failure to adhere to treatment plan
- Patient refusal to continue treatment

Sidebar O: Strategies for Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar P: Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar Q: Risk Mitigation Strategies

- Opioid substitution therapy
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar R: Indication for Tapering and Discontinuation

- Lack of clinically meaningful improvement in pain or function
- Failure to adhere to treatment plan
- Patient refusal to continue treatment

Sidebar S: Strategies for Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar T: Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar U: Risk Mitigation Strategies

- Opioid substitution therapy
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar V: Indication for Tapering and Discontinuation

- Lack of clinically meaningful improvement in pain or function
- Failure to adhere to treatment plan
- Patient refusal to continue treatment

Sidebar W: Strategies for Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar X: Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar Y: Risk Mitigation Strategies

- Opioid substitution therapy
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar Z: Indication for Tapering and Discontinuation

- Lack of clinically meaningful improvement in pain or function
- Failure to adhere to treatment plan
- Patient refusal to continue treatment

Sidebar AA: Strategies for Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar BB: Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar CC: Risk Mitigation Strategies

- Opioid substitution therapy
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar DD: Indication for Tapering and Discontinuation

- Lack of clinically meaningful improvement in pain or function
- Failure to adhere to treatment plan
- Patient refusal to continue treatment

Sidebar EE: Strategies for Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar FF: Opioid Use Disorder Prevention and Management

- Education and counseling
- Naloxone availability
- PDMP monitoring
- Referral to specialty services

Sidebar GG: Risk Mitigation Strategies

- Opioid substitution therapy
- Naloxone availability
- PDMP monitoring
- Referral to specialty services
Tapering or Discontinuation of Opioid Therapy

### Sidebar A

**Patients Currently on Opioid Therapy**

- **Module A - Sidebar A**

**Tapering or Discontinuation of Opioid Therapy**

- **C1: Tapering or Discontinuation of Opioid Therapy**
  - Consider the following at each interaction with patient (including pace of tapering, setting of care) based on Algorithm C2
  - Reassess for OUD and readiness for OUD treatment as indicated
  - Optimize treatment of co-occurring mental health conditions discontinue considering patient treatment characteristics diversion?

**Indication to taper to reduce dose**

- **High risk or dangerous behavior**
- **Proceed**

**Y**

**C2: Tapering or Discontinuation of Opioid Therapy**

- **Patient and Treatment Characteristics to Consider when Determining Tapering Strategy**
  - Address concerns that may negatively impact taper (e.g., inability for adequate follow-up, other patient risk factors (e.g., non-adherence, high-risk medication-related behavior, strength and number of risk factors, duration of therapy)
  - Psychiatric, medical, and SUD comorbidities
  - Duration of therapy
  - Inability to provide adequate treatment for co-occurring medical and mental health conditions

**Box 11**

- **Are any of the following present?**
  - Non-opioid management
  - Non-opioid pharmacotherapy (e.g., physical and psychological treatment) recognizing neurobiological, psychological, and behavioral adaptations.

**Continue monitoring for SUD and mental health comorbidities and offer treatment discontinuation, or detox as indicated** (e.g., MAT, treatment for neurocognitive impairment, other services available to address chronic pain)

**C3: Tapering or Discontinuation of Opioid Therapy**

- **Module B - Sidebar B**

**Patients Currently on Opioid Therapy**

- **Module C**

**Participants Currently on Opioid Therapy**

**Summary of Recommendations**

- **For treatment of chronic pain**
  - We recommend:
    - Alternatives to opioid therapy (OT) such as self-management strategies, other non-pharmacological treatments, and, when pharmacological therapies are used, non-opioid options over opioids.
    - Initiating long-term opioid therapy (LOT) for chronic pain patients with the following criteria: high risk and/or increased risk of adverse events with OT (including patient or caregiver preferences or other factors that may override increased risk of adverse events), one current benzodiazepine use, less than 30 years of age.

**For treating chronic pain OT**

- **We recommend:**
  - A short-duration (consideration of OT 5-10 days requires re-evaluation and discussion with patient)
  - The patient is educated, as there is no safe dose and risk increase with dose
  - Interval discussion of risks and benefits of OT and other treatment options

**Dosing OT, excluding random order drug testing and appropriate conﬁrming testing, checking state prescription drug monitoring programs, monitoring for overdose potential and suicidality, providing comprehensive education, prescribing of substance reuse and accompanying education, and suicide risk assessment (and intervening if needed)

- **Evaluation of risks and beneﬁts at least every three months and at time to treat chronic pain.**

**Tapering OT to reduce dose to discontinuation when risks of LOT outweigh beneﬁts (considered by the potential for overdose potential and suicidality, and consideration for tapering)**

- **We recommend**:
  - Dose reduction equivalent to daily dose (MEDD) for long-acting
  - For patients taking >90 mg MEDD, evaluate therapy for tapering

**For patients with chronic pain and OAS, discontinuation treatment of SUD**

- **For acute pain**
  - We recommend:
    - Alternatives to opioids for short to moderate acute pain
  - Opioids prescribed, immediate-release opioids at lowest effective dose with measurement on or before 1-3 days to determine if other medications or combinations of medications are necessary

- **We suggest:**
  - Use of multimodal pain care when opioids are used (should also provide patient education about opioids and alternatives to OPI)**

**Additional Resources**

- **Chronic Pain Information Page from the National Institute of Neurological Disorders and Stroke**
- **http://www.dvcipm.org/**
- **Additional Resources**

**Recommendations were made using a systematic approach considering multiple domains: the efficacy and safety of the medicine, likelihood of dividend and adverse outcomes, patient preference and values, evaluation of quality and safety, effectiveness and clinical outcomes, patient outcomes, and effectiveness.**

**Medical Resources**

- **United States Pain Foundation**
- **http://www.unitedstatespain.org/available.php?level=1**
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- **http://www.unitedstatespain.org/available.php?level=1**
- **Chronic Pain Information Page from the National Institute of Neurological Disorders and Stroke**
- **http://www.dvcipm.org/**