

POLICY - PHARMACY DEPARTMENT

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EFFECTIVE: Ma Created by: Ry	rch 2011 an Thelin, PharmD.	Policy #: Pharmacy: 7710.08-04	PAGE: 1 OF 2		
PURPOSE:	To ensure that Suboxone (buprenorphine-naloxone) for addiction maintenance is prescribed, dispensed and administered according to DEA, FDA and State Authority regulations.				
*See Also:	Methadone policy				
RESPONSIBILITY	 <u>Physician:</u> order stating the Suboxone dosage, route, and frequency after verification that the patient is actively receiving Suboxone as an outpatient, from a qualified prescriber. <u>Pharmacist:</u> the pharmacist shall retrieve such medication to be identified (to its fullest extent) if patient has own medication available. If unavailable, the pharmacy will dispense the prescribed dose to the patient. <u>Nurse</u>: the nurse caring for the patient should have all medication identified by the pharmacy before administration. Patient must be watched after administration to verify dose was received and for any acute reactions. 				
POLICY:	Suboxone is indicated only for maintenance treatment of opioid dependence.				
	Initiating treatment:				
	Under the Drug Addiction Treatment Act (DATA), prescription use of this product in the treatment of opioid dependence is limited to physicians who meet certain qualifying requirements, and who have notified the Secretary of Health and Human Services (HHS) of their intent to prescribe this product for the treatment of opioid dependence and have been assigned a unique identification number that must be included on every prescription by the Substance Abuse and Mental Health Services Administration (SAMHSA). -As this is an office-based treatment program, NO physician at HRMC may <u>initiate</u> Suboxone therapy.				
	Continuation of main	ntenance therapy:			
	Neither the Controlled Substances Act (as amended by the Drug Addiction Treatment Act [DATA] of 2000) nor DEA implementing regulations (21 CFR 1306.07(c)) impose any limitations on a physician or other authorized hospital staff to maintain a person with an opioid treatment drug like buprenorphine as an incidental adjunct to medical or surgical conditions other than opioid addiction. Thus, a patient with opioid addiction who is admitted to a hospital for a primary medical problem other than opioid addiction, e.g., myocardial infarction, may be administered opioid agonist medications (e.g., methadone, buprenorphine) to prevent opioid withdrawal that would complicate the primary medical problem. A DATA 2000 waiver is not required for practitioners in order to administer or dispense buprenorphine (or methadone) in this circumstance. The admitting physician should consult with the patient's addiction treatment provider to obtain treatment history, and verify that the patient is currently taking the medication as an outpatient.				
Notes:	All hospital Subutex® and Suboxone® administration must be directly observed by a Registered Nurse. The nurse must watch the patient pour the prescribed dose underneath the tongue and supervise for at least three minutes to ensure the dose cannot be retained in the mouth for later injection or diversion. Subutex® and Suboxone® are inactive if swallowed.				



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TITLE: Medication Policy: Suboxone (buprenorphine-naloxone) Maintenance: Prescribing, Dispensing & Administration				
EFFECTIVE: March 2011 Created by: Ryan Thelin, PharmD.	Policy #: Pharmacy: 7710.08-04	PAGE: 2 OF 2		

Approved: _____ Date: December 18, 2017 Mark Harris, R.Ph. Manager of Pharmacy Services

Revision Date(s)	Revised by	Committee approval	Date(s)