

Use of Diverted Buprenorphine Before Starting Telehealth Opioid Use Disorder Treatment

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Research Objective

- Telehealth-only provision of buprenorphine for opioid use disorder (OUD) has been made possible by COVID 19-era waivers to the Ryan Haight Act, which otherwise requires an in-person visit prior to prescribing any controlled substance.
- The DEA intends the in-person visit as a means of limiting buprenorphine diversion.
- Our anecdotal experience is that many patients initiating care in telehealth programs are already taking buprenorphine and frequently this buprenorphine was obtained via diversion.
- We conducted this study to quantify this observation.



Study Design

- Retrospective cohort study of the first 500 consecutive newly enrolled patients in our program in 2023.
- Chart review performed to determine:
 - a) if the patient was already taking buprenorphine at enrollment;
 - b) if the patient obtained the buprenorphine by means other than legitimate prescription.

Sex	
male	n=305 (61.0%)
Age at first appointment (years)	mean 40.3 (SD 10.3)
State of residence	
Florida	n=92 (18.4%)
Michigan	n=77 (15.4%)
North Carolina	n=73 (14.6%)
Texas	n=62 (12.4%)
California	n=38 (7.6%)
Colorado	n=29 (5.8%)
Virginia	n=26 (5.2%)
other	n=103 (20.6%)
Payment modality	
Insurance	n=296 (59.2%)
Self-pay	n=204 (40.8%)
Taking buprenorphine at enrollment	
Yes	n=232 (46.4%)
Taking diverted buprenorphine at enrollment	
Yes	n=92 (18.4%)



Principal Findings

- 500 newly enrolled patients included between January 3-20, 2023.
- 232 patients (46.4%) who entered the program already taking buprenorphine.
- **Ninety-two patients (18.4% of total, or 39.7% of those already taking buprenorphine) reported obtaining the buprenorphine via diversion.**



Conclusions

- In our telehealth OUD program, over one in six (18.4%) patients who was using diverted buprenorphine before initiating treatment with our group.
- Telehealth can potentially lead to decreased diversion as patients access legitimate treatment.
- Limitations: Retrospective design relied on documentation of diverted buprenorphine in patient charts.



Policy Implications/Solutions

- As the Drug Enforcement Administration (DEA) deliberates about regulations pertaining to telehealth treatment of OUD with buprenorphine, it is important to consider that many patients may be seeking telehealth treatment to obtain prescriptions when legal access is otherwise unavailable or undesirable.



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1. Wang, L., Weiss, J., Ryan, E. B., Waldman, J., Rubin, S., & Griffin, J. L. (2021). Telemedicine increases access to buprenorphine initiation during the COVID-19 pandemic. *Journal of substance abuse treatment*, 124, 108272.
2. Rubel, S. K., Eisenstat, M., Wolff, J., Calevski, M., & Mital, S. (2023). Scope of, Motivations for, and Outcomes Associated with Buprenorphine Diversion in the United States: A Scoping Review. *Substance use & misuse*, 58(5), 685–697.
3. Cicero, T. J., Ellis, M. S., & Chilcoat, H. D. (2018). Understanding the use of diverted buprenorphine. *Drug and alcohol dependence*, 193, 117–123.
4. Hailu, R., Mehrotra, A., Huskamp, H. A., Busch, A. B., & Barnett, M. L. (2023). Telemedicine Use and Quality of Opioid Use Disorder Treatment in the US During the COVID-19 Pandemic. *JAMA network open*, 6(1), e2252381.