



## 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)
<b>Initiation:</b>		
Take 4 mg SL	Take 8 mg SL	Take 16 mg SL
<b>Wait 1 hour, if still feeling "sick":</b>		
Take additional 4 mg SL	Take additional 4-8 mg SL	Take additional 8 mg SL May repeat hourly
<b>Recommended max dose until follow up appointment:</b>		
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)



# Compass Opioid Prescribing + Treatment Guidance Toolkit



- + 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

<b>Autonomic symptoms (sweating, myoclonus, tachycardia)</b>	Clonidine* 0.1mg PO QID Gabapentin 100-300mg PO BID-TID Tizanidine 4mg PO TID Lofexidine 0.1mg 2 tabs PO TID
<b>Anxiety, dysphoria, lacrimation, rhinorrhea</b>	Hydroxyzine 25-50mg PO TID prn Diphenhydramine 25mg PO q6hr prn
<b>Myalgias</b>	Naproxen* 220mg PO BID QID prn APAP 650mg PO q6h prn Topicals (menthol/methylsalicylate cream, lidocaine cream/ointment)
<b>Sleep disturbance</b>	Trazodone 25-300mg PO qhs
<b>Nausea/Vomiting</b>	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
<b>Abdominal Cramping</b>	Dicyclomine 20mg PO q6-8hr Hyoscyamine 0.125mg PO QID prn
<b>Diarrhea</b>	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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