

# Frequently Asked Questions

## BUPRENORPHINE/NALOXONE TREATMENT

### WHAT ARE THE MOST IMPORTANT THINGS TO KNOW ABOUT BUPRENORPHINE/NALOXONE FOR THE TREATMENT OF OPIOID USE DISORDER?

- **Treatment efficacy**  
Adequately dosed buprenorphine/naloxone (12-16 mg/day for most individuals) has comparable treatment outcomes to methadone (reduction of non-medical opioid use, retention in treatment).
- **Take-home dosing**  
Flexible take-home dosing of buprenorphine/naloxone can be prescribed as soon as the patient is deemed clinically stable by the treating clinician, which, in some patients, can be achieved in as soon as 1-3 days of induction.
- **Safety**  
Buprenorphine/naloxone is a partial opioid agonist and therefore has a lower risk of overdose, fewer and less severe side effects, and a lower risk of drug-drug interactions compared to full opioid agonists such as methadone.
- **Coverage**  
Buprenorphine/naloxone is an open benefit eligible for full coverage through BC PharmaCare Plan C (Income Assistance), Plan G (Psychiatric Medications), and Fair PharmaCare.

### WHAT DO I NEED TO DO IN ORDER TO PRESCRIBE BUPRENORPHINE/NALOXONE FOR MY PATIENT?

Although **not** required, completion of the **online education program** for prescribing buprenorphine/naloxone available through the BCCSU Provincial Opioid Agonist Treatment Support Program is recommended. This program is free of charge and CME-accredited (MAINPRO and MOC). One-on-one preceptorships with addiction medicine clinicians experienced with buprenorphine/naloxone are available but not required for course completion. More information can be found here:

<http://www.bccsu.ca/provincial-opioid-addiction-treatment-support-program/>

Make a plan for **point of care** urine drug testing in office (preferred) or UDT through LifeLabs.

Keep the RACE (Rapid Access to Consultative Expertise) line contact information handy if you have any questions for an Addiction Medicine specialist:



RACE line  
Vancouver Area: 604-696-2131  
Toll Free: 1-877-696-2131  
Hours of operation are Monday to Friday, 0800-1700  
[www.raceconnect.ca](http://www.raceconnect.ca)

### WHAT DO I NEED TO KNOW ABOUT MAINTAINING A PATIENT ON BUPRENORPHINE/NALOXONE?

At least one visit per week is required during the induction/stabilization phase, and at least one visit per month is required thereafter. Patients should be advised to take their daily dose of buprenorphine/naloxone prior to any clinical visits so that treatment response, withdrawal symptoms and side effects at the current dose can be accurately assessed. If patients are experiencing persistent withdrawal symptoms or troublesome side effects (e.g., oversedation) at the current dose, titrate dose up or down as needed by 2mg to 4mg at a time, with the goal of achieving an optimal dose where withdrawal symptoms are adequately suppressed for 24 hours with minimal to no side effects.

The recommended maximum daily dose of buprenorphine/naloxone is 24mg. Clear documentation and justification is required to exceed 24mg. Of note, U.S. guidelines state that some patients may require doses up to 32mg per day.

For those who would benefit, and are on a stable daily dose of up to 12mg (i.e., within the 24mg/day maximum), one can consider alternate-day dosing (e.g., M,W,F,S). For clinically stable patients, gradually increasing take-home doses is encouraged.

Please see Guideline [Appendix 2](#) (pp. 41-48) for detailed information on recommended dosing, including induction, titration and stabilization schedules, for buprenorphine/naloxone.

### HOW SHOULD I USE URINE DRUG TESTS (UDT) AND WHERE CAN I GET POINT OF CARE (POC) TESTS FROM?

UDT are an important part of care for patients on opioid agonist treatment. They should be used in a therapeutic and not punitive fashion. UDT can help to verify the effectiveness of treatment (i.e., abstinence from non-medical opioid use), to monitor for other concurrent substance use (e.g., cocaine or methamphetamine) and to ensure that the medication is being taken as prescribed (i.e., if buprenorphine is not detected in the urine, there is the chance that the medication is being diverted for non-medical use or that the patient has provided a urine that is not theirs).

During induction and titration, the [Provincial Guideline](#) recommends performing urine drug tests at least monthly. Once stabilized, the frequency of urine drug tests can be reduced over time if appropriate and as per clinical discretion. For patients prescribed take-home doses, random unannounced UDT should be performed at least four times a year and four unannounced pill counts should be requested during the first year of treatment. It is suggested to provide the patient with 24 hours notice to attend the clinic for a POC UDT or medication count. If not able to do POC UDT in the clinic then referring patients to a laboratory such as LifeLabs for UDT is a secondary option.

Health Canada approved point-of-care urine tests can be purchased from the following vendors:

Innovacon: Individual test strips or custom combination of 2-12 drug panels as strips, dip cards, devices  
Vendor: Alere | [www.alere.com](http://www.alere.com) | Toll Free: 1-800-818-8335 | Phone: 613-271-1144 | [custservcanada@alere.com](mailto:custservcanada@alere.com)

Rapid Response: Individual test strips or custom combination of 2-12 drug panels as strips, dip cards, devices  
Vendor: BTNX | [www.btnx.com](http://www.btnx.com) | Toll Free: 888-339-9964 Ext. 500 | Phone: 905-944-9565 Ext. 500 | [sales@btnx.com](mailto:sales@btnx.com)

Drug Check: Individual test strips or custom combination of up to 14 drug panels as strips, dip cards, devices  
Vendor: Express Diagnostics International | [www.drugcheck.com](http://www.drugcheck.com) | Toll Free: 888-466-8433 | Phone: 507-526-3951

*PLEASE NOTE: This is not an endorsement of these particular products. This list is provided for information purposes only, and consists of urine drug tests that are currently used by addiction medicine practitioners in the province. Pricing depends on the number of test strips included in the panel or device, and the quantity of tests ordered.*

### WHAT ARE IMPORTANT THINGS TO KNOW ABOUT PROVIDING TAKE-HOME DOSES?

Take-home dosing may improve treatment retention, which is why prescribers are encouraged to switch to take-home dosing as soon as the patient is clinically stable. Factors to consider include:

- Ensuring that there is no concurrent use of sedatives (i.e., alcohol, benzodiazepines, etc.);
- Monitoring for continued use of any other opioids, cocaine, or methamphetamine;
- Verifying the patient has a safe space to store the medication (i.e. housing, a locked box, safe, etc.);
- Assessing the patient's overall cognitive stability and ability to responsibly follow through with take-home doses as prescribed.

Clinical stability on buprenorphine/naloxone may occur rapidly (within the first 1-3 days following induction). Take-home doses of buprenorphine/naloxone are typically provided in 1-2 week supplies (after induction/stabilization is complete). Prescribers should request that the pills be blister-packed to facilitate pill counts at in-person visits or at random call-backs to verify compliance. It is recommended that prescribers and patients complete a Patient Agreement Form for Receiving Take-Home Dosing (see Guideline [Appendix 8](#) p.70) – the signed form should be filed with the patient’s medical records, and a copy should be provided to the patient.

### HOW DO I KNOW WHEN MY PATIENTS ARE READY TO TAPER OFF BUPRENORPHINE/NALOXONE?

Ultimately it is the patient’s choice if and when they want to taper off buprenorphine/naloxone; however, it is important to inform all patients inquiring about tapering that generally longer term (>6-12 months) treatment is associated with better outcomes. The decision to taper should be individualized and patient-centered, based on factors such as:

- Prescriber evaluation of patient clinical and social stability;
- High visit attendance/adherence;
- Continued abstinence from non-medical opioid use;
- Re-entry into school, work, and/or volunteering;
- Housing stability;
- Family stability and the presence of a support system;
- Patient insight into triggers and well-developed relapse prevention plan;
- Any existing physical and mental health issues have been addressed and are well-controlled;
- Patient desire to taper treatment and not due to outside pressure or circumstances.

The [Provincial Guideline](#) recommends to proceed with a slow taper of the medication over a number of months as this offers the best chance of success. It is also important to provide patients (and/or their families) with take-home naloxone kits in the event of relapse and overdose.

### HOW DO I BILL FOR OPIOID AGONIST TREATMENT?

#### ○ T00039

Applies to any form of oral opioid agonist therapy (payable as \$23.19 each week for each patient on OAT regardless of the number of visits, beginning at the initiation of OAT and ending when the patient ceases OAT). Claims for general service visit fees are not payable in addition to T00039 unless patients are seen for medical issues separate from OAT treatment.

#### ○ P15039

Urine drug testing is to be billed using this billing code (payable as \$12.53 per UDT interpretation with a maximum of 26 claims per patient annually).

Detailed information on billing codes for opioid agonist treatment can be found here:

<http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/medical-services-plan/amendments-to-00039-15039-and-15040-april-2017.pdf>

### Key References

1. The British Columbia Centre on Substance Use and the B.C. Ministry of Health. A Guideline for the Clinical Management of Opioid Use Disorder. Published June 5, 2017. Available at: <http://www.bccsu.ca/care-guidance-publications/>
2. Center for Substance Abuse Treatment. Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. Treatment Improvement Protocol (TIP) Series 40. DHHS Publication No. (SMA) 04-3939. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004.
3. Kraus ML, Alford DP, Kotz MM, et al. Statement of the American Society of Addiction Medicine Consensus Panel on the Use of Buprenorphine in Office-Based Treatment of Opioid Addiction. *Journal of Addiction Medicine*. 2011;5(4):254–266
4. Basu S, Rohrberg DS, Bruce RD, Altice FL. Models for Integrating Buprenorphine Therapy into the Primary HIV Care Setting. *Clinical Infectious Diseases*. 2006;42(5):716–721.
5. Krantz MJ, Mehler PS. Treating opioid dependence. Growing implications for primary care. *Archives of Internal Medicine*. 2004;164(3):277–288.
6. Mintzer IL, Eisenberg M, Terra M, MacVane C, Himmelstein DU, Woolhandler S. Treating Opioid Addiction with Buprenorphine-Naloxone in Community-Based Primary Care Settings. *Annals of Family Medicine*. 2007;5(2):146–150.
7. Fiellin DA, Pantalon MV, Pakes JP, O’Connor PG, Chawarski M, Schottenfeld RS. Treatment of heroin dependence with buprenorphine in primary care. *The American Journal of Drug and Alcohol Abuse*. 2002;28(2):231–241.

## HOW DO I WRITE A BUPRENORPHINE/NALOXONE PRESCRIPTION?

Buprenorphine/naloxone is prescribed on a duplicate controlled prescription pad, which can be ordered here:

<https://www.cpsbc.ca/files/pdf/Duplicate-Prescription-Pad-Order-Form-F.pdf>

A B.C. Controlled Prescription form template and general instructions are provided below. Please refer to the BCCSU website ([www.bccsu.ca](http://www.bccsu.ca)) for more detailed guidance on writing OAT prescriptions.

**B.C. CONTROLLED PRESCRIPTION FORM**  
Take to pharmacy of choice.  
**PLEASE PRINT**

PERSONAL HEALTH NO.		PRESCRIBING DATE			
FIRST	INITIAL	LAST	DAY	MONTH	YEAR
PATIENT NAME					
STREET					
ADDRESS					
CITY		PROV.	DATE OF BIRTH		
			DAY	MONTH	YEAR
Rx - DRUG NAME AND STRENGTH		ONLY ONE Rx PER FORM		VOID if altered	
NUMERIC		QUANTITY	ALPHA		
DIRECTIONS FOR USE					
NO REFILLS PERMITTED VOID AFTER 5 DAYS UNLESS PRESCRIPTION FOR METHADONE MAINTENANCE		PRESCRIBER'S SIGNATURE			
		COLLEGE I.D. #			
		FOLIO			
PHARMACY USE ONLY					
RECEIVED BY - PATIENT OR AGENT SIGNATURE			SIGNATURE OF DISPENSING PHARMACIST		

PHARMACY COPY - COPYING OR DUPLICATING THIS FORM IN ANY WAY CONSTITUTES AN OFFENSE

PRESS HARD  
YOU ARE MAKING 2 COPIES  
PRINTED IN B.C.

### 1. DRUG NAME & STRENGTH

Write "buprenorphine/naloxone" and daily dose in milligrams (e.g., 16mg/4mg)

### 2. QUANTITY

Write the total prescribed dose from start to stop date of the buprenorphine component only in milligrams (mg), in both alpha and numeric format

For example, for a 7-day prescription of 16mg/4mg buprenorphine/naloxone per day, "Quantity" equals:  $7\text{ days} \times 16\text{mg/day} = 112\text{mg}$ , and is written both as "112 mg" and "one hundred twelve mg"

### 3. DIRECTIONS FOR USE

Include the following:

- Daily dose of buprenorphine only in milligrams (mg)
- Sublingual mode of administration (abbreviated SL)
- Once-daily administration
- Prescription start and stop dates (inclusive)
- Total number of days of administration
- Specify if doses are prescribed as DWI or carry
  - If witnessed, write "Daily dispense, witnessed ingestion" (preferred) or "DWI"
- If carry doses are prescribed:
  - Write out schedule for DWI and carry doses
  - Request blister- or compliance-package
  - Witnessed ingestion of first dose must be requested

For example, for a 28-day prescription of 16mg/4mg buprenorphine/naloxone per day, dispensed weekly:  
Take 16mg SL daily  
DWI first dose, carries for 6 days in blister pkg  
Rx: Feb 3 – Mar 2 inclusive (total 28 days)

More information:  
[www.bccsu.ca](http://www.bccsu.ca)



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