PCSS Medications for Opioid Use Disorders | Providers Clinical Support System

Reviewed and Last Updated: December 2021

Buprenorphine Maintenance Treatment

Protocol for Follow-up Appointments

Last reviewed and released: May 2024

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 a worsening of their overall health.

The activities at follow-up appointments are focused on evaluating adequacy of treatment and risk of relapse. They should include:

- pill counts, including reserve tablets (this does not need to be done every time a visit occurs, but patients should be told to expect this periodically—several times a year)
- self-report of drug and alcohol use
- testing for drugs use and alcohol (urine or breath) as the provider sees fit.
- prescription of buprenorphine medication
- an interim history of any new medical problems or social stressors

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 to consider urine or breath testing
- neglecting to mention new medication or outside treatment
- appearing intoxicated or disheveled 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

These behaviors should evaluated by the treatment team and should be brought to the patient's attention. The patient should be supported and an appropriate response made (e.g.: increased level of care: more frequent counseling sessions, referral to inpatient or intensive outpatient substance abuse treatment if needed, withdrawal from buprenorphine/naloxone treatment and referral to

higher level of care (e.g.: methadone maintenance). Decisions need to be based on clinical assessment and documented in patient’s medical record.