Assessment for Opioid Use Disorder and Requirements for Buprenorphine Prescribing

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Objectives

- Diagnosing Opioid Use Disorder vs Chronic pain issue
- State Law regarding documentation / treatment
- DEA Audit Preparation
- Assessing overdose risk

What is the Definition of Opioid Use Disorder?

(also know as opioid "addiction")

According to the American Society of Addiction Medicine's definition:

Addiction is a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors

Reducing Stigma

- Substance use disorders (SUDs) are highly stigmatized
- Although addiction is a brain disease, people with SUDs are often regarded as simply needing more willpower, rather than treatment
- Language use perpetuates stigma in healthcare and in society at large (“dirty urines, addicts, drug seeking, resistant, …”
- Stigma prevents people from seeking care
- Health care teams can send a powerful message by avoiding stigmatizing language and behavior

How do You Diagnose Opioid Use Disorder (OUD)?

2 or more criteria = OUD:

- Using larger amounts/longer than intended
- Much time spent using
- Activities given up in order to use
- Physical/psychological problems associated with use
- Social/interpersonal problems related to use
- Neglected major role in order to use
- Hazardous use
- Repeated attempts to quit/control use
- Withdrawal *
- Tolerance *
- Craving

*Does not count if taken only as prescribed and constitutes the sole criteria

DSM 5, American Psychiatric Association

CRAVING

- The subjective experience of wanting to use the drug

- Difficult to quantitate
- Conscious thought
- Desire, want, urges, need, compulsion to use
- May override other thoughts
- Tonic (withdrawal) vs Phasic (cue driven)

Patients may confuse other symptoms , i.e. increased anxiety, depression, lack of energy… with cravings and the need to increase their buprenorphine dosage.

DIAGNOSIS OF OPIOID USE DISORDER

- patient on opioids who does not have opioid use disorder (patient on 30 hydrocodone a month who takes them prn without any negative consequences)
- patient who clearly has opioid use disorder (patient who converted to heroin with multiple negative consequences as a result)
- patient on high dose prescription pain meds who denies any significant negative consequences until they were no longer able to obtain their opioid medications

Is this pain or is this addiction?

Is this pain or is this addiction?

- Far more complex interaction
- Large proportion of patients with SUD have pain, much smaller proportion of chronic pain patients have SUD
- Rates of pain are even higher in those receiving SUD treatment (up to 75%)
- Pain in SUD more disabling (38% vs 19% without SUD)
- Reciprocal relationship between pain and addiction

The Spectrum of Opioid Use Disorder

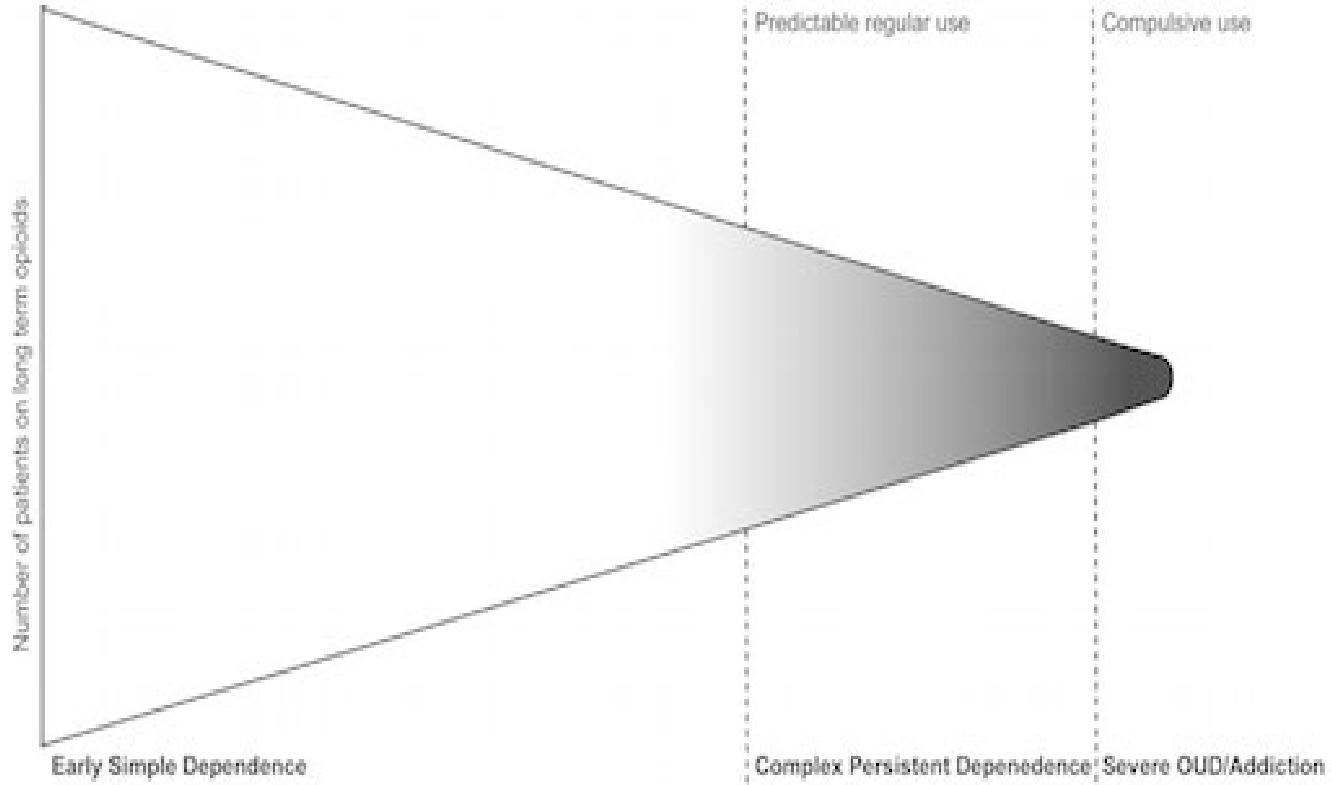


Fig. 2. A pictorial representation of the continuum of opioid dependence among LTOT patients.

Pain and Addiction, An Integrative Therapeutic Approach; Ajay Manhapra, William Becker, Med Clin N Am 102 (2018) 745-763

COMPLEX PERSISTENT DEPENDENCE

- More complex then simple dependence
- Patients unwilling to taper opioids despite medical or functional deterioration
- Classic OUD behaviors emerge as opioids are tapered
- Large percentage have ongoing mental health issues (anxiety, depression, personality disorder, PTSD)

Multidimensional Approach to Complex Dependent Patients

- Dependency treatment
- Co-morbid treatment (psychiatric / medical)
- Polypharmacy Reduction
- Chronic pain treatment (nonpharmacological)

CAN I PRESCRIBE BUPRENORPHINE JUST FOR PAIN ?

Sublingual buprenorphine for chronic pain: A survey of clinician prescribing practices: Rosen, Kristen, et al., Clin J Pain, 2014 April 30

-Survey of prescribers from American Pain Society

-230 respondents

-20% reported prescribing buprenorphine for pain

-40% did not have the waiver

CAN I PRESCRIBE BUPRENORPHINE JUST FOR PAIN ?

- It is an effective pain analgesic in some situations
- Sublingual preparations would be considered “off label”
- But DEA inspections may be problematic
- Insurance coverage may not approve
- Pharmacies may refuse to fill without X-DEA number on the prescription pad

Will buprenorphine just replace the use of opioids for pain management in early simple dependence and complex patients?

DEA INSPECTION / AUDIT

- Typically within first 3 years of prescribing
- Copies of DEA registration, Medical license and state narcotic license
- Maintain a list of active patients and it is within your limits
- Records of quantities prescribed and dispensed from office
- Stock bottles must be in locked location
- Prescriptions pads have X DEA registration number and regular DEA number.
- Prescriptions are signed on date when issued.

DEA INSPECTION / AUDIT

- Prescription log
- Patient dispensing log if applicable
- Must keep the log in the location listed on your DEA registration
- List of Behavioral Health professions referrals are made to if needed

Legal requirements for prescribing buprenorphine

Indiana Senate Enrolled Act No. 141
2019

Indiana Public Law 213

- Does not apply in
  - Correctional facility
  - Hospital
  - facility that is certified under IC 16-21-2
  - an opioid treatment program that has been certified or licensed by the division under IC-23-18
  - state institution
  - health facility licensed under IC 16-28
  - Indiana Veterans Home

Indiana Public Law 213

- Requirements for prescribing:
- Determine patients age
- Initial assessment and a physical exam as appropriate for the patients condition and the health care providers scope of practice and obtain a medical history of the patient before treatment begins
- Obtain substance use history and any substance use disorder diagnosis of the patient
- Perform a mental health assessment
- Obtain informed consent for treatment and establish the patient meets the requirements set forth in subsection d

Indiana Public Law 213

- Require office visits of the patient in person throughout treatment
- Evaluate the patient's progress and document the patients progress with the treatment plan
- Perform toxicology screening (stimulants, alcohol, opioids including oxycodone, methadone and buprenorphine, THC, BNZ, Cocaine)
- Review INSPECT before induction and at least 4 times per year
- If female and child bearing potential perform pregnancy test at onset of treatment , counsel patient about risks , provide or refer for prenatal care

Indiana Public Law 213

- Prescribe an overdose intervention drug and education
- Provide from an ongoing component of psychosocial supportive therapy with direction from the health care provider on the amount of therapy

Indiana Public Law 213

- During office visits
  - evaluate and document patients progress and compliance
  - whether patient is meeting treatment goals
  - discussion of risks and benefits of ongoing buprenorphine treatment
- If toxicology testing shows an absence of the prescribed drug the provider must discuss and implement a plan to optimize medication adherence and schedule an earlier follow up with the patient
- If toxicology screening shows a presence of an illegal or nonprescribed drug the provider shall assess the risk of the patient to be successfully treatment

BOTTOM LINE

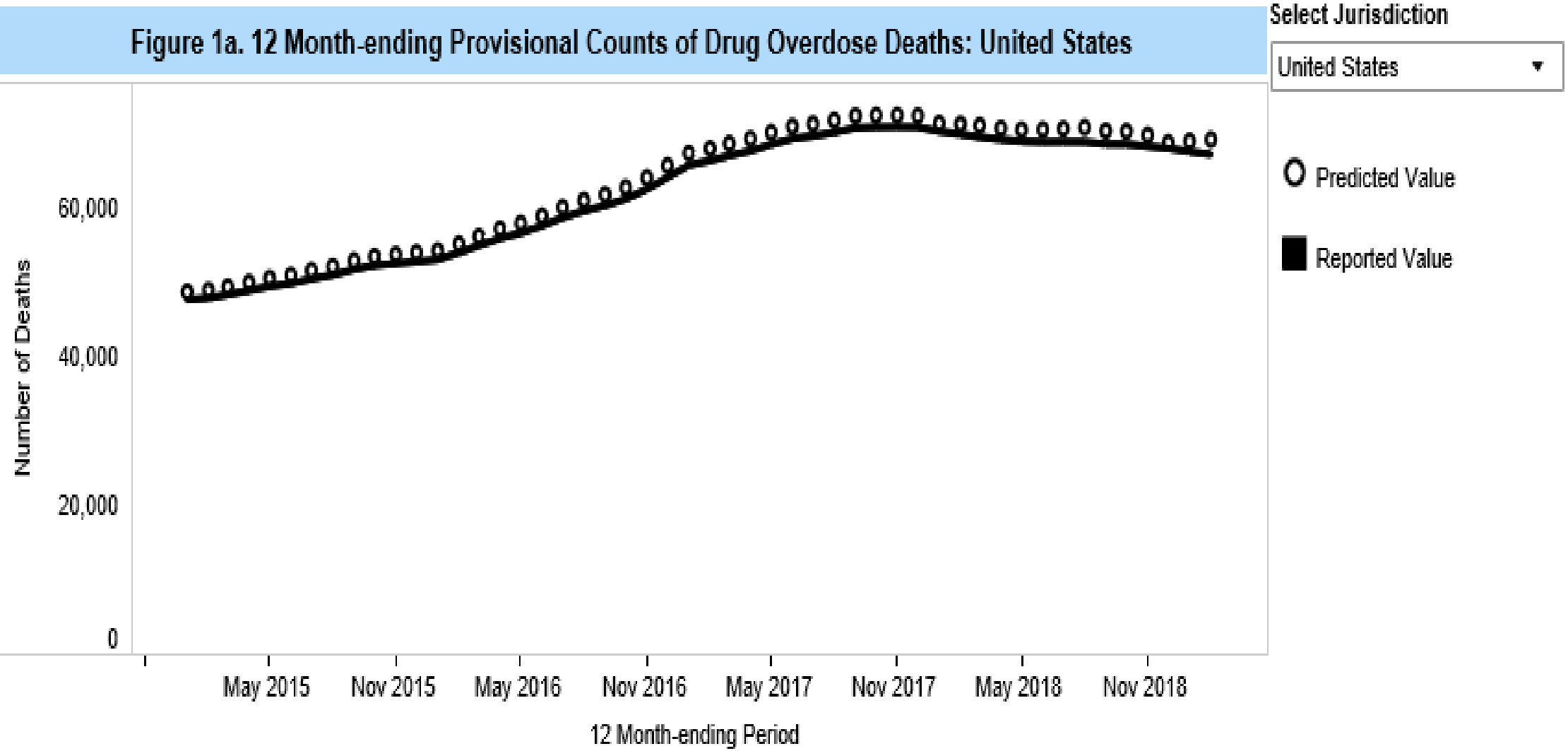
OPIOD USE DISORDER IS A FATAL DISEASE

OVERDOSE

12 Month-ending Provisional Number of Drug Overdose Deaths

Based on data available for analysis on: 9/1/2019

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



Predictors of overdose

- **Concurrent use of benzo (1.6)**
- **Concurrent use of antipsychotics (2.3)**
- **Chronic lung disease (1.7)**
- **Dose of opioids taken (4.0)**
- **Alcohol use (1.9)**
- **Mood disorders (1.8)**
- **History of heart disease (5.3)**
- **Prior overdose history (28.5)**

EDUCATE CLIENTS ON OVERDOSE RISK

- **Ask them if they have or know someone who has overdosed, stories are more powerful then statistics**
- **Empathy, don't judge, build the relationship and trust**
- **Discuss the risks**
- **Offer Naloxone at the first visit (it may be your only chance)**

NALOXONE RESOURCES

- **Local Health Departments**
  Contact : Cassidy Johnson
  Naloxone Program Manager
  casjohnson@isdh.in.gov
  317 234 6425
- **Indiana Recovery Alliance**
- **OptIN website**
- **Harm Reduction and Syringe Service programs**

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