**Medication Diversion Control Plan**

**Purpose:** Misuse and diversion should be defined and discussed with patients at the time of treatment entry, periodically throughout treatment, particularly when there have been lapses or relapses to illicit drug use, and when suspected or confirmed. These procedures establish the steps to be taken to prevent, monitor, and respond to misuse and diversion of buprenorphine. The response should be therapeutically matched to the patients’ needs as untreated opioid use disorder and consider treatment drop-out/administrative discharges may lead to increased patient morbidity, mortality and further use of diverted medications or illicit opioids associated with overdose death.

**Procedures for Prevention:**

* Counsel patients on safe storage. Patients must agree to safe storage of their medication. For our houseless patients it is suggested that they keep it secured on their person at all times. If there are children or pets it is critical that they keep it in a secured location, preferably locked.
* Proactively discuss how medication should be stored/transported when traveling to minimize risk of unintended loss. Inform patients that we are unable to replace lost or stolen medication.
* Counsel patient on taking medication as prescribed and not sharing medication. Check PDMP for new patients and check regularly thereafter. Check for prescriptions that interact with buprenorphine or if there are other buprenorphine prescribers.
* Prescribe a therapeutic dose that is tailored to the patient’s needs. Don’t routinely provide an additional supply “just in case”. Inquire further patients who say they need a significantly higher dose, particularly when they are already at 16mg/daily of buprenorphine.
* Make sure the patient understands the treatment agreement and prescription policies. The treatment agreement should be clearly reviewed and signed by the patient at their first treatment appointment and offer the opportunity for questions or clarity. The patient and the RN or provider will sign as well.

**Procedure for Monitoring**

* UA’s will be collected at each appointment. This includes buprenorphine/norbuprenorphine/naloxone, alcohol, and all illicit drugs. The samples are sent for testing.
* Limited Supply. Short prescription time-spans can be used, for example limiting to three days at a time.

**Procedures to Respond to Misuse or Diversion**

* Misuse or diversion does not mean automatic discharge from the program. However, it will
* require consideration of one or more of the procedures listed below.
* Evaluate the misuse and diversion. Why are they diverting? Are they sharing with a friend or loved one? Reassess treatment plan and patient progress. Strongly consider smaller supplies of medication, supervised dosing (if possible), and increased psychosocial support.
* Intensify treatment or level of care, if needed. Some patients may require an alternative treatment setting or pharmacotherapy, such as methadone. The clinician will discuss these alternatives with the patient to assure optimal patient outcome.
* Document and describe the misuse and diversion incident, clinical thinking that supports the clinical response that should be aimed at minimizing risk of diversion and misuse and treating the patients opioid use disorder at the level of care needed.