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Example Letter to Clinicians Regarding Continuity of Care for Patients Treated with Buprenorphine for Opioid Use Disorder

This document is an example of the type of letter that could be shared with providers regarding continuity of care for patients treated with buprenorphine for opioid use disorder who have to change providers. The loss of a provider can be traumatic for patients, and loss of access to buprenorphine can be immediately life-threatening. Health departments or other entities might consider encouraging providers to continue buprenorphine treatment for patients experiencing disruptions in care. The text of this letter may be copied and modified as needed to account for local conditions.

This document is intended for educational purposes only and should not be construed as medical advice.

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Dear Healthcare Provider,

This letter requests that healthcare providers ensure continuity of care for patients receiving the partial opioid agonist buprenorphine for treatment of opioid use disorder (OUD). Buprenorphine is a highly effective and cost-effective treatment for OUD, resulting in significant reductions in non-prescribed opioid use, opioid overdose, and multiple other sequelae of opioid use disorder. These protections are even more important during the crisis of fentanyl and other synthetic opioids, as the risk for overdose and death is approximately 4-fold higher than previously.[1] Any disruption in care for patients receiving buprenorphine risks renewed or increased non-prescribed opioid use, with high risk of overdose and death.[2]

Treating patients with buprenorphine no longer requires any special certification, so can be delivered by any clinician with a valid Drug Enforcement Administration registration.[3] This change eliminates a longstanding barrier and allows buprenorphine to be managed akin to other medications, such as insulin, anti-coagulants, or other opioid therapies. Buprenorphine remains a Schedule III medication, which means that, in most states, providers are permitted to call in a prescription and refills are permitted. Formulations include co-formulated films or tablets (buprenorphine-naloxone) which are generally offered first, mono-formulated tablets for patients intolerant to the naloxone component, and a long-acting injection. All formulations, except the injection, are routinely dispensed from most pharmacies.

If a patient receiving buprenorphine joins your practice, the [health department] requests that you continue buprenorphine treatment for that patient. At a minimum, a two-week supply of medication at the previous dose should be provided, with a 30-day supply if the patient is stable on the medication. Buprenorphine is approved up to a total daily dose of 24mg daily (although patients with a history of fentanyl use often require higher doses, and may be dosed more frequently for patients with concomitant pain disorders), and can be confirmed in the prescription monitoring program. Concomitant prescriptions or use of other substances (including benzodiazepines, alcohol, cannabis or stimulants) should not be considered a contraindication to treatment with buprenorphine, as overdose risk in the context of those substances is substantially lowered by treatment with buprenorphine.[4]

Longer term management of patients treated with buprenorphine can be uniquely satisfying, as regular clinic attendance often results in substantial improvements in other medical conditions. Visit frequency can be adjusted based on treatment stability, with many patients attending visits monthly or even quarterly. Telemedicine is permitted, even for starting treatment. Urine drug screening should be offered at most clinic visits, primarily to ensure the presence of buprenorphine; unexpected results should be discussed with the patient and changes to care not indicated based on a single result. Healthcare providers should document consent for treatment, including discussion of the risks and benefits of buprenorphine therapy, as well as diagnosis of OUD. On follow-up visits, minimum documentation should include a review of medication adherence, side effects and any non-prescribed opioid use; clinicians should also regularly check the prescription monitoring program. Further details on care of patients receiving buprenorphine treatment can be found at several sites, including SAMHSA, although the emergency of novel synthetic opioids and de-regulation of treatment make some of these recommendations out-of-date. Educational resources for healthcare providers, including CME and MOC, can be found at online sites such as the New York State Department of Health and Brown University. Clinical consultation is available through the Substance Use Warmline at (855) 300-3595.

References

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3. Removal of DATA Waiver (X-Waiver) Requirement. https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement
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