Standard Home Induction

Buprenorphine for Opioid Use Disorder

Starting Buprenorphine

- Co-prescribe naloxone 4 mg/mL intranasal
- Educate patient how to manage withdrawal symptoms
  - Teach patient how to use SOWS
  - Consider prescribing PRN medications for symptom relief
- What formulation to prescribe (combination products are recommended)
  - Buprenorphine-naloxone sublingual tablet (Suboxone, Zubsolv)
  - Buprenorphine-naloxone sublingual film (Suboxone)
- What dosing regimen is appropriate based on patient use

Mild Opioid Dependence (i.e. MME/day <180)	Moderate Opioid Dependence (i.e. MME/day <360)	Severe Opioid Dependence (i.e. several bags/tabs fentanyl/day)
Initiation:		
Take 4 mg SL	Take 8 mg SL	Take 16 mg SL
Wait 1 hour, if still feeling "sick":		
Take additional 4 mg SL	Take additional 4-8 mg SL	Take additional 8 mg SL May repeat hourly
Recommended max dose until follow up appointment:		
8 mg/day	16 mg/day	24 mg/day*

*Dose may be escalated to 32 mg/day in select patients based on clinical judgement, though not much additional benefit found beyond 32 mg/day and may increase the risk of diversion.

- Counseling points
  - Take day off to rest
  - Stop using and wait until you feel very sick
    - Use the SOWS to reach moderate-to-severe withdrawal, or
    - Symptom checklist – 3 or more of the following: N/V/stomach upset, muscle cramps, runny nose, anxiety/restlessness, yawning, enlarged pupils
  - Timeline: symptom-based is most helpful, but giving timelines depending on use can also help avoid precipitated withdrawal
    - Last use of immediate-release opioids: wait 12 hours
    - Last use of long-acting opioids/street fentanyl: wait 24-48 hours
  - If withdrawal occurs, take another half or full dose until you feel well, and/or supplement with withdrawal medications (see below)

- Administration technique
  - Drink water to wet mouth
  - Place tablet or film under tongue
  - Allow 15 minutes to dissolve – do NOT swallow
  - Avoid swallowing saliva to avoid stomach upset; may spit extra saliva after 15-30 minutes
  - Avoid brushing teeth for 1 hour after tablet/film dissolves

Withdrawal Symptoms and Management

Autonomic symptoms (sweating, myoclonus, tachycardia)	Clonidine* 0.1mg PO QID Gabapentin 100-300mg PO BID-TID Tizanidine 4mg PO TID Lofexidine 0.1mg 2 tabs PO TID
Anxiety, dysphoria, lacrimation, rhinorrhea	Hydroxyzine 25-50mg PO TID prn Diphenhydramine 25mg PO q6hr prn
Myalgias	Naproxen* 220mg PO BID QID prn APAP 650mg PO q6h prn Topicals (menthol/methylsalicylate cream, lidocaine cream/ointment)
Sleep disturbance	Trazodone 25-300mg PO qhs
Nausea/Vomiting	Prochlorperazine 5-10mg PO q6hr prn Promethazine 25mg PO or PR q6h prn Ondansetron* 4mg PO q6h prn Haloperidol 0.5-1mg PO q12hr prn Metoclopramide 10mg PO q4-6hr prn
Abdominal Cramping	Dicyclomine 20mg PO q6-8hr Hyoscyamine 0.125mg PO QID prn
Diarrhea	Loperamide* 4mg PO x 1, then 2mg with each loose stool (Max 16mg/day)

*Consider providing initial prescription when initiating buprenorphine induction

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Developed in collaboration with Stader Opioid Consultants.