C. Module C: Tapering or Discontinuation of Opioid Therapy

1. Indication to taper to reduced dose or taper to discontinuation
2. Repeat comprehensive biopsychosocial assessment (see Module A, Sidebar A)
3. Does the patient demonstrate signs or symptoms of SUD? (see VA/DoD SUD CPG)
   a. Yes
      4. Is patient willing to engage in SUD therapy?
         a. Yes
            5. Access specialized SUD care with monitoring and follow-up appropriate for the patient’s needs (e.g., MAT, treatment for comorbidities)
               - See VA/DoD SUD CPG
               - Exit algorithm
               - Manage with non-opioid modalities
         b. No
            6. Is there evidence of diversion?
               a. Yes
                  7. Immediately discontinue opioid therapy
                     - Address safety and misuse
                     - Assess for withdrawal symptoms and offer opioded taper, immediate discontinuation, or detox as indicated
                     - Continue to monitor for SUD and mental health comorbidities and offer treatment as indicated (see VA/DoD SUD CPG and Academic Detailing Tapering Document)
                     - Exit algorithm
                     - Manage with non-opioid modalities
               b. No
                  8. Is there high risk or dangerous behavior (e.g., overdose event, accidents, threatening provider)?
                     a. Yes
                        9. Develop individualized tapering treatment plan (including pace of tapering, setting of care) based on patient and treatment characteristics (see Sidebar A and Recommendations 14 and 15)
                           - Follow-up 1 week to 1 month after each change in dosage and after discontinuation considering patient and treatment characteristics
                           - Consider the following at each interaction with patient:
                             - Educate on self-management and risks of OT
                             - Optimize whole person approach to pain care
                             - Optimize treatment of co-occurring mental health conditions
                             - Optimize non-opioid pain treatment modalities
                             - Reassess for OUD and readiness for OUD treatment as indicated
                    b. No
                       10. Are one of the following present?
                           a. Patient resistance to taper
                           b. High risk or dangerous behaviors
                           c. Increase in patient distress
                              a. Yes
                                 11. Repeat comprehensive biopsychosocial assessment (see Module A, Sidebar A)
                                 b. No
                                    12. Proceed to Module C, Box 4

3. Does the patient demonstrate signs or symptoms of SUD? (see VA/DoD SUD CPG)
   a. No
      13. Proceed to Module C, Box 11

Sidebar A: Tapering Treatment
- When safety allows, a gradual taper rate (5-20% reduction every 4 weeks) allows time for neurobiological, psychological, and behavioral adaptations.
- When there are concerns regarding risks of tapering (e.g., unmasked OUD, exacerbation of underlying mental health conditions) consider interdisciplinary services that may include mental health, SUD, primary care, and specialty pain care.
- Address concerns that may negatively impact taper (e.g., inability for adequate follow-up, inability to provide adequate treatment for co-occurring medical and mental health conditions and SUD)

Patient and Treatment Characteristics to Consider when Determining Tapering Strategy
- Opioid dose
- Duration of therapy
- Type of opioid formulation
- Psychiatric, medical, and SUD comorbidities
- Other patient risk factors (e.g., non-adherence, high-risk medication-related behavior, strength of social support, coping)

Sidebar B: Additional Considerations
- Engage patient in appropriate behavioral and/or psychiatric treatment, ideally in an interdisciplinary setting
- Consider reduced rate of taper or pause in taper for patients actively engaged in skills training
- Provide additional education about whole person pain care and LOT and reassurance that the patient will not be abandoned
- Consider more frequent follow-up using the expanded care team (registered nurse, clinical pharmacist, health coach, mental health provider)
- Consider reduced rate of taper or pause in taper for patients actively engaged in skills training
- Reassess for OUD throughout the taper

Abbreviations: LOT: long-term opioid therapy; MAT: medication assisted treatment; OT: opioid therapy; OUD: opioid use disorder; SUD: substance use disorders; VA/DoD SUD CPG: VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders