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> American Academy of Addiction Psychiatry website (www.aaap.org)

For more information:

Call Indivior Inc. at 1-866-463-4846 or visit www.suboxoneREMS.com

SUBOXONE Film, Authorized Generic of SUBOXONE Film, SUBOXONE Tablets, and SUBUTEX Tablets

Risk Evaluation and Mitigation Strategy (REMS) Program

Office-Based Buprenorphine Therapy for Opioid Dependence:

Important Information for Pharmacists

SUBOXONE® (buprenorphine and naloxone) sublingual film CIII

Authorized Generic of SUBOXONE® (buprenorphine and naloxone) sublingual film CIII

SUBOXONE® (buprenorphine and naloxone) sublingual tablets CIII

SUBUTEX® (buprenorphine) sublingual tablets CIII
I. SUBOXONE Sublingual Film, Authorized Generic of SUBOXONE Sublingual Film, SUBOXONE Sublingual Tablets, and SUBUTEX Sublingual Tablets REMS

The purpose of this brochure is to provide pharmacists with information about the Risk Evaluation and Mitigation Strategy (REMS) for buprenorphine-containing products. This brochure summarizes selected important safety issues and messages needed to manage and counsel patients about safe use of these products. For additional safety information, be sure to read the prescribing information.

What is a Risk Evaluation and Mitigation Strategy (REMS)?

A REMS is a strategy to mitigate a known or potential serious risk associated with a drug and is required by the U.S. Food and Drug Administration (FDA) to ensure that the benefits of a drug outweigh its risks.

Why is there a REMS for buprenorphine-containing products?

A REMS has been implemented as part of the FDA requirements to ensure that the benefits of treatment with buprenorphine-containing products outweigh the potential risks.

Buprenorphine, like morphine and other opioids, has the potential for being abused and misused. Abuse of buprenorphine poses a risk of overdose and death. This risk is increased with the concomitant use of buprenorphine and alcohol and other central nervous system (CNS) depressants, especially benzodiazepines.

As part of this REMS, manufacturers of buprenorphine products have worked with the FDA to educate prescribers, pharmacists, and patients about the serious risks associated with the use of buprenorphine-containing products.
Check state Prescription Drug Monitoring Programs, where practical, to identify behaviors that may represent abuse and review all medications (e.g., benzodiazepines, other opioids, and CNS depressants) to assess for appropriateness of co-prescribing.

Provide the Medication Guide to patients each time the medicine is dispensed and discuss the risks and side effects associated with buprenorphine products, including what to do if patients experience side effects.

Remind patients who are picking up induction doses to return as directed to the doctor’s office so that they can be supervised while taking the medication.

Explain how to safely store the medication out of the sight and reach of all others, especially children.

Provide appropriate patient counseling on safe use of buprenorphine-containing products and encourage patients to seek psychosocial counseling and support for safe and effective treatment.

Be vigilant in detecting fraudulent prescriptions or simultaneous prescriptions for the same patient from multiple prescribers.

What information about the safe use of buprenorphine-containing products needs to be communicated to patients?

The following key messages need to be communicated to patients about safe use of products covered under the REMS to mitigate the serious risks of accidental overdose, misuse, and abuse:

Instruct patients to keep these products in a secure place, out of the sight and reach of all others, especially children. Accidental or deliberate ingestion by a child may cause respiratory depression that can result in death.

If a child is exposed to one of these products, medical attention should be sought immediately.

Warn patients that it is extremely dangerous to self-administer non-prescribed benzodiazepines or other central nervous system (CNS) depressants (including alcohol) while taking these products. Caution patients prescribed benzodiazepines or other CNS depressants to use them only as directed by their prescriber.

Instruct patients never to give these products to anyone else, even if he or she has the same signs and symptoms. It may cause harm or death.
Advise patients that these products contain an opioid that can be a target for people who abuse prescription medications or street drugs.

Advise patients that selling or giving away these products is against the law.

**Use the contents of each drug product’s Medication Guide**, in its entirety, with each patient to review the information noted above including side effects, and what to do if a patient has them. The Medication Guide will be dispensed with each prescription for a buprenorphine-containing transmucosal product.

**Strongly encourage patients to seek psychosocial counseling and support for safe and effective treatment.**

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### II. Buprenorphine Product Information Relevant to the REMS Goals

**What are buprenorphine-containing products and their uses?**

Buprenorphine-containing products are available both as products containing the buprenorphine-only and products that combine buprenorphine with naloxone; both types of products are indicated for the treatment of opioid dependence.

The second active ingredient in some products, naloxone HCl, is intended to deter abuse by the intravenous route of buprenorphine-containing products by people who are dependent on full opioid agonists. Prescribers are instructed to limit the use of buprenorphine-only products, such as buprenorphine sublingual tablets, to supervised use, wherever possible.

**Specific Uses for Formulations of Buprenorphine-containing Products:**

Buprenorphine-only products are preferred for initiating treatment (induction) in patients physically dependent on methadone or long-acting opioids. SUBOXONE Sublingual Film is one of several buprenorphine/naloxone-containing products that may be used for induction in patients physically dependent on heroin or other short-acting opioids. All products can be used for maintenance.

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**Buprenorphine-containing products are used as only one part of a complete treatment plan, including counseling and psychosocial support.**

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**What are the primary differences among the buprenorphine products that contain naloxone?**

The primary differences are the available dosage strengths, recommended doses, site of administration, and formulations. The available dosage strengths and recommended doses vary based on the bioavailability for each product (i.e., how much of the buprenorphine is absorbed after administration).
What are the corresponding doses of buprenorphine products that contain naloxone?

Patients being switched between different formulations should be started on the corresponding dose (as shown in Table 1 below) compared to the previously administered product. Patients should be monitored for symptoms related to overdosing or under-dosing and dosing adjustments should be made as clinically indicated.¹

Table 1

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Buprenorphine sublingual tablets, (SUBUTEX)</th>
<th>Buprenorphine/Naloxone sublingual tablets, (SUBOXONE)</th>
<th>Buprenorphine/Naloxone sublingual films (SUBOXONE)</th>
<th>Buprenorphine/ Naloxone sublingual tablets (Zubsolv)</th>
<th>Buprenorphine/ Naloxone buccal films (Bunavail)</th>
<th>Buprenorphine/ Naloxone sublingual films (Cassipa™)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose Strengths Available</td>
<td>2 mg buprenorphine</td>
<td>2 mg buprenorphine/ 0.5 mg naloxone</td>
<td>2 mg buprenorphine/ 0.5 mg naloxone</td>
<td>0.7 mg buprenorphine/ 0.18 mg naloxone</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 mg buprenorphine</td>
<td>8 mg buprenorphine/ 2 mg naloxone</td>
<td>8 mg buprenorphine/ 2 mg naloxone</td>
<td>1.4 mg buprenorphine/ 0.36 mg naloxone</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 mg buprenorphine/ 3 mg naloxone</td>
<td></td>
<td>2.9 mg buprenorphine/ 0.71 mg naloxone</td>
<td>1 mg buprenorphine/ 0.2 mg naloxone</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.7 mg buprenorphine/ 1.4 mg naloxone</td>
<td>2.1 mg buprenorphine/ 0.3 mg naloxone</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.6 mg buprenorphine/ 2.1 mg naloxone</td>
<td>4.2 mg buprenorphine/ 0.7 mg naloxone</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.4 mg buprenorphine/ 2.9 mg naloxone</td>
<td>6.3 mg buprenorphine/ 1 mg naloxone</td>
<td></td>
</tr>
<tr>
<td>Route of Administration</td>
<td>Sublingual</td>
<td>Sublingual</td>
<td>Sublingual</td>
<td>Sublingual</td>
<td>Buccal</td>
<td>Sublingual</td>
</tr>
</tbody>
</table>

¹Note that, although the nominal SUBOXONE Film doses are the same as the SUBOXONE Tablet and generic equivalent tablets, not all strengths and combinations of the films are bioequivalent to the generic equivalent or Zubsolv tablets. Therefore, systemic exposures of buprenorphine and naloxone may be different when patients are switched from tablets to films or vice-versa.
An opioid withdrawal syndrome is likely to occur with parenteral misuse of buprenorphine-containing products by individuals physically dependent on full opioid agonists, or by sublingual or buccal administration before the agonist effects of other opioids have subsided, particularly buprenorphine-containing products that also contain naloxone.

Neonatal opioid withdrawal syndrome (NOWS) is an expected and treatable outcome of prolonged use of opioids during pregnancy. Buprenorphine-containing products covered under this REMS are not appropriate as analgesics. There have been reported deaths of opioid naïve individuals who received a 2 mg sublingual dose.

Caution patients about the risk of driving or operating hazardous machinery while taking buprenorphine-containing products.

To report SUSPECTED ADVERSE REACTIONS contact:
• Indivior Inc. at 1-877-782-6966 or
• FDA MedWatch program by phone at 1-800-FDA-1088 or online at www.fda.gov/medwatch/report.htm

This section of the brochure highlights important safety information to consider when prescribing or dispensing buprenorphine-containing products. Please refer to the Prescribing Information (PI) for detailed safety-related information for buprenorphine-containing products.

Store buprenorphine-containing products safely out of the sight and reach of all others, especially children. Buprenorphine can cause severe, possibly fatal, respiratory depression in children.

Life-threatening respiratory depression and death have occurred in association with buprenorphine. Warn patients of the potential danger of self-administration of benzodiazepines or other CNS depressants (including alcohol) while under treatment with buprenorphine-containing products.

Buprenorphine can be abused in a similar manner to other opioids. Clinical monitoring appropriate to the patient’s level of stability is essential. Monitor patients for conditions indicative of diversion or progression of opioid dependence and addictive behaviors. Multiple refills should not be prescribed early in treatment or without appropriate patient follow-up visits.

If treatment is temporarily interrupted or discontinued, monitor patients for withdrawal and treat appropriately.

Monitor liver function tests prior to initiation and during treatment and evaluate suspected hepatic events.

Do not administer buprenorphine-containing products to patients with known hypersensitivity to buprenorphine or, in the case of combination products, naloxone.
**IV. Dispensing Prescriptions for Buprenorphine-Containing Products**

This section discusses important information to consider before filling prescriptions for buprenorphine-containing products.

**Who is qualified to prescribe buprenorphine-containing products?**

A Federal law, (DATA 2000), limits office-based use of buprenorphine-containing products to prescribers who have met qualifications to receive a waiver. These prescribers will have a special DEA number starting with the letter “X”. DEA regulations require that this number, along with the existing DEA registration number, is included on all prescriptions for buprenorphine-containing products for the treatment of opioid dependence.

**How can I be sure a prescriber is qualified to prescribe buprenorphine-containing products?**

Pharmacists can verify the validity of a prescriber’s DATA 2000 waiver by calling 1-866-BUP-CSAT (1-866-287-2728), or e-mailing info@buprenorphine.samhsa.gov.

**What if I get a prescription from a doctor who does not have a special DEA identification number?**

Call that prescriber for clarification and confirm that the prescriber has submitted a Notification of Intent form to SAMHSA. The DEA has developed regulations that require this number, along with the prescriber’s existing DEA registration number, to be included on all prescriptions issued for the treatment of opioid dependence.

Most prescribers will make arrangements to obtain the identification number before prescribing buprenorphine-containing products, but in rare cases, a prescriber may need to write a prescription before the number has been issued. This is allowed under DATA 2000, provided the prescriber has notified SAMHSA of his/her intention to begin treating a patient immediately.

**How can I verify that a prescription is legitimate?**

According to federal law, pharmacists and prescribers jointly share legal responsibility for the legitimacy of a prescription. Communication between you and the prescriber is vital to ensure the validity of each prescription you’re asked to fill.

However, even if you determine that an individual prescription is legitimate, you should still be aware of other means by which patients may attempt to divert their prescriptions. For example, an opioid user may present themselves to two or more qualified prescribers and therefore, receive multiple prescriptions for buprenorphine-containing products. If a patient brings you more than one prescription covering the same therapeutic period, you have a legal duty to recognize that they may not be for therapeutic use. You should contact each prescriber for verification and notify them of the additional pending prescription.

**What should I do if I am seeing prescriptions from a single prescriber that seem to exceed the patient limit?**

Prescribers (physicians, nurse practitioners, and physician assistants) agree to treat no more than 30 patients at a time during the first year of providing buprenorphine treatment. After a year, prescribers can apply to increase their patient limit to 100 patients.

Physicians who have had a waiver to treat up to 100 patients for at least one year can apply to increase their patient limits to 275.

If you are concerned about the validity of the prescription for any reason, including exceeding the patient limit, begin by contacting the prescriber for clarification. In some cases, the prescriber needs the patient’s consent to discuss specific patient issues.

You can also contact: SAMHSA/CSAT at 1-866-BUP-CSAT (1-866-287-2728) or by email: infobuprenorphine@samhsa.hhs.gov, DEA (www.deadiversion.usdoj.gov), and the State Board of Medicine (a list of contact numbers may be found at the website, [http://www.fsmb.org/state-medical-boards/contacts](http://www.fsmb.org/state-medical-boards/contacts)).
Are there confidentiality issues I should be aware of related to substance abuse treatment?

People with opioid dependence are more likely to seek and continue with treatment when they know their treatment will be held in strict confidence.

For this reason, federal regulations protect the privacy of patients’ medical information, namely Title 42 Part 2 of the Code of Federal Regulations (42 CFR Part 2) and the Health Insurance Portability and Accountability Act (HIPAA).

42 CFR Part 2 states that any patient-identifying information pertaining to treatment for substance abuse must be handled with a greater degree of confidentiality than patients’ general medical information.

Under 42 CFR Part 2, before a prescriber can disclose any information to a third party about a patient’s treatment for substance abuse, that prescriber must first obtain the patient’s signed consent.

When a prescriber directly transmits a prescription for a buprenorphine-containing product to your pharmacy, any redisclosure of that patient-identifying information by the pharmacy is prohibited without the patient’s signed consent. The federal requirements discussed above regarding obtaining signed consent and redisclosure do not apply when it is the patient who delivers the prescription to the pharmacist, without direct communication from the prescriber to the pharmacist.

According to 42 CFR Part 2, the following elements are required for a consent form to be considered valid:

- Patient’s name, prescriber’s name, pharmacist’s name
- Purpose of the disclosure; recipient of the disclosure
- What information will be released
- An indication that the patient understands he/she can revoke this consent at any time and that this revocation can be verbal
- The date and terms under which the consent expires
- Patient’s dated signature

To learn more about these regulations, visit the SAMHSA website, [http://www.samhsa.gov/healthprivacy/](http://www.samhsa.gov/healthprivacy/), or call 1-866-BUP-CSAT (1-866-287-2728).

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