NEW DIRECTIONS’ ADOPTED CLINICAL PRACTICE GUIDELINE FOR THE ASSESSMENT AND TREATMENT OF OPIOID USE DISORDER

New Directions Behavioral Health® (New Directions) offers a full range of behavioral health solutions. Our members have a wide range of mental health diagnoses, including Opioid-Related Disorders. New Directions is committed to assisting providers with evidence-based practice guidelines to improve clinical effectiveness and ensure members receive the best care possible.

Clinical Practice Guidelines (CPG) are used to provide guidance for providers who make decisions about appropriate care for members. CPGs are not a substitute for sound clinical judgement but are intended to enhance compliance with best practices. This document is not meant to be a standard of care.

Opioid-Related Disorders in the DSM-5™ include Opioid Use Disorder (OUD), Opioid Intoxication, Opioid Withdrawal, Other Opioid-Induced Disorders and Unspecified Opioid-Related Disorder. This CPG focuses on Opioid Use Disorder.

The DSM-5 defines OUD as a problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two out of 11 criteria within a 12-month period.

This CPG supports using a stepped and integrated care approach, in which treatment intensity is continually adjusted to accommodate individual patient needs and circumstances over time and recognizes that many individuals may benefit from the ability to move between treatments.

New Directions adopted this CPG for the assessment and treatment of OUD based on guidelines developed by The American Society of Addiction Medicine (ASAM) national practice guideline for the use of medications in the treatment of addiction involving opioid use. These recommendations are primarily relevant for the clinical management of this disorder in adults, including young adults. The ASAM national practice guideline is outlined below (see references for link to full version).

Additional guidance for evidence-based practices in the treatment of substance use disorders can be found within our publication, “Guiding principles in the treatment of substance use disorders.”
### Assessment & Diagnosis:
- Identify & refer urgent or emergent medical or psychiatric problems
- Medical history & physical exam
  - Focus on withdrawal signs & symptoms
  - Use scales to measure OUD withdrawal symptoms (i.e., COWS and others)
  - Screen for concomitant medical conditions (infectious diseases, acute trauma, and pregnancy)
- Physical exam (comprehensive assessment)
- Laboratory testing (including urine drug screen, TB, HIV, Hep B&C, pregnancy testing, and others as indicated)
- Contraception query
- Mental Health Assessment
- Assessment for other substance use disorders
- Initial and regular checking of PDMP
- Social & environmental factors assessment
- Provider with prescribing authority confirms OUD diagnosis

### Treatment of Opioid Withdrawal:
- Clinician & patient share treatment option decisions
- Medication approaches (agonist/partial agonist/symptomatic relief) are preferred for withdrawal management vs. abrupt cessation
- Consider patient preferences, treatment history & treatment setting to determine medications selection. Treatment setting as important as medications selected.
  - Office-based opioid treatment (OBOT) with buprenorphine preparations may not be suitable for patients with certain other drug addiction issues
  - Opioid Treatment Programs (OTPs) offer daily dosing and supervision of methadone, although some now offer buprenorphine approaches
  - OTP or inpatient setting if Methadone selected
- Advise patients that medications alone for opioid withdrawal is not a complete treatment method. Psychosocial treatment in conjunction with opioid withdrawal management is recommended and at a minimum should include:
  - Psychosocial needs assessment
  - Supportive counseling
  - Links to existing family support
  - Referrals to community services
  - Tobacco cessation counseling
- Determine frequency of urine drug testing
- Concomitant use of benzodiazepines is not recommended
- Provider with prescribing authority should collaborate with behavioral provider

### Opioid Withdrawal Management Medication Options:
- Methadone
- Buprenorphine
- Lofexidine
- Naltrexone, as an oral standalone treatment, has poor adherence
- Combination buprenorphine & low dose oral naltrexone to manage withdrawal & facilitate induction to MAT during rehabilitation. Accelerated use of extended-release injectable naltrexone after withdrawal shows promise, but more work is needed.
- Clonidine to support opioid withdrawal management
- Naloxone for the treatment of opioid overdose. Advise patients of increased risk of overdose or death with stopping agonist therapy & resuming opioid use. Patient & family given prescription and trained on use.
- Anesthesia ultra-rapid opioid detoxification (UROD) is NOT recommended - too high risk

### Populations that Require Special Management:
- Pregnant women
- Adolescents
- Individuals with pain
- Co-occurring psychiatric disorders
- In criminal justice system
Links and References:


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