Buprenorphine Formulations (Cases Only)

Goal

To prepare the learner to select the formulation of buprenorphine that is best for each individual and provide relevant patient education when treating patients with opioid use disorder.

After completing this module (didactic + cases), participants will be able to:

- Explain how buprenorphine works to patients including effects on craving physical dependence.
- Distinguish the clinical uses of the different forms of buprenorphine, including which can be used to initiate treatment and which offer extended release of the medication.
- Consider variations in dosage for the different forms of buprenorphine when establishing a patient's dose.
- Describe for patients other characteristics of the different formulations of buprenorphine that might affect their preference of which one to take.

Professional Practice Gap

Providers need to understand the pharmacology of opioids and buprenorphine so they can safely and effectively treat their patients with opioid use disorder. TIP 40[1] devoted an entire chapter to the pharmacology of opioids and specifically buprenorphine, including its safety and effectiveness for the treatment of opioid use disorder, demonstrating the importance of this topic for providers planning to prescribe buprenorphine[2]. The FSMB Model Policy for DATA 2000 described specific requirements for prescriptions and that the provider educate the patient adequately[3].

CASE PRESENTATION

Mr. Samuels: Recommending Buprenorphine Treatment

Mr. Samuels is dependent on oxycodone that he started taking for a back injury that's now completely healed. He has returned to your office with withdrawal symptoms. After assessing him to have opioid use disorder, you bring up the possibility of buprenorphine treatment to address his physical dependence.

Patient Interview

***Provider**: There is a medication, called buprenorphine, that will allow you to stop taking oxycodone without experiencing the side effects.*

> ***Mr. Samuels:** How is that better than if I just keep taking oxycodone?*

***Provider**: Buprenorphine is actually an opioid, too, but it only works partially like the opioid you are trying to quit. So, it will prevent you from experiencing withdrawal symptoms even though you stop taking other opioids. It doesn't have most of the negative effects of being addicted to opioids.*

> ***Mr. Samuels:** I sure would like to get to the point that I don't need oxycodone. But would I need to keep increasing the dose to avoid withdrawal, like I did for oxycontin?*

***Provider:** You wouldn't need increasing doses. Most people stay on the same dose indefinitely.*

> ***Mr. Samuels:** Indefinitely? So I'd have to stay on it? Would I have withdrawal symptoms if I stopped?*

***Provider:** Yes, you would experience withdrawal if you stopped it. Not as severe as with oxycodone, but significant. Most people do better if they continue to take it.*

EXPLAINING BUPRENORPHINE TO PATIENTS

Example Dialogue

***Provider**: The buprenorphine/naloxone formulation that your insurance covers is a thin film that you place under your tongue. It needs to be absorbed directly through the lining of your mouth, rather than your stomach, so it is important to let it slowly dissolve under your tongue and try not to swallow.*

***Mr. Samuels**: That's different. I just swallowed the opioids whole.*

***Provider**: Yes, it is different. You will be physically dependent on buprenorphine, but you will not experience the need for increasing doses as happened with opioids. I want to make sure you understand how it works because it will help you succeed in this treatment. What questions do you have so far?*

***Mr. Samuels**: How long do I have to take it?*

***Provider**: You will most likely need to take it a long time, possibly even indefinitely. You will be better able to live a normal life on a stable dose while taking it, instead of the disrupted life you experienced from opioid use disorder.*

***Mr. Samuels:** Indefinitely? So there's no way to get off it?*

***Provider:** A small minority of people are able to taper off it after a while without returning to opioid use. Because of a high rate of relapse, I recommend it be done with a lot of long-term support. But that's far down the road and we can talk about it more later if it looks like an option for you.*

***Mr. Samuels:** Sounds good.*

PRACTICE TIP

FSMB guidelines for buprenorphine treatment recommend that patients receive and understand the Medication Guide for the formulation of buprenorphine that they are prescribed[3].

Quiz: Buprenorphine/Naloxone

Which Of The Following Is True Of Buprenorphine/naloxone Combination Tablet Or Film? (Choose One)

1. Tolerance to combination buprenorphine/naloxone tablets or film develops as quickly as tolerance to full mu agonists.
2. Withdrawal from combination buprenorphine/naloxone tablets or film is as intense as withdrawal from full mu agonists.
3. Using combination buprenorphine/naloxone tablets or film does not cause a big "rush."
4. Injecting or inhaling the tablet or film will not cause a high.

BUPRENORPHINE/NALOXONE QUIZ FEEDBACK

(1) Tolerance To Combination Buprenorphine/naloxone Tablets Or Film Develops As Quickly As Tolerance To Full Mu Agonists.

Tolerance to buprenorphine is generally milder than for full mu agonists.

(2) Withdrawal From Combination Buprenorphine/naloxone Tablets Or Film Is As Intense As Withdrawal From Full Mu Agonists.

Withdrawal from combination buprenorphine/naloxone tablet or film is generally milder than for full mu agonists.

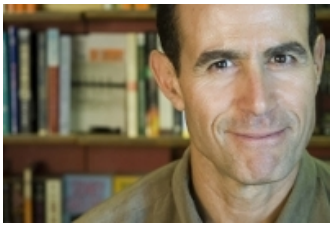
(3) Using Combination Buprenorphine/naloxone Tablets Or Film Does Not Cause A Big "rush."

Correct. Unlike heroin or methadone, combination buprenorphine/naloxone tablets or film does not cause a big rush; it is believed that this should reduce buprenorphine's abuse liability.

(4) Injecting Or Inhaling The Tablet Or Film Will Not Cause A High.

Users can get high (albeit mildly) by injecting or inhaling the combination tablet or film. The correct answer is that combination buprenorphine/naloxone tablets or film do not cause a big rush, unlike heroin or methadone. It is believed that this should reduce buprenorphine's abuse liability.

DISCUSSING BUPRENORPHINE FORMULATIONS WITH PATIENT



Name: Mr. Lopez

Age: 50 years old

Reason For Visit: Mr. Lopez requests a buprenorphine prescription. He has been self-medicating with buprenorphine to reduce his use of hydrocodone and oxycodone.

Patient History: No present pain, but he takes hydrocodone plus acetaminophen at least once daily, and has done so for five years. He is unable to stop taking them.

Treatment History: About a year ago he was fed up and decided to stop taking hydrocodone. He tried methadone for just 2 weeks but could not make the daily clinic visit that was required and soon was back to using up to 15 tablets of hydrocodone a day. He has tried generic buprenorphine sublingual tablets and found that they worked for him. He'd now like a prescription.

> ***Mr. Lopez:*** *I really like that I don't have to come to a clinic every day to get buprenorphine like they made me do at the methadone clinic. You had to prove to them that you could take it on your own and I just didn't have time for that. But I'd rather not have to take something every day.*

Provider: *Once you are stabilized on daily doses of either sublingual or buccal buprenorphine, we could switch you to a once-monthly injection or an implant in your skin that lasts for months. I took some training which permits me to give the injections, so you could come here once a month to get it.*

> ***Mr. Lopez:*** *The injection sounds better than the implant. I don't want something under my skin all the time. The injection sounds better.*

Provider: *You should know that the injection does produce a small lump under the skin that slowly dissolves over time releasing the medication.*

> ***Mr. Lopez:*** *That sounds okay. Where does it go?*

Provider*: In the skin of your abdomen.*

> ***Mr. Lopez:*** *Oh. I'm not so sure about that. Can you go over all the formulations again?*