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

**PREScribing SuboxONE 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**

- **Suboxone**
  - Combination of buprenorphine and naloxone at ratio of 4:1
  - Available in 2.0 mg/0.5 mg and 8 mg/2 mg sublingual (SL) tablets
  - Tablets may be split if necessary
  - May take up to 10 min to dissolve completely (no talking, smoking, or swallowing at this time)
  - Absorption better with moistened mouth
  - Naloxone prevents IM/IV diversion of drug and is not active when taken SL, so does not protect patient from overdose
  - Max dose approved in Canada 24 mg/6 mg daily

- **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

- **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

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

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**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

- 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

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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?

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?

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/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.