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 making appropriate response to them. Additional or higher level of care (for example: referral to methadone maintenance) or monitoring may be indicated.