

APPROPRIATE USE CHECKLIST:

BUPRENORPHINE-CONTAINING TRANSMUCOSAL PRODUCTS FOR OPIOID DEPENDENCE

This checklist is a useful reminder of the safe use conditions and monitoring requirements for prescribing buprenorphinecontaining transmucosal products for opioid dependence.

Requirements to address during each patient's appointment include:

- understanding and reinforcement of safe use conditions
- the importance of psychosocial counseling
- screening and monitoring patients to determine progress towards treatment goals

If a patient continues to abuse various drugs or is unresponsive to treatment, including psychosocial intervention, it is important that you assess the need to refer the patient to a specialist and/or a more intensive behavioral treatment environment.

Additional resource: Providers Clinical Support System for Medication Assisted Treatment: (<u>https://pcssnow.org</u>)

Use this checklist or other means (e.g. electronic health record) during the induction period to document that the safe use conditions listed have been completed. After the induction period, use the maintenance checklist on the next page.

| INDUCTION CHECKLIST | | |
|--|---|-------|
| ASSESSMENT TO ENSURE APPROPRIATE USE | | NOTES |
| Date: | | |
| CHECK | INDUCTION | |
| Appropriate Diagnostic Criteria | Verified patient meets appropriate diagnostic criteria for opioid dependence | |
| Prescription Drug Monitoring | Checked patient's prescription profile in the Prescription Drug Monitoring Program (PDMP), as appropriate | |
| Opioids/CNS Depressants | Reviewed all medications (e.g., benzodiazepines, other opioids, CNS depressants) and illicit substances to assess for appropriateness of co-prescribing | |
| Risks and Side Effects | Discussed the risks and side effects described in professional labeling and Medication Guide with patient including potential for abuse and misuse potential for fatal additive effects with benzodiazepines and other CNS depressants, including alcohol | |
| □ Conditions of Safe Storage | Explained or reviewed conditions of safe storage of medication • Reinforced importance of secure storage and keeping the medication out of the sight and reach of all others, especially children | |
| Co-prescription of Naloxone if Appropriate | Strongly considered prescribing naloxone because patients being treated for opioid use disorder have the potential for relapse, putting them at risk for opioid overdose | |
| Naloxone for Opioid Overdose | Discussed with patient and caregiver the importance of having access to naloxone if there are household members (including children), or other close contacts at risk for accidental ingestion or opioid overdose. | |
| Induction Doses | Provided induction doses under appropriate medical supervision | |
| Limited Amount of Medication | Prescribed limited amount of medication at first visit • enough to last until next visit | |
| Professional Counseling | Assessed participation in professional counseling and support services | |
| □ Scheduled Next Visit | Scheduled next visit at interval commensurate with patient stability Weekly, or more frequent, visits are recommended for the first month | |



Use this checklist or other means (e.g. electronic health record) to document that the safe use conditions listed have been completed for visits following the induction period.

| MAINTENANCE CHECKLIST | | |
|--|---|-------|
| ASSESSMENT TO ENSURE APPROPRIATE USE | | NOTES |
| Date: | | |
| СНЕСК | MAINTENANCE | |
| Co-prescription of Naloxone if Appropriate | Strongly considered prescribing naloxone because patients being treated for opioid use disorder have the potential for relapse, putting them at risk for opioid overdose | |
| Naloxone for Opioid Overdose | Discussed with patient and caregiver the importance of having access to naloxone if there are household members (including children), or other close contacts at risk for accidental ingestion or opioid overdose. | |
| Take Medication As Prescribed | Assessed and encouraged patient to take medication as prescribed | |
| Pill/Film Count/Dose Reconciliation | Consider pill/film count/dose reconciliation | |
| □ Appropriateness of Dosage | Assessed appropriateness of dosage Buprenorphine combined with naloxone is recommended for maintenance: Buprenorphine/Naloxone SL tablet and film (Suboxone[®] and its generic equivalents): doses ranging from 12 mg to 16 mg of buprenorphine are recommended for maintenance Buprenorphine and naloxone sublingual film (Cassipa[®]): a target dose of 16 mg of buprenorphine is recommended for maintenance Buprenorphine/Naloxone SL tablet (Zubsolv[®]): a target dose of 11.4 mg buprenorphine is recommended for maintenance Buprenorphine/Naloxone Buccal Film (Bunavail[®]): a target dose of 8.4 mg of buprenorphine is recommended for maintenance Doses higher than this should be an exception The need for higher doses should be carefully evaluated | |
| Urine Drug Screens | Conducted urine drug screens as appropriate to monitor compliance with prescribed buprenorphine treatment plan or ascertain use of illicit substances | |
| Prescription Drug Monitoring Program | Checked patient's prescription profile in the Prescription Drug Monitoring Program (PDMP), as appropriate | |
| Professional Counseling | Assessed participation in professional counseling and support services | |
| 🗆 Benefits vs. Risks | Assessed whether benefits of treatment with buprenorphine- containing products outweigh risks associated with buprenorphine-containing products | |
| Progress Toward Treatment Goals | Assessed whether patient is making adequate progress toward treatment goals Considered results of urine drug screens as part of the evidence of the patient complying with the treatment program Considered referral to more intensive forms of treatment for patients not making progress | |
| Scheduled Next Visit | Scheduled next visit at interval commensurate with patient stability Weekly, or more frequent, visits are recommended for the first month | |