Supplementary Online Content


**Supplement.** Opioid tapering flowchart

This supplementary material has been provided by the authors to give readers additional information about their work.
Important considerations include whether the use of opioids continues to meet the patient’s treatment goals, whether opioids are increasing the patient’s risk for serious adverse events, whether benefits of opioids continue to outweigh risks, and whether opioids can be reduced or discontinued in a safe manner.

Most clinical trials for opioid use disorder (OUD) treatment were conducted among patients diagnosed based on criteria for opioid dependence using DSM-IV and earlier editions. To apply these results to DSM-5 is somewhat imprecise; however, research suggests that DSM-IV opioid dependence corresponds most closely to DSM-5 OUD of moderate or greater severity (Compton WM, Dawson DA, Goldstein RB, Grant BF. Crosswalk between DSM-IV and DSM-5 substance use disorders. Drug Alcohol Depend. 2013;132(1-2):387–390. doi:10.1016/j.drugalcdep.2013.02.036).

To prescribe buprenorphine for treatment of opioid use disorder under the Drug Addiction Treatment Act of 2000 (DATA 2000), clinicians must obtain required training (8 hours for physicians and 24 hours for NPs, PAs, CNSs, CRNAs, and CNMs) and obtain a waiver from the Drug Enforcement Administration. Trainings meeting the requirements and additional instructions for obtaining the waiver are listed on the Substance Abuse and Mental Health Services Administration website at https://www.samhsa.gov/medication-assisted-treatment/training-materials-resources/apply-for-practitioner-waiver.

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