KALAMAZOO COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

ADMINISTRATIVE POLICY & PROCEDURE 44.04

Subject: Buprenorphine	**Section:** Psychiatric Services	
Applies To: ☒ KCMHSAS Staff ☒ KCMHSAS Contract Providers		**Page:** 1 of 4
Approved: (Jeff Patton, Chief Executive Officer)		
Revised: 03/08/2016	**Supersedes:** 04/10/2014	**First Effective:** 04/15/2008

PURPOSE

KCMHSAS is committed to offering services for persons with single or co-occurring illnesses within our priority population in an integrated and welcoming manner. Toward that end, as new treatment options become available to treat addictive illnesses, KCMHSAS will develop protocols to make these treatments available to persons receiving services who would benefit.

DEFINITIONS

Buprenorphine is a partial agonist for opioids

Properties compared to full agonists include:

- Low abuse potential
- Lower level of physical dependence
- Greater safety in overdose

In addition, Buprenorphine has:

- **High Affinity for receptors**
  It cannot be displaced by full agonists and displaces full agonists already bound to receptors, blocking their effects
- **Low intrinsic activity**
  It activates receptors only moderately
- **Slow Dissociation Rate**
  Its effects persist for a long period of time

Buprenorphine can be used as a short period (3 days or fewer) withdrawal, moderate period withdrawal (3-30 days), long-period withdrawal (over 30 days), or as a maintenance medication to treat Opioid dependence.

POLICY

KCMHSAS may offer prescription service for addiction medications as one of the treatment options for persons receiving services who meet clinical criteria for medication use, who have been fully evaluated by a treating provider who is licensed to provide said medications, and as part of a comprehensive treatment plan in which medication for substance use disorders and/or mental illnesses are one component.

PROCEDURE

I. BUPRENORPHINE PROGRAM REQUIREMENTS

A. Persons receiving services must have a Diagnostic Statistical Manual (DSM) impression of Opioid dependency which is determined through the Access Management System and the individual will have demonstrated need for Opioid management treatment through the application of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria.

B. Buprenorphine treatment must be adjunct component to substance use disorder counseling. Coordination of care must include the substance use disorder treatment program, the prescribing physician, and the pharmacy chosen to fill the prescription.

C. A toxicology screen must be done at intake and then at minimum, at random weekly until the person receiving services has (3) consecutive negative toxicology screens. Thereafter, toxicology screens must be performed randomly on a monthly basis. Toxicology panels must include: opioids, cocaine, amphetamines, cannabinoids, benzodiazepines and methadone metabolites.

II. PRESCRIBING POLICY

A. Any physician prescribing Buprenorphine must have the waiver from SAMHSA permitting the prescription or dispensing of the drug.

B. Buprenorphine must be indicated in each individual's individualized treatment plan as an adjunctive component to substance use disorder treatment.

C. Populations for which MDHHS and therefore KCMHSAS recognizes may be likely to receive the most benefit from Buprenorphine is:

1. Persons receiving services transferring out of methadone as part of detox
2. Persons receiving services with less than one year documented Opioid dependency and appear that medication assisted therapy would be beneficial
3. Persons receiving services that are eligible for methadone adjunctive

therapy within the 40-60 milligrams therapeutic range
KCMHSAS defines the target population as current co-occurring substance use disorder

D. Buprenorphine is not currently FDA approved for pregnant women.

E. Buprenorphine is the only medication approved for use under this policy. MDHHS and therefore KCMHSAS does not allow for "off-label" or experimental use of Buprenorphine.

F. Evaluation of assessment and determination of appropriateness for addiction medication treatment: Certain conditions may preclude a person receiving services from office-based addiction medication treatment:
1. Dependence on high dose benzodiazepine or other CMS depressants (including alcohol)
2. Untreated mental illness
3. Active suicidal or homicidal ideation
4. Contraindications for Buprenorphine treatment include:
   a. Seizures
   b. HIV Treatment
   c. Hepatitis and impaired liver function
   d. Pregnancy (in Opioid dependence treatment, methadone is the standard treatment for pregnant women)
   e. Use of sedative/hypnotics or benzodiazepines
   f. Use of alcohol (while using Buprenorphine)

III. TREATMENT PROTOCOLS

A. Buprenorphine can be prescribed by physicians who have completed the waiver to SAMHSA and received an ID number from the DEA. Buprenorphine treatment follows three phases in maintenance outpatient treatment: induction, stabilization, and maintenance (which may be indefinite or relatively short). For detoxification, Buprenorphine treatment follows two phases: induction, and dose-reduction phases.

B. KCMHSAS accepts transfers of individuals who have completed the induction phase, most likely in a substance use disorder sub-acute detoxification or substance use disorder residential program. KCMHSAS offers maintenance and dose reduction phases as part of a comprehensive Medication Assisted Recovery Program. Exceptions to dose reduction is at the discretion of the Medical Director.

C. During the course of treatment with Buprenorphine, measures of on-going treatment effectiveness are:
1. Absence of illicit drug use or problem alcohol use that might compromise the safety of individuals receiving services
2. Absence of toxicity
3. Absence of adverse medical effects
4. Absence of behavioral adverse effects

5. Responsible handling of medications by persons receiving services
6. Adherence by the person receiving services to all elements of the treatment plan (e.g., seeing a therapist, attending mutual help groups, compliance with treatment of co-occurring illnesses)

REFERENCES

- Addiction Medication Education

- Treatment Improvement Protocol 40: Use of Buprenorphine in the Treatment of Opioid Addiction

- Quick Guide for Physicians Based on TIP 40

- American Psychiatric Association. (2013) *The Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, Washington, DC.

- American Society of Addiction Medicine. (2013) The *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions,* Third Edition, Chevy Chase, Maryland.