IREDELL HEALTH SYSTEM

Buprenorphine-Containing Products, Methadone, and Criteria for Use in Adult Inpatients	
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Purpose: To outline the restrictions and conditions for safe and effective use of buprenorphine-containing products and methadone within the Iredell Health System (IHS) and to assure compliance with Drug Enforcement Agency (DEA) and Substance Abuse and Mental Health Services Administration (SAMSHA) regulations.

I. Buprenorphine-containing products

Buprenorphine is a Schedule III controlled substance with analgesic properties but is primarily used for the treatment of opioid dependence.

A. Buprenorphine (Subutex) film, patches, and injection are indicated for pain management, and sublingual (SL) buprenorphine tablets are indicated for the treatment of opioid dependence.
B. Buprenorphine/naloxone (Suboxone) film and sublingual tablets are indicated for treatment of opioid dependence.
C. The buprenorphine monoproduct (Subutex) is the product recommended for use during pregnancy. The buprenorphine/naloxone (Suboxone) combination product is not recommended for use during pregnancy due to insufficient evidence.

Policy: New starts of buprenorphine for pain or dependence treatment will not be allowed at IHS.

Indications for buprenorphine are limited to the following at IHS:

1) **Continuation of buprenorphine therapy for the maintenance of opioid dependence when the patient is admitted for a medical condition other than opioid addiction**
   a) Buprenorphine maintenance therapy may be continued in patients with an opioid dependence who are admitted for a primary medical condition other than opioid addiction in order to prevent opioid withdrawal that would complicate the primary medical condition.
   b) Pregnancy is considered one of these conditions for which a patient may receive continuation of buprenorphine maintenance therapy.
   c) All licensed prescribers can order buprenorphine for continuation of outpatient maintenance treatment for opioid dependence.
   d) The prescriber may decrease, but not increase, the patient's dose as needed for interactions, patient's clinical condition, or prescriber discretion.
   e) The SL buprenorphine tablet is the formulary product for the treatment of opioid dependence. Orders for Suboxone® (buprenorphine/naloxone SL tablets & films) will be autosubstituted with buprenorphine SL tablets to provide an equivalent amount of buprenorphine. Orders for any other buprenorphine-containing products for opioid dependence, such as Zubsolv tablets, must be provided from the patient's home supply.
2) **Continuation of chronic pain management if buprenorphine was taken prior to admission**
   a. All licensed prescribers can continue buprenorphine outpatient therapy for pain management.
   b. Management of acute pain may be challenging when a patient is already receiving buprenorphine therapy. Higher than normal doses of opioids may be needed. Consultation with a pain specialist for assistance may be warranted.
   c. Any non-formulary product ordered must be provided from the patient's home supply.

Procedure:

1. Prescribers ordering buprenorphine must document the indication for buprenorphine as part of the patient's electronic medical record.
2. For continuation of outpatient therapy of buprenorphine for the treatment of opioid dependence, pharmacy staff will confirm the maintenance dose with the outpatient prescriber/clinic. If this option is not available, the dose may be verified with the NC Controlled Substances Reporting System until such time as the outpatient prescriber/clinic is available. If the patient's current prescription vials are available, the dose can be verified with the patient's pharmacy until such time as the outpatient prescriber/clinic is available.

II. Methadone

Policy: New starts of methadone for the maintenance of narcotic addition or to detoxify a patient will not be permitted at IHS.

Indications for methadone are limited to the following at IHS:

1) Methadone may be dispensed for the treatment of pain. This includes using methadone as part of a formal pain management program in which a patient is switched from other licit drugs to methadone, to control or gradually reduce dosage.
2) Methadone may only be used to maintain narcotic addiction or to detoxify a patient when the prescriber is registered by the DEA as a narcotic treatment facility (NTF). In such cases, the drug may only be administered by the NFT.

***Exception methadone may be ordered during inpatient care,** when the patient is admitted for any condition, other than concurrent opioid addiction, to facilitate the treatment of the primary admitting diagnosis.

a) If a patient is enrolled in an approved methadone program, pharmacy staff must contact the outpatient prescriber/clinic to ascertain the patient's current dosage and the time of the last dose received. If this option is not available, the dose may be verified with the NC Controlled Substances Reporting System until such time as the outpatient prescriber/clinic is available. If the patient's current prescription vials are available, the dose can be verified with the patient's pharmacy until such time as the outpatient prescriber/clinic is available.
b) The outpatient dose must be documented in the patient's chart. The program participant is to receive the dose s/he was receiving at the outpatient clinic. The only exception is for medical necessity to decrease the dose, as in the case of interactions, patient's clinical condition, or prescriber discretion.

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