



CASE RECOMMENDATION FORM

Presenter Credential: MD

After review of the case presentation and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Summary:

A 32-year-old transgender female with Medicaid MCO insurance has a history of IV meth use, smoking meth, fentanyl, benzodiazepines, THC, and tobacco. She has a psychiatric history of schizoaffective disorder or stimulant-induced psychosis. She lives with her girlfriend, who is also trying to achieve sobriety from meth. Her current medications include Suboxone (~32mg/day, previously on Sublocade), Abilify Maintena 400mg IM monthly, Rexulti 3mg daily, hydroxyzine, gabapentin, Miralax, spironolactone, and estradiol valerate. Medication adherence is fair. After initiating Sublocade in January, she continued taking Suboxone 8mg daily despite counseling that her blood levels were adequate. She ultimately switched back to sublingual Suboxone in late February due to perceived better craving control.

Treatment Question(s):

Seeking guidance on whether this may be due to a psychological need for oral medication rather than true withdrawal and whether provider could have approached treatment differently.

Recommendations:

1. **Transition to Long-Acting Injectable (LAI) Buprenorphine**
 - It is completely appropriate to switch to Sublocade or Brixadi, both of which are LAI options. Medicaid covers both Sublocade and Brixadi, as well as up to 32 mg of any buprenorphine product per day.
 - Recent guideline changes allow for earlier administration of the second injection (after 1 week). The FDA has updated guidance on Sublocade, allowing for injections in additional anatomical sites.
2. **Overlapping with Sublingual Suboxone**
 - Overlapping sublingual Suboxone with LAI buprenorphine is a viable approach.
 - Overdose risk is not a concern in this transition.
3. **Behavioral Aspects of Addiction**
 - Consider addressing the hand-to-mouth component of addiction, as physically taking a pill can become a reinforcing behavior. Behavioral interventions may be needed to manage the habitual aspects of medication administration.
 - Assess whether the patient is also missing other oral medications when not taking Suboxone.
4. **Optimizing Medication Transition**
 - Evaluate whether tapering antipsychotics could facilitate a smoother transition to Sublocade, particularly if methamphetamine use is a factor.
 - Assess how well the patient's psychiatric symptoms are managed.
 - Consider whether akathisia is being misinterpreted as withdrawal symptoms.

Consider presenting follow-up for this patient case or any other patient cases at a future ECHO Clinic session.

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