A quick-reference guide for prescribing buprenorphine/naloxone (Suboxone) in the outpatient setting

**PREScribing sBoXone in the ouTPatienT seTtinG**

**A QUick-REFERenCe guIdE TO IN-OFFIce inDuCtion**

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Adapted from *A Guideline for the Clinical Management of Opioid Use Disorder* published by the British Columbia Centre on Substance Abuse and the BC Ministry of Health, June 2017

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**ASSESSMENT**

- Confirm opioid use disorder using DSM-5
- Obtain substance use history
  - All drugs used, including ethanol (EtOH), nicotine, benzodiazepines
  - Age and amount of first use, current use
  - Any periods of abstinence
  - Treatment history
  - Goals

- Check PharmaNet
- Rule out contraindications
  - Allergy to Suboxone
  - Pregnancy (relative contraindication to induction but not to continuation)
  - Severe liver dysfunction
  - Severe respiratory distress
  - Acute EtOH intoxication

**Order/review lab test results**
- CBC
- Electrolytes
- Renal panel
- Liver panel
- Hep A/B/C serologies
- STI panel (including HIV)
- Urine drug test

**INDUCTION: DAY 1**
- 1–2 days required for baseline assessment and initiation
- Day 1 max dose 12 mg/3 mg

- Confirm
  - ✓ COWS* score > 12
  - ✓ No contraindications
  - ✓ No long-acting opioids used for > 30 hours

- Give Suboxone SL 4 mg/1 mg
  - Withdrawal symptoms gone?
    - No Additional doses needed
    - Yes Go to Day 2

- ~ 2 hours Withdrawal symptoms gone?

- Precipitated withdrawal
  - Can occur due to replacement of full opioid receptor agonist (e.g., heroin, fentanyl, morphine) with partial agonist that binds with a higher affinity (e.g., Suboxone, methadone)
  - Symptoms
    - Similar to opioid withdrawal (i.e., increased heart rate, sweating, agitation, diarrhea, tremor, unease, restlessness, tearing, runny nose, vomiting, goose flesh)
    - Can range from mild to severe
    - Can be very distressing and discouraging for patients
    - Largely reversible with higher doses of Suboxone or other opioid
    - Avoid by ensuring adequate withdrawal before induction (COWS > 12), starting Suboxone at a lower dose (2.0 mg/0.5 mg), and reassessing more frequently

- Treatment
  - Explain what has happened
  - Provide empathetic/compassionate/apologetic support
  - Manage symptoms with clonidine, loperamide. Avoid benzodiazepines
  - Encourage/motivate patient to try again soon

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*COWS = clinical opiate withdrawal scale*


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Figure (Page 1 of 2). In-office assessment, Suboxone induction, and maintenance document
**INDUCTION: DAY 2 ONWARDS**

- If adequate symptom relief not achieved over Day 1 and 2, additional days (usually no more than 2) may be required
- Day 2 max dose 16 mg/4 mg

**Withdrawal symptoms recurred since last dose?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>Give Day 1 total plus another dose Suboxone SL 4 mg/1 mg</th>
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<tbody>
<tr>
<td>No</td>
<td>Give Day 1 total dose again to complete induction. This will be the ongoing daily dose</td>
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<td>Consider titration up to optimal dose (≥ 12 mg/3 mg) for improved retention in treatment</td>
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<td>May increase dose every 1–3 days, or less frequently</td>
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**MAINTENANCE**

Goal = once-daily dosing, no withdrawal between doses. Ideally, dose ≥ 12 mg/3 mg

**Monitor**
- Check PharmaNet regularly to ensure prescriptions are filled, no doctor shopping, etc.
- Order urine drug testing (UDT)
- Assess for readiness for take-home dosing (“carries”), see below

**CONSIDERATIONS**

**Urine drug testing (UDT):**
- Urine drug testing expected for patients on Suboxone to objectively document licit/illicit drug use
- UDT not to be used punitively but to facilitate open communication
- Perform point-of-care UDT at least monthly
- Consider ordering confirmatory testing for unexpected results (false positives do occur)

**TAKE-HOME DOSES (“CARRIES”)**

- Suboxone ingestion commonly witnessed at the pharmacy but take-home doses may be prescribed
- Take-home “carries” appropriate for patients who demonstrate biopsychosocial stability, have not missed doses, are abstinent from illicit drugs, have a secure place to store their medication

**FOR ADDITIONAL SUPPORT AND RESOURCES...**

**To speak to an expert in BC:**
Rapid Access to Consultative Expertise (RACE) line: 1 877 696-2131

**To test your new knowledge of Suboxone induction, go to** www.surveymonkey.com/r/BXHVWVT

**To help us improve this guide, please send your feedback to SuboxoneInfographic@gmail.com.**
Sender information will not be included when feedback is considered.