

Basic Guidelines for Providers New to Buprenorphine Prescribing

Initial Visit

Before Starting Buprenorphine:

- Check if insurance requires prior authorization
- Urine drug screen
- Check PMP

General Tips

- Be compassionate
- Discuss confidentiality, including limits of confidentiality. (Referrals to Child Protective Services, need to notify emergency services if homicidal or suicidal, insurance, court order)
- Give patient permission to not answer any question they feel uncomfortable with
- Start with the more basic medical history. Next ask drug history. Save the questions about consequences of drug use for the end, once you have developed some rapport.
- If you do not have adequate time to take the complete history below, it is reasonable to establish that the patient:
 - has an opioid use disorder,
 - wants to quit using illicit opioids (or other prescription opioids),
 - wants to begin treatment with buprenorphine,
 - and has a safe place to store the medication
 - and have the patient return for a more thorough history.

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History

- Drug use history:
 - Age of first use, current use, how using (injecting, snorting, smoking, chewing, swallowing, etc.), how much using, how often, use of other drugs and alcohol
- Reason for wanting to quit now
- Rehab history:
 - Current counseling and meetings
 - History of counseling and meetings
 - Longest period drug-free – how did they do it?
 - Have they tried buprenorphine? Off the street or prescribed? How about methadone? How did methadone or buprenorphine work for the patient?
- Medical history, including chronic illnesses, psychiatric illnesses, surgeries, medications, allergies, vaccines.
 - Always ask about HIV and HCV.
- Contraception/pregnancy
- Living situation/partner/sources of support
 - Check if partner/people they live with use drugs and if they are supportive of patient quitting. If appropriate, consider offering therapy to those they live with. It is really hard to quit when people are using around you.
- Employment history
- Naloxone at home/history of overdose
- Children
 - Living with patient or not
 - THIS CAN BE A VERY EMOTIONAL TOPIC FOR MANY PATIENTS IF THEY HAVE LOST CUSTODY. ALWAYS BE KIND AND NEVER SCOLD.
 - Consequences of drug use: medical, social, work
 - It can be helpful to establish that they meet DSM-V criteria for opioid use disorder. (See first section)