

PROBUPHINE® (buprenorphine HCl) Implant CIII
Subdermal Use Only

Probuphine REMS Program Knowledge Assessment

To become certified in the Probuphine REMS Program as a Healthcare Provider Who Prescribes Probuphine or a Healthcare Provider Who Inserts/Removes Probuphine, you must answer all of the following questions correctly.

1. The goal of Probuphine REMS is to mitigate the risks of complications of migration, protrusion, expulsion and nerve damage associated with the improper insertion and removal of Probuphine and the risks of accidental overdose, misuse and abuse.
 - a. **True**
 - a. False

2. Which are the potential risks of improper insertion and removal of Probuphine?
 - a. Migration
 - b. Protrusion or expulsion
 - c. Nerve damage
 - d. **All of the above**

3. Which of the following statements are true?
 - a. The certified Prescriber is responsible to ensure that the HCP inserting and removing Probuphine has been certified
 - b. Insertion and removal procedure can only occur in the office of the certified Prescriber
 - c. None of the above
 - d. **All of the above**

4. Which of the following statements are **true**?
 - a. Probuphine can be dispensed to patients for self-administration
 - b. HCPs should use the Patient Counselling Tool and Medication Guide to counsel patients about the risks and benefits of Probuphine therapy.
 - c. The medication in Probuphine can be extracted and then abused in a manner similar to other opioids.
 - d. **B and C**
 - e. All of the above

5. Which of the following are important risk messages to convey to patients?
 - a. There is no need to keep the implants (should they come out) away from children
 - b. Common risks associated with any minor surgical procedure (like the insertion of Probuphine implants) include itching, pain, scarring, and infection around the insertion site.
 - c. It is impossible for the implant to come out by itself.

- d. Appropriate wound care is important to reduce the risk of complications associated with the insertion of Probuphine.
 - e. B and D
 - f. All of the above
6. When inserting the implants, the correct placement should be within the subdermal plane.
- a. True
 - b. False
7. When inserting the applicator through the incision, the angle of the applicator should not exceed which of the following?
- a. 10 degree angle
 - b. 20 degree angle
 - c. 45 degree angle
 - d. 90 degree angle
8. How far should the obturator be advanced to correctly position the implant?
- a. To the point where the plastic hub of the obturator locks with the plastic hub of the cannula
 - b. To the point where the stop line on the obturator is level with the blue bevel-up marking on the cannula
 - c. To the point where the stop line on the obturator is level with the distal marking on the cannula
 - d. None of the above
9. When inserting the implants, it is imperative to keep the bevel tip down throughout the procedure to ensure proper channel direction.
- a. True
 - b. False
10. Once the implant has been advanced to the final position within the cannula, what is the next step?
- a. Remove the entire applicator
 - b. Keep the obturator fixed in position and retract the cannula along the obturator
 - c. Force the implant into the tissues with the obturator
 - d. Take a coffee break
11. On removal, one of the implants is extracted in 3 pieces. To ensure that you have removed the entire implant what should the cumulative length be of all 3 pieces?
- a. 10 mm
 - b. 18 mm
 - c. 26 mm
 - d. 50 mm

12. What should be done in the event that an implant cannot be palpated prior to removal?
- Reschedule the removal procedure. Order an ultrasound or MRI to locate the implant prior to removal
 - Reschedule the removal procedure. Order a CT to locate the implant prior to removal
 - Order an X-ray to locate the implant prior to removal
 - Perform the removal procedure and explore the site for the non-palpable implant
13. What should be done for an implant that has come out of the skin?
- Ask the patient to dispose the expelled implant
 - Tell the patient to try to push the implant back under the skin
 - Ask the patient to put the expelled implant in a plastic bag and bring it back to the office, then clean and close the expulsion site and insert a replacement implant in the same arm or contralateral arm
 - None of the above
14. Which of the following measures are recommended to prevent post-operative complications (e.g. wound infection, hematoma, protruding implants, etc.)?
- Advise the patient on proper care of the incision
 - Ensure the placement of the implants is at least 5mm from the incision opening
 - Apply a pressure bandage and cold compresses
 - a. and b. only
 - a., b., and c.
15. Which of the following steps should be taken if an implant or implant fragment remains in the tissues after a removal attempt?
- Close the wound with sutures
 - Request an ultrasound after an unsuccessful removal attempt
 - Have the patient return on the same day of the ultrasound for a second removal attempt
 - All of the above