

UTMC CARE CLINIC GUIDELINES RYAN WHITE PROGRAM

Guideline: Medication for Opioid Use
Disorder (MOUD) -
Buprenorphine



Responsibility: Treatment providers of the
care clinic multidisciplinary
team

Effective Date:
March 2024

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

Initial Effective Date:
March 2024

Procedure:

- (A) 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:
- (1) A comprehensive medical and psychiatric history.
 - (2) A brief mental status exam.
 - (3) Substance use history.
 - (4) Family history and psychosocial supports.
 - (5) Appropriate physical examination.
 - (6) A urine drug screen and LCMS testing.
 - (a) If the patient is negative for opioids, buprenorphine will not be initiated.
 - (b) If the patient tests positive for opioids or is manifesting signs of opiate withdrawal, with a COW score of 13 or higher, buprenorphine therapy should be initiated.
 - (7) For persons of childbearing age and ability, LFT and HCG pregnancy tests will be ordered. Pregnancy POC ordered at a rate of 1x a month. Results with elevated enzyme levels will be monitored more closely at a rate set by prescriber.
 - (8) Review of the patient's prescription information in OARRs.

- (9) Testing for the following:
 - (a) HIV.
 - (b) Hepatitis B.
 - (c) Hepatitis C.
 - (d) Consideration for TB and STDs in patients with known risk factors.
 - (e) CBD with Diff.
 - (f) CMP.
 - (g) TSH.
 - (h) Lipid Profile.
 - (i) EKG.
- (B) 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.
- (C) Any part of the assessment that cannot be completed prior to the initiation of office-based opiod treat (OBOT), the provider or designee shall document the reasons in the medical record.
- (D) The provider or designee shall establish and document a treatment plan that includes the following:
 - (1) Rationale for selection of the specific drug to be used in the medication-assisted treatment.
 - (2) Patient education.
 - (3) The patient's written informed consent.
 - (4) Random urine-drug screens or oral fluid drug testing.
 - (5) A signed Buprenorphine treatment agreement with the patient that outlines the responsibilities of the patient and provider.
 - (6) A plan for individual psychotherapy treatment.
 - (7) The treatment plan shall include a structure for renegotiation of the treatment plan if the patient does not adhere to the original plan.
- (E) In the event the patient refuses treatment, the prescribing provider will provide recommendations, including community MAT resources.
- (F) All referrals made shall be documented in the clinical record.
- (G) 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.

- (H) 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:
- (1) Patient will be enrolled in recovery programming through the UTMCI Care Clinic.
 - (2) Buprenorphine requires that the client be in moderate withdrawal for induction. The patient will be educated on the length of time in withdrawal required to begin induction.
 - (3) Vital Signs and COW's assessment are collected and documented within the clinical record.
 - (4) Clinician will rule out contraindications to suboxone.
 - (5) For initiation of buprenorphine
 - (a) Induction will begin with a COW score of moderate or above, or as clinically indicated.
 - (b) Vital Signs will be taken based on prescriber's order.
 - (c) A COW will be completed every 1-3 hours until score is greater than 13 or as clinically indicated, then will proceed with induction.
 - (d) Repeat COWS score 1-3 hours after first dose.
 - (e) Prescriber will be notified if COW scale increases by more than two (2) or if patient is complaining of significant increase in withdrawal symptoms.
- (I) If the patient tests positive for benzodiazepine or stimulants, the patient may be counseled on the risks and benefits of medications and/or offered alternatives to buprenorphine.
- (J) Patient will see the provider initially 2 or more times per week until stability is determined on medication. Patient will then be seen weekly, unless specified otherwise by prescriber.
- (K) If patients test positive on drug screens while already receiving suboxone, the following should be utilized as treatment interventions:
- (1) THC- Continue prescription of buprenorphine with ongoing clinical evaluation.
 - (2) Cocaine- Continue prescription of buprenorphine with implementation of an expectations contract requiring cessation of cocaine and compliance with other treatment services.

Guideline:

Medication Assisted Treatment (MAT) – Buprenorphine

4

- (3) Opiates- Halt prescription of buprenorphine. If engaged in treatment services, consider prescribing when expected results on POC or LCMS testing is achieved. Assess withdrawal symptoms by conducting COWS. Re-evaluate LOC and discuss treatment options. Place on an expectations contract. If on contract, the patient may be referred to a higher level of care and provided with discharge instructions at a final medication management appointment.
 - (4) Benzodiazepine- Halt and/or taper prescription of buprenorphine. If engaged in treatment services, consider prescribing when expected results on POC or LCMS treatment is achieved. Assess for any false positives. If non-engaged, refer to clinical for contract. If on contract, refer to clinical for discharge instructions.
- (L) 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.
- (1) 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 programming) results in taper of buprenorphine.
 - (2) Negative for buprenorphine- Halt prescription of buprenorphine, consult with treatment team for next steps.
- (M) Stimulant prescriptions- Will evaluate for each patient, will look to ensure that the following criteria are considered when co-prescribing buprenorphine.
- (1) Formal Diagnosis requiring prescription from mental health prescriber.
 - (2) Failed at non-stimulant medication attempts or unable to attempt for documented reasons or at provider's discretion.
 - (3) Documented sobriety for 6 months.
 - (4) Expected results confirmed by POC or LCMS testing.

Resources: SAMHSA Tip 40

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Guideline:

Medication Assisted Treatment (MAT) – Buprenorphine

5