



## Santa Cruz County Health Services Agency Medical Clinics

# Medication-Assisted Treatment Program Procedures and Workflows

The goal of a Medication-Assisted Treatment (MAT) program is to provide team-based care for people with substance use disorders (SUDs) through structured, integrated health care services in a primary care setting.

It is the policy of the County of Santa Cruz Health Services Agency (HSA) to provide access to medications that have been shown to demonstrate improved safety in the prevention or reduction of withdrawal symptoms and cravings for opioids and/or alcohol in a high-quality MAT services program.

The MAT program offered through HSA clinics subscribes to a harm-reduction model, which is supportive, compassionate, and “meets patients where they are” in their process of substance use disorder treatment. We employ non-judgmental terminology, such as *substance use disorder* instead of *addiction*, and treat all MAT patients with respect and dignity.

Referrals to a higher level of care than the MAT program [ie, methadone clinic, intensive out-patient (IOP) program, residential, sober-living environment program, or brief in-patient stay for withdrawal management] will be made if the MAT team determines that the patient requires more supportive services than those offered at this clinic.

### Appendices include:

- A. Buprenorphine/naloxone treatment agreement
- B. XR-NTX (Vivitrol) treatment agreement
- B.1. XR-NTX (Vivitrol) workflow
- C. Buprenorphine (Suboxone) patient information
- D. XR-NTX (Vivitrol) patient information
- E. Intake note
- F. Nurse visit note
- G. Provider initial visit note
- H. Suboxone induction instructions and “kick pack” medication list
- I. OBOT flowsheet
- J. COWS and SOWS
- K. SUDCM 1x1 and group notes
- L. Shared medical appointment symptom check-in form
- M. Healgen POC UDS results page
- N. Alcohol breathalyzer result
- O. Narcan dispensing standing order
- P. Rapid taper for patient discharged from MAT program
- Q. Clinic appointment policies handout

## **I. MAT OVERVIEW: PROGRAM STAFFING AND PATIENT ELIGIBILITY REQUIREMENTS**

Substance use disorders (SUDs) are a group of chronic medical conditions defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* of the American Psychological Association that require long-term treatment and support. The US Food and Drug Administration (FDA) has approved three medications for the treatment of opioid use disorder: (1) oral methadone (full opioid agonist); (2) oral transmucosal, injectable, and sub-dermal implant buprenorphine (nonselective partial opioid agonist), and (3) oral formulation and long-acting injectable naltrexone (opioid antagonist). The most effective treatment for opioid use disorder involves medication maintenance for an adequate duration of time. The effectiveness of opioid agonist maintenance for treatment of opioid use disorder has been extensively documented through randomized clinical trials, quasi-experimental designs and program evaluations. [Source: Substance Abuse and Mental Health Services Administration. Medications for Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, Full Document. HHS Publication No. (SMA) 18-5063 FULLDOC. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018; American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (DSM-5®)*. American Psychiatric Pub; 2013; from the Boston Medical Center OBAT Clinical Guidelines.]

People with SUD become aware of and are evaluated for entry into the County's MAT program through several different avenues, including but not limited to:

- Internal referral from an HSA clinic primary care or behavioral health provider
- Referral from a provider outside the clinic
- Referral from the county's syringe services program (SSP), jail, or local hospital
- Self-referral at a MAT group or by telephone
- Community health outreach by HSA staff

### **A. Staffing**

- Providers (MDs, NPs, and PAs) must be waived to prescribe buprenorphine for substance use disorder (SUD; see Appendices A and C). All licensed providers, with or without the X waiver, may prescribe Vivitrol (naltrexone) for alcohol use disorder (AUD; see Appendices B and D).
- Nurses
- Mental Health Client Specialists with Substance Use Disorder Certification (SUDCM) license or equivalent
- Medical Assistants (MAs)

### **B. Patient Eligibility**

The following are requirements for eligibility in the MAT program:

- The patient must have a diagnosis of opioid or alcohol use disorder.
- The patient must agree with the goals of MAT program and express willingness to adhere to program requirements.
- The patient must be capable of engaging in appropriate treatment to address any medical or psychiatric conditions; and willing to accept a referral to our IBH service or outside mental health treatment.

- The patient must participate in an intake appointment with a MAT SUDCM and attend at least one MAT group/one on one before being scheduled for an appointment with a MAT provider.
- The patient must complete blood tests and a urine drug screen (UDS) for the first provider appointment.
- The patient must be able to be treated safely in an office-based setting without high risk of harm to self or others.

## II. STAFF ROLES (\*indicates can be performed by Nurse or SUDCM)

### A. Nurse

1. Takes referrals from providers, outside agencies, and directly from patients. \*
2. Assists patient in completion of ROIs. \*
3. Completes intake (Appendix E) and clinical assessments (VSs, ROS, etc; see Appendix F).
4. Performs medication reconciliation and accesses/prints CURES report, for review with the MAT provider.
5. Orders buprenorphine initial lab panel (see section IV, below).
6. Provides instructions and specimen cups for point-of-care urine drug screens (POC UDSs; Healgen-13). In Epic, orders, reads and records results of UDSs, per standing order (can be performed by MAs and CADCs; see Appendices M and N).
7. In Epic, orders, performs, and results breathalyzer tests, per standing order (same as above). \*
8. Monitors drug and alcohol screening results and reports to MAT team. \*
9. During weekly case meetings, presents MAT patients who require additional treatment considerations. \*
10. Provides education to patients about program guidelines/expectations and treatment goals. \*
11. Provides education to patients about MAT medications and opiate withdrawal signs and symptoms (see Appendix J).
12. Reviews treatment agreement (Appendix B) with patient and clarifies information; gathers signature. \*
13. Coordinates warm handoffs to IBH provider and/or schedules IBH intake appointments within 30 days, as needed and possible. \*
14. Makes appointment with MAT provider for medical and lab clearance. \*
15. Makes appointments with SUDCM for resource case management and additional support for relapse prevention.
16. Provides pharmacy with prescriptions for Narcan nasal spray kits (see Appendix O).
17. Checks insurance coverage, preferred medication formulary, and need for prior authorization before induction.
18. Supports all aspects of home induction, providing home induction instructions (see Appendices H and J).
19. Follows patient for first 7 days of induction and group attendance (see section VI, below).
20. Follows patients for medication management in consultation with the MAT provider.
21. Verifies medication through pill/film counting as needed. \*
22. Helps manage all buprenorphine/naloxone refill requests and orders.
23. Helps manage the patient registry.
24. Schedules patients for MAT provider and PCP appointments. \*
25. Updates the MAT FYI note (tier promotion on recommendation of the Treatment team). \*
26. Facilitates weekly case meetings with MAT staff, reviewing tier assignments, etc.\*

27. Meets with nurse leaders in key healthcare positions in the county (eg, Director of Nursing at Dominican Hospital Emergency Department) to create and enhance channels of communication with the MAT team.
28. Attends periodic meetings with the MAT hub nurses and case managers. \*
29. Helps coordinate referrals to the hub (Janus). \*

## **B. SUDCM (Substance Use Disorder Case Manager)**

**In addition to above duties that can be performed by nurse or SUDCM, indicated by an asterisk, the SUDCM:**

1. Performs outreach to potential patients in the field.
2. Helps identify insurance status, clinic assignment, and assists with establishing benefits and medical home.
3. Provides resources and coordinates referrals to community agencies, and tracks patient follow-through.
4. Provides curriculum for MAT group meetings, engaging other clinic professionals as needed.
5. Facilitates MAT group meetings in various locations.
6. Provides individual counseling appointments with patients needing case management and additional support for relapse prevention (see Appendix K).

## **C. Provider**

1. Confirms DSM-5 diagnosis of Opioid Use Disorder or Alcohol Use Disorder and assesses appropriateness for medication-assisted treatment for addiction with either.
2. Reviews initial laboratory test results and determines appropriate follow up (see section VI below).
3. Provides medical and lab clearance and and completes OBOT flowsheet (Appendix I) during initial or follow-up provider appointment (see Appendix G).
4. Meets with patients at shared medical appointments for prescription refills or adjustments.
5. Meets with patients for individual appointments as needed.
6. Attends weekly case conference to discuss newly assessed patients, referrals for higher levels of care, and changes in MAT tiers.
7. Signs off on medication prescriptions pending by RNCC.
8. Updates MAT tiers in Epic FYI note.

## **D. MA**

1. Rooms patients for initial and follow-up MAT provider appointments and previously scheduled SMAs.
2. Provides instructions and specimen cups for point-of-care urine drug screens (POC UDSs; Healgen-13). In Epic, orders, reads and records results of UDSs, per standing order.
3. In Epic, orders, performs, and results breathalyzer tests, per standing order.
4. Pends buprenorphine prescriptions for patients at SMAs.
5. Assists with pharmacy issues as needed.
6. Supports MAT and registration staff with logistics for MAT groups and SMAs.
7. Assists MAT team clinicians during patient visits and with scheduling of individual patient and shared medical appointments.
8. Completes referrals to outside medical providers as necessary.

### III. INTAKE APPOINTMENTS AND WEEKLY CASE CONFERENCES

#### A. Intake Appointments

Providers, Nurses, and SUDCMs will all utilize Epic for scheduling of MAT patient appointments to enhance care coordination. The MAT SUDCMs will manage the patient registry and waiting list for the program.

At the first appointments with the SUDCM and Nurse, the following will take place:

1. A MAT Welcome Packet will be given to the patient, including the following forms, which are to be filled out at this appointment and signed by the patient:
  - a. Consent to treatment (Appendix A.1)
  - b. Medication treatment agreement (Appendix A.2)
  - c. Release-of-information (ROI) form(s)
2. The patient's health insurance coverage will be ascertained. If the patient has no insurance, the SUDCM or Nurse will refer her/him to the campus benefits office to apply for MediCal and will ask the patient to return to the clinic afterwards. Sliding scale fees for uninsured patients will be offered as needed.
3. If the patient has a PCP at a location other than the county clinics, the SUDCM will refer the patient back to the PCP for treatment or will request that the patient obtain a referral to the MAT program prior to the initial appointment. If the patient prefers, MAT staff will help facilitate changing the PCP to a county provider. (See section I. B. Patient Eligibility.)
4. The MAT intake panel of blood tests will be completed at the lab by the patient (including HIV, hepatitis panel, CMP, CBC; see section VI below), as well as a urine 10-50 drug screen. For women, a urine pregnancy test will be added. These tests will be ordered and signed off by the Nurse and documented in Epic. All tests must be completed before the first MAT provider appointment.
5. The Nurse will provide information and education about buprenorphine and other treatment options, such as Vivitrol and methadone. The patient will be given the handout entitled "The Facts About Buprenorphine and Dangers of Mixing Buprenorphine with Benzodiazepines, Alcohol, and Other Depressants," which will be reviewed for patient understanding. This information exchange will be noted in the patient's chart.
6. The SUDCM or Nurse will provide naloxone injection kits or a prescription for Narcan nasal spray at the initial appointment; at this visit the patient will be trained in the use of Narcan in the case of an overdose. Narcan will be added to the patient's medication list.
7. The Nurse will complete initial health assessments if possible before a provider visit.
8. XR- NTX (Extended Release – Naltrexone, Vivitrol)
  - a. All patients to see SUDCM before starting for Intake.
  - b. XR-NTX consent form should be signed annually and documented in the FYI notes.
  - c. First 6 months automatic POC UDS every visit for patients and send out if needed.
  - d. If patients are stable on XR-NTX (Vivitrol) only need to perform blood draw for CMP every 3 months unless there is clinical indication of acute liver disease (jaundice, etc). Stable patient defined: no visits to ER, not incarcerated, living in a safe space, working on recovery, not positive for other substances.
  - e. Before starting or restarting Vivitrol, or less 30 days since last injection, patient has to have a POC UDS before given the next dose of Vivitrol. UDS should also be sent out for confirmation for clinical purposes.
  - f. If patient is lost to follow up between day 26-35 and patient comes back patient can still receive XR-NTX. POC UDS must be completed before injection. If it has

- g. All XR-NTX patients offered IBH services.

9. XR- BUP (Extended Release – Sublocade)

## **B. Weekly Case Conferences**

1. Weekly 1-hour meetings between the MAT providers, Nurses, and SUDCMs will be utilized to discuss the enrollment and plan of care for newly assessed patients; treatment goals for enrolled patients; and recommendations for a higher level of care for enrolled patients.

### **Fast Track:**

#### **1. Coming from another clinic:**

Any patient that comes from another clinic can be fast tracked to appropriate tier after the following criteria has been met:

- a. Patient signs a release of Information to exchange confidential information and confirms patient progress in treatment with sending clinic or provider.
- b. Patient will be placed on Tier 2 and be monitored for 3 weeks and if consistent with ROI confirmation, then patient will be placed in appropriate tier of treatment at the 3<sup>rd</sup> week case conference sanctioned by MAT team. Will not be placed higher than Tier 4.

#### **2. Promote Through Tiers faster:**

- a. Must be brought to weekly case conference.
- b. Case will be reviewed to see if promoting is in the best interest of the patient treatment.
- c. Decision will be decided on as a team.

## **IV. INDIVIDUAL FOLLOW-UP AND SHARED MEDICAL APPOINTMENTS**

### **A. Individual Follow-up Appointments in Clinic**

1. For follow-up appointments with a MAT provider, the MAT MA will room the patient following the written procedure for the clinic.
2. The Nurse will schedule follow-up appointments with patients who have need for nursing care or support, or buprenorphine refills, based on information gathered by telephone or at a shared medical appointment (SMA; see section B below) as often as s/he and/or the MAT team deem necessary. The Nurse will perform a nursing assessment at each appointment, including vital signs, breathalyzer test, POC UDS, and other nursing assessments per specific RN standing orders (e.g., wound care, Strep throat) for the general medical clinic. If time does not permit, the Nurse may schedule patients for same- or next-day appointments with another clinic nurse, who can assess and treat per specific standing orders, or for a stand-by appointment with a clinic medical provider.
3. For follow-up appointments with the MAT Nurse and SUDCM, MA support will be requested on a case-by-case basis.
4. At follow-up appointments with the Nurse and SUDCM, POC UDSs may be requested if there is suspicion of use of non-prescribed medications or substances. The RNCC may order and result these tests.

5. At follow-up appointments, the Nurse may request changes to the buprenorphine dosage, schedule, and sig, based on the current patient assessment and/or at the request of the patient, by pending the prescription with documentation sent to the provider.
6. The Nurse may send refill requests to the pharmacy for Narcan, as needed, per standing order.

## **B. Shared Medical Appointments**

Shared medical appointments (SMAs) will be used as a model for efficient and safe care for patients stabilized on buprenorphine and able to follow the guidelines recommended for their assigned tier (see section V below for tier descriptions). During SMAs, group members will report on their symptoms, cravings, and drug-use status, as well as participate in educational sessions. Some patients will have been pre-scheduled to see the MAT provider for an assessment and refill prescription.

1. The MAT team will determine which patients need to provide a urine specimen for lab tests other than a point-of-care drug screen (POC UDS (this clinic currently uses the Healgen-13 test, which does not test for ETOH), such as confirmatory drug tests. Per clinic standing orders, the MA may order, sign for, and result the POC UDS in Epic.
2. The MAT team will specify which patients need a breathalyzer test. Per clinic standing orders, the RNCC or MA may order, sign for, and result the breathalyzer test. If the breathalyzer test is positive, or the patient is otherwise suspected of alcohol use, the provider or RNCC may order a confirmatory UDS through the clinic lab. In this case, the MA will bring the urine sample in the same cup, labeled, to the lab once the patient is roomed.
3. Prior to each SMA, the MA will ask the patient to fill out the “Shared Medical Appointment Check-In” sheet. The MAT MA will collect it from the patient and record this information in the patient’s chart, completing the SmartPhrase with the same name. (See Appendix L.)
4. The MA will also complete the Chief Complaint area of the Rooming tab in Epic, using the drop-down selection “Medication Assisted Treatment (MAT).” In the comment section to the right, the MA will type in the current tier number, found in the “FYI” area of the chart.
5. The MA will confirm or update the pharmacy.
6. The MA, with the support of registration staff, will direct patients who are late for SMAs to the group room. Late patients will be processed (VSSs, POCTs) at the end of group.

## **V. MAT TIERS AND SHARED MEDICAL APPOINTMENTS**

MAT tiers will be assigned and changed as needed by the consensus of the MAT team. The patient’s MAT tier will be documented in Epic by assigning an “FYI” flag, which can be seen across the header bar on any page of the patient’s chart. Only one MAT flag should be active at a time; however, outdated flags should be deactivated and not deleted, as the flags provide important historical information, a method of communication between MAT team members, and help gather accurate data.

### **A. MAT tiers**

**Tier Medication Assisted Treatment (MAT):** Inactive

**Tier 1: 2-week induction phase.** During this phase, patients will meet with the Nurse and be provided with information and education about home induction, and will receive a 7-day prescription of buprenorphine. The Nurse will contact patients within 24 hours of induction and will continue to check in on patient for the first few days to discuss any side effects, cravings, and medication dose

adjustments. The goal of tier 1 is to stabilize the patient on the medication and dosage. During tier 1, patients will continue to attend weekly MAT meetings, 1x1's and/or SMAs. Once patient is on medication patient can be moved up to Tier 2 even if that is a day or two. Time spent in Induction phase counts towards Tier 2 twelve weeks.

- **Goals:**
  - Discontinuation of non-prescribed or long-term maintenance opioids and transition onto buprenorphine
  - Find minimum effective dosage of buprenorphine
- **Buprenorphine regimen:**
  - Begin with lowest tolerated dose to reduce opiate withdrawal symptoms
- **Treatment guidelines:**
  - Buprenorphine should be initiated 12 to 24 hours after last short-acting opioid use and 24 to 72 hours after last long-acting opioid use (eg, methadone)
  - Begin with lowest tolerated dose to reduce opiate withdrawal symptoms
  - Pregnant women should use the buprenorphine-only formulation
  - Weekly support groups
  - 7-day Rx

**Tier 2: 12-week early treatment phase.** In this tier patients require **weekly** MAT team monitoring, 7-day prescriptions, weekly meeting attendance, and weekly ETOH breathalyzer and UDS. After twelve weeks of group and consistently negative UDSs (free of non-prescribed opioids and other unexpected substances), clients may be promoted to tier 3.

- **Goal:** Find minimum effective dosage of buprenorphine
- **Buprenorphine regimen:**
  - Increase or decrease approximately 4 mg/week until achieving lowest-tolerated dose to reduce opiate withdrawal symptoms and to increase comfort
  - Further daily increases to a maintenance dose of 12-16 mg/day, with a recommended maximum dose of 24 mg/day.
- **Treatment guidelines:**
  - Weekly support groups
  - Dosage adjustments may be necessary in the early stabilization phase
  - 7-day Rx

**Tier 3: 12-week treatment stabilization phase.** In this phase 14-day prescriptions and group attendance is **minimally every other week**. After six bi-weekly groups over 12 weeks and urine drug screens consistently free of opiates and other unexpected substances, patient may be promoted to tier 4.

- **Goals:**
  - Resolution of self-reported craving
  - Minor decreases in dosing without causing increased cravings or side effects
- **Buprenorphine regimen:** If consistent with client goals, consider minor adjustments titrating down without causing increased cravings or side effects
- **Treatment guidelines:**
  - Biweekly support groups
  - 14-day Rx



**Tier 4: 6- to 12-month maintenance phase.** Tier 4 patients are eligible for 30-day prescriptions and monthly group meetings or SMAs for continued MAT prescriptions. These patients are also eligible to participate in peer-support roles with other MAT patients.

- **Goals:** Specific goals should be agreed upon by both the patient and the MAT team
- **Buprenorphine regimen:** Maintenance doses of 12 to 16 mg/day have been shown to be most effective
- **Treatment guidelines:**
  - Monthly support group
  - May need lifelong treatment
  - Risks of relapse and overdose increase when maintenance therapy is discontinued
  - 30-day Rx

**Tier 5: ongoing maintenance phase.** Following 12 months of stabilization, tier 5 patients continue maintenance and are eligible to participate in peer-support roles with other MAT patients. Attendance at groups and individual counseling are no longer required but are available as needed. MAT office visits or SMAs may be monthly with UDSs collected randomly at the discretion of the MAT team.

- **Goals:**
  - Ongoing maintenance
  - Eligible for peer support role
- **Buprenorphine regimen:**
  - Maintenance doses of 12-16 mg/day have been shown to be most effective
  - If consistent with patient goals, consider reducing dose as tolerated to maintain abstinence and minimize discomfort and relapse
- **Treatment guidelines:**
  - Monthly office visit or SMA attendance
  - Support groups and individual/case management as needed
  - Reduction of dose may be supported if it is within client's goals
  - May need lifelong treatment
  - Risks of relapse and overdose increase when maintenance therapy is discontinued
  - 30-day Rx

**Tier X:** Patient has been referred out to Janus Hub or is at Janus Methadone clinic. Will be stated in FYI if patient was referred out or is at Janus Methadone and receiving Primary Care at County.

**Tier Y:** Receiving MAT at another spoke for example Encompass or other MAT provider.

**Tier MAT Chronic Pain:** Patients identified as chronic pain patient.

Relapses are not unexpected in the process of becoming sober. A patient whose weekly or monthly UDS is not free of non-prescribed opioids and other unexpected substances, or at the discretion of the MAT team, will be required to return to tier 2. Clients with challenges in being promoted from tier 2 may be referred to a higher level of care in an intensive outpatient program (IOP), an in-patient rehabilitation at the MAT hub (Janus) for additional support services, or for daily methadone.

**Lost to Follow up:**

1. MAT patient will be placed on Tier MAT if after 6 weeks of no shows to show inactive.
2. Letter will be sent out or my chart message to patient.
3. Patient will complete a new intake after the 6 weeks.

## B. MAT Groups and Shared Medical Appointments

Psychoeducational sobriety and wellness topics presented at MAT groups and integrated into SMAs will be facilitated by MAT SUDCMs. Sometimes Mental Health Client Specialists (MHCSs), public health nurses (PHNs), or other clinic nurses (CNs) will facilitate groups. (Shared medical appointments may in the future expand to include IBH providers and the entire MAT clinical team.)

Groups meetings/SMAs will be 90 minutes long with the psycho educational group lasting only 60 minutes and are considered an essential part of treatment (see Appendix K). Groups/SMAs will be held at several Santa Cruz county clinic locations and patients may attend groups at any of the locations. Non-participation in groups or a SMAs may result in a change in the patient's group attendance requirements, frequency of refill appointments (see description of treatment tiers, above), or possibly a referral to a higher level of care.

### Notes:

- Patients who are employed and can't attend any group meetings will need to provide verification that they are participating in outside support groups and schedule individual meetings with the MAT SUDCM and/or Nurse. The frequency of individual meetings is to be determined by the MAT treatment team.
- Patients at a residential treatment facility: When patients enter residential programs, they will come to prescriber appointments on Tier one. Once patient is placed on Tier two, which means they are stable on medication and have been informed of their initial lab results they will be given a 2 week Rx with a refill. Patient's case managers will check in with patients while in residential. Patients will resume SMA or appropriate check in's after 30 days of residential.
- A face-to-face encounter either with the MAT provider or a Nurse will be required to make changes in the dosage or frequency of buprenorphine/naloxone. UDSs will be performed as needed if MAT clinicians are concerned about diversion of medication or other aberrant behaviors.
- Individual patient goals will be set at the start of the program, documented in the intake note, and continuously revised by the patient and team members as needed.
- A referral to a higher level of care may be needed before the patient can resume or in conjunction with the MAT program.
- Patients are welcome to continue to attend MAT groups indefinitely.

## VI. LAB TESTS AND WITHDRAWAL MEDICATIONS

### A. Lab tests

1. For patients interested in taking Suboxone the Nurse will order and sign for the lab panel "SA11 BUPRENORPHINE INITIAL" [042403], which includes the following:
  - a. DRUG SCREEN PANEL 10 50 + ETHANOL RFLX/CONF, URINE [LT419]
  - b. HIV 1/2 AG & AB W/RFLX (4TH GEN) [LV2837]
  - c. HEPATITIS PROFILE 5 [LP358]
  - d. CBC WITH AUTO DIFF [85025]
  - e. COMPRE METAB PANEL [80053]
  - f. For women of child-bearing age: URINE PREGNANCY TEST [LT683]

2. For patients interested in taking naltrexone orally or as a monthly injection, the above lab tests b, c, and e **will be completed prior to acceptance in the MAT program**. These patients will also be urine tested with the POCT (back office), as they may be given a naltrexone injection the same day (and there must be no opioids in the urine in order to avoid putting the patient into precipitated withdrawal). **At the discretion of the provider first injection maybe given without preliminary labs**.
3. For follow-up visits the Nurse or MA, per nurse or provider instruction, will order and sign for a back-office point-of-care URINE DRUG SCREEN, ONE STEP (POCT) [LV5598]. This test may also be performed when the treatment team suspects a patient is using non-prescribed drugs so as to address those concerns immediately in the clinical setting. The results of this POCT must be documented in Epic.
4. For confirmation of the POCT, the MAT provider or Nurse may also order the PAIN MANAGEMENT PROFILE 8 [92489].

### **B. Medications for Withdrawal**

The MAT provider will prescribe opiate withdrawal (comfort or “kick pack”) medications prior to patient induction, which may include the following (see Appendix H):

- Gabapentin 300 mg one tablet three times a day as needed for pain; disp 30; 0 refills
- Ibuprofen 400 mg one tablet three times a day as needed for pain with food; disp 30; 0 refills
- Trazodone 50 mg one to two tablets at bedtime as needed for sleep; disp 20; 0 refills
- Hydroxyzine 25 mg one tablet at bedtime as needed for sleep; disp 20; 0 refills
- Ondansetron 4 mg tablets; one tablet three times a day as needed for nausea or vomiting; disp 20; 0 refills
- Loperamide 2 mg tablets; one tablet four times a day as needed for diarrhea; disp 30; 0 refills
- Clonidine 0.1 mg tablets; one tablet three times a day as needed for muscle cramping; disp 30; 0 refills
- Tizanidine 2 mg; one tablet every 6 to 8 hours as needed for muscle cramps; disp 30; 0 refills
- Naloxone 0.4mg/ml injection syringe; 0.4-2mg IM every 1-3 minutes upon signs of opioid overdose Call 911; disp 2 syringes; 0 refills
- Naloxone nasal 4 mg per actuation spray; spray 4 mg (0.1 mL) into 1 nostril upon signs of opioid overdose. Call 911. Repeat x 1 in other nostril in 1-3 minutes if no response; disp 2 spray; 0 refills.

## **VII. TREATMENT ADHERENCE EXPECTATIONS AND POLICIES**

### **A. Clinic Appointment Policies**

Patients who participate in the MAT program are required to attend MAT (or in special circumstances, support) groups and keep all scheduled appointments with their PCP, MAT provider, SUDCM, and Nurse. These appointments are necessary for the continuation of care.

The following guidelines will be given to MAT patients in writing upon admission to the MAT program (Appendix Q):

1. If an appointment cannot be kept, it is the patient’s responsibility to reschedule the appointment with at least 24 hours’ notice or it will be considered a missed appointment.
2. Patients are expected to arrive on time for all scheduled appointments. Appointments with MAT clinicians may need to be rescheduled if patients arrive more than 10 minutes late.

3. Missed appointments may result in treatment plan revision. If patients continually miss MAT Nurse or provider appointments, refill prescriptions may be held until the patient is seen for an office visit by a MAT Nurse or provider.
4. Patients struggling with these program requirements may be referred to a higher level of care.

## **B. Urine Drug Screening Policies**

1. During POC urine sample collection, patients must leave all belongings (coats, bags, etc.) in the exam room or outside the bathroom.
2. A questionable urine result (eg, adulterated) requires a same day repeat if needed. Positive tests may be sent to the lab for specific gravity testing and confirmation, at the discretion of the provider.
3. Clinicians must be trained before collecting and resulting a POC UDS.
4. Patients with repeated positive UDSs will be counseled about the importance of UDS monitoring and honesty in treatment to ensure that the team can provide appropriate treatment. MAT team members will reinforce that they are here to support patients struggling with continued substance use.
5. At the discretion of the MAT team, the patient with repeated positive UDSs may be referred to a higher level of care.
6. POC UDS will be sent out to labs once a quarter.
7. Breathalyzer: at providers discretion.

## **C. Medication Prescription Policies**

1. Buprenorphine prescription refills will be pended by the Nurse or with the support of the MA at SMAs. The Nurse will consult with the provider, contact the pharmacy, and print/review CURES reports, as needed.
2. Prior authorization for frequent refills may be needed; these may be handled by the MA or Nurse. For Medicare patients, the Part D prescription service prior authorization form must include a diagnosis of “Opioid Dependency ICD 10 F11.20.”
3. Only MAT providers may sign prescriptions for the controlled substances utilized in the MAT program.
4. Per standing order, RNs are authorized in HSA clinics to prescribe and sign for Narcan, and to hand out Narcan kits from the clinic dispensary (see Appendix O).
5. For patients who have missed appointments and/or groups, a face-to-face appointment must be scheduled with either the MAT provider or Nurse/SUDCM to discuss the appointment policy with the patient. A bridge refill prescription of buprenorphine/naloxone, enough to last until the next scheduled follow-up visit with the MAT provider or Nurse, will be provided.
6. At the discretion of the MAT team, prescription refills will be canceled through a phone call to the pharmacy if patients do not return for scheduled appointments or required MAT groups.
7. Prescriptions will be managed in one of the following ways:
  - a. Paper prescription given to patients
  - b. Paper prescriptions faxed to the pharmacy, with a confirmation call
  - c. ePrescribed directly to the pharmacy
8. The following details must be included on all buprenorphine/naloxone prescriptions:
  - a. X waiver NADEAN number, typed into the “pharmacy notes” section of the prescription: “NADEAN: X\_\_\_\_\_.”
  - b. For CCAH patients: “Bill State MediCal” must be typed onto the prescription

9. Bridging for current MAT patients (Bridge is defined as a temporary short duration prescription until next provider visit)
  - a. Current MAT patients may be given a “bridge” in order to ensure no lapse in prescription medication coverage.
  - b. Reasons why a patient would need a bridge by another provider is a missed appointment, lost prescription, provider illness, etc.
  - c. Nurse should coordinate an interim or office refill visit and consult with a provider for a bridge.
  - d. Prescription is dependent on the discretion of the provider who would be providing the bridge.
10. Accelerated prescription or induction for new MAT patient
  - a. New MAT patients may be given a “bridge” to last until their first official provider visit. (must be within 5 days)
  - b. Nurses must complete 24 hour MAT waiver training prior to bridging new MAT patients.
  - c. Nurses will coordinate with MAT SUDCM to ensure all necessary steps are completed prior to prescription: Insurance and eligibility verification, MAT intake, labs ordered, CURES completed, UDS, breathalyzer, pre-initial visit, pos-initial visit, consent signed, and all education given.
  - d. Bridge for new MAT patient will be at the discretion of the MAT provider.
  - e. If bridge is provided, Nurse will schedule provider appt for first MAT visit and review of labs.
11. For XR-NTX (Vivitrol) prescribing, please see the attached workflow (Appendix B.1.).
12. Lost or stolen medication
  - a. Prescriptions are generally not replaced; patients are informed of this at the time of their program intake appointment. This notification is done both verbally as well as in writing in the MAT treatment agreement.
  - b. Cases of lost or stolen medication will be reviewed on an individual basis by the MAT team. If a decision is made to replace the medication, it will be a one-time event and a lost/stolen prescription will not be replaced in the future should this recur.
  - c. If a patient loses her/his medication and the most recent prescription was for 14 days’ or more of medication, refills will resume at the 7-day interval. At the discretion of the MAT team, once it is determined that the patient has a plan for keeping the medication safe, larger quantities of medication may again be prescribed.
  - d. For stolen medication, patients must file a police report, which can be done in person or online.
  - e. The affected patient will meet with the nurse at the next available appointment. At that visit, the patient will submit a urine sample for a UDS and will receive a bridge refill to last until the next scheduled appointment with the nurse, MAT provider, or during a SMA.
13. Destroyed or damaged medication
  - a. If medication is reported as being destroyed or damaged, the patient will be instructed to bring the medication for review at an appointment with the Nurse. A decision regarding next steps will be discussed and resolved by the MAT team on a case-by-case basis.

- b. The patient will return to receiving weekly prescriptions until a plan is in place to keep the medication safe.
- 14. Destroyed/damaged or lost-stolen MAT medications must be documented in Epic.

If the patient continues to experience lost, stolen, damaged, or destroyed medication, the MAT team will meet to determine the need to refer the patient to a more structured treatment setting.