Medication Assisted Treatment for Persons with Opioid Use Disorders Using Buprenorphine
Providers Clinical Support System for MAT. This site offers a free resource with modules and podcasts that will detail step-by-step for all clinical questions re: MAT)  
https://pcssmat.org/  
https://

Addiction Specific Resources for MAT.  www.asam.org/  

SAMHSA has several TIP guides related to Medication Assisted Treatment  
https://www.samhsa.gov/medication-assisted-treatment  

Protocol: Clinical Guidelines for the Use of buprenorphine in the Treatment of Opioid Addiction (SAMHSA)- my favorite protocol, but there are others. Link: https://www.ncbi.nlm.nih.gov/books/NBK64245/  

*Please note that buprenorphine generally references the use of buprenorphine/naloxone rather than buprenorphine mono product. Unless otherwise contraindicated.

- Requires a Team including the MD/NP/PA, A Nurse or MA and then billing and others involved for prior authorizations.
- The Nurse Coordinator is the point person for patients. They perform the COWS in person or over the phone to assess patients during the induction and respond to calls.
- The Nurse/MA will talk with any patient seeking MAT /Buprenorphine and clarify that they do not receive treatment at the first visit.

Initial Visit

- 60 minutes to assess physical health, OUD disorder and mental health
- Complete UDS
- Discuss buprenorphine/naloxone– contraindications, how it works, use of Buprenorphine and opioids simultaneously, stigma of MAT and the induction process
- Request records and labs (HIV, HCV, CMP at a minimum)
- Brief sleep apnea screen
- Discuss triggers and provide script for Narcan
- Sign and Review the contract
- Referral for counseling/peer supports/groups
- Start Prior Authorization process if needed and complete script for the patient to fill and return for induction
- Set Induction appointment– typically on a Monday if possible
Buprenorphine Process

1. Identify interested patients via assessment or expressed interest.

2. Initial Visit
   - Assessment (OUD, Mental health plus general health)
   - UDS
   - Request records and order labs (HIV, HCV, CMP)
   - Discuss MAT- Contraindications, risks, stigma, induction process
   - Script for Narcan
   - Referral to counseling/peer support
   - Sign and review contract
   - Begin Prior Authorization process if needed

3. Induction
   - Check MAPS
   - UDS

3. Follow-up
   - Start on Mondays when possible to allow for follow up during the week
   - May be office or home based. Decision should be made based on comfort level with the ability of the patient to follow directions and to report issues.
   - PCSS-MAT website has a podcast on Inductions that is encouraged. https://pcssnow.org/education-training/training-courses/buprenorphine-induction/
   - Patient is seen and called daily until stable. Generally come in to the office every 2 or 3 days for the first week or 2. Once stable, can move to every 2-4 weeks and eventually monthly.
   - Assess for increased function, decreased cravings, and cessation from opioids. If unsuccessful, recommend a taper off.

General Tips

- Recommend UDS each visit. POC UDS is adequate. Stress to the patient that UDS is not punitive but necessary for safety and care.
  - Address any inconsistencies in UDS with the patient. Remember deception is part of addiction.
  - Relapse is common and can be worked through. If the pattern of relapse and use continues, may need a more intensive program such as methadone maintenance.
- Provider should review MAPS at each visit. We recommend you review yourself as printing is confusing to read.
- Send in 28 day prescriptions so the patient will not run out of medication on the weekend. Bup cannot be sent in with refills but you can send multiple prescriptions, detailing when the patient is able to fill the script.
- Therapy duration is long-term per evidence. MOC does not recommend tapering until stable for 6-12 months and have fully addressed triggers and how to avoid them. If they do taper, the patient should understand that their opioid tolerance will be decreased and if they use, they would be at higher risk for overdose.
These Tips were created by Dr. Sheba Sethi, a consulting physician with the MOC. Dr. Sethi’s tips are not meant to replace provider clinical judgement and prescribing responsibilities and liabilities.