PRESCRIPTION MEDICATIONS &/or OPIOID REPLACEMENT THERAPY PREAMBLE

Prescription medications, even when taken as prescribed, have the potential for side effects, [1]dependence, or interactions which may alter the ability to drive, or exacerbate a decline in function related to an underlying medical condition. It is important for clinicians to know that a driver who is impaired due to prescribed medication or medical marijuana can also be charged with OUI.

Clinicians are responsible to assess their patients for potential risks and advise them whether to drive or not based on their medications and medical conditions. With this in mind, the clinician's role is to recognize high-risk individuals from a medical perspective and assess their physical and mental fitness to drive safely.

Normally, BMV does not require reporting when prescribed medications are used as ordered. However, in cases where proper use of prescription medications has resulted in driver impairment, leading to OUI, crashes, reports of unsafe driving, or when a clinician is concerned that a patient may be non-compliant with driving recommendations, use of the Prescription Medications and/or Opioid Replacement FAP is appropriate.

This FAP may be used when there is a specific concern for driving with a person on prescription medications, including prescribed opioid medications for replacement therapy or pain management, or any other medications that may potentially impair driving. Medications of particular concern for driving include the tricyclic antidepressants, sedative hypnotics, some antipsychotics, and benzodiazepines. Concern is even greater when patients are prescribed more than two medications or are concurrently prescribed opioids, using medical marijuana, or are misusing drugs or alcohol. Methadone and benzodiazepines are a particularly troubling combination for risk of sedation. Data on buprenorphine and driving indicate that once established on a dose and in stable recovery, most people can safely drive. This must be assessed on an individual basis.[A] Medical Marijuana, although not a prescription medication, is included here due to its' potential to produce side effects that could impair driving.

Statistically, once a patient is on an established dose of methadone, the risk for sedation or at-risk driving is minimal (barring any other polysubstance abuse or polypharmacy).[B] However, on an individual basis, in the period of time immediately following an opioid replacement dose, there may be an increased risk for sedation to the point that the patient should be counseled not to drive. This is particularly pertinent in the case of methadone, since patients may have to drive to receive a dose at a methadone clinic and then drive home and is especially worrisome if the patient is also on a benzodiazepine.

[1] Physical dependence occurs when a person develops a physiologic tolerance to a substance or substances. Physical dependence on a prescribed medication when taken as ordered does not create concern for driving in and of itself. Be aware that many patients who exhibit "drug-seeking" behaviors are likely exhibiting physical dependence (which may be iatrogenic from legitimate treatment by the medical provider).

FUNCTIONAL ABILITY PROFILE
Prescription Medications and/or Opioid Replacement Therapy[1]

Profile Levels	Degree of Impairment/ Potential for At Risk Driving	Condition Definition / Example	Interval for Review and Other Actions
1.	No known disorder	No known history of unsafe driving due to prescribed medications.	N/A
2.	Condition fully recovered	No longer on opiate replacement therapy, with no relapses and no evidence of prescription abuse for at least 2 years;[2] or No longer prescribed the medication(s) that caused impairment or no on-going side effects that could impair driving x 1 year.[2]	N/A
3.	Active impairment[3] (Profile levels are intended to describe potential for at risk driving; they are NOT consistent with clinical definitions for mild, moderate or severe.)	On prescription medication,[3] or On opioid replacement therapy, (e.g., suboxone or methadone or similar prescription), when there is a specific concern for driving; and	
	a. Mild risk	Stable and functioning well with no other Substance Use Disorder issues[2] and no sedation or unsafe side effects. No impairment of motor, judgment or intellectual functions from prescription medications; or Off prescription medications but not long enough to meet criteria for Profile Level 2.[2]	2 years
	b. Moderate risk	Experiences sedating or other side effects from medication, but with judgment to avoid driving while having these side effects, and no other Substance Use Disorder issues.[2]	1 year ROAD TEST

		NOTE: If there is a history of poor judgment about driving under these circumstances, leading to OUI, crashes, or reports of unsafe driving, must demonstrate they have the judgment to avoid driving while having these side effects or have been off medication for at least 3 months AND passed a ROAD TEST, to resume driving.	
	c. Severe risk	i. Experiences sedation or side effects from medication[2], with poor judgment about driving under these circumstances, leading to OUI, crashes or reports of unsafe driving and has not yet met criteria for Profile Level 3.b; or	No driving
		ii. Has problems with substances of abuse that increase the risk for dangerous driving in combination with prescription medications.[2]	Comply with appropriate profile level on Substance Use Disorder FAP

[1] For further discussion regarding PRESCRIPTION MEDICATIONS AND/OR OPIOID REPLACEMENT THERAPY, please refer to Preamble at the beginning of this section.
[2] Comply with "Substance Use Disorders" FAP when patient misuses prescription medications or non-prescribed drugs.
[3] Normally, prescribed medications used as ordered do not need to be reported to BMV. Clinicians are responsible to assess their patients for potential risk and advise them whether to drive or not based on their medications and medical conditions. However, in cases where proper use of prescription medications has resulted in driver impairment, such as OUI, crashes, reports of unsafe driving, or when a clinician is concerned that a patient may be non-compliant with driving recommendations, use of this FAP is appropriate.