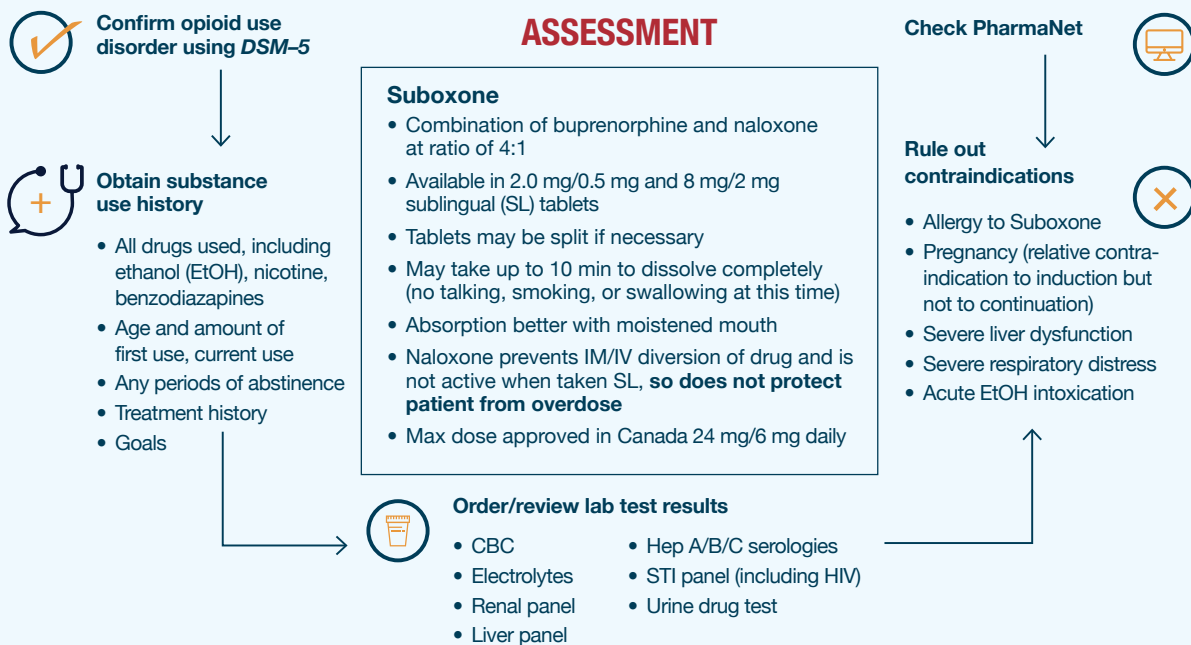


PRESCRIBING SUBOXONE IN THE OUTPATIENT SETTING

A QUICK-REFERENCE GUIDE TO IN-OFFICE INDUCTION

By Patricia Caddy, MD, and Kesh Smith, MD

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



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

~ 2 hours

Withdrawal symptoms gone?

No

Additional doses needed

Yes

Go to Day 2

***COWS = clinical opiate withdrawal scale**

A validated clinical tool used to determine severity of opiate withdrawal, available free online at www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf (see Appendix 6 of *A Guideline for the Clinical Management of Opioid Use Disorder*)

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 opiate 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

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?

No

- Give Day 1 total dose again to complete induction. This will be the ongoing daily dose
- Consider titration up to optimal dose (≥ 12 mg/3 mg) for improved retention in treatment
- May increase dose every 1–3 days, or less frequently

Yes

- Give Day 1 total plus another dose Suboxone SL 4 mg/1 mg

~ 2 hours

Withdrawal symptoms gone?

~ 2 hours

Yes

- Induction complete
- Give Day 2 total as ongoing dose, or titrate up to ≥ 12 mg/3 mg for improved retention in treatment

No

- Additional doses needed
- Give Suboxone SL 4 mg/1 mg

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 see the latest guidelines, research, and provincial resources:

British Columbia Centre on Substance Use
www.bccsu.ca

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

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

Figure (Page 2 of 2). In-office assessment, Suboxone induction, and maintenance document