

Buprenorphine in the VA (BIV PROJECT): Improving Implementation and Outcomes of Office Based Opioid Dependence Treatment in the VA

A Tool for Buprenorphine Care

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(A series of monthly newsletters containing information on Buprenorphine)

VA Criteria for Use of Buprenorphine*

Patient Criteria¹

Sublingual buprenorphine is indicated for opioid agonist treatment of opioid dependence (DSM-IV diagnosis), including medically supervised withdrawal, in:

- 1) New patients not currently receiving opioid agonist treatment (OAT)
AND who meet at least one of the following 3 criteria:
 - * Do not have timely access to a VA-supported OAT center.
 - * Do not meet regulatory criteria for treatment in an OAT program.
 - * Will have difficulty adhering to scheduled visits at a VA supported OAT program (e.g., because of restrictive clinic hours).
- 2) Appropriately selected patients on stable methadone maintenance who have difficulty adhering to scheduled visits at a VA-supported OAT center or may not need close supervision. Opioid treatment programs should determine the criteria for appropriate selection of these patients, and the criteria should take into consideration such factors as the patient's psychosocial adjustment, lifestyle stability, job stability, level of physiologic opioid dependence, and need for higher doses of methadone (e.g., 80 mg daily).
- 3) Patients who have a documented severe, uncontrollable adverse effect or true hypersensitivity to methadone.

Discontinuation Criteria

- 1) Discontinuation as a goal of therapy. While many patients may require long-term maintenance therapy, after a period of social, medical, psychiatric, and substance abstinence stability, clinicians and patients may consider a monitored taper of buprenorphine. Individual response to therapy should determine when to attempt stopping opioid substitution therapy.
- 2) Discontinuation for other reasons. Buprenorphine therapy should be stopped if the patient:
 - * Misuses, abuses, or diverts buprenorphine or other controlled prescription medications, OR
 - * Is noncompliant with required supportive care or other ancillary services related to therapy for opioid dependence (DSM-IV), OR
 - * Does not experience suppression of physiologic signs and symptoms of withdrawal with buprenorphine 32 mg daily after the induction phase. In this situation, buprenorphine should be stopped, the treatment plan re-evaluated, and a more intensive level of care considered. Inadequate response during the induction phase and failure to obtain negative urine drug screens or abstinence should not be used as criteria for discontinuation of buprenorphine.

Updates in Research

1. Finch, JW, Kamien, JB, Amass, L. **Two-year Experience with Buprenorphine-Naloxone (Suboxone) for Maintenance Treatment of Opioid Dependence Within a Private Practice Setting.** *Journal of Addiction Medicine.* 1(2):104-110, June 2007.
2. Fiellin, DA. **The First Three Years of Buprenorphine in the United States: Experience to Date and Future Directions.** *Journal of Addiction Medicine.* 1(2):62-67, June 2007.

Tip of the Month

Develop written agreement of clinic rules, expectations of the patient and provider, and policies for buprenorphine administration and request patient and clinician sign when they begin treatment. This can assist in the documentation of the informed consent process and facilitate shared-decision making should any problems arise.

¹ VHA Pharmacy Benefits Management Strategic Healthcare Group and the Medical Advisory Panel. Updated by: F. Goodman, A. Gordon, D. Kivlahan, G. Dalack, L. McNicholas, D. Oslin, A. Saxon, R. Suchinsky. **Criteria for Use of Buprenorphine/Naloxone and Buprenorphine Sublingual Tablets.** Can be found at www.pbm.va.gov or <http://vaww.pbm.va.gov>.