



## Department of Psychiatry OP Recovery Services

**Title:** Medication Assisted Treatment (MAT) – Buprenorphine

**Purpose:** To establish a process for clients who have been referred for MAT Services, specifically with the use of Buprenorphine

**Responsibility:** Treatment Providers of Multidisciplinary Team.

### **Procedure:**

1. The Physician, Advance Practice registered nurse, or designee performs or confirms the completion of and documents a patient assessment that includes all of the following:
  - a. A comprehensive medical and psychiatric history
  - b. A brief mental status exam
  - c. Substance use history
  - d. Family History and psychosocial supports
  - e. Appropriate physical examination
  - f. A urine drug screen or fluid drug testing
    - i. If the client is negative for opioids, buprenorphine will not be initiated.
    - ii. If the client tests positive for opioids or is manifesting signs of opiate withdrawal, buprenorphine therapy should be initiated.
  - g. For women of childbearing age and ability, LFT and HCG pregnancy tests will be ordered at a rate of 1x a month, results with elevated enzyme levels will be monitored more closely at a rate set by prescriber.
  - h. Review of the patient's prescription information in OARRs
  - i. Testing for the following:
    - i. HIV
    - ii. Hepatitis B
    - iii. Hepatitis C
    - iv. Consideration for TB and STDs in patients with known risk factors
    - v. CBD with Diff
    - vi. CMP
    - vii. TSH
    - viii. Lipid Profile
    - ix. EKG
2. For other than the toxicology test for drugs and alcohol, the physician, Advance Practice RN, or designee may satisfy the assessment requirements by reviewing records for a physical examination and laboratory testing of the patient that was conducted within a reasonable time prior to the visit
3. Any part of the assessment that cannot be completed prior to the initiation of OBOT, the provider or designee shall document the reasons in the medical record.
4. The provider or designee shall establish and document a treatment plan that includes the following:
  - a. Rationale for selection of the specific drug to be used in the medication-assisted treatment
  - b. Patient education
  - c. The patients written informed consent



- d. Random urine-drug screens or oral fluid drug testing
  - e. A signed treatment agreement with the patient that outlines the responsibilities of the patient and provider
  - f. A plan for psychosocial treatment
  - g. The treatment plan shall include a structure for renegotiation of the treatment plan if the patient does not adhere to the original plan
5. When clinically appropriate and if the patient refuses treatment the advanced practice registered nurse shall ensure that the OBOT treatment plan requires the patient to participate in a 12-step program or appropriate self-help recovery program and provide documentation of on-going participation in the program.
6. All referrals made shall be documented in the clinical record
7. Patients shall be offered a prescription for a naloxone kit, instructions for use, signs, and symptoms of overdose, calling 911 in an overdose situation, and providing a new prescription upon expiration or use
8. Following the results of or in combination of Diagnostic Assessment, Psychiatric Evaluation and physical exam in which MAT, specifically the use of Buprenorphine has been recommended; the following steps will occur:
  - a. Client will be linked with corresponding Level of Care (LOC) services.
  - b. Buprenorphine requires that the client be in mild or moderate withdrawal for induction. The client will be educated on the length of time in withdrawal required to begin induction.
  - c. Vital Signs and COW's assessment are collected and documented within the clinical record.
  - d. Clinician will rule out contraindications to suboxone
  - e. For initiation of buprenorphine
    - i. Induction will begin with a COW score of mild to moderate or above, or as clinically indicated
    - ii. Vital Signs will be taken based on prescriber's order
    - iii. A COWS will be completed every 30-60 minutes until score is greater than 12 or as clinically indicated, then will proceed with:
      1. Repeat COWS score 30-60 minutes after first dose
      2. Prescriber will be notified if COWS scale increases by more than two (2) or if patient is complaining of significant increase in withdrawal symptoms
9. If the client tests positive for benzodiazepine or stimulants, buprenorphine will not be initiated, and the client will be counseled on the contraindications of medications and offered alternatives to buprenorphine should the client be unable or unwilling to taper off of benzodiazepines.
10. Client will see the provider initially 2 or more times per week, then weekly, unless specified otherwise by prescriber.



11. If clients test positive on drug screens while already receiving suboxone, the following should be utilized as treatment interventions:
  - a. THC- Continue prescription of buprenorphine with contract requiring that levels decrease. Failure to have decreasing levels (within 2 weeks) or breaking of this contract (failure to attend IOP or other use or lack of AA) results in taper of buprenorphine. (See Guidelines for Potential Treatment Interventions.)
  - b. Cocaine- Continue prescription of buprenorphine with contract requiring cessation of cocaine and compliance with other treatment services.
  - c. Opiates- Halt prescription of buprenorphine. If engaged in treatment services, consider prescribing when clean on POC or lab after conducting COWS. If non-engaged, refer to clinical for contract. If on contract, refer to clinical for discharge instructions
  - d. Benzodiazepine- Halt prescription of buprenorphine. If engaged in treatment services, consider prescribing when clean on POC or lab. Check for any false positives. If non-engaged, refer to clinical for contract. If on contract, refer to clinical for discharge instructions.
12. If known false positive, prescription for buprenorphine may be continued at the discretion of the prescriber and barring compliance in other treatment services. If appropriate, medication adjustments may be made.
  - a. Other substances-Continue prescription of buprenorphine with contract requiring that levels decrease. Failure to have decreasing levels or breaking of this contract (failure to attend IOP or other use or lack of AA) results in taper of buprenorphine.
  - b. Negative for buprenorphine- Halt prescription of buprenorphine, consult with treatment team for next steps.
13. Stimulant prescriptions- Will evaluate for each client, will look to ensure that the following criteria are met when co-prescribing buprenorphine.
  - a. Has either a full-time job or is a full-time student.
  - b. Formal Diagnosis requiring prescription from psychiatry
  - a. Failed at non-stimulant medication attempts or unable to attempt for documented reasons
  - c. Documented sobriety for 12 weeks

Resources: SAMHSA Tip 40

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