ASSEMBLY BILL 156

PHARMACISTS PRESCRIBING MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

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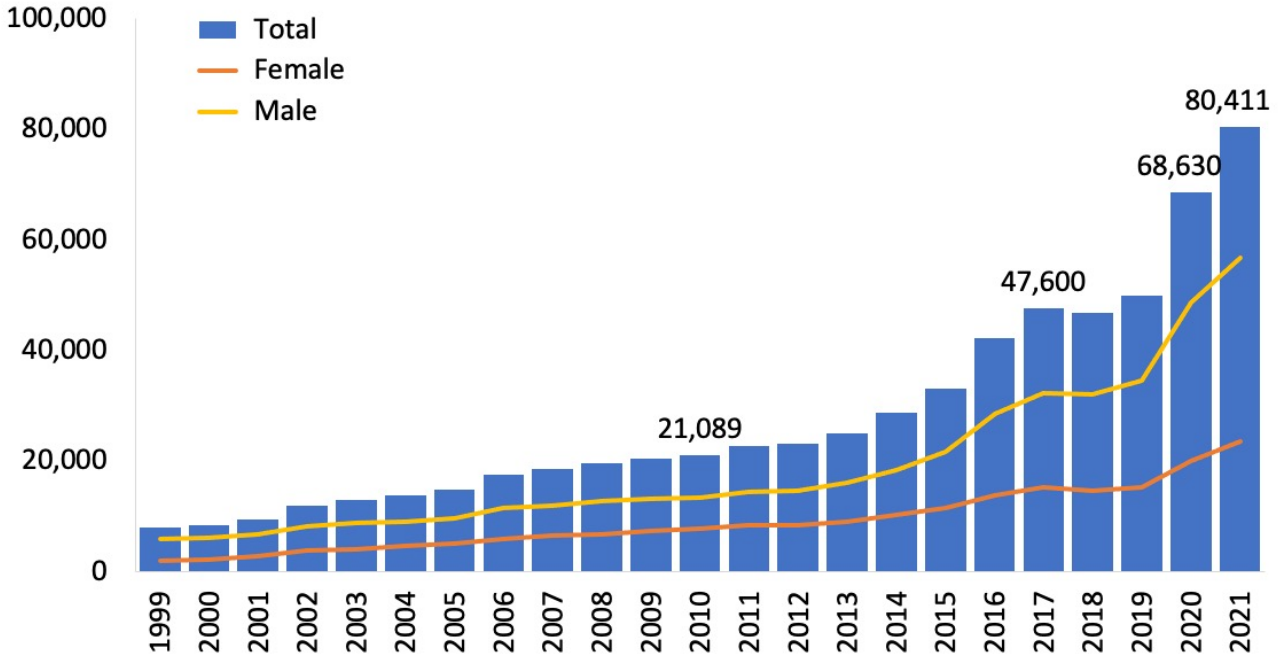
Nevada State Board of Pharmacy

LEARNING OBJECTIVES

- Understand Assembly Bill (AB) 156 and regulations promulgated by the Board
- Describe the process in which a pharmacist obtains authorization to prescribe MOUD

SCOPE OF PROBLEM

Figure 3. National Overdose Deaths Involving Any Opioid*, Number Among All Ages, by Gender, 1999-2021

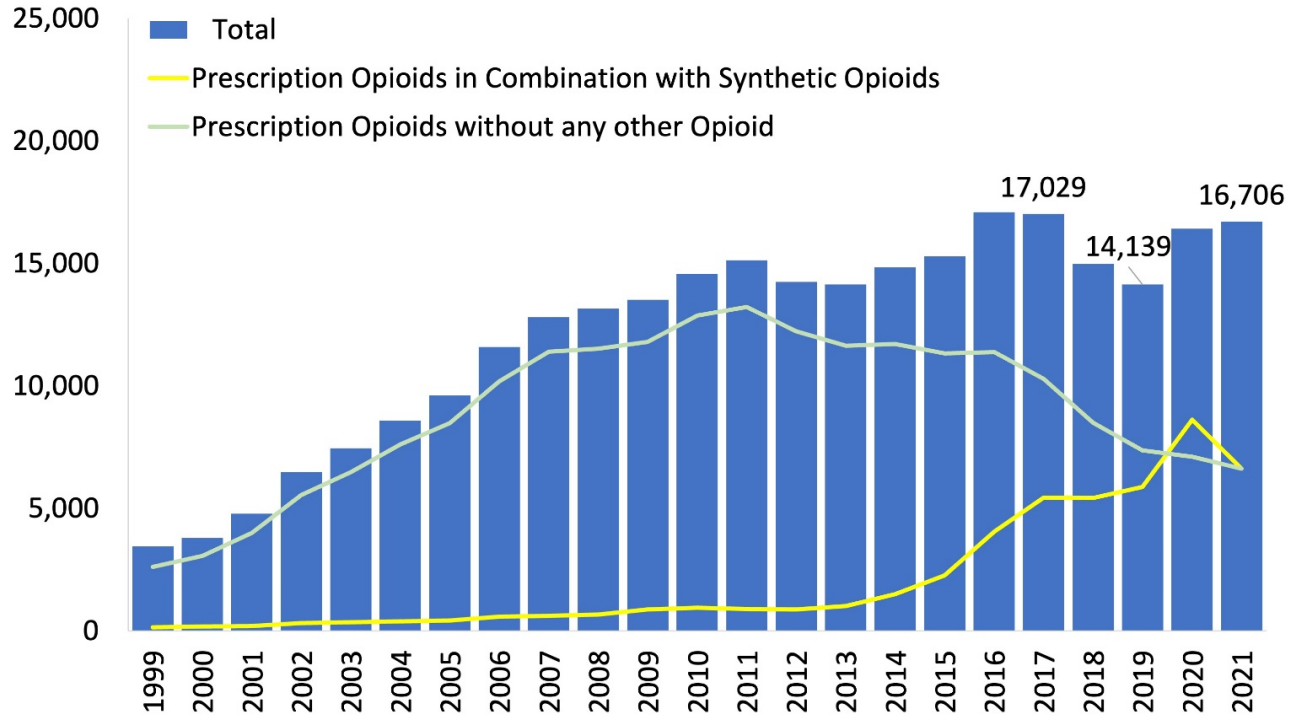


*Among deaths with drug overdose as the underlying cause, the "any opioid" subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Drug Overdose Death Rates | National Institute on Drug Abuse (NIDA) (nih.gov)

SCOPE OF PROBLEM

Figure 4. National Overdose Deaths Involving Prescription Opioids*, Number Among All Ages, 1999-2021



*Among deaths with drug overdose as the underlying cause, the prescription opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2) or methadone (T40.3). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Drug Overdose Death Rates | National Institute on Drug Abuse (NIDA) (nih.gov)

2015 OPIOID PRESCRIPTION DATA IN NEVADA

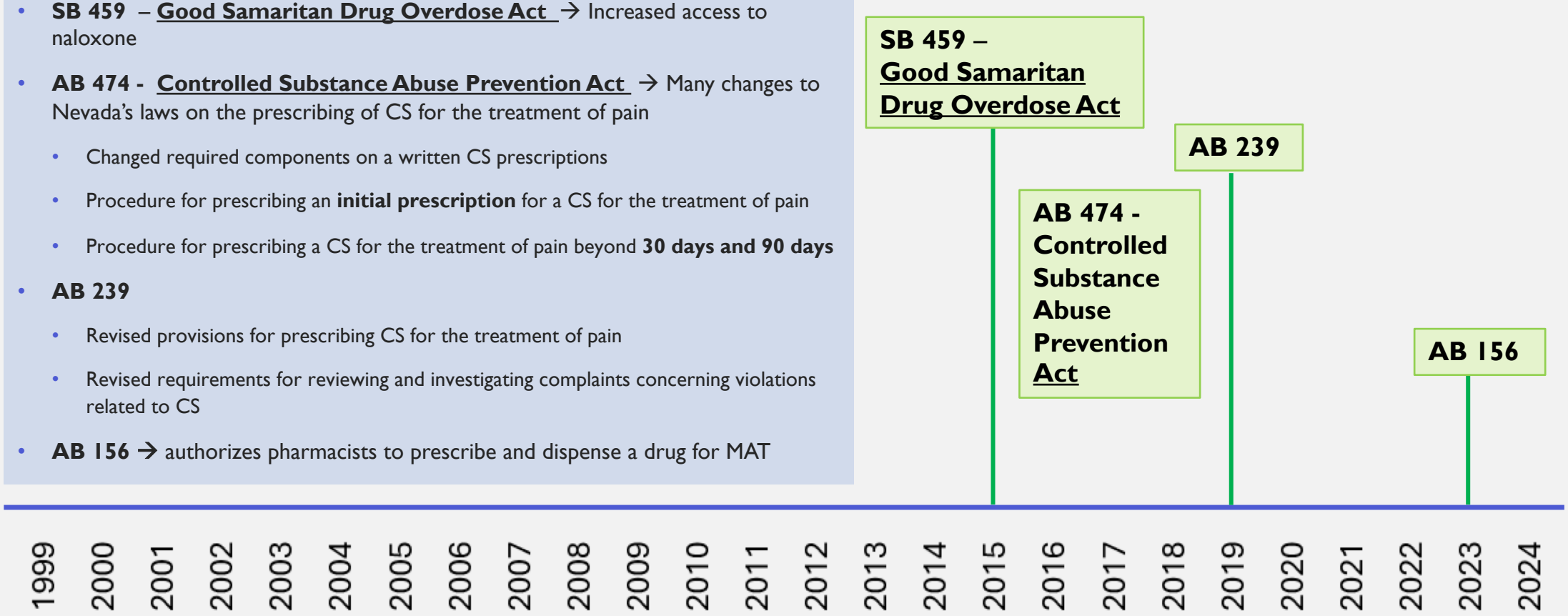
- **2nd highest** for hydrocodone prescriptions (ARCOS)
- **2nd highest** for oxycodone prescriptions (ARCOS)
- **4th highest** for methadone prescriptions (ARCOS)
- **7th highest** for codeine prescriptions (ARCOS)

In 2015, Nevada had 419 opioid-related overdose deaths

http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/ClinicalSAPTA/State%20of%20Nevada%20Plan%20to%20Reduce%20Prescription%20Drug%20Abuse.pdf.
http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/2015/2015_rpt5.pdf
http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Resources/opioids/Opioid%20Surveillance%20Report%20-%20January%202020.pdf

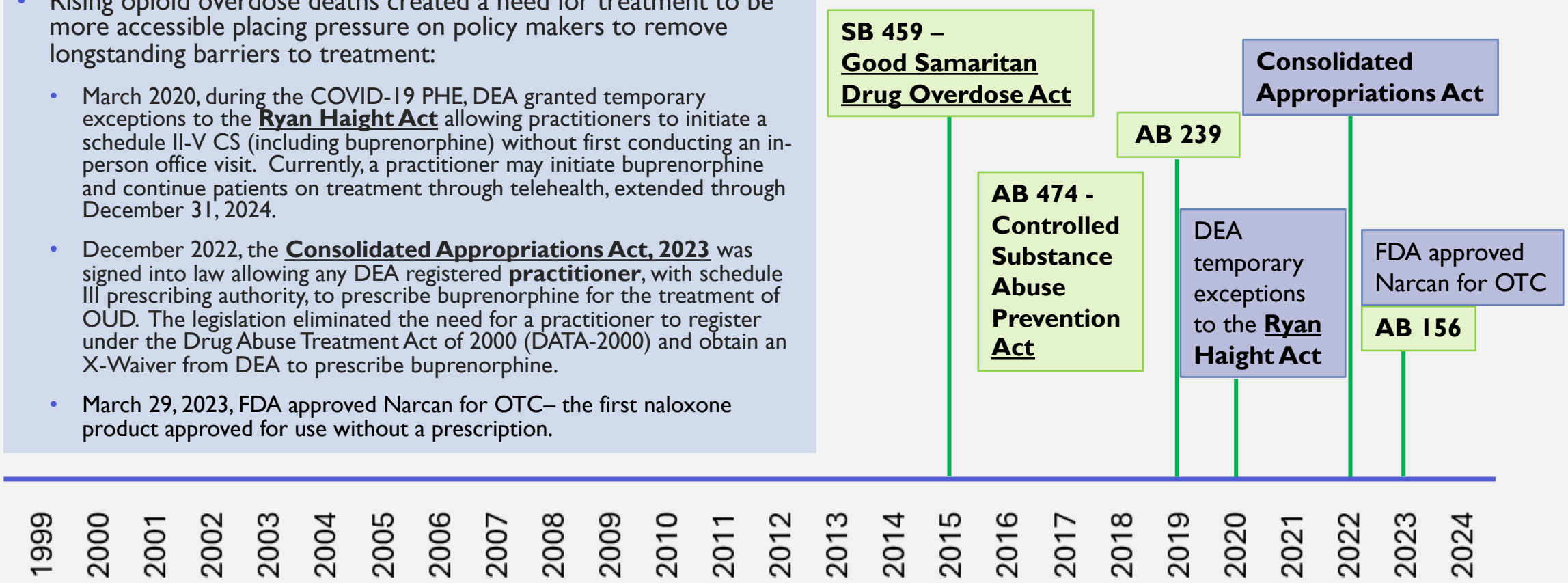
NEVADA LEGISLATIVE CHANGES TO ADDRESS THE OPIOID EPIDEMIC

- **SB 459** – **Good Samaritan Drug Overdose Act** → Increased access to naloxone
- **AB 474 - Controlled Substance Abuse Prevention Act** → Many changes to Nevada's laws on the prescribing of CS for the treatment of pain
  - Changed required components on a written CS prescriptions
  - Procedure for prescribing an **initial prescription** for a CS for the treatment of pain
  - Procedure for prescribing a CS for the treatment of pain beyond **30 days and 90 days**
- **AB 239**
  - Revised provisions for prescribing CS for the treatment of pain
  - Revised requirements for reviewing and investigating complaints concerning violations related to CS
- **AB 156** → authorizes pharmacists to prescribe and dispense a drug for MAT



FEDERAL CHANGES TO ADDRESS THE OPIOID EPIDEMIC

- Rising opioid overdose deaths created a need for treatment to be more accessible placing pressure on policy makers to remove longstanding barriers to treatment:
  - March 2020, during the COVID-19 PHE, DEA granted temporary exceptions to the **Ryan Haight Act** allowing practitioners to initiate a schedule II-V CS (including buprenorphine) without first conducting an in-person office visit. Currently, a practitioner may initiate buprenorphine and continue patients on treatment through telehealth, extended through December 31, 2024.
  - December 2022, the **Consolidated Appropriations Act, 2023** was signed into law allowing any DEA registered **practitioner**, with schedule III prescribing authority, to prescribe buprenorphine for the treatment of OUD. The legislation eliminated the need for a practitioner to register under the Drug Abuse Treatment Act of 2000 (DATA-2000) and obtain an X-Waiver from DEA to prescribe buprenorphine.
  - March 29, 2023, FDA approved Narcan for OTC– the first naloxone product approved for use without a prescription.



Only 1 in 5 U.S. adults with opioid use disorder received medications to treat it in 2021 | National Institute on Drug Abuse (NIDA) (nih.gov)
Use of Medication for Opioid Use Disorder Among Adults With Past-Year Opioid Use Disorder in the US, 2021 | Clinical Pharmacy and Pharmacology | JAMA Network Open | JAMA Network
H.R.2617 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2023 | Congress.gov | Library of Congress
Federal Register :: Second Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications

EVIDENCE FOR MOUD

- People with OUD are less likely to die when they are in long-term treatment with methadone or buprenorphine than when they are untreated.
  - Treating OUD with an agonist medication is associated with an estimated mortality reduction of approximately 50% (Degenhardt et al., 2014; Larochelle et al., 2017; Ma et al., 2018; Pierce et al., 2016; Sordo et al., 2017).
  - Both methadone and buprenorphine treatment retention have been linked to substantially decreased risk of both all-cause and overdose-related mortality among people with OUD (Sordo et al., 2017).
  - Increased access to treatment using agonist medication is associated with reduced opioid overdose deaths (Schwartz et al., 2013).

The Effectiveness of Medication-Based Treatment for Opioid Use Disorder - Medications for Opioid Use Disorder Save Lives - NCBI Bookshelf (nih.gov)

AB 156 – **SECTION 12.3 OF THE ACT**

Sec. 12.3. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:

1. To the extent authorized by federal law, a pharmacist who registers with the Board to engage in the activity authorized by this section may, in accordance with the requirements of the protocol prescribed pursuant to subsection 2:

(a) Assess a patient to determine whether:

(1) The patient has an opioid use disorder; and

(2) Medication-assisted treatment would be appropriate for the patient;

(b) Counsel and provide information to the patient concerning evidence-based treatment for opioid use disorders, including, without limitation, medication-assisted treatment; and

(c) Prescribe and dispense a drug for medication-assisted treatment.

2. The Board shall adopt regulations:

(a) Prescribing the requirements to register with the Board to engage in the activity authorized by this section; and

(b) Establishing a protocol for the actions authorized by this section.

3. As used in this section, "medication-assisted treatment" means treatment for an opioid use disorder using medication approved by the United States Food and Drug Administration for that purpose.

AB 156

Section 1, 1.25, 12.8.

NRS 453.126, NRS 639.0125 and NRS 454.00958 definition of "Practitioner" was amended to include:

> *"A **pharmacist** who is registered pursuant to **section 12.3 of this act** to prescribe and dispense drugs for medication-assisted treatment."*

Section 1.05.

NRS 453.128 definition of "Prescription" was amended to state:

> "An order given individually for the person for whom prescribed, directly from a physician, physician assistant [...] ***pharmacist*** *registered pursuant to* ***section 12.3 of this act*** […]"

Sec. 12.3. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:

1. To the extent authorized by federal law, a pharmacist who registers with the Board to engage in the activity authorized by this section may, in accordance with the requirements of the protocol prescribed pursuant to subsection 2:

(a) Assess a patient to determine whether:

(1) The patient has an opioid use disorder; and

(2) Medication-assisted treatment would be appropriate for the patient;

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(a) Prescribing the requirements to register with the Board to engage in the activity authorized by this section; and

(b) Establishing a protocol for the actions authorized by this section.

3. As used in this section, "medication-assisted treatment" means treatment for an opioid use disorder using medication approved by the United States Food and Drug Administration for that purpose.

AB156 Text (state.nv.us)

AB 156

Section 1.2.

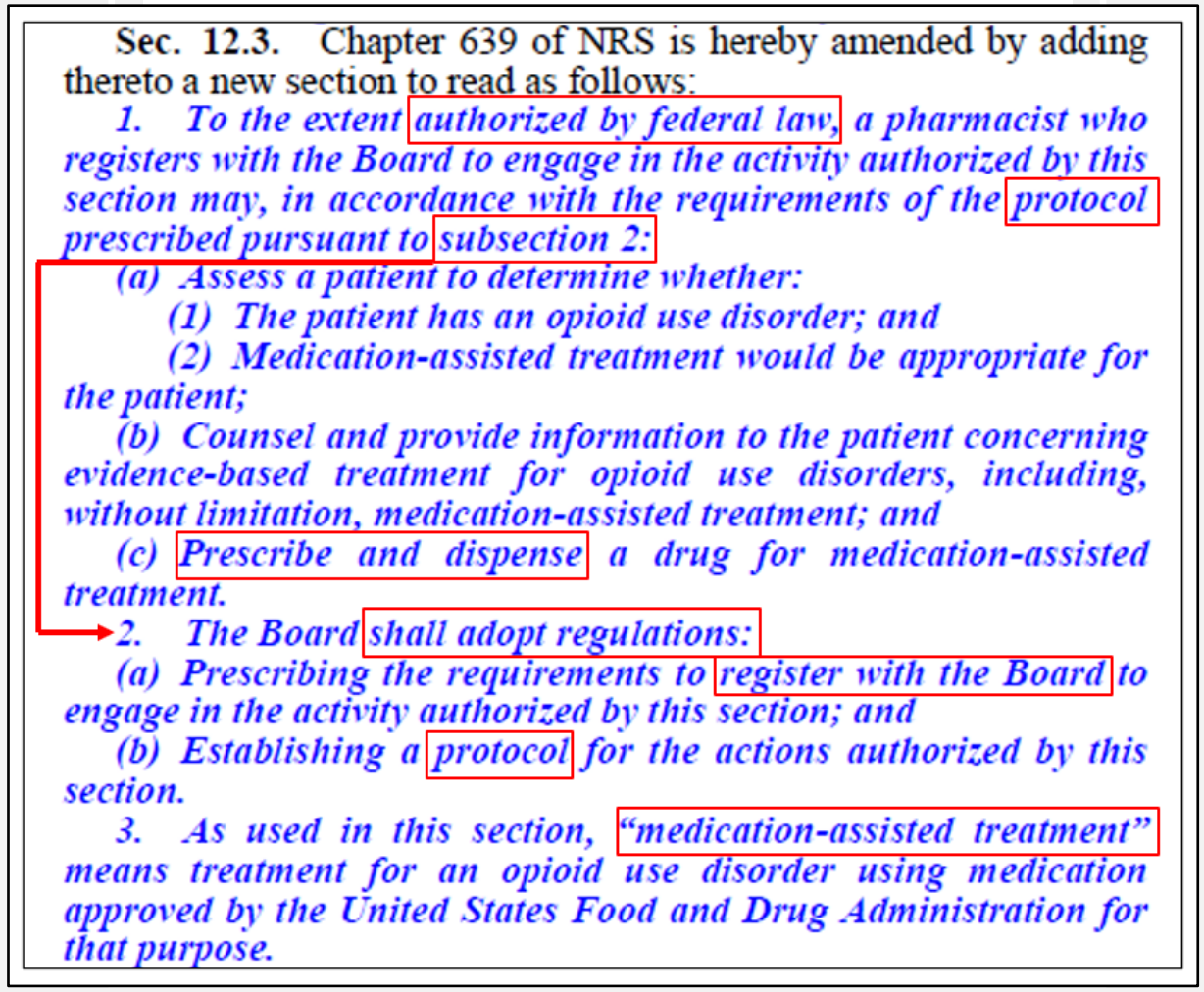
NRS 453.381 was amended to state:

> "[…] a physician, physician assistant […] *or* ***pharmacist*** *registered pursuant to* ***section 12.3 of this act*** may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice […]"

Section 12.6.

NRS 639.0124 definition of "Practice of Pharmacy" was amended to include:

> *(l) "Assessing a patient and prescribing and dispensing a drug for medication-assisted treatment in accordance with* ***section 12.3 of this act****."*



Sec. 12.3. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:

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2. The Board shall adopt regulations:

(a) Prescribing the requirements to register with the Board to engage in the activity authorized by this section; and

(b) Establishing a protocol for the actions authorized by this section.

3. As used in this section, "medication-assisted treatment" means treatment for an opioid use disorder using medication approved by the United States Food and Drug Administration for that purpose.

AB156 Text (state.nv.us)

BOARD ADOPTED REGULATION – LCB FILE NO. R059-23

NAC 639 was amended to include the following:

Section 2.

1. *"A pharmacist who wishes to engage in the activity authorized by section 12.3 of* [AB 156] *must:*
   a) *Register with the Board to dispense controlled substances in the manner prescribed by NAC 453.100 to 453.300 inclusive; and*
   b) *Register with the Board to engage in the activity authorized by section 12.3 of* [AB 156].
2. *A pharmacist registered with the Board pursuant to this section shall comply with the requirements of chapters 453, 454 and 639 of NRS, and any regulations adopted pursuant thereto, that apply when a practitioner is prescribing or dispensing controlled substances or dangerous drugs within the scope of practice of the practitioner.*

Includes, but not limited to:

- Obtaining/maintaining CS Registration, NRS 453.226
- Obtaining/maintaining DEA Registration
  - Maintaining training as required by the DEA
- Registering with PMP
  - Checking a patient's PMP prior to prescribing a controlled substance, NRS 639.23507
  - Checking MyRX every 6 months, NRS 453.164(7)
- Establishing a bona fide relationship with a patient, NAC 639.945(n)
- Electronic prescribing of controlled substances adhering to state and federal laws, NRS 639.23535
- Adhering to the requirements of a controlled substance prescription, NRS 639.2353, NAC 453.440

R059-23AP.pdf (state.nv.us)

PHARMACIST CONTROLLED SUBSTANCE REGISTRATION APPLICATION

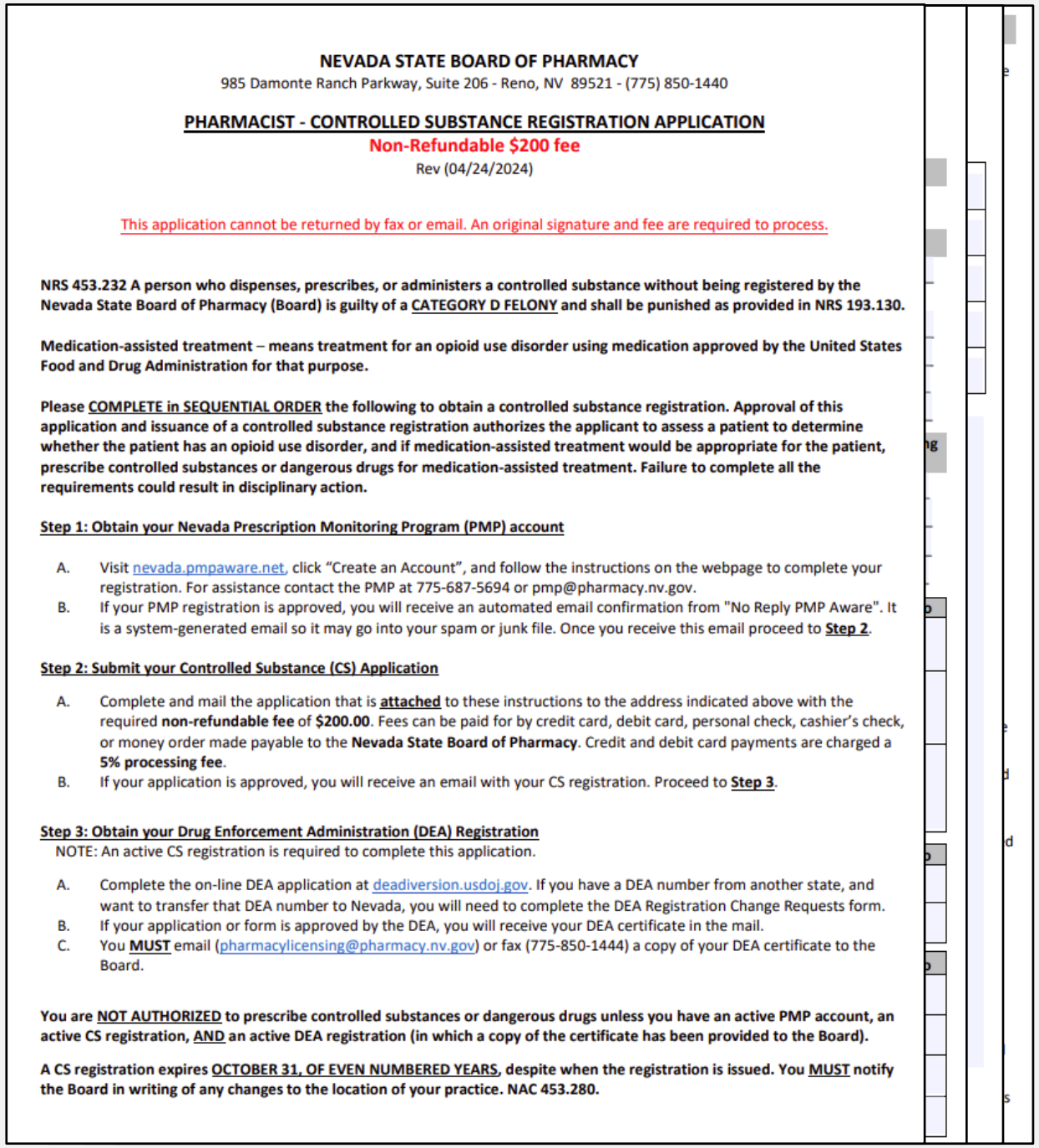
Pharmacist CS Application 04.24.2024.pdf (nv.gov)

Step 1: Obtain your Nevada Prescription Monitoring Program account.

Step 2: Obtain your Controlled Substance (CS) Application.

Step 3: Obtain your Drug Enforcement Administration (DEA) Registration.

Waiting on DEA to recognize pharmacists as practitioners in Nevada.



NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

PHARMACIST - CONTROLLED SUBSTANCE REGISTRATION APPLICATION
Non-Refundable $200 fee
Rev (04/24/2024)

This application cannot be returned by fax or email. An original signature and fee are required to process.

NRS 453.232 A person who dispenses, prescribes, or administers a controlled substance without being registered by the Nevada State Board of Pharmacy (Board) is guilty of a CATEGORY D FELONY and shall be punished as provided in NRS 193.130.

Medication-assisted treatment – means treatment for an opioid use disorder using medication approved by the United States Food and Drug Administration for that purpose.

Please COMPLETE in SEQUENTIAL ORDER the following to obtain a controlled substance registration. Approval of this application and issuance of a controlled substance registration authorizes the applicant to assess a patient to determine whether the patient has an opioid use disorder, and if medication-assisted treatment would be appropriate for the patient, prescribe controlled substances or dangerous drugs for medication-assisted treatment. Failure to complete all the requirements could result in disciplinary action.

Step 1: Obtain your Nevada Prescription Monitoring Program (PMP) account

A. Visit nevada.pmpaware.net, click "Create an Account", and follow the instructions on the webpage to complete your registration. For assistance contact the PMP at 775-687-5694 or pmp@pharmacy.nv.gov.
B. If your PMP registration is approved, you will receive an automated email confirmation from "No Reply PMP Aware". It is a system-generated email so it may go into your spam or junk file. Once you receive this email proceed to **Step 2**.

Step 2: Submit your Controlled Substance (CS) Application

A. Complete and mail the application that is **attached** to these instructions to the address indicated above with the required **non-refundable fee** of **$200.00**. Fees can be paid for by credit card, debit card, personal check, cashier's check, or money order made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**.
B. If your application is approved, you will receive an email with your CS registration. Proceed to **Step 3**.

Step 3: Obtain your Drug Enforcement Administration (DEA) Registration
NOTE: An active CS registration is required to complete this application.

A. Complete the on-line DEA application at deadiversion.usdoj.gov. If you have a DEA number from another state, and want to transfer that DEA number to Nevada, you will need to complete the DEA Registration Change Requests form.
B. If your application or form is approved by the DEA, you will receive your DEA certificate in the mail.
C. You **MUST** email (pharmacylicensing@pharmacy.nv.gov) or fax (775-850-1444) a copy of your DEA certificate to the Board.

You are NOT AUTHORIZED to prescribe controlled substances or dangerous drugs unless you have an active PMP account, an active CS registration, AND an active DEA registration (in which a copy of the certificate has been provided to the Board).

A CS registration expires OCTOBER 31, OF EVEN NUMBERED YEARS, despite when the registration is issued. You MUST notify the Board in writing of any changes to the location of your practice. NAC 453.280.

BOARD ADOPTED REGULATION – LCB FILE NO. R059-23

Section 3.

Before offering medication-assisted treatment to a patient pursuant to paragraphs (b) and (c) of subsection 1 of section 12.3 of [AB 156] *a pharmacist must:*

1. *Assess the patient pursuant to paragraph (a) of subsection 1 of section 12.3 of* [AB 156]*; and*
2. *Document the assessment in the record of the patient.*

Sec. 12.3. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:

1. To the extent authorized by federal law, a pharmacist who registers with the Board to engage in the activity authorized by this section may, in accordance with the requirements of the protocol prescribed pursuant to subsection 2:

(a) Assess a patient to determine whether:

(1) The patient has an opioid use disorder; and

(2) Medication-assisted treatment would be appropriate for the patient;

(b) Counsel and provide information to the patient concerning evidence-based treatment for opioid use disorders, including, without limitation, medication-assisted treatment; and

(c) Prescribe and dispense a drug for medication-assisted treatment.

2. The Board shall adopt regulations:

(a) Prescribing the requirements to register with the Board to engage in the activity authorized by this section; and

(b) Establishing a protocol for the actions authorized by this section.

3. As used in this section, "medication-assisted treatment" means treatment for an opioid use disorder using medication approved by the United States Food and Drug Administration for that purpose.

R059-23AP.pdf (state.nv.us)

BOARD ADOPTED REGULATION – LCB FILE NO. R059-23

Section 4.

1. *A pharmacist who offers medication-assisted treatment to a patient pursuant to section 12.3 of* [AB 156] *shall establish a documented treatment plan tailored to the needs of the patient. The* ***documented treatment plan*** *must include, without limitation:*

   a) *A procedure for evaluating the progress or success of the treatment with stated objectives, including, without limitation, improved physical or psychosocial function; and*

   b) *Consideration of pertinent medical history, previous medical records and physical examinations and the need for further testing, consultations, referrals or the use of other treatment modalities.*

2. *A pharmacist may only provide medication-assisted treatment pursuant to section 12.3 of* [AB 156] *in accordance with a* ***documented treatment plan*** *established pursuant to subsection 1.*

R059-23AP.pdf (state.nv.us)

BOARD ADOPTED REGULATION – LCB FILE NO. R059-23

Section 5.

A pharmacist providing medication-assisted treatment to a patient pursuant to section 12.3 of [AB 156] *shall document and conduct periodic reviews of the care of the patient. The periodic reviews must be conducted at reasonable intervals in consideration of the individual circumstances of the patient and include, without limitation:*

1. *Consideration of the individual circumstances of the patient;*
2. *Any progress in reaching the objectives of the treatment; and*
3. *Consideration of the treatment prescribed, ordered, or administered, as well as any new information about the etiology of the opioid use disorder of the patient.*

R059-23AP.pdf (state.nv.us)

BOARD ADOPTED REGULATION – LCB FILE NO. R059-23

Section 6.

A pharmacist shall:

1. *Maintain complete and accurate records of the medication-assisted treatment provided to a patient pursuant to section 12.3 of* [AB 156] *including, without limitation, any records required pursuant to chapter 639 of NRS and the regulations adopted pursuant thereto.*
2. *Make all records maintained pursuant to subsection 1 available for review upon request of the Board. The Board will conduct any review of such records in accordance with the laws relating to the confidentiality of medical records.*

R059-23AP.pdf (state.nv.us)

BOARD ADOPTED REGULATION – LCB FILE NO. R059-23

Section 7.

NAC 639.408 is amended to read as follows:

1. **While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or 639.407, a registered pharmacy may perform only:**
   a) **The functions described in paragraphs (b), (c), (d), (g) to (j), inclusive *and (l)* of subsection 1 of NRS 639.0124, *as amended by section 12.6 of* [AB 156], except for the dispensing or administering drugs**

R059-23AP.pdf (state.nv.us)

OPOIOID TREATMENT PROGRAM (OTP)

- AB 156 and LCB File No. R059-23 permits a pharmacist to prescribe and dispense medication-assisted-treatment (MAT) such as buprenorphine for opioid use disorder (OUD), but it **DOES NOT** permit a pharmacist to prescribe and dispense methadone for OUD.

- What is an Opioid Treatment Program (OTP) 42 (CFR) 8.
  - The Controlled Substances Act (CSA) allows practitioners to administer and dispense methadone to treat OUD if the practitioners separately register with DEA as an OTP. To become an OTP, you must be:
    - **Certified** by Substance Abuse and Mental Health Services Administration (SAMHSA);
    - **Accredited** by an independent, SAMHSA-approved accrediting body;
    - **Licensed** by the state in which they operate; AND
    - **Registered** with the DEA.
  - For purposes of certification, OTPs must also offer adequate medical, counseling, vocational, educational, as well as other assessment and treatment services either onsite or by referral to an outside entity or practitioner. Practitioners may also administer and dispense buprenorphine and naltrexone from the OTP if their DEA registration permits.
  - "As of June 2023, there are over 2,000 OTPs in the United States, providing care to over 650,000 patients. **These are the only settings within which methadone, a schedule II opioid receptor agonist, can be legally provided to patients with OUD outside the context of hospital admission or certain other special circumstances."**

Federal Guidelines for Opioid Treatment Programs (samhsa.gov)
Opioid Treatment Program (OTP) - How to Become Certified? | SAMHSA
Federal Register :: Medications for the Treatment of Opioid Use Disorder

IN SUMMARY THE PROTOCOL LOOKS LIKE…

Steps to Prescribing and Dispensing MAT	Statute or Regulatory Authority
1. Pharmacist must register with the Board to prescribe and dispense MAT	Section 2 of LCB File No. R059-23
2. Before a pharmacist offers MAT to a patient they must:	Section 3 of LCB File No. R059-23
a) Assess a patient to determine whether:	Section 12.3 (1)(a) AB156
i. The patient has an opioid use disorder; and	Section 12.3 (1)(a) AB156
ii. MAT would be appropriate for the patient	Section 12.3 (1)(a) AB156
b) Document the assessment in the record of the patient.	Section 3 of LCB File No. R059-23
3. If the pharmacist determines MAT is appropriate for the patient, and would like to prescribe and/or dispense MAT to the patient, they must:	Section 3 of LCB File No. R059-23
a) Counsel and provide information to the patient concerning evidence-based treatment for opioid use disorders, including, without limitation, MAT; and	Section 12.3 (1)(b) AB156
b) Establish a documented treatment plan tailored to the needs of the patient and only provide MAT according to this treatment plan. The treatment plan must also include:	Section 4 of LCB File No. R059-23
i. A procedure for evaluating the progress or success of the treatment with stated objectives, including, without limitation, improved physical or psychosocial function; and	Section 4 of LCB File No. R059-23
ii. Consideration of pertinent medical history, previous medical records and physical examinations and the need for further testing, consultations, referrals or the use of other treatment modalities.	Section 4 of LCB File No. R059-23
c) Prescribe and dispense a drug for MAT.	Section 12.3 (1)(c) AB156
4. Document and conduct periodic reviews of the care of the patient at reasonable intervals to assess progress and treatment plan and modify as necessary.	Section 5 of LCB File No. R059-23
5. Maintain all records relating to the above for a minimum of 2 years from the date of last entry or modification of the treatment plan, or review of the patient, or dispensation of the MAT.	Section 6 of LCB File No. R059-23
All of the above can be done at a Nevada licensed pharmacy. A pharmacist may engage in the activities above at a **non-licensed pharmacy location except for the dispensing or administration of the MAT**. The pharmacist MUST inform the Board where they are engaging in the practice of pharmacy at a non-licensed pharmacy location by completed the following form: Engage in the Practice of Pharmacy Outside Pharmacy Application (nv.gov)	Section 7 of LCB File No. R059-23

AB 156 - REIMBURSEMENT

Section 5.5

NRS 422 (Health Care Financing and Policy) Chapter amended to include the following:

1. *"The director shall include in the State Plan for Medicaid a requirement that the State pay for the nonfederal share of expenditures incurred for the services of a **pharmacist** described in section 12.3 of this act."*
2. *The State must provide reimbursement for the services of a **pharmacist** described in section 12.3 if this act at a rate equal to the rate of reimbursement provided to a physician, physician assistant or advanced practice registered nurse for similar services.*

AB156 Text (state.nv.us)

AB 156 - REIMBURSEMENT

Section 16.1, 16.3, 16.4, 16.6, 16.7, 16.9.

NRS 689A (Individual Health Insurance), NRS 689B (Group and Blanket Health Insurance) NRS 689C (Health Insurance for Small Employers) NRS 695B (Nonprofit Corporations for Hospital, Medical and Dental Service), NRS 695C (Health Maintenance Organization), NRS 639G (Managed Care) Chapters amended to include the following:

1. *"An* [insurer, carrier, hospital or medical service corporation, health maintenance organization or managed care organization] *that offers or issues a* [policy of health insurance, health benefit plan, or health care plan] *shall include in the* [policy or plan] *coverage for:*

   a) *All drugs approved by the United States Food and Drug Administration to provide medication-assisted treatment for opioid use disorder, including, without limitation, buprenorphine, methadone and naltrexone; and*

   b) *The services…* [the prescribing and dispensing of drugs for medication-assisted treatment]… *provided by a pharmacist or pharmacy that participates in the network plan of the* [insurer, carrier, hospital or medical service corporation, health maintenance organization or managed care organization]. *The Commissioner shall adopt regulations governing the provision of reimbursement for such services.*

2. *An* [insurer, carrier, hospital or medical services corporation, health maintenance organization or managed care organization] *that offers or issues a* [policy of health insurance, health benefit plan, or health care plan] *shall reimburse a pharmacy or pharmacy that participates in the network plan of the* [insurer, carrier, hospital or medical services corporation, health maintenance organization, managed are organization] *for the services…* [the prescribing and dispensing of drugs for medication-assisted treatment]… *at a rate equal to the rate of reimbursement provided to a physician, physician assistant or advanced practice registered burse for similar services.*

AB156 Text (state.nv.us)

RESOURCES

- Buprenorphine Quick Start Pocket Guide (PDF | 211 KB)
- SAMHSA's Quick Start Guide (PDF | 1.4 MB)

Provide advice on initiating treatment with buprenorphine among those individuals who screen positive for opioid use disorder.

- TIP 63: Medication for Opioid Use Disorder
- Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings (PDF | 25.2 MB)

For more comprehensive information, please refer to these sources.

- American Society of Addiction Medicine - The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder – 2020 Focused Update

Practice Guidelines

BUPRENORPHINE

1

Assess the need for treatment

For persons diagnosed with an opioid use disorder, first determine the severity of patient's substance use disorder. Then identify any underlying or co-occurring diseases or conditions, the effect of opioid use on the patient's physical and psychological functioning, and the outcomes of past treatment episodes.

Your assessment should include:

- A patient history
- Ensure that the assessment includes a medical and psychiatric history, a substance use history, and an evaluation of family and psychosocial supports.
- Access the patient's prescription drug use history through the state's Prescription Drug Monitoring Program (PDMP), where available, to detect unreported use of other medications, such as sedative-hypnotics or alcohol, that may interact adversely with the treatment medications.
- A physical examination that focuses on physical findings related to addiction and its complications.
- Laboratory testing to assess recent opioid use and to screen for use of other drugs. Useful tests include a urine drug screen or other toxicology screen, urine test for alcohol (ethyl glucuronide), liver enzymes, serum bilirubin, serum creatinine, as well as tests for hepatitis B and C and HIV. Treatment should not be delayed awaiting lab results.

2

Educate the patient about how the medication works and the associated risks and benefits; obtain informed consent; and educate on overdose prevention.

There is potential for relapse & overdose on discontinuation of the medication. Patients should be educated about the effects of using opioids and other drugs while taking the prescribed medication and the potential for overdose if opioid use is resumed after tolerance is lost.

3

Evaluate the need for medically managed withdrawal from opioids

Those starting Buprenorphine must be in a state of withdrawal.

4

Address co-occurring disorders

Have an integrated treatment approach to meet the substance use, medical and mental health, and social needs of a patient.

5

Integrate pharmacologic and nonpharmacologic therapies

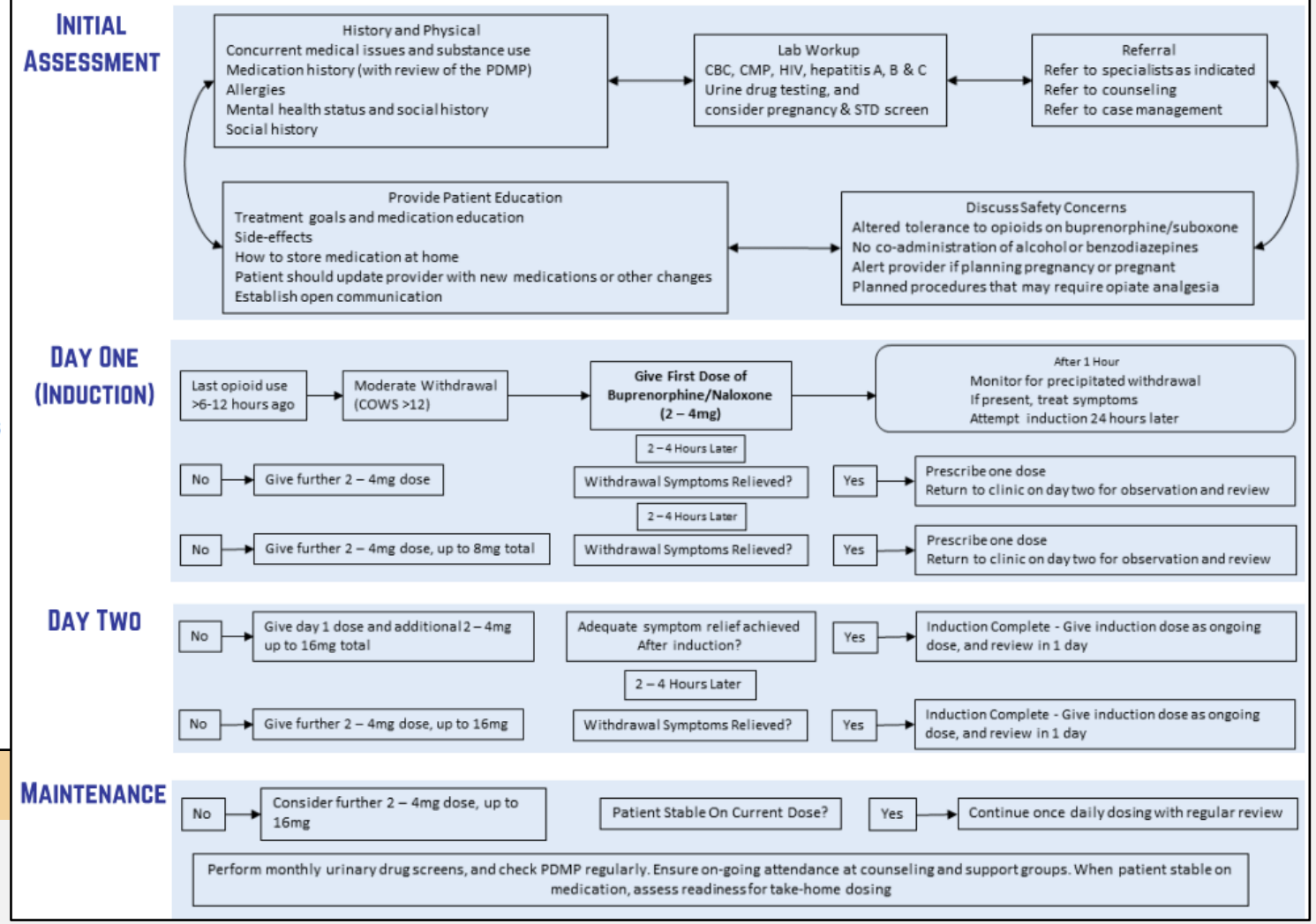
All medications for the treatment of the opioid use disorder should be prescribed as part of a comprehensive individualized treatment plan that may include counseling and other psychosocial therapies, as well as social support through participation in mutual-help programs. Treatment should not be withheld in the absence of psychosocial counseling.

6

Refer patients for higher levels of care, if necessary

Buprenorphine Quick Start Pocket Guide (PDF | 211 KB)

Buprenorphine Quick Start Guide for In Office Induction



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