

Medications for Opioid Use Disorder

For Healthcare and Addiction Professionals, Policymakers, Patients, and Families

UPDATED 2020

TREATMENT IMPROVEMENT PROTOCOL

TIP 63



SAMHSA

Substance Abuse and Mental Health
Services Administration



Provider Informational, Educational, and Decision-Making Tools

Key Elements of an OBOT Clinic Diversion Control Plan¹⁹

New Patients

Check the state's PDMP before admission to determine whether patients are receiving opioids or benzodiazepine prescriptions from other providers.

Ask patients to sign a release of information to speak with the other prescribers. Patients who are unwilling to sign a release of information are poor candidates for outpatient treatment.

Review the clinic diversion control policy with new patients. This should include counseling patients to:

- Keep buprenorphine locked up and out of children's reach.
- Never share medication with anyone.
- Never sell medication to anyone.
- Acknowledge giving or selling medication to others as illegal.
- Take medication only as prescribed.
- Review, understand, and agree to the practice's buprenorphine treatment agreement before they start.

Prescribe buprenorphine/naloxone when possible, rather than monoproprietary. Exceptions would include prescribing the monoproprietary for pregnant women with OUD.

Prescribe an adequate but not excessive dose. Most patients respond to doses at or below 24 mg per day. Carefully evaluate requests for higher doses and confirm, document, and assess medication adherence continuously.

Ongoing Patients

Periodically check the state's PDMP.

Conduct random urine tests that include a wide spectrum of opioids—including morphine, oxycodone, and buprenorphine—and periodically include buprenorphine metabolites. This will help monitor response to treatment and determine whether patients are taking at least some of their prescribed buprenorphine.

Use **unobserved** specimen collection to preserve patient privacy and dignity:

- Do not let patients bring backpacks, jackets, or other items into the bathroom.
- Do not let others enter bathrooms with patients.
- Temperature test the urine sample.

Use **observed** specimen collection (obtained by a staff member of the same gender) or oral fluid testing if there is reason to suspect tampering or falsification.

Contact patients at random; ask them to bring in their medication within a reasonable period (24 to 48 hours) to count the tablets/films to ensure that all medication is accounted for.

Provide a limited number of days of medication per prescription without refills (e.g., several days or 1 week per prescription) until the patient has demonstrated stability and lowered diversion risk.