



Buprenorphine Basics

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Financial Disclosure

Nothing to disclose.



Evidence-Based Disclosure

Just because it's a law, doesn't mean it's evidence based.

"One of the great mistakes is to judge policies and programs by their intentions rather than their results." -Milton Friedman

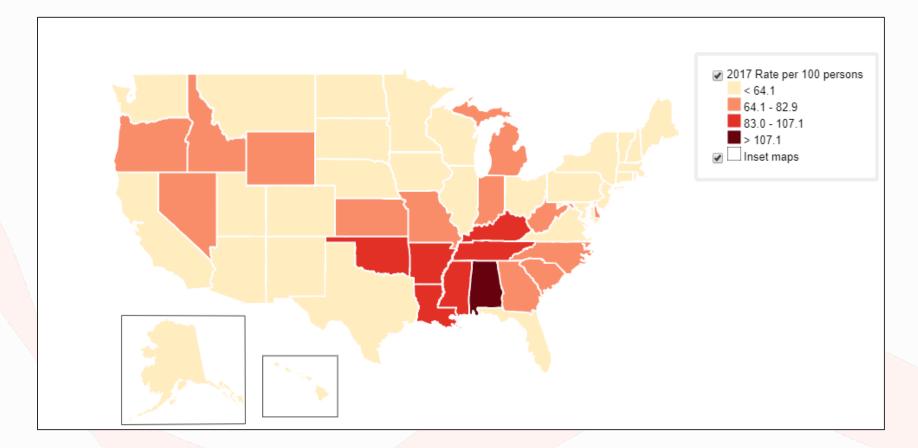


Objectives

- Review buprenorphine mechanism of action and place in medication assisted treatment
- Discuss federal controlled substance laws
- Review state buprenorphine prescribing regulations



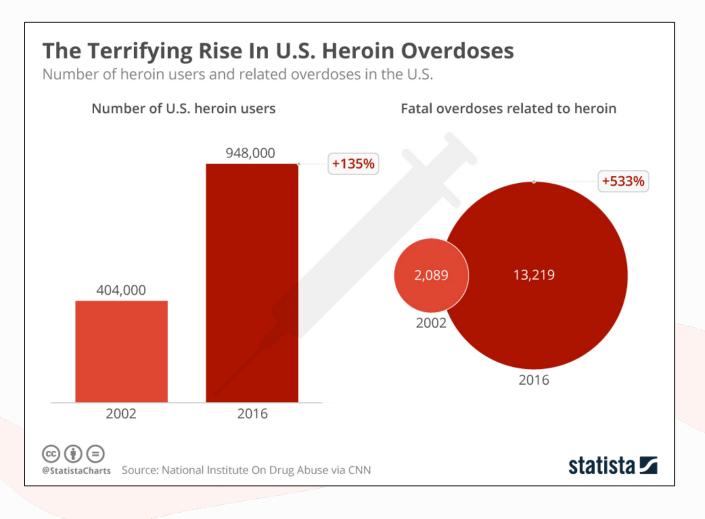
State Opioid Prescribing Rate, 2017





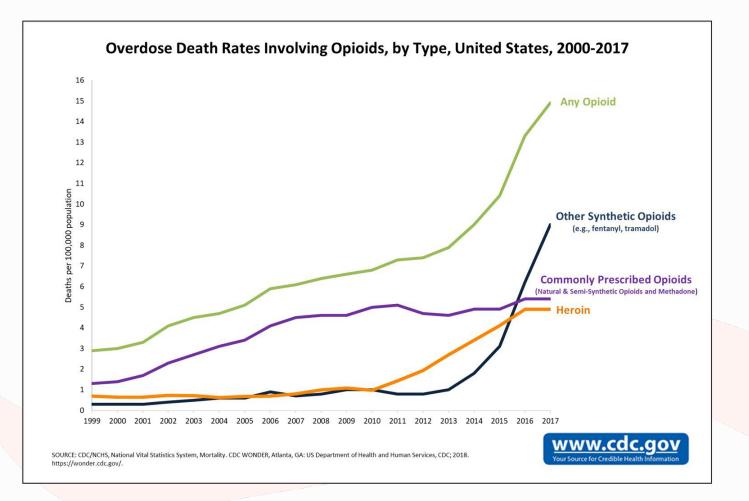
https://www.cdc.gov/drugoverdose/maps/rxstate2017.html

Heroin





Overdose Deaths

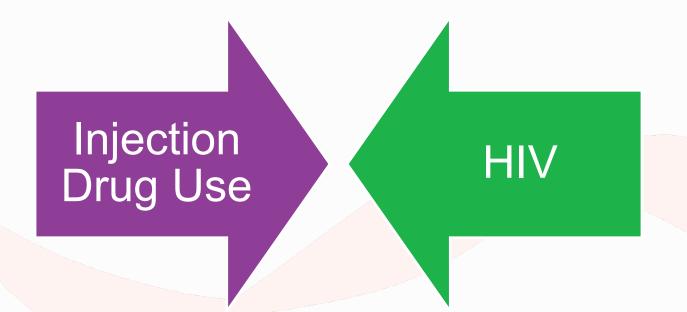




HIV and Injection Drug Use

In 2017, 1 in 10 new HIV diagnoses were due to:

- Injection drug use
- Injection drug use and MSM*





https://www.cdc.gov/hiv/risk/idu.html *Men who have sex with men

What is Buprenorphine?

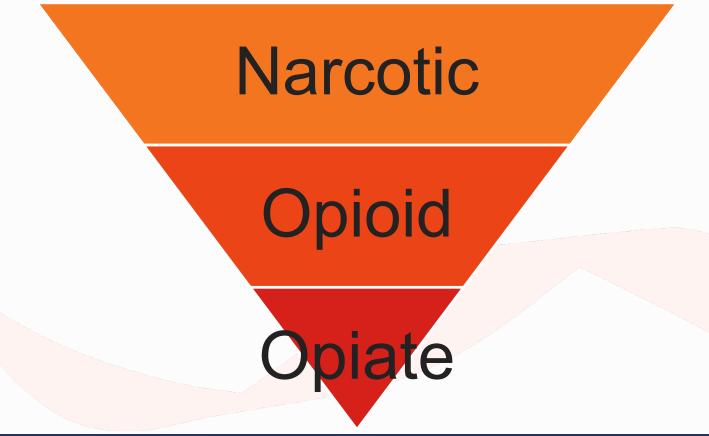


Buprenorphine Products

Buprenorphine Only	
Subutex®	Sublingual Tablet
Belbuca [®]	Sublingual Film
Butrans®	Transdermal Patch
Buprenex®	Injectable solution
Sublocade®	Subcutaneous Injection
Probuphine®	Subcutaneous Implant
Buprenorphine/Naloxone	
Suboxone [®] /Bunavail [®]	Sublingual Film
Zubsolv®	Sublingual Tablet

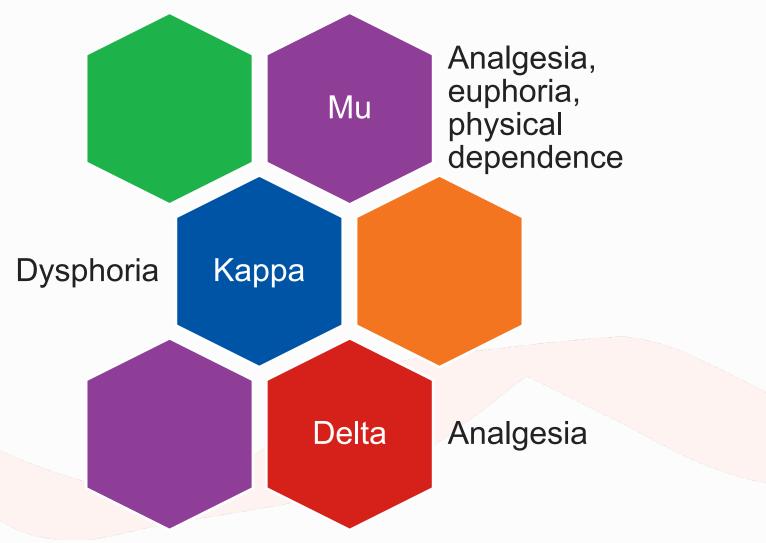


Because a pharmacist is giving this talk. . .





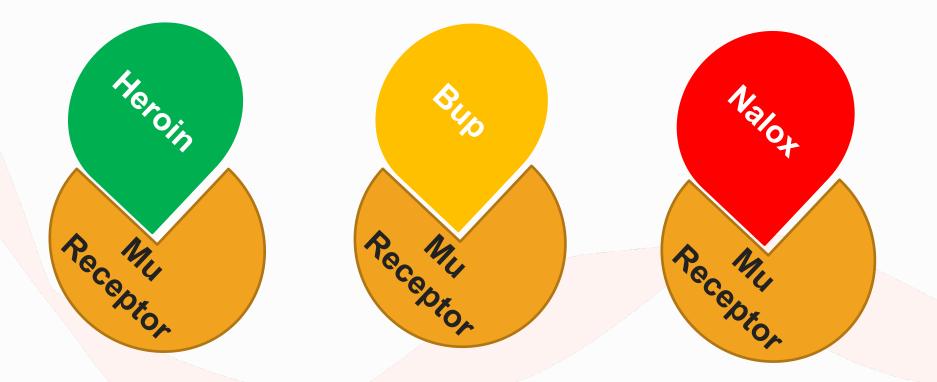
Opioid Receptors





Narita et al. Pharmacol Ther. 2001 Jan;89(1):1-15

Mu Receptor Binding





https://www.drugabuse.gov/publications/medications-to-treat-opioid-addiction/what-are-misconceptions-about-maintenance-treatment Narita et al. Pharmacol Ther. 2001 Jan;89(1):1-15

The Basics

Analogue of thebaine

Partial mu receptor agonist

Extremely poor bioavailability

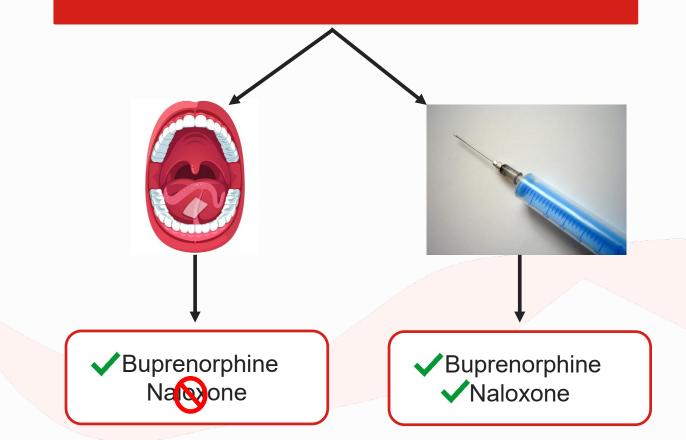
Co-formulated with naloxone

Indication: opioid dependence; acute and chronic pain



Why Co-formulated with Naloxone?

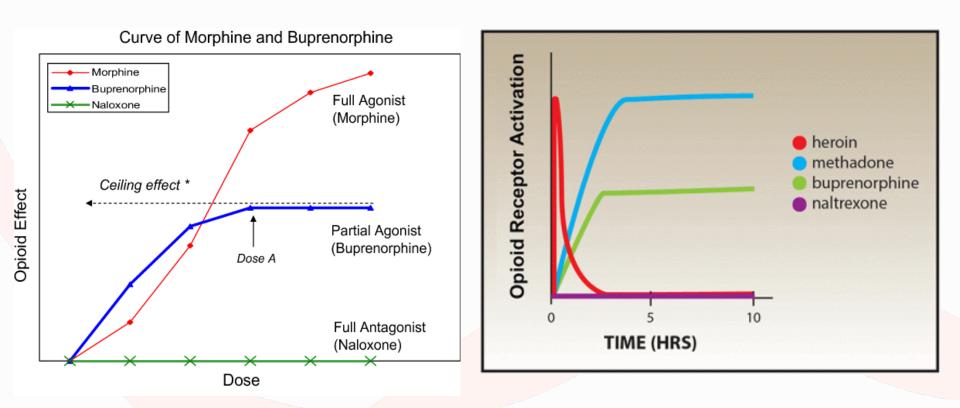
Buprenorphine/Naloxone





https://www.medpagetoday.com/neurology/parkinsonsdisease/83890 https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020733s007s008lbl.pdf

Pharmacodynamics





https://www.drugabuse.gov/publications/medications-to-treat-opioid-addiction/what-are-misconceptions-about-maintenance-treatment

Ling et al. Addiction 1998; 93(4):475-486

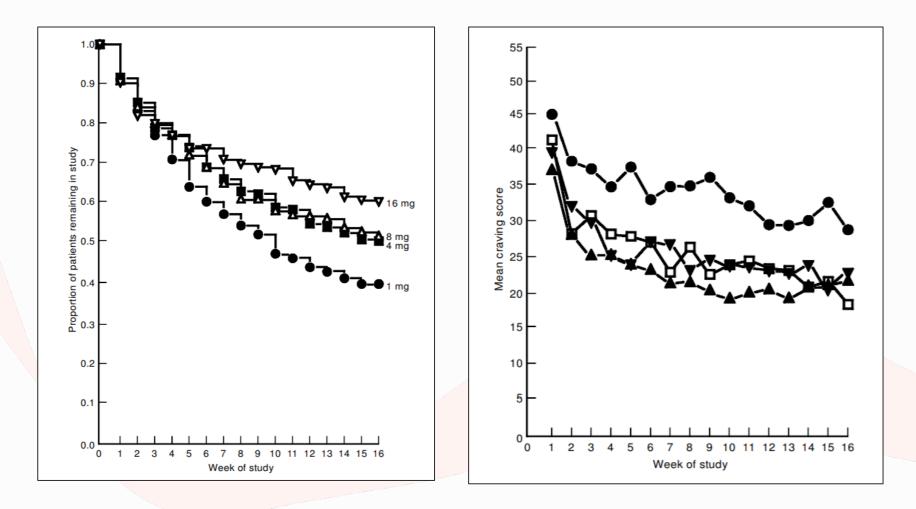
- Buprenorphine vs.
 Placebo
- 16-week study
- Outcomes:
 - Retention in treatment
 - Illicit opioid use
 - Cravings
 - Global ratings

Average Patient:

- White
- High school education
- Unmarried or divorced
- Unemployed for past 3 years
- Tried methadone previously



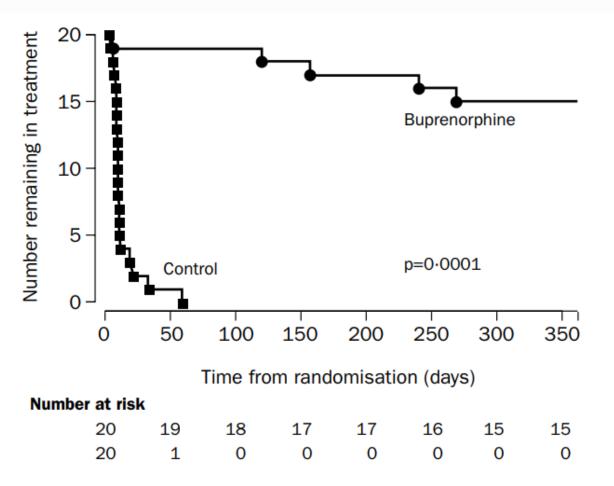
Results





Ling et al. Addiction 1998; 93(4):475-486

Retention in Treatment





Kakko J et al. Lancet. 2003 Feb 22;361(9358):662-8

Trivia Break





Driving that Train, High on Cocaine . . .



AETC AIDS Education & Training Center Program Southeast

Where are we now?



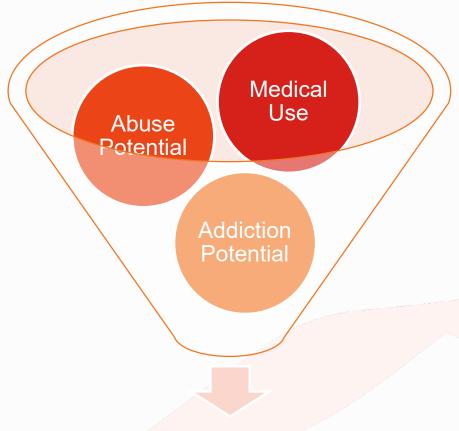
- Addictive substances must be included on label
 - Food, Drug, and Cosmetic Act
- Focus on safety (i.e., drug shouldn't kill you law)
- Kefauver Harris Amendment
- Focus on safety and efficacy (i.e., drug should work and not kill you law)
 - Controlled Substances Act
- 1970 Established the DEA, drug schedules, and international trade regulation
 - Drug Addiction Treatment Act
 - Allows qualified healthcare providers to treat opioid dependency



<u>2</u>000

1938

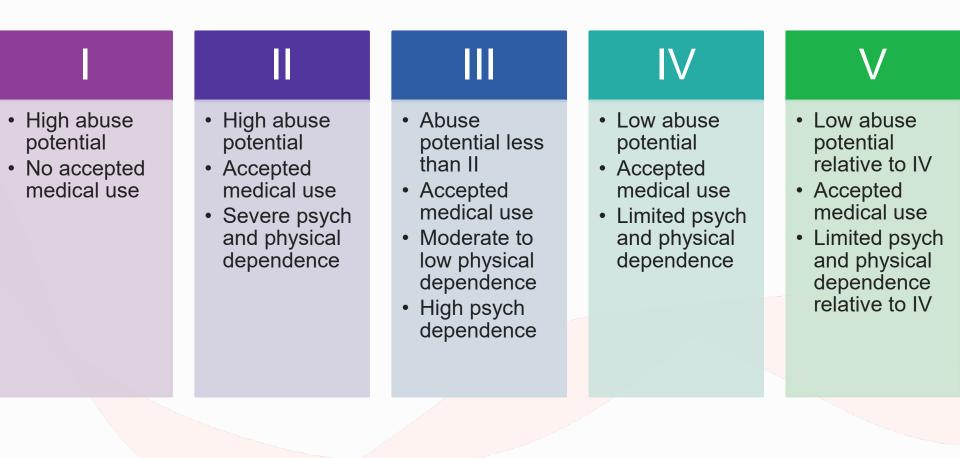
I would like to schedule my drug, please!



Federal Schedule



A Review of (Federal) Schedules





https://www.deadiversion.usdoj.gov/21cfr/cfr/index.html

Name That (Federal) Schedule

Drug	Schedule
Cocaine	II
Peyote	
Testosterone	III
Codeine	П
Zolpidem	IV
Methamphetamine	II
Buprenorphine	III
Cannabidiol	V
Alprazolam	IV



Who you gonna call?

Drug Enforcement Agency (DEA)

Cabinet for Health and Family Services (CHFS)

Food and Drug Administration (FDA)

Board of Pharmacy Board of Medicine

Local, State, Federal Law Enforcement



Drug Addiction Treatment Act

Established "waived" DEA license

- Do not have to register as an opioid treatment program
- "X" license
- ♦ 30 patients → 100 patients → 275 patients
- Buprenorphine
- SUPPORT Act
 - Treat 100 patients in first year
 - Extending prescribing privileges to midlevel practitioners



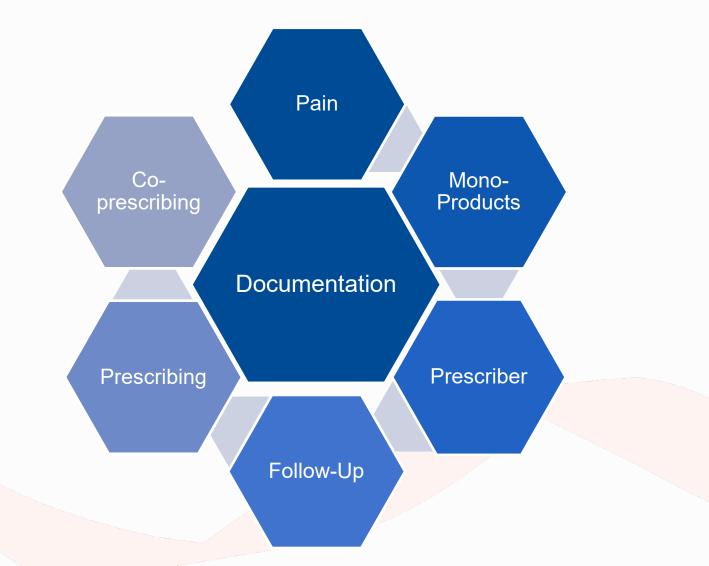
https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines https://www.deadiversion.usdoj.gov/pubs/docs/dwp_buprenorphine.htm

Trivia Break





Buprenorphine Prescribing





Common Themes

Consent and Treatment Plan

Thoroughly documented HPI

Social Support

HIV/HCV Testing

Behavioral Treatment Plan Consult specialists when needed



Prescriber Requirements

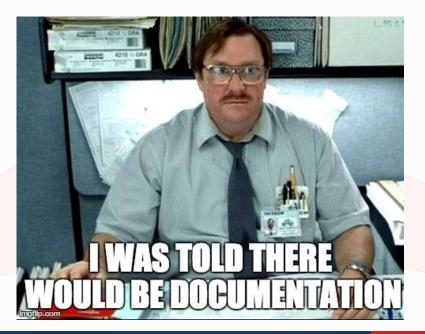
- DEA license and waiver in good standing
- Complete a SAMHSA* certified course
- https://www.samhsa.gov/medication-assistedtreatment/training-materials-resources/apply-forpractitioner-waiver





Documentation

- History of Present Illness
- Substance Abuse History
- Social and Family History
- Past Medical History Psych History
- Physical Exam
- Injection Drug Use History
 - HIV Screen
 - Hepatitis Serology
- CBC, CMP, and Drug Screen





Initial Documentation

- Review prior medical records
- Review prescription drug monitoring report for 12 month period prior
- Explains risks and benefits of treatment
- Obtain written informed consent
- Urine drug screen



Women of Child Bearing Age

Pregnancy test

- Counseled on risk of neonatal abstinence syndrome
- Pregnant or Breastfeeding?
 - Coordinate care with OB/GYN

Is Buprenorphine/Naloxone Unsafe in Pregnancy??
Mullins et al. J Addict Med 2019 Sep 17
ACOG Committee Opinion No. 711; August 2017



Urine Drug Screens

Drug screen panel should reflect local drug use patterns

- Qualitative vs. Quantitative
- Confirm or refute patient's self-report
- Pair with pill count
- Help patients succeed

Buprenorphine Methadone Oxycodone THC Amphetamines Benzodiazepines Cocaine Other Opioids



Induction

Recommend in office induction

Document why if office induction is not done

Document COWS*

Behavior modification treatment plan

*Clinical Opiate Withdrawal Scale



Prescription Drug Monitoring Programs

Check frequently

Helps ensure:

- Patients are filling buprenorphine
- Patients are not filling other controlled substances





Prescribing

- Call-in, fax, written, e-scribe
- Valid for 180 days from issue
- ♦ Can write \leq 5 refills
- Include DEA X license
- Sign it





Just Say No: Co-prescribing

- Stimulants
- Benzodiazepines
- Sedative-hypnotics
- Opioids





But what if??

My patient <u>REALLY</u> needs it?

 Consult a board certified physician in Addiction Medicine or Psychiatry

I can't find a psychiatrist or an addiction specialist?

- No more than 30 days
- Extraordinary or acute medical needs



More What Ifs

What if my patient says their buprenorphine was stolen?

- Have them file a police report
- Have a plan in place prior to theft





Buprenorphine for Pain

Transdermal or Buccal Film

- Pain severe enough to require around-the-clock, longterm opioid treatment
- Should not be prescribed prn
- Intravenous or Intramuscular
 - Administered in physician's office
 - Acute pain severe enough to require opioids



Resources

- https://www.tn.gov/content/dam/tn/health/documents/201 8%20Buprenorphine%20Tx%20Guidelines.PDF
- https://www.samhsa.gov/
- https://www.asam.org/









Risk Reduction

- Naloxone
 - https://www.safeproject.us/naloxone-awarenessproject/state-rules/
 - Everyone with an opioid prescription or a diagnosed opioid use disorder should have naloxone!
- HIV Pre-exposure Prophylaxis
 - https://www.hiv.gov/blog/cdc-recommends-prep-for-injectiondrug-users
 - <u>https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf</u>
- Syringe Exchange/Clean Needles
 - https://www.nasen.org/map/



Last Trivia Break

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