

## Patient Selection

- Meets DSM 5 criteria for SUD
- Chronic pain not so severe that a full agonist is required
- Able to come in during clinic hours
- Willing to address use of other illicit or harmful substances
- Appropriate for treatment in an office-based setting (*i.e.*, no acute medical or psychiatric conditions that require hospitalization)

## Standard Workflow

- Initial screening by OBAT staff (phone or in person)
- Intake visit with OBAT RN
  - Substance use hx
  - Introduction to treatment team and OBAT program
  - Consents and treatment agreement signed
  - Education about medication and harm reduction
  - Intake labs (see OBAT labs order set, incl HIV, HCV, LFTs) and immunizations (Hep A/B)
  - Contraception assessment/counseling/referral
  - Prescription for naloxone rescue kit with training
- Intake visit with OBAT MD/NP (see adjacent window)
- Initiation of medication in collaboration with OBAT RN team
- Stabilization – initial RN visits are weekly, progressing to bi-weekly and monthly as patient stabilizes
- Maintenance

## NP/MD Intake Visit

- Review substance use, past medical, social, and family hx
- Review current medications
- Review of laboratory test results
- Hep A/Hep B vaccines if not already administered or pt not immune (can start series even if labs are pending)
- Assess and document diagnosis of SUD – “pt meets criteria for SUD and is appropriate for outpatient treatment”
- Assess appropriateness for specific medication treatment and treatment setting
- **Initiation of medication in collaboration with OBAT RN team – discuss treatment plan with OBAT RN team, who will then manage the initiation (when necessary), set up the prescription for you to sign, and manage dose adjustments with your input/guidance**
- Review any questions/concerns with OBAT RN team – **4-4107**

## NP/MD Follow-up Visits

- Follow-up visits with MD/NP occur at least once every 4 months
- Prescription to coincide with clinic visits (organized by RN team)
- Review dose and how patient is taking the medication (single vs divided dose)
- Ask about cravings, substance use, relapse, adverse events
- Ask about challenges and supports, review goals
- Make determination about any potential dose adjustments **in collaboration with the OBAT RN team** – speak with RN in person or by phone to get full picture of how patient is doing
- Assess for social determinants of health and behavioral health needs
- Connect with IBH team, Patient Navigator, or other specialists as needed
- Recommend repeat HIV and HCV testing for patients with ongoing risk
- Review any concerns with OBAT RN team – **4-4107**

## Buprenorphine Dosing Guidelines/Naltrexone Information

- Buprenorphine
  - Opioid dependent (standard dose range 8-24mg daily)
    - Day 1: 8-12mg sublingual, titrated up in 2-4 mg dose increments
    - Day 2: 8-16mg sublingual
  - Currently without opioid dependence: 2 mg sublingual first day with slow titration
  - Sublocade: long-acting, injectable formulation of buprenorphine – discuss appropriateness with RN OBAT team
- Naltrexone
  - Ensure opioid-free status
  - Start with oral formulation (50 mg 1XD), if tolerated proceed to injectable
  - Review plan with OBAT RN team, who will obtain insurance prior authorization for injectable naltrexone, order medication, and administer monthly injections
  - Naltrexone can be used to treat both opioid and alcohol use disorder – screening and other treatment options for alcohol use disorder are discussed separately

## DSM-V Criteria for Substance Use Disorder

- Using in larger amounts or for longer than intended
- Wanting to cut down or stop using, but not managing to
- Spending a lot of time to get, use, or recover from use
- Craving
- Inability to manage commitments due to use
- Continuing to use, even when it causes problems in relationships
- Giving up important activities because of use
- Continuing to use, even when it puts you in danger
- Continuing to use, even when physical or psychological problems may be made worse by use
- Increasing tolerance,\* as defined by either of the following: A. A need for markedly increased amounts of opioids to achieve intoxication or desired effect. B. A markedly diminished effect with continued use of the same amount of an opioid
- Withdrawal,\* as manifested by either of the following: A. The characteristic opioid withdrawal syndrome. B. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms

\*Note: This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision

Mild Addiction: 2-3 symptoms

Moderate Addiction: 4-5 symptoms

Severe Addiction: 6 or more symptoms

## Resources

- OBAT RN line: 617-414-4107
- After hours OBAT RN support: 857-225-0136
- BMC OBAT: <https://www.bmcobat.org/>
- Massachusetts Consultation Service for Treatment of Addiction and Pain (MCSTAP): **1-833-PAIN-SUD** (1-833-724-6783), Monday through Friday, 9 a.m. - 5 p.m.
- SAMHSA TIP 63: Medications for Opioid Use Disorder For Healthcare and Addiction Professionals, Policymakers, Patients, and Families  
<https://store.samhsa.gov/system/files/sma18-5063fulldoc.pdf>
- Training, resources and mentoring opportunities for providers treating patients with OUD:  
<https://pcssnow.org/>
- For the most current information on waiver for buprenorphine prescribing, SAMHSA's Center for Substance Abuse Treatment (CSAT) 866-BUP-CSAT (866 287.2728)  
[infobuprenorphine@samhsa.hhs.gov](mailto:infobuprenorphine@samhsa.hhs.gov)
- [www.buprenorphine.samhsa.gov](http://www.buprenorphine.samhsa.gov)
- Naloxone co-prescribing: <https://prescribetoprevent.org/>
- Harm reduction coalition: <https://harmreduction.org/>
- NIDA Buprenorphine Initiation One-Pager:  
[https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/home\\_buprenorphine\\_initiation.pdf](https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/home_buprenorphine_initiation.pdf)
- American Society of Addiction Medicine-- Medication to treat addiction involving opioid use 2018 fact sheet: [https://www.asam.org/docs/default-source/advocacy/mat-factsheet.pdf?sfvrsn=e0b743c2\\_2](https://www.asam.org/docs/default-source/advocacy/mat-factsheet.pdf?sfvrsn=e0b743c2_2)
- AA meeting finder: <https://www.aa.org/>
- NA meeting finder: <https://www.na.org/>
- SMART Recovery: <https://www.smartrecovery.org/>
- Refuge Recovery: <https://refugerecovery.org/>