

**Using more opioid medication than prescribed**  
(e.g., unsanctioned dose escalation, early refill requests, running out of medication early)

**RECOMMENDED**

- Review opioid treatment agreement with patient
- Assess reason for taking more opioid than prescribed (e.g., inadequate analgesia, low health numeracy)
- Order urine toxicology tests that day and more frequently
- Provide prescriptions at shorter intervals (e.g., two weeks supply)
- Discuss or refer for non-opioid therapies (e.g., non-opioid pharmacologic therapies, non-pharmacologic therapies)
- Discuss or assess for an opioid use disorder
- Determine if a pattern of behavior has been present (e.g., by talking to the patient or reviewing records)

**CONSIDER**

Pill counts

**NOT RECOMMENDED**

Stop opioid therapy immediately

No pattern of concerning behavior present  
No opioid use disorder

**CONSIDER**

- Utilize pill counts
- Refer to a pain specialist
- Deny early refill
- Taper opioids

**NOT RECOMMENDED**

Refer for addiction treatment

Pattern of concerning behavior present

**RECOMMENDED**  
Deny early refill

No opioid use disorder

**CONSIDER**

- Utilize pill counts
- Refer to a pain specialist
- Deny early refill
- Taper opioids

Opioid use disorder present

**RECOMMENDED**

- Prescribe buprenorphine or refer for methadone therapy
- Refer to addiction treatment or specialized resources
- Refer to a pain specialist
- Taper opioids