

## Considerations:

- Law enforcement or licensing board action against a healthcare provider does not mean that the patients have done something wrong.
- When patients suddenly lose access to their healthcare provider, they may feel they have no other options but to turn to other sources to avoid withdrawal.
- Patients may not have access to their medical records; however, the [Pennsylvania Prescription Drug Monitoring Program \(PDMP\)](#) collects information on all filled prescriptions for controlled substances and is a useful tool for providers to view a patient's prescribing history to make informed clinical decisions.
- Physical dependence alone does not constitute a substance use disorder. Learn more about the side effects of opioids, including physical dependence, [here](#).

## Meeting with a New Patient:

- Determine if the patient's current treatment is still providing a clinical benefit. If not, consider an individualized tapering plan to reduce their symptoms of withdrawal.
  - Learn more about [Assessing Benefits and Harms of Opioid Therapy](#)
  - [Checklist](#) for prescribing opioids for chronic pain
  - [Calculating Total Daily Dose of Opioids for Safer Dosage](#)
- Providers may reference the following tapering education:
  - [Guide for Appropriate Tapering or Discontinuation of Long-Term Opioid Use](#), published by the U.S. Department of Health and Human Services (HHS).
    - As stated in the HHS Guide under Risks of Rapid Opioid Taper: "*Unless there are indications of a life-threatening issue, such as warning signs of impending overdose, HHS does not recommend abrupt opioid dose reduction or discontinuation.*"
  - [Centers for Disease Control and Prevention \(CDC\) Tapering Opioids for Chronic Pain Pocket Guide](#)
- Providers may also reference benzodiazepine dose reduction plans, protocols for the treatment of benzodiazepine withdrawal, and learn about benzodiazepine withdrawal and the risks of concurrent opioids and benzodiazepines:
  - [Benzodiazepines: How They Work](#) (The Ashton Manual)
  - [Addressing Benzodiazepine Overuse](#) (Alosa Health)
  - [Example Tapers of Benzodiazepines](#) (Alosa Health)
  - Clinicians should use caution when prescribing opioid pain medication and benzodiazepines concurrently and consider whether benefits outweigh risks of concurrent prescribing of opioids and other central nervous system depressants. See [Recommendation 11 of CDC's opioid prescribing guidelines](#).
- **If new patients do not have naloxone already, consider co-prescribing naloxone and/or talking to your patients about resources to get naloxone to reduce the risk of opioid overdose death.**
  - [Co-Pay Assistance Program](#): Pennsylvania residents who purchase naloxone may be eligible to receive up to \$50, from the Pennsylvania Department of Aging, to assist with the reimbursement of naloxone.
  - Individuals can get naloxone mailed to their home after completing a short training. Learn more on the [NEXT Distro website](#).



- The Overdose Prevention Program offers multiple formulations of naloxone at no cost to organizations across Pennsylvania, including health systems and medical offices. [Learn more](#) about obtaining naloxone for your patients through the Overdose Prevention Program.
- [Learn more about naloxone](#) (Pennsylvania Department of Health)
- **National Clinician Consultation Center Substance Use Warmline:** Access free, confidential clinician-to-clinician consultation on topics including but not limited to:
  - Assessing and treating opioid, alcohol, and other substance use disorders;
  - When and how to initiate medications for opioid use disorder;
  - Toxicology testing: when to use it and what it means;
  - Identifying and managing withdrawal; and
  - Approaches to adjust opioid-based pain regimens to reduce risk of misuse and harm.

Call 855-300-3595 (9 am – 8 pm EST Monday – Friday) or [submit cases online](#).

## If You Suspect a Patient Is at Risk for Opioid Use Disorder (OUD):

- Screen for OUD and refer to treatment as needed. [Medications for opioid use disorder \(MOUD\)](#) in combination with counseling and behavioral therapies has been proven to treat OUD safely and effectively.
- **As of January 2023, a [DATA-waiver \(also known as an X-waiver\) is no longer needed](#) to prescribe buprenorphine to treat patients with OUD.** Buprenorphine remains a Schedule III controlled substance and prescriptions for buprenorphine require a standard DEA registration. There are no longer limits or patient caps on the number of patients a provider may treat for OUD with buprenorphine. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides [more information on MOUD](#).
- Access [screening and assessment tools](#) for patients.
- Identify your [county drug and alcohol office](#) and refer patients who may need treatment services. Local treatment programs are administered through county drug and alcohol offices called Single County Authorities. These programs can help with treatment funding, assess the need for treatment or other services, and make referrals to match treatment/service needs.
- **Anyone can call the Pennsylvania Get Help Now line 24/7: 1-800-662-HELP (4357).**
- Refer your patients to a [Center of Excellence](#) for OUD. These centers coordinate care for **Medicaid**.
- Providers and patients can also directly contact a treatment provider. Patients who have a private health plan and/or Medicaid/Medicare health insurance may call the number on the back of their health insurance card to identify treatment providers.
- [Treatment Atlas](#) evaluates addiction treatment facilities' use of evidence-based best practices, includes an assessment, and offers an easy-to-use dashboard to allow those in need and their loved ones to search for and compare facilities using criteria such as location, services offered, and insurance accepted.

The [Pennsylvania Department of Health Patient Advocacy Program](#) coordinates and compiles state/local resources for patients who have lost access to care. If you are experiencing difficulties locating resources for you, your organization, or your patients, please contact the Patient Advocacy Program at [ra-dh-advocacy@pa.gov](mailto:ra-dh-advocacy@pa.gov) or 844-377-7367, option 3 (Monday – Friday, 8am – 4pm EST).