MILLE LACS BAND OF OJIBWE
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE

Department: Health Services-Medical **Policy Number:** HHS-HS-MED 1375

Policy Title: Medication Assisted Recovery Utilizing Buprenorphine (Suboxone)

Attachments: Buprenorphine Treatment Agreement

Revision History: 7/2020 **Revised by/Date:** Integrated Access Team 6/2021

Approved by: Jan Manary **Date:** 7.13.21
Jan Manary, Executive Director HHS Health Services

Approved by: **Date:**
Nicole Anderson, Commissioner HHS 7-15-2021

POLICY STATEMENT: Suboxone is an approved treatment of opioid use disorder that can be prescribed outside of a Narcotic Treatment Program (NTP) setting by physicians who complete a federally mandated eight (8) hour training, and who have subsequently received a special DEA waiver to prescribe buprenorphine for opioid replacement therapy. For physician assistants and nurse practitioners they will complete twenty-four (24) hours of training prior to initiating prescriptive privileges for buprenorphine (Suboxone).

Suboxone is commonly prescribed in sublingual formulations for opioid replacement; the medication used in our clinic setting is buprenorphine and the opioid antagonist naloxone more commonly known as Suboxone; it acts as a partial agonist as well as an antagonist at the opioid receptors, and may precipitate opioid withdrawal in the opioid dependent patient who has recently used opioids. A patient should not begin Suboxone treatment if they have used a short-acting opioid such as heroin less than 12 hours before induction, or a long-acting opioid such as methadone less than 24 hours before induction. Therefore, patients initiate Suboxone treatment if they are showing objective signs of opioid withdrawal, initiation of a treatment plan is based on the client and their presentation.

PURPOSE: This policy is to ensure appropriate assessment, management and monitoring of patients receiving office based treatment with buprenorphine (Suboxone) for opioid use disorders.

PROCEDURE:

1. Requesting an appointment with the Medication Assisted Recovery Program (MAR)
   A. Client calls client access to request appointment.
   B. Client access transfers the call to Substance Disorder (SUD) scheduling to schedule a comprehensive assessment.
   C. If client does not have insurance, Circle of Health will be notified to assist with MNSure navigation for health insurance coverage.
   D. If SUD Comprehensive Assessment recommendation includes MAR, a referral is made.
   E. Medication Assisted Recovery (MAR) Participation Selection
      a. Inclusion Criteria
         (1) Client is at least 18 years of age
         (2) Client meets DSM-5 or ICD 10 criteria
      b. Exclusion Criteria

(1) Client has serious uncontrolled/untreated psychiatric problems
(2) Client has a severe alcohol use disorder
(3) Client misuses benzodiazepines, sedatives or hypnotics
(4) Client has a known allergy/hypersensitivity to Suboxone

2. Induction of Suboxone Treatment
   A. As per the Substance Disorder Comprehensive Assessment (CA) recommendations and client request for MAR services, client is scheduled for a 90-minute induction appointment to assess medical appropriateness medication assisted recovery with Suboxone.
      a. Front desk greets and checks in client when they arrive.
      b. Nurse completes rooming process in addition to the MAR induction packet for review with the provider; nurse will document signs and symptoms of opioid withdrawal on the Clinical Opiate Withdrawal Scale (COWS).
      c. Provider will complete full history and physical in a period tolerated by the client. Provider will order urine analysis (UA), urine pregnancy and review Minnesota Physician Monitoring Program (MN PMP) for each patient. For female clients of childbearing age, a pregnancy test will be completed and a referral will be made to a primary care provider to address contraception.
      d. A witnessed UA is obtained, female stand-by for females and male stand-by for males.
      e. Nurse/provider/client review Suboxone program packet and sign consents.
      f. Provider and client review history of substance use and appropriateness for the MAR program; provider verifies consents signed.
      g. Provider reviews UA results.
      h. If appropriate provider orders Suboxone induction dosing, nurse will pick up dosing in pharmacy.
      i. Prior to first dose nursing will repeat the COWS assessment and if appropriate give first dose of Suboxone. Nursing to witness full dissolve of film prior to leaving the room, after dosing is complete the client will be monitored every 15-30 minutes.
      j. Induction dose may be repeated every 30 minutes based on COWS and provider assessment until appropriate dose is reached.
      k. When Suboxone dosing is complete, provider will meet with client to review plan of treatment and schedule follow up nursing and provider visits for the week.
      l. Nursing to complete documentation in electronic health record.
      m. MAR induction documentation is given to medical records to be scanned into the electronic health record.
   B. Dosing Guideline
      a. Client care is individualized; dosing is based on symptoms and past use history. A urinalysis is done each visit with visits usually daily for 1-2 weeks, then twice a week for 1-2 weeks, then weekly for 4-5 weeks then every 2 weeks for 4-5 weeks moving to monthly. This time line can switch based on the client status.
      b. Continual assessment is done to ensure compliance and progress via random film counts and urine analysis. Providers will determine dosing case-by-case as appropriate for each client to reach the target dose - dose resulting in optimal relief of objective and subjective opioid withdrawal.
      c. The provider or her/his nurse will set up client's next appointment an appointment card is completed.
   C. Guidelines for Failed Appointments:
      a. If the failed appointment is less than 14 days the client will be scheduled for the next available provider visit, if the provider is not available then a nurse visit to do a urinalysis, evaluation for

withdrawal/possible relapse. If needed a short fill prescription will be done to bridge to the next available provider appointment.

b. Client does not show up for appointment for 14 days- they will be scheduled for a one-hour re-induction appointment.
c. Between 14 days and 28 days – Consult with MAR nurse to clarify plan for patient. – If a substance disorder comprehensive assessment has not been completed in six months or longer suggest this as the first step.
d. Client does not show up for appointment for 28 days- new 90-minute re-induction will be completed.
e. Clinician will guide the decision on the client's plan of care; referral may be made to substance disorder program if client is not able to maintain stability on the Suboxone program.

D. Suboxone Maintenance Therapy:
   a. Recommended frequency of clinician visits is at least monthly for the first three months. Pending stability and adherence, clinician visit frequency may increase or decrease.
   b. Recommended patients on Suboxone see a counselor with experience in treatment of opioid use disorder regularly to support the treatment plan. After the patient has stabilized, counseling sessions may decrease based on patient needs and provider plan. Providers may choose to require patients to attend groups or individual counseling as part of the treatment plan.
   c. The state drug- monitoring registry is checked prior to Suboxone prescriptions being filled to ensure no additional opioid, benzodiazepine or other prescriptions were obtained from other sources.
   d. A urinalysis for toxicology screening each visit.
   e. If care is being transferred into or out of the Suboxone program, every effort is made to avoid precipitated opioid withdrawal. New clients presenting to the program requesting continuation of maintenance Suboxone will follow the guidelines for a signed agreement, review of outside records, drug registry report, and urine toxicology screening.

E. Documentation and Compliance:
   a. Credentialing will keep on file a copy of the DEA DATA 2000 waiver for each clinician prescribing Suboxone.
   b. Each clinician will maintain a paper or electronic log of all clients they are treating who are receiving Suboxone for opioid dependence, with close attention to the patient limits for each prescribing provider.
   c. All Suboxone prescriptions should include both the clinician's DEA number and the "X" DEA number, which denotes Suboxone clinician status.
   d. If a DEA audit occurs, the audited clinician should be prepared to present documentation of their waiver to prescribe Suboxone paper or electronic treatment log, and paper or electronic documentation of prescriptions they have written.
   e. In addition to standard HIPAA laws, 42 CFR Part 2 guides the management of individuals with a substance abuse diagnosis; written consent is needed prior to disclosing information related to substance abuse treatment to any other source, including third party payers.

Internal and/or External References	Guidelines for Prescribing Buprenorphine as Opiate Replacement Therapy for Opiate Dependence in the CHN. OBIC, 2013 https://www.samhsa.gov/medication-assisted-treatment

Compliance - Posting Date	7/15/2021
Replaces – Policy Number	
Next Review - Due Date	7/15/2022

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BUPRENORPHINE (SUBOXONE) TREATMENT AGREEMENT

As a patient in the buprenorphine protocol for treatment of opioid use disorder, I freely and voluntarily agree to accept this treatment agreement, as follows.

I agree to keep, and be on time to, all my scheduled appointments with my doctor and other clinicians, and to conduct myself in a courteous manner in the clinic. It is my responsibility to call the clinic if I will be late/early or need to reschedule my appointment.

I agree not to arrive at the clinic intoxicated or under the influence of drugs. If I do, the doctor may not see me, and my treatment plan will be adjusted accordingly.

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 may result in referral to a higher level of care or discharge.

I agree not to conduct any illegal, threatening, or disruptive activities in the clinic or on the clinic grounds, as this is grounds for immediate discharge.

I agree not to tamper with urine screens and if I do so, this may be grounds for discharge or result in a referral to a more intensive treatment program. I understand that it is best to be honest with my treatment team if I am struggling and understand the team is here to assist me in my treatment.

I agree that my prescriptions can be given to me only at my regularly scheduled times. Missed appointments may result in my not being able to get medication until the next scheduled visit.

I agree that the medication I receive is my responsibility and that I will keep it in a safe and secure place. I agree that lost medication may not be replaced regardless of the reasons for such a loss due to the fact it is a controlled substance. My medication should never be kept in public places, and should be out of the reach and site of children at all times. My medication should be kept in a labeled container that displays a prescription label.

I agree that if I obtain medication from any doctors, pharmacies, or other sources that I will inform my provider and/or therapist immediately.

I understand that mixing Suboxzone with other substances, especially those that can cause sedation such as benzodiazepines or alcohol can be dangerous. I understand that a number of deaths have been reported among persons mixing Suboxone with sedating substances.

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I agree to take my medication as the provider has instructed and not to alter the way I take my medication without first consulting my provider.

I agree to random call back visits that include urine drug screens and medication counts. I understand that I need to have a working telephone contact. When called for random callbacks, I need to respond within 24 hours by telephone, non-response to a call back is grounds for discharge from the medication assisted recovery program and referral to a higher level of care.

I agree not to consume poppy seeds while in this treatment program. Poppy seed consumption may result in a positive opioid screen.

I understand that if I misuse other illicit substances or medications, this issue will be addressed through changes in my treatment plan to assist me. If I continue to struggle with ongoing substance use this could be grounds for transfer to other more intense treatment options.

Positive urine screens for opioids will be evaluated by the treatment team, which may include more intense treatment.

Urine screens that are negative for Suboxone will be evaluated by the team and toxicology, and are grounds for intensification of my treatment plan, transfer to another level of care, or discharge.

Ne la Shing clinic provider will regularly access the State Prescription Monitoring Program (PDMP) to review medication profiles on all patients to assure patients are not receiving controlled substances from other providers. If patients are found to be accessing prescriptions from other providers, this will be reviewed by the Ne la Shing clinic MAR team. If it is determined that the medications obtained by any other providers are in violation of the treatment agreement, the Ne la Shing clinic MAR team will evaluate the situation, address it with me, and it may result in referral to another level of care.

I understand that the Ne la Shing clinic does not have a chain of custody over urine toxicology screens. The purpose of these toxicology tests are for my treatment at Ne la Shing clinic only. If patients have legal or program requirements that require observed urine toxicology testing, this should be done independent of your treatment at Ne la Shing clinic.

If I am female and of childbearing age, it is strongly recommended that, I utilize contraceptives while on treatment. If I become pregnant while on Subozone I will alert my health provider immediately so they can assist me in the proper steps and treatment to keep me and my unborn baby safe. This does not mean I will be discharged from treatment; however, it may require a change to the prescription.

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Using a new medicine can cause you to react in a number of ways. It is recommended that you do not drive when you first start using a new medicine until you know how that medication affects you.

If at any time, if I am discharged from the program I can, as appropriate, be readmitted to the program in the future.

I understand that medication alone is not sufficient treatment for my addiction, and I agree to participate in the patient education, counseling/therapy and relapse prevention programs, as provided, to assist me in my treatment.

I understand that my records, course of treatment, and medical care will be kept in an electronic medical record; for individuals that fall under 42 CFR Part 2 guidelines a release of information will be signed prior to records being released. The only individuals who will have access to my records are those involved in my plan of care and/or I have authorized access to.

Printed Name Signature Date

Witness Print Name Signature Date