

# CHALLENGES AND BEST PRACTICES IN BUPRENORPHINE IMPLEMENTATION FOR TREATMENT OF OPIOID USE DISORDER IN NEW YORK STATE

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# CONFLICT OF INTEREST DISCLOSURE

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No conflict of interest





# CONFLICT OF INTEREST DISCLOSURE

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No conflict of interest





# INTRODUCTION

- In 2016, there were nearly 9 deaths/day associated with opioids in New York State
- Improved access to pharmacotherapy is essential for combatting this morbidity and improve lives
- Challenges and misconceptions with prescribing buprenorphine exist among clinicians



# INTRODUCTION

- The *Implementing Transmucosal Buprenorphine for Treatment of Opioid Use Disorder* best practice document was designed to fill information gaps and provide guidance
- It is endorsed by Commissioners of both OASAS and NYSDOH
- Find the Commissioners' letter and best practice document at [www.health.ny.gov/diseases/aids](http://www.health.ny.gov/diseases/aids)





## ***Implementing Transmucosal Buprenorphine for Treatment of Opioid Use Disorder***

- **Topics**
- **Key Points**
- **Best Practices**





# COUNSELING

## Key Points

- Federal regulations require waiver applicants attest to their capacity to refer patients for counseling and other ancillary services
- It does not obligate prescribers to ensure that patients participate in counseling
- Substance Abuse and Mental Health Services Administration acknowledges that medical management has an intrinsic psychosocial component

## NYS Best Practices

- Prescribers should ensure continued access to buprenorphine even in the absence of counseling
- Prescribers should ensure immediate and continued access to buprenorphine for patients who may be unwilling or unable to participate in counseling or other formal psychosocial services





# POLYSUBSTANCE USE

## Key Points

- Misconception → prescribing buprenorphine is contrary to standard of care when patients continue to use other opioids or other drugs
- In 2017, the FDA stated that buprenorphine should not be withheld from these patients as “the harm caused by untreated opioid addiction can outweigh these risks.”
- Maintenance with buprenorphine can reduce morbidity/mortality even when drugs other than opioids are being used and in the presence of relapse to opioid use

## NYS Best Practices

- Prescribers should not discharge patients due to use of prescribed or unprescribed substances including cannabis and benzodiazepines
- Prescribers should ensure continued access to buprenorphine in the presence of other drug use



# INITIAL ASSESSMENT

## **Key Point**

- An extensive assessment is not necessary

## **NYS Best Practices**

- Assess the patient's history to establish presence of OUD, other drug use, history of drug treatment and significant medical and psychiatric history
- Conduct a focused physical examination, refer for a physical exam, or get a record of a recent one
- Order relevant laboratory tests – but results are not required to initiate prescribing
- Check the state prescription drug monitoring program database for other controlled substances
- Initiate prescribing: SAMHSA guidance now supports both in-office and unsupervised induction



# DIVERSION

## **Key Point**

- An extensive assessment is not necessary

## **NYS Best Practices**

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- Conduct a focused physical examination, refer for a physical exam, or get a record of a recent one
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# DURATION OF TREATMENT

## Key Point

- Treatment with buprenorphine should continue for as long as the patient is benefiting. Risk of return to illicit opioid use is high when treatment is discontinued

## NYS Best Practices

- If care is to be terminated for any reason, the prescriber should offer the patient a transfer to an alternative prescriber allowing the patient to continue medication without interruption
- Patients, particularly those opting to stop medication, should also be referred to harm reduction, peer, or other supportive services



## Conclusions and Next Steps



# CONCLUSIONS

- NYS has recognized through provider feedback that there are common challenges to prescribing buprenorphine.
- The collection of NYS best practices addresses these challenges by offering providers clear and concise information based on:
  - up-to-date science
  - regulation
  - experience
- NYS encourages waived buprenorphine prescribers to start prescribing buprenorphine and if already prescribing to increase the number of patients under care.



# NEXT STEPS

- The NYS DOH AIDS Institute Clinical Guidelines program is updating its opioid-related clinical guidelines to reflect the updated clinical evidence
- You will be able to find it at [www.hivguidelines.org](http://www.hivguidelines.org)

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# QUESTIONS?

## Thank You

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