BIBLIOGRAPHY

Buprenorphine


Chiang CN, Hawks RL. Pharmacokinetics of the combination tablet of buprenorphine and naloxone. Drug Alcohol Depend 2003;70:S39-47.


Jaffe JH, O'Keeffe C. From morphine clinics to buprenorphine: regulating opioid agonist treatment of addiction in the United States. Drug Alcohol Depend 2003;70:S3-S11.

Office-based Treatment of Opioid Dependence


**Patient and Provider Satisfaction:**


FACT SHEET

WHAT: The Physician Clinical Support System (PCSS) is a national network of 86 physician mentors with expertise in buprenorphine treatment who provide telephone, email and on-site mentorship to over 2600 participants located in all 50 States and Puerto Rico.

WHY: Only a small percentage of people dependent on heroin, pain killers and other opioids in the United States are in treatment programs – the estimated cost to society of opioid addiction is well over $20 billion annually. The PCSS works to support the treatment of opioid dependence using buprenorphine. Buprenorphine has helped to expand treatment of opioid dependence using the mainstream medical care system that augments care provided in existing specialty treatment settings.

The PCSS is designed to provide educational support to practicing physicians, in accordance with the Drug Addiction Treatment Act of 2000, to help them to incorporate buprenorphine treatment of prescription opioid and heroin dependent patients into their practices.

WHO: Funded by SAMHSA, administered by the American Society of Addiction Medicine (ASAM), and supported by a steering committee with representatives from the following medical organizations:

- American Academy of Addiction Psychiatry (AAAP)
- American Academy of Child and Adolescent Psychiatry (AACAP)
- American Academy of Pediatrics (AAP)
- American Association for the Treatment of Opioid Dependence (AATOD)
- American College of Physicians (ACP)
- AIDS Education and Training Center (AETC)
- American Medical Association (AMA)
- American Osteopathic Academy of Addiction Medicine (AOAAM)
- American Psychiatric Association (APA)
- American Society of Addiction Medicine (ASAM)
- Addiction Treatment Technology Center (ATTC)
- College on Problems of Drug Dependence (CPDD)
- Center for Substance Abuse Treatment (CSAT)
- Health Resources and Services Administration (HRSA)
- National Alliance of Advocates for Buprenorphine Treatment (NAABT)
- National Alliance of Methadone Advocates (NAMA)
- National Association of State Alcohol and Drug Abuse Directors (NASADAD)
- National Institute on Drug Abuse/Clinical Trials Network (NIDA/CTN)
- New York Academy of Medicine (NYAM)
- Society of General Internal Medicine (SGIM)
- US Department of Veteran’s Affairs (VA)

FREE RESOURCES:

Website: [www.PCSSmentor.org](http://www.PCSSmentor.org).
Warm line: 1-877-630-8812
Email: [PCSSproject@asam.org](mailto:PCSSproject@asam.org)

Clinical Guidances - available online to download for free
- Treatment of Acute Pain in Patients receiving Buprenorphine/Naloxone [Click here](#)
- Management of Psychiatric Medications in Patients Receiving Buprenorphine/Naloxone [Click here](#)
- Monitoring of liver function tests and hepatitis in patients receiving buprenorphine/naloxone [Click here](#)
- Opioid Therapies, HIV Disease and Drug Interactions [Click here](#)
- Physician Billing for Office-Based Treatment of Opioid Dependence [Click here](#)
- Pregnancy and Buprenorphine Treatment [Click here](#)
- Transfer from Methadone to Buprenorphine [Click here](#)
Online Anytime
Clinical Tools, Inc
ASAM
CONTACT: 1-888-362-6784
www.tobaccotreatmenttraining.com

April 10, 2008, Toronto, Canada
ASAM
MedChi, The Maryland State Medical Society
CONTACT: 1-410-539-0872

April 12, 2008, Dayton, OH
Case Western Reserve University School of Medicine
CONTACT: 1-800-274-8263
http://cme.case.edu

April 25, 2008, Boston, MA
ASAM
CONTACT: 1-888-362-6784
www.docoptin.com

May 10, 2008, Lexington, KY
ASAM
CONTACT: 1-888-362-6784
www.docoptin.com

June 28, 2008, Pewaukee, WI
ASAM
CONTACT: 1-888-362-6784
www.docoptin.com
CLINICAL TOOLS
Sample Patient Agreements
PATIENT TREATMENT CONTRACT

Patient Name _______________________________ Date ______________

As a participant in buprenorphine treatment for opioid misuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

1. I agree to keep and be on time to all my scheduled appointments.
2. I agree to adhere to the payment policy outlined by this office.
3. I agree to conduct myself in a courteous manner in the doctor’s office.
4. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without any recourse for appeal.
5. I agree not to deal, steal, or conduct any illegal or disruptive activities in the doctor’s office.
6. I understand that if dealing or stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my buprenorphine is filled, that the behavior will be reported to my doctor’s office and could result in my treatment being terminated without any recourse for appeal.
7. I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit.
8. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why it was lost.
9. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling my treating physician.
10. I understand that mixing buprenorphine with other medications, especially benzodiazepines (for example, Valium®, Klonopin®, or Xanax®), can be dangerous. I also recognize that several deaths have occurred among persons mixing buprenorphine and benzodiazepines (especially if taken outside the care of a physician, using routes of administration other than sublingual or in higher than recommended therapeutic doses).
11. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.
12. I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.
13. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (excepting nicotine).

14. I agree to provide random urine samples and have my doctor test my blood alcohol level.

15. I understand that violations of the above may be grounds for termination of treatment.

__________________________________________________________________________________________ Date __________________________

Patient Signature

* Valium® is a registered trademark of Roche Products Inc.
† Klonopin® is a registered trademark of Roche Laboratories Inc.
‡ Xanax® is a registered trademark of Pharmacia & Upjohn Company
BUPRENORPHINE TREATMENT AGREEMENT

Patient Name:

I am requesting that my doctor provide buprenorphine treatment for opioid __________ addiction. I freely and voluntarily agree to accept this treatment list drug(s) agreement, as follows:

(1) I agree to keep, and be on time to, all my scheduled appointments with the doctor and his/her assistant.

(2) I agree to conduct myself in a courteous manner in the physician’s or clinic’s office.

(3) I agree to pay all office fees for this treatment at the time of my visits. I will be given a receipt that I can use to get reimbursement from my insurance company if this treatment is a covered service. I understand that this medication will cost between $5-$10 a day just for medication and that the office visits are a separate charge.

(4) I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, the staff will not see me and I will not be given any medication until my next scheduled appointment.

(5) I agree not to sell, share or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without recourse for appeal.

(6) I understand that the use of buprenorphine/naloxone (Suboxone) by someone who is addicted to opioids could cause them to experience severe withdrawal.

(7) I agree not to deal, steal, or conduct any other illegal or disruptive activities in or in the vicinity of the doctor’s office.

(8) I agree that my medication (or prescriptions) can only be given to me at my regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit.

(9) I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.

(10) I agree not to obtain medications from any physicians, pharmacists, or other sources without informing my treating physician. I understand that mixing buprenorphine with other medications, especially benzodiazepines, such as Valium (diazepam), Xanax (alprazolam), Librium (chlor Diazepoxide), Ativan (lorazepam), and/or other drugs of abuse including alcohol, can be dangerous. I also understand that a number of deaths have been reported in persons mixing buprenorphine with benzodiazepines.
(11) I agree to take my medication as the doctor, and his/her assistant has instructed, and not to alter the way I take my medication without first consulting the doctor.

(12) I understand that medication alone is not sufficient treatment for my disease and I agree to participate in the recommended patient education and relapse prevention program, to assist me in my treatment.

(13) I understand that my buprenorphine treatment may be discontinued and I may be discharged from the clinic if I violate this agreement.

(14) I understand that there are alternatives to buprenorphine treatment for opioid addiction including:
   a. medical withdrawal and drug-free treatment
   b. naltrexone treatment
   c. methadone treatment

   My doctor will discuss these with me and provide a referral if I request this.

________________________________   ___________________
Patient’s Signature     Date

________________________________   ___________________
Witness Signature      Date
# DSM-IV CRITERIA FOR OPIOID DEPENDENCE DIAGNOSIS: WORKSHEET

<table>
<thead>
<tr>
<th>Diagnostic Criteria*</th>
<th>Meets criteria</th>
<th>Notes/supporting information</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Dependence requires meeting 3 or more criteria)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(1) Tolerance, as defined by either of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) need for markedly increased amounts of the substance to achieve intoxication or desired effect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) markedly diminished effect with continued use of the same amount of the substance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Withdrawal, as manifested by either of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) the characteristic withdrawal syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) The substance is often taken in larger amounts or over a longer period of time than intended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) There is a persistent desire or unsuccessful efforts to cut down or control substance use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) A great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Important social, occupational, or recreational activities are given up or reduced because of substance use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Opiate Withdrawal Scale**

For each item, circle the number that best describes the patient’s signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

<table>
<thead>
<tr>
<th>Patient’s Name: __________________________</th>
<th>Date and Time ____ / ____ / ____ : ________</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reason for this assessment:</strong>____________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Resting Pulse Rate:</strong> beats/minute</th>
<th><strong>GI Upset:</strong> over last ½ hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measured after patient is sitting or lying for one minute</td>
<td>0 no GI symptoms</td>
</tr>
<tr>
<td>0 pulse rate 80 or below</td>
<td>1 stomach cramps</td>
</tr>
<tr>
<td>1 pulse rate 81-100</td>
<td>2 nausea or loose stool</td>
</tr>
<tr>
<td>2 pulse rate 101-120</td>
<td>3 vomiting or diarrhea</td>
</tr>
<tr>
<td>4 pulse rate greater than 120</td>
<td>5 Multiple episodes of diarrhea or vomiting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Sweating:</strong> over past ½ hour not accounted for by room temperature or patient activity.</th>
<th><strong>Tremor:</strong> observation of outstretched hands</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 no report of chills or flushing</td>
<td>0 No tremor</td>
</tr>
<tr>
<td>1 subjective report of chills or flushing</td>
<td>1 tremor can be felt, but not observed</td>
</tr>
<tr>
<td>2 flushed or observable moistness on face</td>
<td>2 slight tremor observable</td>
</tr>
<tr>
<td>3 beads of sweat on brow or face</td>
<td>4 gross tremor or muscle twitching</td>
</tr>
<tr>
<td>4 sweat streaming off face</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Restlessness</strong> Observation during assessment</th>
<th><strong>Yawning</strong> Observation during assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 able to sit still</td>
<td>0 no yawning</td>
</tr>
<tr>
<td>1 reports difficulty sitting still, but is able to do so</td>
<td>1 yawning once or twice during assessment</td>
</tr>
<tr>
<td>3 frequent shifting or extraneous movements of legs/arms</td>
<td>2 yawning three or more times during assessment</td>
</tr>
<tr>
<td>5 Unable to sit still for more than a few seconds</td>
<td>4 yawning several times/minute</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Pupil size</strong></th>
<th><strong>Anxiety or Irritability</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 pupils pinned or normal size for room light</td>
<td>0 none</td>
</tr>
<tr>
<td>1 pupils possibly larger than normal for room light</td>
<td>1 patient reports increasing irritability or anxiousness</td>
</tr>
<tr>
<td>2 pupils moderately dilated</td>
<td>2 patient obviously irritable anxious</td>
</tr>
<tr>
<td>5 pupils so dilated that only the rim of the iris is visible</td>
<td>4 patient so irritable or anxious that participation in the assessment is difficult</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Bone or Joint aches</strong> If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</th>
<th><strong>Gooseflesh skin</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 not present</td>
<td>0 skin is smooth</td>
</tr>
<tr>
<td>1 mild diffuse discomfort</td>
<td>3 piloerrection of skin can be felt or hairs standing up on arms</td>
</tr>
<tr>
<td>2 patient reports severe diffuse aching of joints/muscles</td>
<td>5 prominent piloerrection</td>
</tr>
<tr>
<td>4 patient is rubbing joints or muscles and is unable to sit still because of discomfort</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Runny nose or tearing</strong> Not accounted for by cold symptoms or allergies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 not present</td>
<td></td>
</tr>
<tr>
<td>1 nasal stuffiness or unusually moist eyes</td>
<td></td>
</tr>
<tr>
<td>2 nose running or tearing</td>
<td></td>
</tr>
<tr>
<td>4 nose constantly running or tears streaming down cheeks</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Total Score ________</strong></th>
<th><strong>The total score is the sum of all 11 items</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initials of person completing Assessment:</strong> _______________</td>
<td></td>
</tr>
</tbody>
</table>

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

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Flowcharts of Buprenorphine Induction

Day 1: Induction for Patients Physically-Dependent on Short-Acting Opioids (e.g. Heroin)

Patient dependent on short-acting opioids?

YES

Withdrawal symptoms present 4-24 hours after last use of opioids?

NO

Stop: patient not dependent on short-acting opioids

YES

Give buprenorphine 4mg (or bup/naloxone 4mg/1mg) and observe 2+ hours

Withdrawal symptoms continue or return?

NO

Withdrawal symptoms return?

NO

Daily dose established; see "Switch" diagram (Figure 6)

YES

Daily dose established; see "Switch" diagram (Figure 6)

Repeat dose up to maximum 8 mg for the first day

Withdrawal symptoms relieved?

NO

Manage withdrawal symptomatically

YES

Follow Day 2+ induction guidelines for physically-dependent patients (Figure 2)

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Days 2+: Buprenorphine Induction for Patients Physically-Dependent on Short- or Long-Acting Opioids

Patient returns to the office on 8mg

- YES
  - Withdrawal symptoms present since last dose?
    - NO
      - Maintain patient on 8mg/day; see "Switch" diagram (Figure 6)
    - YES
      - Give buprenorphine 10-12 mg
        - YES
          - Withdrawal symptoms continue?
            - NO
              - Withdrawal symptoms return?
                - NO
                  - Daily dose established; see "Switch" diagram (Figure 6)
                - YES
                  - Administer 2-4 mg doses up to maximum 16mg total for second day
                    - YES
                      - Withdrawal symptoms relieved?
                        - NO
                          - Manage withdrawal symptomatically
                            - YES
                              - Daily dose established; see "Switch" diagram (Figure 6)
                            - NO
                              - Return next day for continued induction; start with Day 2 total dose and increase by 2-4 mg increments. [Max daily dose: 32mg]
Day 1: Induction for Patients Physically-Dependent on Long-Acting Opioids (e.g. Methadone)

Patient dependent on long-acting opioids?

YES  
Taper to 40mg/day of methadone (or equivalent)

24+ hours after last dose, give 4mg buprenorphine and observe 2+ hours

Withdrawal symptoms continue or return?

NO  Withdrawal symptoms return?  NO  

Daily dose established; see "Switch" diagram (Figure 6)

NO  Manage withdrawal symptomatically

Follow Day 2+ induction guidelines for physically-dependent patients (Figure 2)
Day 1: Induction for Non-Physically-Dependent Patients

Patient has history of opioid dependence? **NO** → Do not proceed

**YES**

Current physical dependence on opioids? **NO** → Give 2mg in office, observe 2+ hours

**YES** → Follow induction guidelines for physically-dependent patients (see Figures 1 & 3)

Give 2mg in office, observe 2+ hours

Opioid agonist side effects (i.e. nausea, vomiting)? **NO** → Follow Day 2+ induction guidelines for non-physically-dependent patients (Figure 5)

**YES** → Administer symptomatic treatments

Wait 24 hours: Reassess need for agonist therapy

Agonist therapy required? **NO** → Proceed with non-agonist treatment (i.e. psychosocial tx with or without naltrexone)

**YES**
Day 2+: Induction for Non-Physically Dependent Patients

- Agonist side effects emerge within two hours of first buprenorphine dose? 
  - YES: Daily dose established; see "Switch" diagram (Figure 6)
  - NO: Increase dose by 2-4 mg/day [target dose: 12-16 mg/day]

- Observe
  - SIDE EFFECTS OCCUR?
    - NO: Continued illicit opioid use, withdrawal symptoms, or compulsion to use?
      - NO: Daily dose established; see "Switch" diagram (Figure 6)
      - YES: Maintain on buprenorphine dose, increase intensity of non-pharmacological treatments
    - YES: Continue buprenorphine monotherapy

Switch from Buprenorphine to Buprenorphine/Naloxone

- Patient on buprenorphine monotherapy (up to 32 mg/day)
  - YES: Patient pregnant?
    - YES: Continue buprenorphine monotherapy
    - NO: Other compelling reason to continue monotherapy?
      - NO: Transfer to buprenorphine/naloxone therapy
      - YES: Continue buprenorphine monotherapy