

BIBLIOGRAPHY

Buprenorphine

Bridge TP, Fudala PJ, Herbert S, Leiderman DB. Safety and health policy considerations related to the use of buprenorphine/naloxone as an office-based treatment for opiate dependence. *Drug Alcohol Depend* 2003;70:S79-85.

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

Doran CM, Shanahan M, Mattick RP, Ali R, White J, Bell J. Buprenorphine versus methadone maintenance: a cost-effectiveness analysis. *Drug Alcohol Depend* 2003;71:295-302.

Johnson RE, Chutuape MA, Strain EC, Walsh SL, Stitzer ML, Bigelow GE. A comparison of levomethadyl acetate, buprenorphine, and methadone for opioid dependence. *N Engl J Med* 2000;343:1290-7.

Johnson RE, Strain EC, Amass L. Buprenorphine: how to use it right. *Drug Alcohol Depend* 2003;70:S59-77.

Kakko J, Svanborg KD, Kreek MJ, Heilig M. 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: a randomised, placebo-controlled trial. *Lancet* 2003;361:662-8.

Ling W, Wesson DR. Clinical efficacy of buprenorphine: comparisons to methadone and placebo. *Drug Alcohol Depend* 2003;70:S49-57.

Mendelson J, Jones RT. Clinical and pharmacological evaluation of buprenorphine and naloxone combinations: why the 4:1 ratio for treatment? *Drug Alcohol Depend* 2003;70:S29-37.

O'Connor PG, Oliveto AH, Shi JM, et al. A randomized trial of buprenorphine maintenance for heroin dependence in a primary care clinic for substance users versus a methadone clinic. *Am J Med* 1998;105:100-5.

Stoller KB, Bigelow GE, Walsh SL, Strain EC. Effects of buprenorphine/naloxone in opioid-dependent humans. *Psychopharmacology (Berl)* 2001;154:230-42.

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.

Walsh SL, Eissenberg T. The clinical pharmacology of buprenorphine: extrapolating from the laboratory to the clinic. *Drug Alcohol Depend* 2003;70:S13-27.

Office-based Treatment of Opioid Dependence

Alford DP, Compton P, Samet JH. Acute pain management for patients receiving maintenance methadone or buprenorphine therapy. *Ann Intern Med* 2006;144:127-34.

Alford DP, LaBelle CT, Richardson JM, et al. Treating homeless opioid dependent patients with buprenorphine in an office-based setting. *J Gen Intern Med* 2007;22:171-6.

Breen CL, Harris SJ, Lintzeris N, et al. Cessation of methadone maintenance treatment using buprenorphine: transfer from methadone to buprenorphine and subsequent buprenorphine reductions. *Drug Alcohol Depend* 2003;71:49-55.

Clark HW. Office-based practice and opioid-use disorders. *N Engl J Med* 2003;349:928-30.

Donaher PA, Welsh C. Managing opioid addiction with buprenorphine. *Am Fam Physician* 2006;73:1573-8.

Fiellin DA, O'Connor PG. New federal initiatives to enhance the medical treatment of opioid dependence. *Ann Intern Med* 2002;137:688-92.

Fiellin DA, O'Connor PG. Clinical practice. Office-based treatment of opioid-dependent patients. *N Engl J Med* 2002;347:817-23.

Fiellin DA, Pantalon MV, Chawarski MC, et al. Counseling plus buprenorphine-naloxone maintenance therapy for opioid dependence. *N Engl J Med* 2006;355:365-74.

Magura S, Lee SJ, Salsitz EA, et al. Outcomes of buprenorphine maintenance in office-based practice. *J Addict Dis* 2007;26:13-23.

Stein MD, Cioe P, Friedmann PD. Buprenorphine retention in primary care. *J Gen Intern Med* 2005;20:1038-41.

Sullivan LE, Moore BA, Chawarski MC, et al. Buprenorphine/naloxone treatment in primary care is associated with decreased human immunodeficiency virus risk behaviors. *J Subst Abuse Treat* 2007

Patient and Provider Satisfaction:

Barry DT, Moore BA, Pantaloni MV, et al. Patient satisfaction with primary care office-based buprenorphine/naloxone treatment. *J Gen Intern Med* 2007;22:242-5.

Becker WC, Fiellin DA. Provider satisfaction with office-based treatment of opioid dependence: a systematic review. *Subst Abuse* 2005;26:15-22.



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), Association for Medical Education and Research in Substance Abuse (AMERSA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Pain Society (APS), 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) and the US Department of Veteran's Affairs (VA).

FREE RESOURCES:

Website: www.PCSSmentor.org.

Warm line: 1-877-630-8812

Email: 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](#)

AMERICAN SOCIETY OF ADDICTION MEDICINE CME
BUPRENORPHINE & OFFICE BASED TREATMENT OF OPIOID DEPENDENCE
8 CME Credits

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

Name/Practice Name

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 (chlordiazepoxide), 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

Name/Practice Name

DSM-IV CRITERIA FOR OPIOID DEPENDENCE DIAGNOSIS: WORKSHEET

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

Physician Signature

Date

*Criteria from American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association page 197.

This information was provided by Clinical Tools, Inc., and is copyrighted by Clinical Tools, Inc.

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.

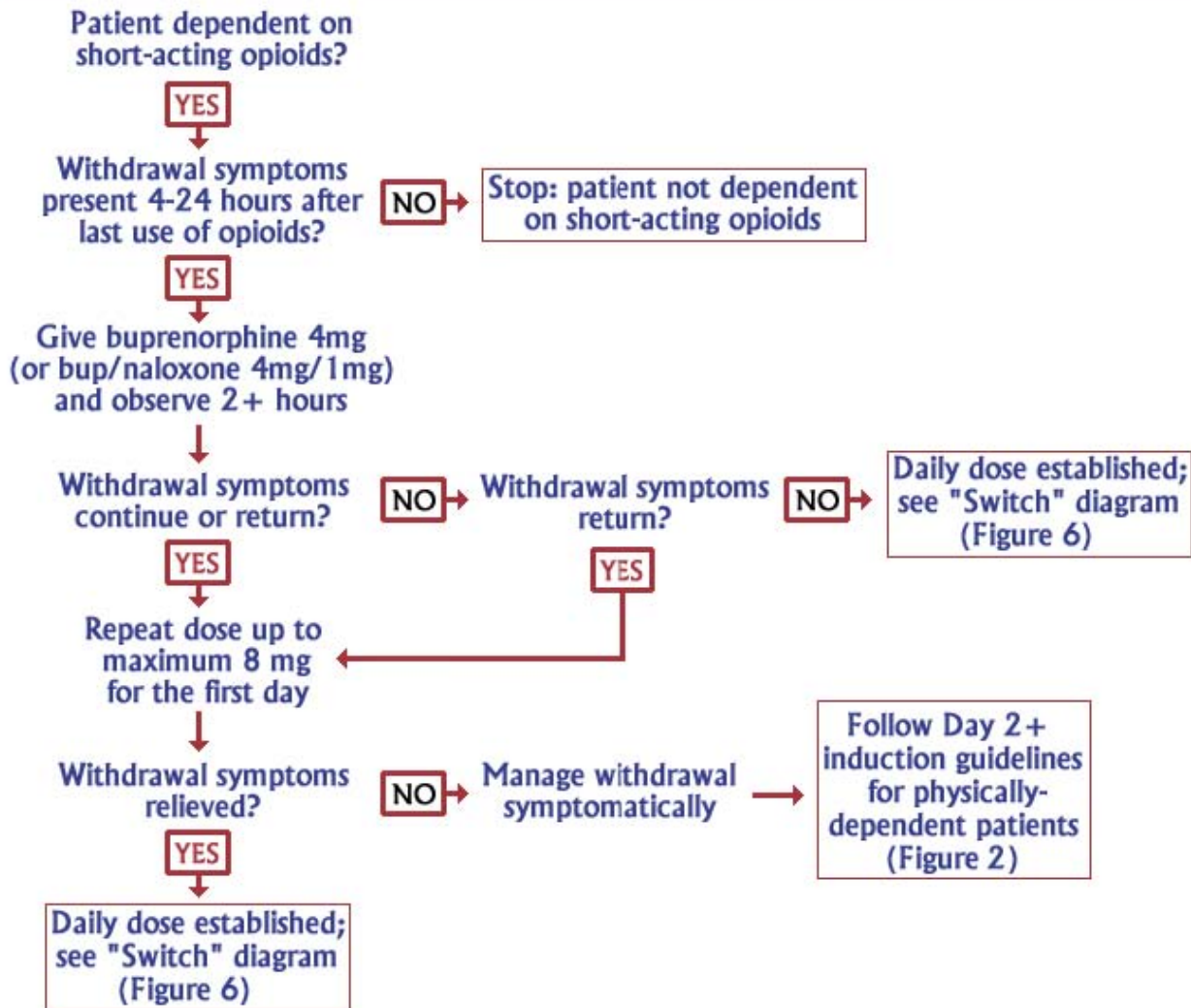
Patient's Name: _____ Date and Time ____/____/____:____	
Reason for this assessment: _____	
Resting Pulse Rate: _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	GI Upset: over last ½ hour 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: <i>over past ½ hour not accounted for by room temperature or patient activity.</i> 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	Tremor <i>observation of outstretched hands</i> 0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness <i>Observation during assessment</i> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds	Yawning <i>Observation during assessment</i> 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
Runny nose or tearing <i>Not accounted for by cold symptoms or allergies</i> 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing Assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal
 D:\bup curr update\C\ Tools fr ECS\22 COWS.doc

Flowcharts of Buprenorphine Induction

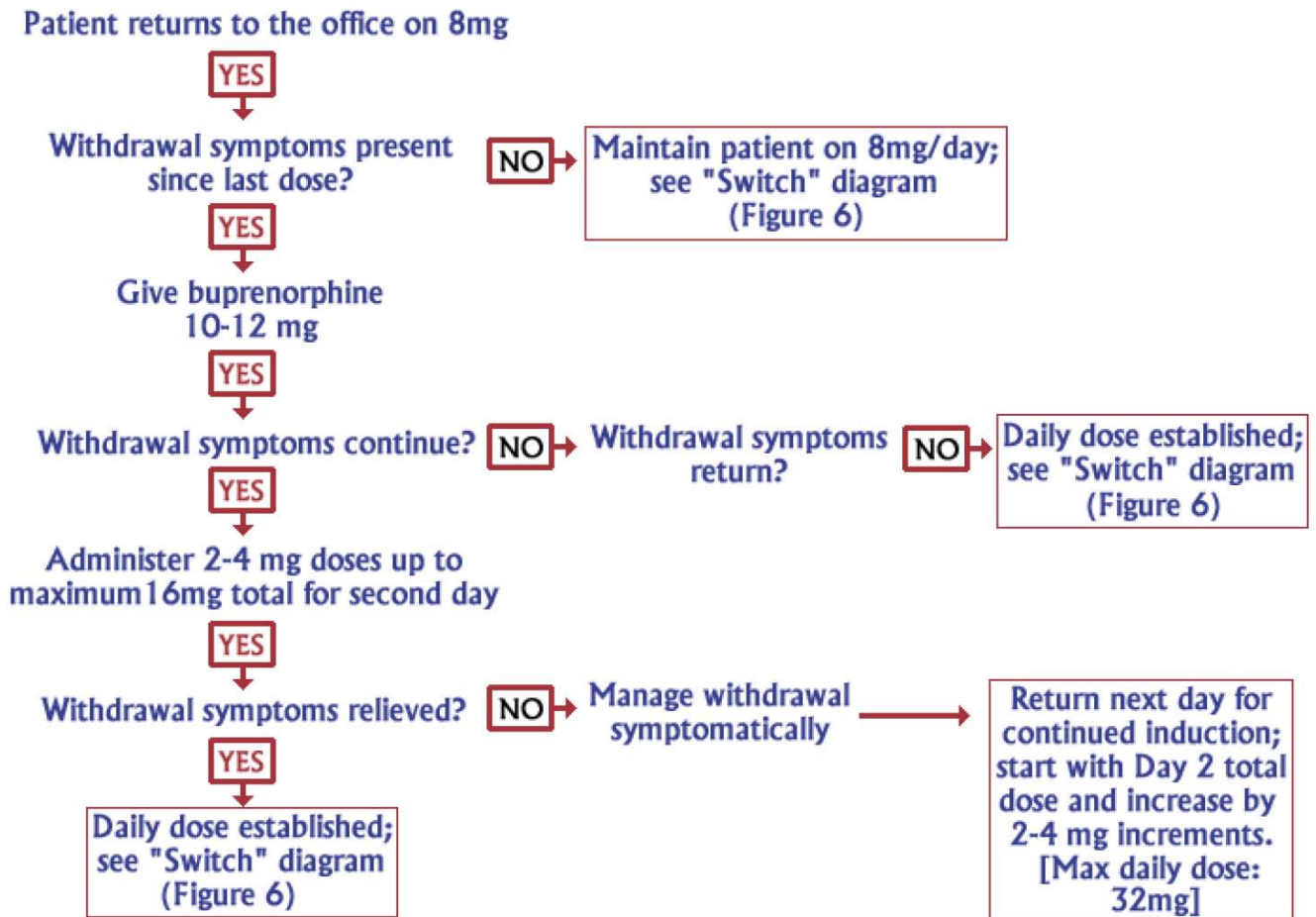
Day 1: Induction for Patients Physically-Dependent on Short-Acting Opioids (e.g. Heroin)

FIGURE 1

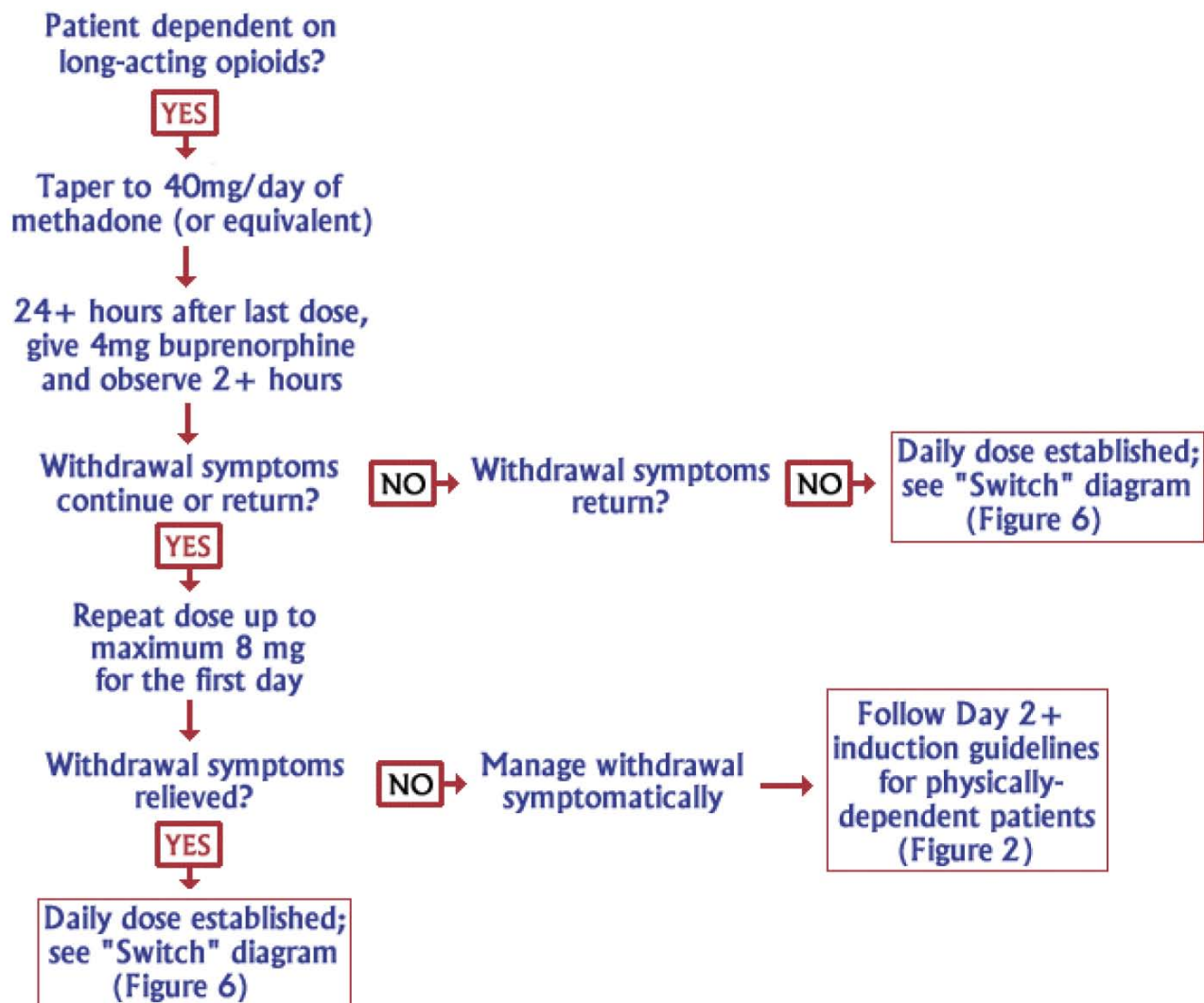


Days 2+ : Buprenorphine Induction for Patients Physically-Dependent on Short- or Long-Acting Opioids

FIGURE 2

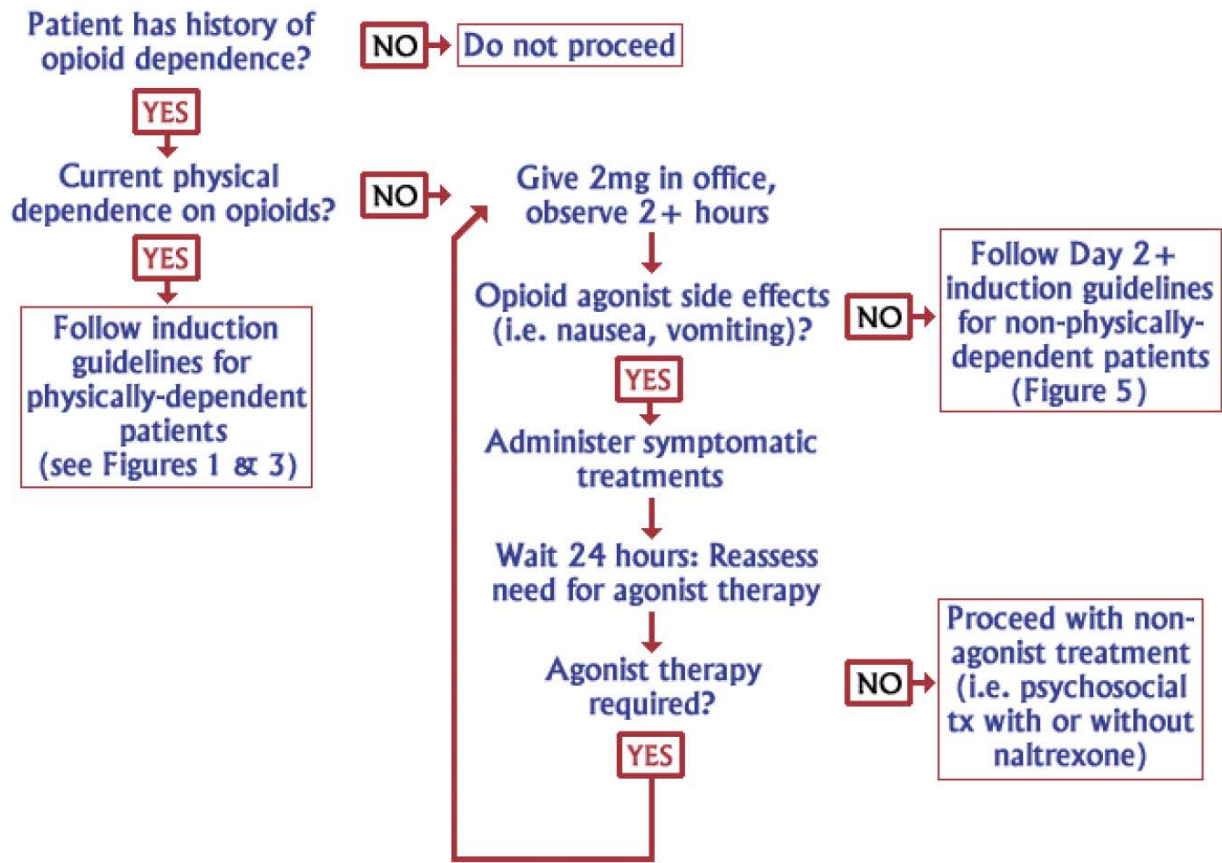


Day 1: Induction for Patients Physically-Dependent on Long-Acting Opioids (e.g. Methadone)

FIGURE 3

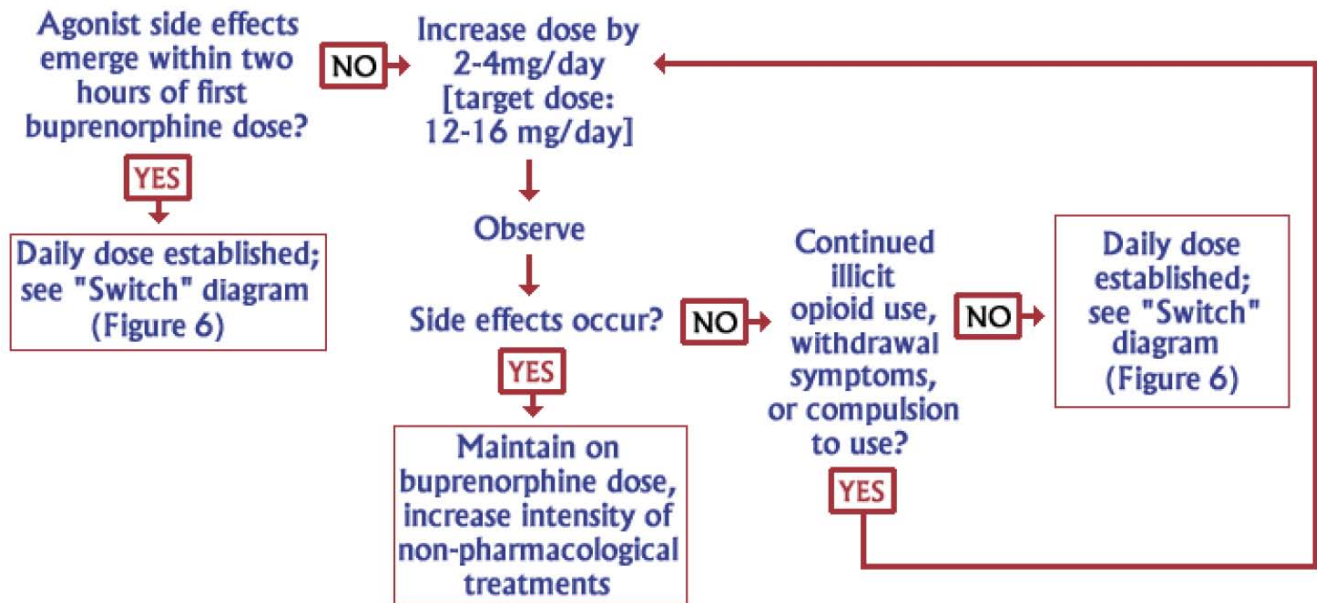
Day 1: Induction for Non-Physically-Dependent Patients

FIGURE 4



Day 2+: Induction for Non-Physically Dependent Patients

FIGURE 5



Switch from Buprenorphine to Buprenorphine/Naloxone

FIGURE 6

Patient on buprenorphine monotherapy (up to 32mg/day)

