

# How-To Guide: Next Steps: Get Started Prescribing Buprenorphine!

Read this AFTER you have completed the [buprenorphine waiver training](#) activity.

**Congratulations!** Upon completing our BupPractice.com online buprenorphine training activity, you are finally (almost) eligible to start prescribing buprenorphine. However, you must complete a few more steps before you write that first prescription. This guide will advise you on the following:



- Obtaining a waiver to prescribe buprenorphine
- Establishing a relationship with
  1. mental health professionals,
  2. laboratories, and
  3. pharmacies
- Locating an experienced buprenorphine prescriber for consultation
- Staff responsibilities during induction
- Guidelines for prescriptions and medication refills
- Summary: Putting it all together

Plus resources on each page with additional tips and tools!

Written by [Clinical Tools, Inc.](#)

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## OBTAINING A WAIVER TO PRESCRIBE BUPRENORPHINE



If you've successfully requested the required credit for your buprenorphine training activity and obtained your training certificate(s) (one 8 hour certificate for physicians, and two certificates for NPs and PAs - one 8 hour BupPractice certificate and one 16 hour SBIRT+OpioidRisk certificate), the next step is to request your waiver! Providers who have completed buprenorphine training must submit a Notification of Intent form (AKA "Buprenorphine Waiver Notification") to CSAT/SAMHSA, using an online form available on SAMHSA's website along with electronic copies of training certificates, before they start prescribing. See below for details.

1. Submit the online [Buprenorphine Waiver Notification](#) form. You **must** submit this form if you plan on prescribing buprenorphine.
2. You **must ALSO** send your training certificates electronically, via email to [infobuprenorphine@samhsa.hhs.gov](mailto:infobuprenorphine@samhsa.hhs.gov) OR via fax to 301-576-5237.
3. Allow 45 days for CSAT to review your waiver notification form. Note that we send notification of your completion of the training to them within around a week after your completion to confirm your completion.
4. Once the application process is complete and the application is approved, SAMHSA will email a letter that confirms the waiver and includes the provider's prescribing identification number. If it has been more than 45 days since a provider has submitted an application or if a provider submitted an application and did not receive an acknowledgement of receipt, contact CSAT's Buprenorphine Information Center at 866-BUP-CSAT (866-287-2728) or send CSAT an email: [infobuprenorphine@samhsa.hhs.gov](mailto:infobuprenorphine@samhsa.hhs.gov)

Physicians: After your waiver notification has been reviewed, you will receive a prescribing identification number ("X" number) from the DEA via email. You will need to write this number on all buprenorphine prescriptions that you write. Your regular DEA number will not change.

NPs and PAs: You will be issued a special identification number. DEA regulations require this number to be included on all buprenorphine prescriptions for opioid dependency treatment, along with the NP's or PA's regular DEA registration number.

Providers who have completed buprenorphine training and are interested in applying to treat one patient emergently immediately should refer to procedures on SAMHSA's website [page on obtaining a waiver](#).

### Miscellaneous

- SAMHSA will have proof of your training that we send to them, if you completed it in recent years; if it has been a while, contact your training organization ([feedback@clinicaltools.com](mailto:feedback@clinicaltools.com)) for help with obtaining proof of your completion
- In addition to the information we send SAMHSA, they now require an electronic version of your training certificates via email to [infobuprenorphine@samhsa.hhs.gov](mailto:infobuprenorphine@samhsa.hhs.gov) OR via fax to 301-576-5237.
- If you consent to release your information to SAMHSA, patients and health care providers will be able to find you on the SAMHSA Buprenorphine Physician and Treatment Program Locator Website.
- **For resources to use with your patients:**

Review our latest [Patient Resources](#). This page provides a consolidated list of office-based opioid treatment (OBOT) resources for patients.

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### Related Resources:

- [Buprenorphine Management – SAMHSA](#)  
Description: Find information for providers on the waiver application and management process to prescribe or dispense buprenorphine for opioid dependency treatment.  
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)
- [DATA 2000](#)  
Description: This page provides links to the full text, summary, and physician waiver requirements under DATA 2000.  
Source: Substance Abuse and Mental Health Services Administration (SAMHSA)
- [CSAT/SAMHSA Physician FAQ Page](#)  
Description: This webpage provides answers to frequently asked questions from physicians about buprenorphine and the Drug Addiction Treatment Act of 2000 (DATA 2000).  
Source: CSAT Buprenorphine Information Center

## ESTABLISHING A RELATIONSHIP WITH MENTAL HEALTH PROFESSIONALS AND FACILITIES

### Before Starting A Practice

DATA 2000 requires buprenorphine prescribers to be capable of referring patients to supportive services for psychosocial therapy. Psychosocial services are a crucial component in successful addiction treatment.

Before starting a buprenorphine practice, you should assemble a list of treatment providers in your area where you can refer patients for psychosocial treatment. SAMHSA maintains a searchable database of substance abuse treatment facilities and providers to help you get started (see link below). You can also ask other buprenorphine prescribers in your local area.

Verification is **not** required to substantiate that you have the ability to refer patients to resource. However, in the case of compliance checks, the DEA will verify that counseling is part of your practice plan and ask how you are monitoring your patients to ensure compliance.

### Guidelines Regarding Referral To Psychosocial Treatment

**Consider the following guidelines regarding referral to psychosocial treatment:**

- Discuss the importance of psychosocial treatment with patients prior to referral. Because buprenorphine counters withdrawal and "begins working" rapidly, many patients believe the problem is purely physiological and do not follow through with their psychosocial treatment<sup>1</sup>. Consider making psychosocial counseling a treatment requirement for your buprenorphine patients.
- Make sure that your requirement for psychosocial treatment is explained to patients prior to buprenorphine induction and review the requirements periodically so that everyone is clear of the expectations and responsibilities.
- Remember to submit all needed treatment information when making a referral, but keep your state's confidentiality laws in mind.
- Ask treatment facilities to keep you updated on the patient's status and progress throughout buprenorphine treatment. You may need patients to sign a specific consent form to allow this communication.

### Related Resources:

- [NAABT Local Addiction Resource Finder](#)  
Description: Search tool where a patient or physician can enter their zipcode and receive a listing of the closest buprenorphine counselors, pharmacies, treatment facilities, and support groups.  
Source: The National Alliance of Advocates for Buprenorphine Treatment (NAABT)
- [American Society of Addiction Medicine's Member Directory](#)  
Description: This is the American Society of Addiction Medicine's member directory which allows users to search by physician first name, last name, city, state, and specialty.  
Source: American Society of Addiction Medicine (ASAM)

## ESTABLISHING A RELATIONSHIP WITH A LABORATORY

### Routine Labwork Is A Part Of All Buprenorphine Practices

Since routine urinalysis is part of all buprenorphine practices, you should establish a relationship with a laboratory before starting a buprenorphine practice. Patients will need blood and urine work-ups at the initial screening as well as periodic drug screening throughout treatment. Make sure that you choose a lab that can do the testing you require, i.e buprenorphine testing, oxycodone, methadone, etc. Some of this testing can also be conducting in-office, as discussed previously.



Before starting a buprenorphine practice, you should assemble a list of laboratories in your area that can perform the testing that is needed.

### Guidelines To Consider

#### Consider the following guidelines when working with labs:

- Verify any time requirements that you have if you need lab results processed quickly. Using a lab that has a short turn-around time is most beneficial since it is best to address a positive (or negative) urine screen quickly with the patient.
- When communicating with the lab about specific patients, remember to keep your state's confidentiality laws in mind regarding substance abuse treatment.
- There are in-office urine drug testing kits available that may meet your needs. The advantage is that the results are available at the time of the office visit. Generally these testing kits are CLIA-waived, but check with local regulations.

### Related Resources:

- [Clinical Laboratory Improvement Amendments \(CLIA\) - Currently Waived Analytes](#)  
Description: The following is a list of currently waived analytes that are used in laboratory test systems. The list provides the analyte name as well as a link to the waived test system.  
Source: Food and Drug Administration (FDA)
- [Confidentiality of Substance Use Disorder Patient Records](#)  
Description: DHHS Government Publishing Office document.  
Source: Department of Health and Human Services (DHHS)

## ESTABLISHING A RELATIONSHIP WITH A PHARMACY

### Ensuring Your Patients Have Access To Medication

You should establish a relationship with at least one local pharmacy before starting a buprenorphine practice to ensure that they can stock adequate supplies of buprenorphine.

### Guidelines To Consider

Consider the following guidelines when contacting a pharmacy:

- Verify any time requirements that you have if you need the prescription filled quickly. This is especially important during buprenorphine induction.
- Specify which formulation of the buprenorphine/naloxone combination you will be using -- film or tablet, sublingual or buccal, and if you will specify a brand name.
- For the rare patient who is taking the monotherapy formulation, ensure that their preferred pharmacy has access to these tablets.
- Verify that the pharmacy can fill prescriptions quickly; this is especially important during induction when patients will visit the pharmacy to pick up single doses of buprenorphine.
- Ask the pharmacists if they are familiar with buprenorphine treatment and dispensing the medication and, if not, refer them to some educational materials.
- Ask the pharmacists to contact you to alert you if the patient is filling prescriptions for other controlled substances, requesting early refills, behaving inappropriately, claiming to have lost prescriptions, etc.



### Have All Patients Sign A Pharmacy Consent

On a related note, you should have all patients sign a pharmacy consent form and keep this on file in case the pharmacy requires it for communications about the patient.

### Related Resources:

#### [Pharmacy Consent Form For Buprenorphine Treatment](#)

By signing this Appointed Pharmacy Consent Form, the patient authorizes a provider to disclose to the pharmacy that he or she is being treated for opioid dependence; the pharmacy is also authorized to contact the provider to discuss treatment.

Name/Practice Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

#### APPOINTED PHARMACY CONSENT

I, \_\_\_\_\_ [Patient Name- Print], do hereby:

(MD check all that apply)

1) \_\_ Authorize \_\_\_\_\_ [Provider Name- Print] at the above address to disclose my treatment for opioid

dependence to employees of the pharmacy specified below. Treatment disclosure most often includes, but may not be limited to, discussing my medications with the pharmacist, and faxing/calling in my buprenorphine prescriptions directly to the pharmacy.

2) \_\_ Agree to allow pharmacist to contact provider listed above to discuss my treatment if necessary so that my buprenorphine prescriptions can be filled and either delivered to the office addressed given above or picked-up by employees of the same.

I understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken on reliance on it. This consent will last while I am being treated for opioid dependence by the provider specified above unless I withdraw my consent during treatment. This consent will expire 365 days after I complete my treatment, unless the provider specified above is otherwise notified by me.

I understand that the records to be released may contain information pertaining to psychiatric treatment and/or treatment for alcohol and/or drug dependence. These records may also contain confidential information about communicable diseases including HIV (AIDS) or related illness. I understand that these records are protected by the Code of Federal Regulations Title 42 Part 2 (42 CFR Part 2) which prohibits the recipient of these records from making any further disclosures to third parties without the express written consent of the patient.

I acknowledge that I have been notified of my rights pertaining to the confidentiality of my treatment information/ records under 42 CFR Part 2, and I further acknowledge that I understand those rights.

\_\_\_\_\_  
Patient Signature Patient Name (Print) Date

\_\_\_\_\_  
Parent/Guardian Signature Parent/Guardian Name (Print) Date

\_\_\_\_\_  
Witness Signature Witness Name (Print) Date

Appointed Pharmacy: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Confidentiality of Alcohol- and Drug-Dependence Patient Records**

The confidentiality of alcohol- and drug-dependence patient records maintained by this practice/program is protected by federal law and regulations. Generally, the practice/program may not say to a person outside the practice/program that a patient attends the practice/program, or disclose any information identifying a patient as being alcohol- or drug-dependent unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or practice/program evaluation.

Violation of the federal law and regulations by a practice/program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the practice/program or against any person who works for the practice/program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

## LOCATING AN EXPERIENCED BUPRENORPHINE PRESCRIBER FOR CONSULTATIONS

Before starting to prescribe buprenorphine, you may want to contact a more experienced buprenorphine provider in your area to act as a mentor. A mentor can walk you through your first few patients and advise about any special issues that arise.

CSAT has developed a mentoring system specifically for new buprenorphine prescribers. The Physician Clinical Support System, or PCSS (see link below) can connect you with more experienced buprenorphine providers and local addiction specialists. The program is administered by the American Academy of Addiction Psychiatrists.

Even if you don't want or need a mentor, it is a good idea to develop a relationship with another buprenorphine prescriber in your local area -- someone who could write prescriptions for your buprenorphine patients during an emergency situation when you are out of town, etc.

### Related Resources:

- [Physician Clinical Support System - Clinical Coaching](#)  
Description: This website is designed to provide coaching for providers in treating chronic pain, and substance use disorders including opioid use disorder.  
Source: Physician Clinical Support System (PCSS)
- [PCSS-MAT Mentoring Program](#)  
Description: PCSS-MAT provides ongoing mentoring programs aimed at improving providers confidence in identifying and treating substance use disorder, opioid use disorder, and chronic pain.  
Source: SAMHSA
- [PCSS Medication Assisted Treatment Training. Education and Training](#)  
Description: This webpage on the PCSS-MAT website links to list of modules, webinars, waiver eligibility training, and a calendar of events. The monthly webinars are sponsored by several professional societies and are archived. Physicians can register for the webinars online. Experienced mentors can be requested through this website. Resources and Clinical Tools including forms and clinical guidance are also available.  
Source: PCSS-MAT

## PREPARING YOUR OFFICE FOR OPIOID TREATMENT

### Final Step

A final step should be preparing your office, including staff members, to begin office-based opioid treatment (OBOT). These tasks should include:

- **Establishing billing protocols:** Decide if you will accept insurance or Medicaid coverage, run as a fee-for-service practice only, or a combination of both. Determine fees and payment plans and policies.
- **Determine your recordkeeping practices:** Determine how you will store buprenorphine prescribing records, both for your own use as well as in case of a DEA site visit. Remember that these records should be stored at your DEA registered address.
- **Train staff:** Both clinical and administrative staff will need to be trained on various aspects of OBOT. non-physician clinicians may benefit from taking a buprenorphine training program, even though they can not prescribe buprenorphine.
- **Assemble practice and patient education forms:** There are a number of existing forms, many of which have been included in this activity, which you can use in practice. Visit our Resources found at the end of each activity module or the list of [All Resources](#) for all activities to review or access all of these forms.

### Related Resources:

- [Billing for OBOT](#)  
Description: This clinical guidance from the PCSS-MAT provides a list of commonly used CPT codes for buprenorphine induction and maintenance. Information is includes for both psychiatrists and non-psychiatrist physicians.  
Source: PCSS-MAT

## OFFICE-BASED TREATMENT: TRAINING YOUR STAFF

Your staff will be assisting you with many of the tasks essential to conducting in-office buprenorphine treatment. Therefore, staff members need a firm grasp of the principles of addiction treatment and corresponding clinical skills and an attitude conducive to working with this patient population. The staff's attitudes will affect the way they treat patients, thus influencing the outcome of treatment. Before starting office-based buprenorphine treatment, you may wish to conduct formal training with your staff. The brief guidelines below can help you structure your training.

### Information To Convey

In the course of your staff trainings, try to cover the following topics:

- Addiction is a chronic medical illness, not a character flaw or weakness of will, and can be treated successfully
- The treatment philosophy your practice espouses Substance abuse screening skills
- Proper record keeping and compliance with confidentiality legislation
- Appropriate interaction with patients and how to handle negative situations that may arise
- Knowledge of other services and referral options

### Principles Of Staff Training

The setting and tone of the trainings and the methods of information delivery will influence learning. Keep the following principles in mind:

- Design hands-on activities that stress experience. Focus on skills by using role-playing, for example. This will be more effective for staff than simply being lectured. Start the training with a participatory activity and intersperse these activities throughout the training to keep attention levels high.
- Notice how the staff members learn, and try to do more things that enhance their learning.
- Provide additional resources so that learning can continue after training is complete.

### Related Resources:

- [Buprenorphine Treatment: Training for Multidisciplinary Addiction Professionals](#)  
**Description:** This is a training package developed by the Buprenorphine Awareness Blending Team to create awareness about buprenorphine among non-physician addiction professionals.  
**Source:** National Institute on Drug Abuse (NIDA) and The Addiction Technology Transfer Center (ATTC)

## STAFF RESPONSIBILITIES DURING INDUCTION

Clinical staff can assist with most steps of the buprenorphine induction process if a consistent plan is in place.

- Educate the staff on buprenorphine treatment and addiction. The more information and involvement that they have, the smoother your practice will run and the better care your patients will receive.
- Be sure to explain every staff member's role to your patients so they know who to ask for help or if there is a problem during induction.
- Staff should be prepared to talk about Office-Based Opioid Treatment with prospective patients. It is helpful to have a standardized intake form or checklist available from which to ask questions and gather basic information over the phone.
  - The intake checklist should include questions about opioid use and treatment history and can be administered via phone by administrative or clinical staff with minimal training.
  - You should also gather information about the patient's health insurance and what insurances your practice accepts, because cost of treatment is a significant concern to many patients

Remember that the induction process can cause discomfort and anxiety for patients, so work with your staff to make sure that they are as calm and comfortable as possible.

### Related Resources:

- [Objective Opiate Withdrawal Scale \(OOWS\)](#)  
Description: The Objective Opiate Withdrawal Scale (OOWS) contains 13 physically observable signs, rated present or absent, based on a timed period of observation of the patient by a rater.  
Source: Reprinted from Handelsman, L., Cochrane, K. J., Aronson, M. J., et al. (1987) Two new rating scales for opiate withdrawal. *American Journal of Drug and Alcohol Abuse*, 13 (3), 293–308. By courtesy of Marcel Dekker, Inc.
- [Nursing Intake Screener](#)  
**Description:** This form provides a list and a place to document important information that should be recorded during the intake assessment, including whether the patient is pregnant, taking other drugs, on methadone or has other addiction behaviors.  
**Source:** Colleen LaBelle, RN/Boston Medical Center
- [Nursing Follow-up Visit](#)  
**Description:** This form can be used by nurses to note the areas that should be covered during a follow-up visit for patients on buprenorphine treatment.  
**Source:** Colleen LaBelle, RN/Boston Medical Center
- [Clinical Opioid Withdrawal Scale \(COWS\)](#)  
**Description:** This PDF Document contains the Clinical Opioid Withdrawal Scale (COWS), a common instrument used to assess a patient's opioid withdrawal severity.  
**Source:** California Society of Addiction Medicine (CSAM)
- [Clinical Pathway for Buprenorphine](#)  
**Description:** This flow chart for buprenorphine treatment displays the steps to patient recovery, from initial patient contact or referral, through intake process, induction, day #2, stabilization, maintenance, and tapering.  
**Source:** Colleen LaBelle, RN/Boston Medical Center

- [Subjective Opiate Withdrawal Scale \(SOWS\)](#)

**Description:** Annex of opioid withdrawal scales for downloading includes the Subjective Opiate Withdrawal Scale (SOWS). The SOWS contains 16 symptoms whose intensity the patient rates on a scale of 0 (not at all) to 4 (extremely).

**Source:** Reprinted from Handelsman et al. 1987, p. 296, by courtesy of Marcel Dekker, Inc.

- [Intake Questionnaire for treatment planning of a new patient](#)

**Description:** This patient questionnaire from the California Society of Addiction Medicine (CSAM) is useful when beginning a new patient on buprenorphine maintenance treatment.

**Source:** California Society of Addiction Medicine (CSAM)

## SUMMARY

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- Complete and submit your waiver form to CSAT; wait to receive approval before starting to prescribe.
- Assemble a list of psychosocial treatment providers and therapists in your local area.
- Determine which laboratory you will use for buprenorphine lab work.
- Talk to local several pharmacies to verify that they stock buprenorphine; prepare a pharmacy consent form.
- Locate another buprenorphine prescriber in your area or sign up for a mentor on the PCSS website.
- Establish billing and recordkeeping procedures, train your staff, and prepare patient education materials.
- Your clinical staff can assist with much of the induction process, including intake screening, withdrawal assessment, and patient education. Explain each staff member's role to your patients so they know who to approach for help if there is a problem.
- Prescription refills should be given in small amounts during the few weeks of treatment so that the patient can be monitored. The prescription size can be increased as the patient is successfully maintained over time.
- Develop an initial phone contact protocol

*The End*

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*The End*

## REFERENCE

1. Meier Bradley R, Patkar Ashwin A. *Buprenorphine Treatment: Factors and First-Hand Experiences for Providers to Consider*. *J Addict Dis*. 2007;26(1):3-14. doi:10.1300/J069v26n01\_02.