

Deciding if a patient is a good candidate for OBOT

- Can the patient adhere to treatment requirements?
 - Can they afford visit, lab and medication co-pays?
 - Can they get to appointments, have adequate transportation or can take time off work or have time and technology for telehealth visits?
 - Are there any medical or other psychiatric conditions too unstable for the patient to engage in OBOT?
 - Does the patient's job, school or criminal justice system involvement routinely test for drugs or restrict use of any of the medications for OUD?

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- Are the psychosocial circumstances of the patient stable and supportive?
 - Do they have a place to live and to safely store the medication?
 - Is anyone they live with actively using other substances besides tobacco?
 - Is anyone they live with emotionally, physically, sexually or verbally abusing them?
 - Is there anyone they live with or with whom they have regular contact with that they consider supportive?

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- Is the patient taking other medications or misusing other substances that may interact with OBOT?
 - For chronic pain patients on opioids, consider buprenorphine OBOT
 - For patients on other sedatives consider naltrexone
 - For patients with multiple substance use issues, refer to SUD treatment program

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- What OUD treatment has the patient tried before, if any, and what treatment are they feeling would be best for their life right now?
 - Do they have a preference such as not wanting to be on any medication that shows up on a tox screen, or is 'habit forming'?
 - Do they want to 'get away' for a while from their drug use triggers (i.e. people, places and things)?
 - Have they tried one of the medications before and done well, or not stayed sober with that treatment?

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- What if a patient is not a good candidate for OBOT?
 - Consider referral to methadone maintenance program
 - Consider trial of OBOT with concurrent referral
 - Help patient get medical and psychiatric conditions stable that are currently limiting the option for OBOT

In discussing OUD treatment options with Ms. C, she shares that her priority is to find a treatment she can fit into her busy days caring for her preschooler.

What treatment would be most likely to meet her priority?

A. Buprenorphine

B. Methadone

C. Naltrexone

D. Medically managed withdrawal in a residential treatment center