

Buprenorphine Initiation Checklist for Clinics



Deciding if MAT with Buprenorphine is the right choice

- Give patients a copy of your clinic's documents for their review.
 - MAT with Buprenorphine Program Overview document
 - Buprenorphine Information Sheet
 - Treatment Agreement
- Have a copy of the Consent Form ready, in case the patient wants to review that.
- Before patients start treatment for opioid use disorder, be sure to discuss their decision to receive MAT with buprenorphine.

Going Forward with MAT with Buprenorphine

Evaluations

Prior to induction, every patient should have full evaluation, history, physical, and laboratory testing. Patient assessment should be completed and thoroughly reviewed with the MAT care team.

- Record diagnosis & physiological dependence
- Determine co-morbidity
- Lab tests ordered:
 - CBC, Comprehensive metabolic panel
 - Hepatitis B Surface Ab and Ag, Hepatitis C Ab, HIV Ab
 - STI screen: GC, CT
 - Pregnancy test
 - Urine toxicology screens: standard EIA, oxycodone, buprenorphine and metabolites, Ethyl glucuronide/ethyl sulfate

MAT Overview Appointment:

This appointment is critical to successful MAT. Allow about 30 minutes and cover the following:

- Confirm diagnosis of at least moderate opioid use disorder

- Review lab results including urine toxicology test
- Check Prescription Drug Monitoring Program PDMP
- Review and sign Consent Form
- Review Treatment Agreement Form
- Complete prior authorization request if needed (see Legislation Summary in Chapter 9 for information on prior authorization requirements in Colorado)
- Determine if patient appropriate for home or clinic induction (see separate instructions)
- Schedule follow up visits (no less than weekly for first 4 weeks)
- Withdrawal timing: Verify with patients their current use (type, amount, duration) and set a “stop time.”

TYPE OF OPIOID	EXAMPLES	WHEN TO STOP
SHORT-ACTING	Percocet, Vicodin (hydrocodone), Heroin	12-24 hours before first dose. <i>Example: Stop at Sunday at 12noon for a Monday induction.</i>
LONG-ACTING	Oxycontin, MS Contin/Morphine, Methadone	<ul style="list-style-type: none"> ▪ 36 hours before first dose for Oxycontin, Morphine ▪ >48 hours for Methadone <i>Example: Stop at Saturday at 12noon for a Monday induction.</i>

- Safety/Concerns: lowest effective dose should be taken, interaction risks, avoid driving, safe storage (e.g., not in reach of children)
- Consider additional withdrawal medication
- Identify support person
- Map out a follow-up plan: Phone call on induction day and daily until clinic visit (approximately Day 7) can be done by provider, nurse, MA, etc. Determine who will make calls and be assigned to take patient’s calls.
- Schedule follow up visits (no less than weekly for first 4 weeks)
- Discuss goals and motivations