Dr. *Doctor’s name*
*Doctor’s address*
*Doctor’s fax number*

*Date*

Re: *Patient’s name*

Dear Dr. *Doctor’s name*,

I am writing to you to request that you take over the prescription for buprenorphine as part of your ongoing care for *Patient’s name*. As addiction is a chronic condition, it is ideal that the monitoring of prescriptions and management of opioid use disorder are integrated into primary care. I will be happy to support and mentor you throughout this process.

Buprenorphine (also known as Suboxone, the brand name for buprenorphine/naloxone) is very effective in the long-term treatment of opioid use disorder. Buprenorphine is a partial opioid agonist with a high affinity for opioid receptors, a ceiling effect and long duration of action. This means that it binds strongly to opioid receptors, preventing withdrawal symptoms for 24 hours and beyond, and blocking the activity of other opiates used concurrently. Because of its ceiling effect it has a low risk of respiratory depression and overdose. Buprenorphine comes in 2 and 8mg tablets and is taken sublingually. Most stable patients have 6 “carries”, meaning that they attend their pharmacy weekly for one observed dose, and then take medication home for the remainder of the week. Extremely stable patients can pick up 2 - 4 weeks of medication at a time. (We recommend a maximum of 4 weeks in order to reduce the risk of misuse or diversion of opiates into the community.)

Buprenorphine prescriptions should include:

* start and end date
* days that you would like the patient to have their dose observed
* dose specified in number of 2 or 8mg tablets
* specific pharmacy
* request that the pharmacy notify you if the patient has missed more than three doses

We generally recommend that buprenorphine prescriptions be faxed directly to the pharmacy, and that all renewals involve an office visit. Although patients do develop tolerance to buprenorphine, this does not typically require a dose increase. Dose increases may be required for patients who are at risk of/relapsing, and can be helpful in the temporary management of acute pain.

Regular urine screening for the presence of illicit substances is part of long-term substance use disorder care, and should be done approximately monthly. Urine drug screens can be ordered on the usual MOH requisition by writing “urine toxicology for drugs of abuse”. Buprenorphine will appear on the report as buprenorphine and/or norbuprenorphine (the metabolite) along with naloxone. A urine screen with unexpected results such as opiates, alcohol, benzodiazepines or illicit drugs should prompt a discussion with your patient about their substance use. If you feel your patient is destabilizing, you may wish to reduce the number of take home doses of buprenorphine temporarily, consider increasing their dose by 2-4mg, and plan more frequent follow-up. If you have questions about the interpretation or management of unexpected urine results, please do not hesitate to call us.

Studies have shown that patients with opioid use disorders are significantly less likely to relapse with long-term treatment; the goal is therefore to maintain patients on buprenorphine long-term. However, medications are obviously just one part of the long-term management of opioid use disorder; psychosocial support such as counseling, mutual support groups and active management of mood and anxiety disorders are all beneficial for long-term recovery. Patients who consider discontinuing buprenorphine treatment should be assessed for stability and supports. Tapering should be done very slowly and with oversight (increased office visits and possibly urine drug screens) to prevent significant withdrawal and risk of relapse. We recommend planning regular re-assessments (e.g. every 1-3 months) that include goal-setting and review of substance use and mental health. *Please note that K680 is an out-of basket code for providing care to patients receiving therapy for substance abuse (not the management of smoking cessation). K680 is a time-based code: 1 unit is 30 minutes, and the start and stop times must be recorded in the patient’s chart as per other time-based counseling/psychotherapy codes.*

Please feel free to contact me through the Substance Use clinic with any questions or concerns about dosing, general management or other issues, or to request a repeat consultation for your patient. Additional resources, including a short manual on safer prescribing and management of substance use disorders, are available at http://www.womenscollegehospital.ca/programs-and-services/METAPHI.

Sincerely,

*Your name*
Substance Use Service, Women’s College Hospital