

GUIDE FOR SUBOXONE VISIT IN PRIMARY CARE

1. Start like any other new patient:

- a. Patient completes the standard new patient packet for your office.
- b. Schedule the appointment (ideally within 2 - 4 weeks)
- c. Check the state's PDMP (prescription drug monitoring program)
 - i. Verify prescribed CDS medications
 - ii. Easy way to verify Suboxone history for patients transferring to your office as a new suboxone patient.

2. First Visit: 30 minutes with the Provider, who will:

- a. Review health history and do focused physical
- b. Review patient's completed intake questionnaire
- c. Complete Suboxone Agreement
- d. Instruct medical assistant to send urine drug toxicity test to lab

3. Make a decision: Based on self-report about recent substance use, decide how much to prescribe:

- a. Recent Fentanyl, heroin, methadone or benzodiazepine use?
 - i. Prescribe 2-3 days supply of Suboxone.
 - ii. See patient twice per week until urine drug toxicity testing is negative for Fentanyl, methadone, heroin and benzodiazepines.
- b. Recent opiate or cocaine use? (No fentanyl, heroin, methadone or benzo's)
 - i. Prescribe 3 to 7 days supply of Suboxone at your discretion.
 - ii. See patient weekly for 8 weeks minimum
- c. Last opiate use more than 3 days ago, or buying Suboxone on the street?
 - i. Prescribe 7 day supply of Suboxone

4. Start with weekly visits x 8 weeks

- a. Utox testing every 1 to 2 weeks
- b. Patient compliant with Suboxone agreement

5. Advance visits to every 2 weeks after 8 weeks of compliance

- a. Did a patient transfer from another practice because they prefer to see you, their PCP for their Suboxone? If so, you may want to skip weekly visits and go directly to visits every 2 weeks.
- b. Is the patient employed full-time and the initial Utox testing was negative for illicit substances? If so, you may want to go directly to visits every 2 weeks.

6. Advance to monthly visits after an additional 8 weeks of compliance

- a. Utox testing at least once per month
- b. No Red flags