

Opioid Framework: Tapering

CPSA Standards (ie: Must Do) <i>MD is responsible for all CPSA standards, but can utilize team support</i>	Guidelines & Suggested Tools (ie: Supports the “must do”)	POTENTIAL TEAM SUPPORT	
Document rationale for prescribing in patient’s initial and reassessments			
Review medication history at least every 3 months on Netcare and before initiating or renewing a prescription. <i>If Netcare is unavailable, prescribe minimum amount needed until information can be obtained.</i>	<ul style="list-style-type: none"> Call Triplicate Prescription Program @ 1-800-561-3899 ext 4939 if Netcare unavailable 	e.g. Clinic staff <ul style="list-style-type: none"> Access Netcare; have medication profile prepared for appointment 	
When prescribing for long-term, non-cancer, chronic-pain opioid treatment, include a long-term plan: a. establish and measure goals for function and pain for patient	<ul style="list-style-type: none"> Tapering (see <i>Opioid Tapering Protocol</i>) Opioid Manager (see <i>Goals decided with patient</i>) Opioid/Benzodiazepine Treatment Agreement <div style="background-color: #d9ead3; padding: 2px;"> <ul style="list-style-type: none"> Opioid safety for patients with acute pain Opioid safety for patients with chronic pain </div>	e.g. Nurse <ul style="list-style-type: none"> Support discussion on function, not just pain improvement 	e.g. Pharmacist
b. evaluate and document risk factors for opioid-related harms and incorporate strategies to mitigate the risks	<ul style="list-style-type: none"> Tapering (see <i>Precautions for Outpatient Opioid Tapering</i>) Clinical Assessment of Psychosocial Yellow Flags Management of Psychosocial Yellow Flags <div style="background-color: #d9ead3; padding: 2px;"> <ul style="list-style-type: none"> Take Home Naloxone Kit Training - for patients (Recognize opioid overdose and how to use Naloxone) </div>	e.g. Nurse <ul style="list-style-type: none"> Provide Naloxone education Conduct proactive follow-ups with moderate- to high-risk patients (see Opioid Risk Tool, POMI, and Management of Psychosocial Yellow Flags) between prescription appointments to support care planning Listen and support, focus on functional goals, educate on managing withdrawal and taking opioid as prescribed; alert physician if needed 	e.g. Pharmacist <ul style="list-style-type: none"> Support medication education, side effects & management

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<p>c. prescribe lowest effective dose. If prescribing a dose exceeding opioid prescribing guidelines endorsed by the CPSA Council, justify the prescription and document the justification in the patient record</p>	<ul style="list-style-type: none"> • Opioid Manager (see <i>Morphine Equivalence Table</i>) • Opioid Use Disorder algorithm (see Prescription Opioid Misuse Index - POMI) • Contact patient’s pharmacy to discuss: <ul style="list-style-type: none"> – cancelling remaining partial fills – blister packaging if needed – frequency of dispensing (monthly/weekly/daily), and why – tapering and monitoring plan – Naloxone kit • To facilitate collaborative care, fax to pharmacy: <ul style="list-style-type: none"> – Opioid/Benzodiazepine Treatment Agreement – Opioid Manager – opioid prescription 	<p>• Clinic Office Staff (e.g. MOA, Nurse, EMR)</p> <p>• Community/PCN Allied Health (e.g. pharmacist, mental health therapist)</p> <p>e.g. Clinic staff</p> <ul style="list-style-type: none"> • Fax Treatment Agreement, Opioid Manager, and prescription to patient’s pharmacy 	
<p>d. at minimum, reassess patient every 3 months</p>		<p>e.g. Clinic staff</p> <ul style="list-style-type: none"> • EMR reminder if applicable 	
<p>e. document status of patient’s function and pain at each reassessment</p> <p>Harm reduction approach</p> <ul style="list-style-type: none"> • if patient requests early refill, consider prescribing the original dose (not increased dose that resulted in early refill) to tide patient over until the next refill date at the pharmacy • contact patient’s pharmacy to increase frequency of dispensing to minimize amount of opioid patient has on hand to support patient’s ability to manage his/her daily use of the medication (e.g. from monthly to weekly, to twice weekly, to daily dispensing) 	<ul style="list-style-type: none"> • Opioid Manager (see <i>Maintenance & Monitoring Chart</i>) 	<p>e.g. Nurse</p> <ul style="list-style-type: none"> • Proactive follow-ups with patients on opioid management, and to help them move towards functional goals in relation to pain between physician prescription appointments (listen and support, educate on managing withdrawal and taking opioids as prescribed, alert physician as required) 	<p>e.g. Pharmacist</p> <ul style="list-style-type: none"> • Support medication education, side effects & management