

## BUPRENORPHINE/NALOXONE MAINTENANCE TREATMENT

### **PHYSICIAN/OFFICE INFORMATION**

#### Management at follow-up appointments

##### FREQUENCY OF FOLLOW UP APPOINTMENTS

Follow-up appointments should occur at least monthly. More frequent follow-up appointments may be necessary early in treatment, or if the patient is experiencing difficulty in treatment.

##### ACTIVITIES AT FOLLOW UP APPOINTMENTS

The activities at follow-up appointments are focused on evaluating the adequacy of treatment and danger for relapse. They should include:

- urine testing for drugs of abuse and alcohol
- prescription of buprenorphine medication
- an interim history of any new medical (including psychiatric) problems or social stressors
- self-report of drug and alcohol use
- pill counts, including reserve tablets (this should not be at each visit, but should be used as a check of adherence; e.g.: once every few months)

##### DANGEROUS BEHAVIOR, RELAPSE AND RELAPSE PREVENTION

The following behavior “red flags” should be addressed with the patient as soon as they are noticed:

- missing appointments
- running out of medication too soon
- taking medication off schedule
- not responding to phone calls
- refusing urine or breath testing
- neglecting to mention new medication or outside treatment (including ED visits)
- appearing intoxicated or disorganized in person or on the phone
- frequent or urgent inappropriate phone calls
- neglecting to mention change in address, job or home situation
- inappropriate outbursts of anger
- lost or stolen medication
- frequent physical injuries or auto accidents
- non-payment of visit bills
- changes in patient’s usual pattern of behavior

These changes should be brought to the patient’s attention, and he or she should be supported in a making appropriate response to them. Additional or higher level of care (for example: referral to methadone maintenance) or monitoring may be indicated.