

Buprenorphine-Naloxone (Suboxone) Initiation Protocol for Patients Using Heroin or Short-Acting Opioids

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Introduction

People living with HIV (PLWH) have higher rates of substance abuse compared with the general population. For PLWH with opioid use disorder (OUD), maintaining adherence to provider appointments and medication can be a challenge. The Partnership Comprehensive Care Practice serves a population of approximately 1700 patients, many of whom have OUD. Buprenorphine/naloxone (Suboxone) has emerged as an option for medication-assisted treatment that may be started at home.

Successful OUD treatment protocols frequently incorporate the input of a multi-disciplinary team of providers, addiction health specialists, case managers, behavioral health consultants, nurses, and pharmacists. Effective protocols provide guidance for induction and maintenance. They provide structure while addressing common pitfalls in care. They include roles for case management, behavioral health, nursing, and pharmacy for the ongoing evaluation of the medication's efficacy and education regarding harm reduction strategies including naltrexone.

Methods

We review the literature and consulted with specialists in the field of addiction medicine to create a protocol for Suboxone induction and maintenance.

The protocol was created through the efforts of multiple disciplines in our clinic including providers, nursing, pharmacy, behavioral health, and case management.

The protocol was implemented over several weeks with ongoing education meetings of team members and education by addiction medicine specialists.

Results

The following protocol was created for induction and maintenance of Suboxone:

Day One office visit:

1) Evaluation by provider: The initial visit includes a focused history and physical, assessment of the patient's willingness to initiate treatment, treatment goals and expectations, the steps of Suboxone initiation, the plan in case of relapse, and the importance of appointment attendance. A treatment agreement/informed consent will be reviewed with and signed by the patient along with review of the Prescription Drug Monitoring Program site.

2) Collection of a urine drug screen: Ideally this will be point of care, though send-out is an option

3) Consultation with behavioral health consultant: Patients will meet with behavioral health. They will be referred to behavioral health/addiction counseling based on their needs/preferences.

4) Consultation with case management: Barriers to treatment adherence will be identified and assistance will be provided.

5) Prescription of Suboxone: A one-week prescription of suboxone is provided for home induction. Patients are prescribed: *Suboxone 8 mg/2 mg tabs; Take as directed; Dispense # 14; No refills.*

6) Explanation of the initiation plan: The following instructions are explained to the patient and provided in written form:

• You will start Suboxone today. Do not start your Suboxone until:

- At least six hours have passed since your last use AND
- When you start to experience withdrawal.
- Withdrawal symptoms include: yawning, large pupils, sweating, nausea, can't sit still, runny nose, goosebumps, fast heart beat, body pain, anxiety.

When it is time to take Suboxone, you should do the following:

- Break your 8 mg/2mg tablet or cut your 8 mg/2 mg film in half.
- Take everything out of your mouth.
- Take a sip of water to wet your mouth and tongue.
- Put one half of the Suboxone tablet or strip under your tongue
- Let it dissolve. Try not to swallow until it has completely dissolved.
- Wait forty minutes hours. After forty minutes:

- If your withdrawal symptoms are worse, you have taken the Suboxone too soon and should come back into the clinic or go to the emergency room.

• If your withdrawal symptoms are the same or better, take the second half of the tablet or film in the same way as the first half.

• Wait 2 hours. After 2 hours:

- If you still have withdrawal symptoms, take another half-tablet or film.
- If you have no symptoms, take no further tablets or films unless symptoms recur.
- You can repeat the above for a total of two whole tablets (16 mg/4mg total) per day.
- The following morning take the total amount you took on Day 1 all at once. That will be your daily dose.

Week 2 office visit:

1) Evaluation by provider: A focused history and physical will be performed. Response of withdrawal symptoms will be assessed.

2) Prescription of Suboxone: A one-week prescription of suboxone will be provided based on the home induction dose.

3) Collection of a UDS: If available, a point-of-care multi-panel urine drug test with built in temperature strip will be collected and resulted on the same day.

Subsequent follow-up:

Ideally, the patient will meet at least every week for the first month, with subsequent visits spaced out to every two weeks and then to once a month as appropriate. However, visits can be more or less frequent based on the provider's discretion. More frequent visits may be necessary if there is a concern for diversion or relapse.

As of the writing of the initial abstract, the landscape of Suboxone provision has changed in the setting of COVID. We now offer telemedicine-based Suboxone program, have multiple waived providers, have the involvement of a dedicated behavioral health counselor, a psychiatrist, and a peer recovery specialist.

Challenges/Lessons Learned

Irregular urine drug screens are often encountered. If there is evidence of relapse, the patient is re-induced and, after evaluation, often requires more intensive counseling. A discussion of the patient with the Suboxone sub-committee or addiction medicine is often warranted.

The above protocol remains a snapshot in time pre-COVID. As our telehealth capabilities continue to evolve, we will remain flexible in the provision of Suboxone in the setting of post-COVID related challenges.