

## APPENDIX 3B

### GUIDELINES FOR ASSESSING APPROPRIATENESS FOR OFFICE-BASED THERAPY

The following guidelines will help in deciding whether to treat with buprenorphine in the office. They assume the person is opioid dependent.

#### SCORING KEY

- 0-5: Excellent candidate for office-based treatment.
- 6-10: Good candidate for office-based treatment.
- 11-15: Good candidate, but only with tightly structured program providing supervised dosing and on site counseling.
- 16-20: Candidate for office-based treatment by board certified addiction physician in a tightly structured program or hub induction with follow-up by office-based provider or methadone clinic referral.
- 21-25: Candidate for methadone program only.

**For each answer check YES or NO and add points for YES and NO below.**

Questions	Points:	Yes	No	Possible
Is the person employed?		<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Is the family intact?		<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Does the person have a partner who uses drugs or alcohol?		<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/> 1
Is the person's housing stable?		<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Does the person have legal issues?		<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Does the person have any convictions for drug dealing?		<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2
Is the person on probation?		<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/> 1
Does the person have psychiatric problems, e.g., major depression, bipolar, severe anxiety, PTSD, schizophrenia, personality subtype of antisocial, borderline, or sociopathy?		<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2
Does the person have a chronic pain syndrome that needs treatment?		<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2
Does the person have reliable transportation?		<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Does the person have a reliable phone number?		<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Has the person been on medicated assisted treatment before?		<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Was the medicated assisted treatment successful?		<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Does the person have a problem with alcohol?		<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2
Does the person have a problem with cocaine?		<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/> 1
Does the person have a problem with benzodiazepines?		<input type="checkbox"/> 2	<input type="checkbox"/>	<input type="checkbox"/> 2
Is the person motivated for treatment in the office?		<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Is the person currently going to counseling, AA, or NA?		<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Total points possible: 25	Total each column:			
	Total both columns:			

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