Q: What testing must be performed in the emergency department for patients to be referred?  
A: Testing is completely up to the provider, whether in the ED or in the inpatient setting. At times when patients present after an overdose, it may be appropriate to order certain tests. It is completely acceptable for a patient to be prescribed buprenorphine/naloxone without any tests ordered in the ED (even a drug test).

Q: If tests are performed and the patient was found to have elevated liver enzymes or a urine drug screen positive for other substances, how does this effect your approach?  
A: We view opioid use disorder as a serious, life threatening disease. While buprenorphine is metabolized by the liver and treating someone with it may cause increased serum level, we do not dose adjust or prohibit a patient from being given the medication.

Q: What if a patient keeps coming back to the ED without following up requesting repeat prescriptions for buprenorphine?  
A: If it is determined that a patient may be abusing the system, repeated prescriptions for buprenorphine may be limited. We will however continue to rapidly refer all patients with opioid use disorder to the appropriate clinic setting.

Q: Is Narcan (naloxone) offered to patients?  
A: Yes. Free naloxone kits are provided to patients and their family members whenever possible (and supplies allow).

Q: I am a healthcare professional and I am interested in setting up a buprenorphine initiation program in my ED and want to rapidly refer patients. Where do I start?  
A: Please visit the section of our webpage “How do I start MAT induction and referrals”?

Q: Isn’t there a black box warning on the use of buprenorphine and benzodiazepine use (prescribed or not prescribed)?  
A: Yes, there is however the FDA offered a clarification in 2017 that indicated buprenorphine shouldn’t be withheld in these cases. Combination opioid/benzodiazepine overdose deaths continue to occur due to their synergistic effects and depression of the respiratory system.