

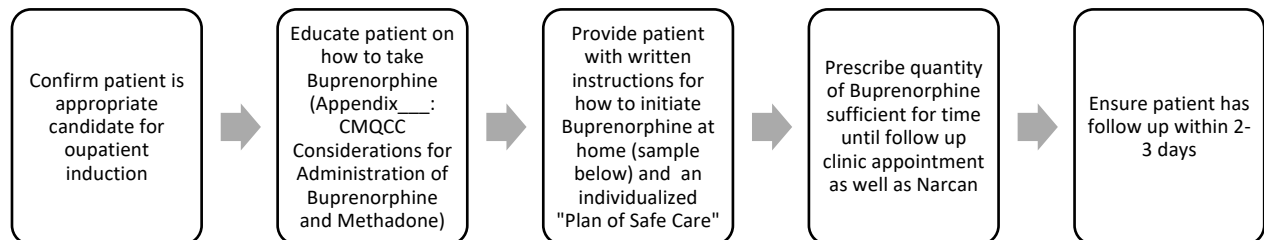
Sample Outpatient Buprenorphine Induction Algorithm

Once shared-decision making realizes a patient-informed decision to initiate Buprenorphine for opioid use disorder (OUD) as an outpatient (Appendix B: Considerations for Treatment of Opioid Use Disorder in Pregnancy), it is important to confirm the following:

- Appropriate initial evaluation of patient (Appendix B: Sample Evaluation of Opioid Use Disorder in Pregnancy Checklist)
- Gestational age less than 20 weeks, special cases between 20 and 30 weeks, no other significant co-existing substance use, medical or psychiatric diagnosis, stable housing, and ability to comply with frequent visits initially
- Outpatient infrastructure to allow for access to provider who can prescribe Buprenorphine within a few days
- Realization of a "Plan of Safe Care" (Best Practice # 38)
- Informed consent for outpatient Buprenorphine induction, including recognition that there is limited data investigating this approach compared to inpatient induction

If the preceding conditions cannot be met, inpatient MAT induction is advisable (see Appendix B: Sample Inpatient Medication Assisted Treatment Induction Algorithms).

Recommended Approach to Outpatient Buprenorphine Induction



Important Considerations for Outpatient Buprenorphine Induction

- If patient desires Buprenorphine/Naloxone or is high risk for diversion of Buprenorphine mono-product, consider a risk/benefit/alternative discussion regarding using the Buprenorphine/Naloxone combo product
- May divide dosing as needed for pain/anxiety
- May decrease dose as needed for any adverse effects
- If patient does not respond to buprenorphine (COWS \geq 8), consider reasons for failure:
 - Precipitated withdrawal (e.g. undisclosed long-acting opiate on board)
 - Other substances or medical conditions confounding the process

Consider Methadone induction for patients who do not respond to Buprenorphine
- Consider expert consultation for any of the following:
 - If Methadone used in past week
 - LFTs greater than 5 times the upper limit of the laboratory reference range
 - Surgery, delivery or other painful experience anticipated in next 48 hours

References

Gunderson, E. (2015, February). Models of Buprenorphine Induction - pcsnow.org. Retrieved April, 2019, from <http://pcsnow.org/wp-content/uploads/2015/02/Buprenorphine-Induction-Online-Module.pdf>

Sample of Patient Instructions for Outpatient Buprenorphine Induction in Pregnancy

Name: _____ Last Opiate: _____

Induction (Day 1): _____ Follow-up (Day 3): _____

Please read this sheet in detail. If you cannot follow these instructions, you should NOT do a home induction and should schedule a clinic induction instead. NOTE: It is NOT safe to mix buprenorphine and benzodiazepines (the class of drugs that includes Valium, Klonopin, Ativan, etc.). **Please do not start taking buprenorphine if you have used any of these drugs recently or intend to do so in the future.**

You must wait to start buprenorphine until you are withdrawing (kicking) from opiates (heroin, pain pills, etc.). If you start buprenorphine while you are still high, the buprenorphine will make you sick.

You need to be in moderate withdrawal (achy bones, can't sit still, goosebumps) prior to taking buprenorphine. If you are taking a long acting opiate (OxyContin, Methadone), stop it 36 hours before. If it is a short acting opiate (heroin, Norco/Vicodin), take your last dose in the late afternoon the day before induction. Ideally that will mean your induction can occur in the morning.

If at any point you have abdominal cramps, contractions, vaginal bleeding or change in your fetal movement, please call 911 or go to your local emergency department.

Wait to start taking buprenorphine until you are having withdrawal symptoms. Common signs that you are ready to take buprenorphine are when you have several of the following symptoms:

- Anxiety, can't sit still
- Aches
- Nausea or upset stomach
- Chills or "goose-bumps"
- Heart rate going fast, or pounding
- Pupils (the black area in the middle of your eye) is larger than normal

If you're not sure, wait a while longer before you start the buprenorphine.

Day 1:

When you think it's time to start buprenorphine, here's what you should do:

1. Take everything out of your mouth (gum, etc.).
2. Sit or stand, but don't lie down.
3. Take a sip of water to wet your mouth and tongue, then swallow the water.

4. Take two tabs (2mg each tab, total of 4 mg) and place it under your tongue. **DO NOT SWALLOW OR SUCK ON IT. DO NOT TALK.** Even if it does not taste good, let it sit under your tongue until it is completely dissolved. Only once it is completely dissolved you can then swallow. You should start to feel some effect in about 10 minutes. Usually, you will feel a lot better. If you feel worse, that means you took it too soon. If this happens, wait 3-4 hours then try the above again or schedule an appointment for a clinical induction.
5. Wait 1 hour. If you are still feeling sick, repeat step 4 once more.
6. Repeat step 5.
7. If you feel sick 8-12 hours later (at night before bed) you can take two more pills if needed. NOTE: most people will NOT require this dose in the evening. Total maximum dose on the first day (24 hours) is 8 tabs (16 mg). At this dose, all of the opiate receptors in your brain will be filled with buprenorphine and this will really cut down on the craving and help avoid withdrawal symptoms.

Buprenorphine will control most of your withdrawal symptoms however you will still have some mild symptoms such as insomnia and mild anxiety. This is NOT a reason to take another dose. We will discuss how to manage this in clinic when you follow up.

Day 2:

- In the morning, when you wake up, take the dose you used in the morning all at once. For example, if you required 4 tabs total throughout the day, take all 4 tabs in the morning today.
- In the evening, if you required an additional dose on day 1 at this time, take that dose at this time.
- MAX DOSE ON DAY 2 IS 10 tabs (20 mg).

Day 3:

- In the morning, when you wake up, take the dose you used on day 2 all at once. Come to your clinic appointment as scheduled.

Communication:

- You will receive a call on day 2 to see how things are going.
- You will see a provider in clinic on day 3 for follow up.

If you have any life-threatening reactions to the medication such as breathing difficulty, please use the Narcan you were given and call 911.

If at any time you feel over sedated, reduce your dose by 1 tab the next day.

Remember that one of the most important parts of recovery from addiction is participating in groups or in counselling. **How about going to a recovery group today such as Narcotics Anonymous?**