



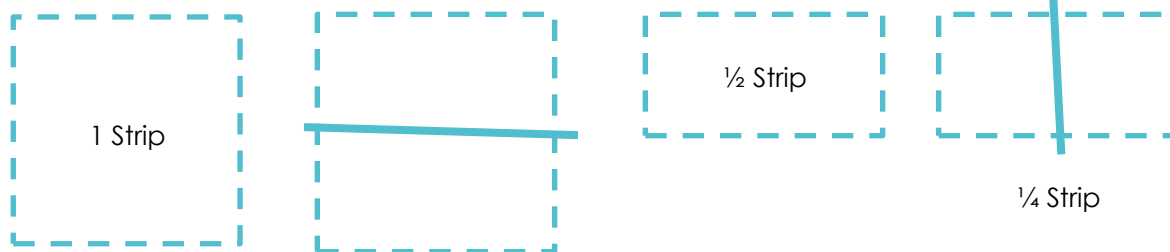
Low-Dose (Micro) Home Induction

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)
 - *Films are easier to divide into smaller doses and are therefore the recommended agent for low-dose induction; tablets can also be split but may prove more difficult to divide.
- + Buprenorphine Low-Dose (Micro) Induction Patient/Clinical Tool

2 – 0.5mg Suboxone Film



The first strip will be cut into 2 pieces

Half of it is then split into 2 pieces
(1/4 of a strip).



Compass Opioid Prescribing + Treatment Guidance Toolkit



Take Suboxone According to the Table Below

Day 1: Begin to cut down your opioid use

Day 2 – 6: Continue to cut down on opioid use as able and utilize comfort medications

Day 7: Aim to stop other opioid use by this day

		AM		PM	Date (write in)
1	1/4 film		-		
2	1/4 film		1/4 film		
3	1/2 film		1/2 film		
4	1 film		1 film		
5	1 1/2 film		1 1/2 film		
6	2 films		2 films		
7	2 – 3 films		2 – 3 films		

Time Point	Standardized Buprenorphine Microinduction Recommendation	
	Bup-nal Recommendation	Full Opioid Agonist Recommendation
Day 1 (Initial Appt)	0.5mg-0.125mg (1/4 strip) SL daily	Continue current dose/use
Day 2	0.5mg-0.125mg (1/4 strip) SL BID	Continue current dose/use
Day 3	1mg-0.25mg (1/2 strip) SL BID	Continue current dose/use
Day 4	2mg-0.5mg (1 strip) SL BID	Continue current dose/use
Day 5	3mg-0.75mg (1 1/2 strip) SL BID	Continue current dose/use
Day 6	4mg-1mg (2 strips) SL BID	Continue current dose/use
Day 7 (Follow-Up Appt)	6mg-1.5mg (3 strips) SL BID	Stop dose/use
Day 7 – beyond	Based on craving/pain response: 16mg-4mg/day to 32mg-8mg/day once or divided* up to 4x daily	*Divide daily dosing to 2-4x daily if managing co-occurring pain

+ Counseling points

- + Take days off to rest if possible
- + Films and tablets that are cut can be kept for up to 24 hours to use for subsequent doses
- + If withdrawal occurs, supplement with withdrawal medications (see below)
- + Administration technique
 - Drink water to wet mouth



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- 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.