

BUPRENORPHINE/NALOXONE MAINTENANCE CLINIC VISITS

Once stable, schedule clinic visits every 2 to 4 weeks, with refills that coincide with visits.

Goal: Monthly visits for a few months; ultimately, random visits, as needed, if appropriate for patient; random is more effective in assisting patients in their recovery and should be the goal instead of monthly.

- Many patients will remain on more frequent visits than monthly, as patients find these visits important to their recovery process.
- Each decrease in visit frequency requires treatment team review.

Clinic visits to include (See Appendix 6: Nursing Follow-up Form):

- Collect urine sample/swab for toxicology.
- Lab testing: If LFTs were elevated at induction, they must be re-checked within 1–2 months or sooner, depending on degree of elevation, and must continue to be regularly monitored thereafter. Elevations are more common in patients with hepatitis C and HIV infection.
- If history of risky alcohol use, conduct a breathalyzer at each visit; if patient is struggling with alcohol use, team must address.
- Offer acamprosate (Campral), disulfiram (Antabuse), or topiramate (Topamax) to patients with alcohol dependence, with provider input and agreement.
- Patients managed on buprenorphine/naloxone cannot be treated with any naltrexone formulation, as these medications are contraindicated.
- Assess patient status: recovery, relapse, medical issues; and address as indicated. Contact other OBAT team members as needed, including OBAT provider and PCP if different and warranted.
- Review current buprenorphine/naloxone dose, adherence, and correct administration techniques.
- Review treatment plan: counseling, meetings, need for further psychiatric treatment, difficulties with obtaining or using buprenorphine/naloxone, incidence of side effects, presence of cravings or withdrawal, instances of drug use.
- Provide medical case management, with brief counseling support.
- Review contact information, including pharmacy, at each visit.
- Provide refills for up to 6 months, once stable, and fax these to a pharmacy (with pharmacy information kept on file).

- Ensure visits with waived OBAT provider at least every 3–4 months, with review of medical record, lab test results, recovery status, and UTS results.

- Perform telephone contact for support, monitor medical issues, check pregnancy status, ask about medication changes, any pending needs for surgery, acute/chronic pain management, and determine need for psychiatric assessment.