Benzodiazepine Use Policy

- If a patient arrives for a first intake appointment and the urine drug screen is positive for Benzodiazepine’s, the patient will not be started on Suboxone given the risk of this combination of medications. The patient may come one time to be screened before next appointment and can receive a prescription for Suboxone if the urine drug screen is negative for Benzodiazepines. If the UDS is still positive, the patient must then wait until next appointment to be screened again.

- If at any point, a patient tests positive for Benzodiazepines but denies using, the patient may be given the previously planned prescription. However, if Benzodiazepines are confirmed, the patient will likely be suspended from clinic for up to 30 days.

- If the patient screens positive for Benzodiazepines and admits to using, the following applies:
  
  o If a patient is already established in the MAT Program and receiving medication but screens positive for Benzodiazepines, the patient will must come back the next day to complete another UDS but will not be given a prescription for Suboxone given the risk of the combination of these two medications. The patient will continue to come for daily UDS until the patient screens negative for Benzodiazepines. Once screened negative for Benzodiazepines the patient will receive a prescription for Suboxone sufficient to last until the next appointment.

    - If the patient lives a distance away, he/she will have the option of taking an order for a UDS to a local facility to be performed the following day. The patient then comes to the clinic when the UDS is negative for Benzodiazepines. When an outside facility performs a UDS, the facility must fax the results to the MAT Clinic in order for the patient to get his/her prescription for the balance of medication to last until the patient’s next scheduled appointment.

NOTE: This policy is at the discretion of the doctor and may be modified at any time.

Signature of Patient ____________________________                   Date______________

Staff signature: ________________________________                   Date ______________

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