

Buprenorphine Use in the Military Health System (MHS)

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ABSTRACT

Background: The CPG's updated recommendation is supported by buprenorphine's lower risk of overdose and misuse.(1) In comparison to full mu-opioid agonists, buprenorphine possesses a superior safety profile with respect to respiratory depression, even in non-dependent individuals, and fatal overdose, when not combined with other sedating medications.(2-5)

Purpose/hypothesis: This project identifies prescribing trends of buprenorphine for chronic pain before and after implementing two pharmacy interventions.

Procedures/data/observations: Patient charts were reviewed before and after removal of a drug authorization key in the electronic health record and development of an educational presentation for providers. In the pre-intervention group, 19 patients were included and 13 patients in the post-intervention group. Prescriptions for buprenorphine decreased by 31.5% from the pre-intervention to post-intervention period, but three new prescriptions were started after interventions.

Conclusions/applications: Adverse reactions were the cause of the decrease in prescriptions, most commonly nausea and vomiting. This data may be valuable to providers as they expand their knowledge about buprenorphine's analgesic use. This is a longitudinal project and identifying barriers that may limit prescribing of buprenorphine may be beneficial for future educational interventions.

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