PHYSICIAN NAME

CLINIC/HOSPITAL NAME

ADDRESS

TELEPHONE

EMAIL

DATE

Dear Family Physician/GP/NP,

**Re: Buprenorphine/naloxone prescribing for opioid use disorder in a primary care setting**

Thank you very much for your willingness to continue this patients’ opioid addiction treatment medication buprenorphine/naloxone (Suboxone®). The (fill-in-the-blank clinic or hospital setting or other place offering support to primary care provider) would very much like to be a support for you however needed. Please do not hesitate to call the (respective clinic or hospital from fill-in-the-blank above) with any questions or concerns related to your patient or to treating opioid use disorder.

The attached document provides answers to frequently asked questions about buprenorphine/naloxone treatment that may aid primary care providers in the continuation of care for patients with opioid use disorder. There has been a recent shift in the provincial Guideline for the Clinical Management of Opioid Use Disorder (as of June 5, 2017), advising that buprenorphine/naloxone be initiated as the preferred first-line therapy over methadone.

The new provincial guideline is available here for your reference: <http://bit.ly/OUD_Guidelines>

For a more concise reference, you may access the Buprenorphine/Naloxone “Did you know?” summary document available here: <http://bit.ly/BupNlx_DYK>

As previously mentioned, we are happy to answer any questions and to provide support as needed in the induction and/or maintenance of buprenorphine/naloxone. Feel free to contact us at (phone number) for assistance, or to contact the RACE (Rapid Access to Consultative Expertise) line (Vancouver area: 604-696-2131, Toll Free: 1-877-696-2131) to receive treatment advice from an Addiction Medicine specialist. We appreciate your willingness to continue treatment for this patient.

Sincerely,

Provider Name

Clinic/Hospital Name

Address/tel/email/general signature