

1. After the first week of daily dosing (observed), it is acceptable to now give one week of THB. This is his NJ and she doses under Medicaid at the window in our methadone clinic
 - a. **Yes, this is acceptable.**
2. are there advantage/s to splitting / dividing Buprenorphine doses ? especially when pain issues arise ?
 - a. **If prescribing (off-label) for pain management, it is best to divide the dose to 3-4 times/ day.**
3. Are you willing to share your protocol so we can utilize as a template? If not, where can we find a template?
 - a. **The protocol is explained in the slides which you will have access to.**
4. At a detox facility, patient receives Buprenorphine. Is it alright that they receive suboxone as their next dose?
 - a. **Usually, during detox, bup. Is tapered. It would be more efficient to do the induction in place of detox. However, that being said, yes, you can give the suboxone (usually 4-8 mg) the next day and begin the induction.**
5. can we get a copy of the presentation
 - a. **It is provided at the specified link.**
6. Can you put up slide for websites again?
 - a. **You will have access to the presentation at the specified link.**
7. Can you speak about the Injectable or Implant possible treatment aspects? Thanks.
 - a. **The injectable buprenorphine is only indicated for the treatment of pain. The Implant is long-acting (usually at least 6 months) and should only be considered after the patient has been on the sublingual/buccal formulation long enough. We have found that patients given the implant prematurely, have dug it out and contracted infections as a result because they wanted to use opiates again.**
8. Do physician assistants and nurse practitioners require the same level of oversight or is one able to function more independtly than the other?
 - a. **Depends on the state. I believe in all states, Physician Assistants must be supervised. In a few states, NPs must be supervised; in many states, they require a collaborative agreement, and in 24 or so states, they have full independent authority.**
9. do we have to use subtex for pregnant women
 - a. **the guidelines suggest subutex to prevent any risk of precipitated withdrawal from the fetus although there are studies showing that suboxone is tolerated well in this population.**
10. Do we require to do any vital sign
 - a. **No - unless your state has a separate regulation for it.**
11. Do you have any threshold when it comes to transaminases at what level you would consider discontinuation of suboxone maintenance?
 - a. **Not really. However, I look for symptom presentation in determining the need to stop.**
12. Do yuo recommend people who stop suboxone to change to Vivitrol?
 - a. **I'll always suggest some type of MAT. So, 'yes,' I'll suggest Vivitrol.**
13. Have you treated any patients that became pregnant?
 - a. **Not personally. But I have colleagues who have, and there have been no problems.**
14. how about breast feeding
 - a. **The evidence has demonstrated that this is safe - some say even safer than Methadone.**
15. how are you handeling cocaine use during treatment and for how long?
 - a. **I don't tolerate use of any other psychoactive drugs. I explore their use and a plan to stop - which requires regular drug screens.**
16. how do you handle if pt is being prescribed benzos by another provider. Do you wait until they are off?
 - a. **I evaluate the taper schedule but usually will begin induction immediately.**
17. how do you write the RX for the induction
 - a. **You can write for either a week's worth or one day or two days. Whatever works for you.**
18. how frequently do you follow liver enzymes?
 - a. **Initially and at a year if initial enzymes are normal. Six months if slightly elevated.**
19. How long do you keep one on suboxone, I have seen persons on for years?

- a. **As long as is therapeutically necessary.**
20. How long does it take to get urine tox results back from outside labs? such as Quest, LabCorp etc.
 - a. **Usually two to four days.**
21. I have a client on induction at 8mg and it has been 6 days she has felt fine but now feels some withdrawal symptoms. Do you typically need to adjust in the first 2 weeks
 - a. **She shouldn't be experiencing withdrawal symptoms – other than cravings unless she has been using full agonist opiates. If cravings, she may need an increase in dose.**
22. I have an independent practice license as an NP in WV. Does this mean I can prescribe buprenorphine without a collaborating physician?
 - a. **Yes – unless the state has issued more restrictive guidelines.**
23. I see that you said it is free however I am on the site and they have a charge
 - a. **That's strange. I was on the site last week to see how easy it was to access, and it was free.**
24. I see that you said it's online
 - a. **Yes, the programs are online.**
25. I work with pregnant Opioid addicts. Usually referred for Methadone. OB Physicians are often reluctant about caring for these clients. What are your thoughts on communication patient's MAT with their other physicians
 - a. **The standard of care is to communicate actively and regularly with other providers.**
26. Is it correct to say that the prescriber MUST write, or have otherwise printed, their XDEA license number on the prescription?
 - a. **Yes, either write it on the Rx or write, "Please call my office for my DEA number"**
27. marijuana use do we continue tx
 - a. **Depends. But usually no.**
28. thank you
 - a. **you're welcome.**
29. we should observe them for two days in the office when we are titrating the dose?
 - a. **Yes. Usually 4 hours the first day and 2 to 3 hours the second day.**
30. What are some examples of a treatment goal?
 - a. **Find a job. Improve parental role.**
31. What does the DEA usually request when they spot check?
 - a. **Your list of active patients and any records you may have relating to those patients.**
32. What if a pt. loses the Rx and is in withdrawal
 - a. **Plan for that before it happens. I usually give them the benefit of the doubt the first time and write a new prescription but for a shorter period of time so they have to come back sooner for a refill Rx.**
33. What is your titration process
 - a. **Do you mean 'taper?' (since I gave the titration/induction in the slides). Decrease by 4mg every other day.**
34. where can I do the 24 hour course
 - a. **AANP, ASAM, AAAP**
35. where do we access the 24 hour online required training to complete requirement to prescribe Buprenorphine. If we have completed 8 hour waiver course are we only required to do 16 hours
 - a. **probably not. I had the 8 hour training and they wouldn't accept it.**
36. you said 2 of 4 mg on the first day...what do you give on the 2nd day 2 of the 4 mg for a total of 16 mg
 - a. **I give 4mg twice the first day. Either 16mg once or 8mg twice the second day.**
37. Your experience with withdrawal sx of nausea and palpitation and HTN
 - a. **Depends on the dose and duration of buprenorphine. Usually these symptoms are minimal and can be treated symptomatically.**