


<b>Name of Policy:</b> <b>Criteria for Suboxone Induction</b>  <b>Policy Number:</b> 3364-160-SD-154  <b>Approving Officer:</b> Chief Executive Officer  <b>Responsible Agent:</b> Chair/Medical Director Department of Psychiatry  Administrative Director Department of Psychiatry  <b>Scope:</b> OP-Clinic-Psychiatry		  <b>Effective date:</b> September 22, 2025  <b>Original effective date:</b> April 1, 2022	
Key words: discharge, outpatient, individual service plan, no show, self-discharge			
	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

Individuals seeking services for suboxone induction in the psychiatric outpatient clinic will meet specific criteria before services will be provided.

(B) Purpose of policy

To ensure patients receiving treatment meet the level of care required for services.

(C) Procedure

1. Confirm a diagnosis of an active opioid use disorder, according to the DSM-V criteria through a thorough diagnostic assessment.
2. The assessment will include, but not be limited to, a substance use history that contains:
  - a. All drugs used, including ethanol, nicotine, benzodiazepines.
  - b. Age and amount of first use.
  - c. Method of acquiring drug.
  - d. Current use.
  - e. Any periods of abstinence.
  - f. Treatment history.

- g. Goals for treatment.
- 3. If the patient is diagnosed with a psychiatric disorder, the patient's condition must be considered stable.
- 4. The patient is not in immediate danger to self, other or property; however, there may be a recent history of self-harm or serious risk-taking behavior.
- 5. The patient requires treatment to promote treatment progress and recovery due to substance use problems.
- 6. Individuals last opioid use was:
  - a. Longer than 12 hours at time of assessment
  - b. At least 12 hours since last short acting opioid (e.g., heroine, crushed oxycodone, hydromorphone, morphine, percocet)
  - c. At least 24 hours since last oral long-acting opioid (e.g., oxycontin, oxyneo, hydromorphone)
  - d. At least 72 hours since last methadone dose
  - e. Is in mild to moderate withdrawal as measured using clinical opiate withdrawal scale (COWS).
- 7. Clinician will rule out a contraindication to suboxone. Exclusionary criteria will be as follows:
  - a. History of hypersensitivity to buprenorphine or naloxone.
  - b. Severe hepatic impairment.
  - c. Toxic psychosis.
  - d. Abnormal EKG with QT changes from birth.
  - e. Orthostatic hypotension.
  - f. Pregnancy.
  - g. Severe liver dysfunction.
  - h. Seizures.
  - i. Worsening chronic obstructive pulmonary disease.
  - j. Organ failure.
  - k. Severe respiratory distress.
  - l. Acute ETOH intoxication.
  - m. Currently involved in a pain management program.
  - n. Cognitive impairment.
  - o. Not willing to commit to the treatment program.
  - p. Younger than 18 years of age.

<p><b>Approved by:</b></p> <p><u>/s/</u> Daniel Barbee Chief Executive Officer</p> <p><u>September 22, 2025</u> Date</p> <p><u>/s/</u> Robert Smith, MD, PhD Chair</p> <p><u>February 5, 2025</u> Date</p> <p><u>/s/</u> Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS Administrative Director</p> <p><u>February 4, 2025</u> Date</p> <p><i>Review/Revision Completed by: Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS Department of Psychiatry Administration</i></p>	<p><b>Policies Superseded by this Policy:</b></p> <ul style="list-style-type: none"><li>• <i>None</i></li></ul> <p>Initial effective date: April 1, 2022</p> <p>Review/Revision Date: <i>September 22, 2025</i></p> <p>Next review date: <i>September 22, 2028</i></p>
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