Buprenorphine Induction Protocol

1 Prior to induction

- Take a history and confirm opioid use disorder. Evaluate for withdrawal and cravings.
- Encourage medications, as evidence shows that patients who choose medication management have much lower relapse rates.
- Discuss the range of medication options (buprenorphine, naltrexone, methadone if over age 18).
- Explain when meds can be started:
  - Buprenorphine can be started after the patient starts developing withdrawal symptoms.
  - Naltrexone has to be started after all withdrawal symptoms have cleared (up to 7 days).
  - Methadone can be started right away but has to be prescribed from a specialized methadone clinic.
  - Any medication can be started if the patient has already had a period of abstinence and no longer has withdrawal symptoms.
- For patients who cannot wait for withdrawal, consider admission for support during withdrawal (meds can be started after admission).
- **Prescribe Narcan (4 mg X 2 doses)**

2 For patients who choose buprenorphine

- Tell patients that buprenorphine **should never** be taken in combination with other sedatives, including alcohol, benzodiazepines, or other opioids because of the risk of accidental overdose.
- Ask patients to fill a prescription and bring the medication with them to the next appointment. Usually 2 mg X 20 tablets are enough for 3-4 days until the next appointment.
- Tell patients **not** to start medication until the induction appointment.
- For patients who are waiting for withdrawal symptoms in order to start meds, ask them to be together with/under the supervision of a parent/guardian until the induction appointment if possible.
- Suggest comfort medications for withdrawal symptoms (NSAIDs, anti-diarrhea meds, trazodone for sleep).

3 At time of induction

- Collect and count pills. If there is a discrepancy, ask for an explanation. Call the pharmacy to check the number of pills dispensed if needed.
- Take a brief substance use history to determine last use of opioids, alcohol, benzodiazepines, and other drugs.
- Consider a pregnancy test for all females.
- Explain how to use sublingual medications and demonstrate in front of a parent if possible.

4 Start the induction

For patients using opioids other than fentanyl

- Measure a Clinical Opioid Withdrawal Scale (COWS). If COWS >5, administer 1-2 mg of buprenorphine.
- Observe the patient for 30-45 minutes and repeat COWS. If the score remains $\geq$ 5, administer a second dose of 1 mg.
- Continue until COWS < 5.
- If the COWS score increases after first dose, **stop** the induction. Observe in the office until symptoms resolve to a tolerable level or consider referring to the ED for ongoing management.

For patients using fentanyl

- Buprenorphine can precipitate withdrawal symptoms even when a patient starts in withdrawal.
- Start very low and go very slow.
- Consider treating withdrawal symptoms:
  - HTN/Anxiety: Clonidine 0.1 mg po tid ***Hold if hypotensive***
  - Diarrhea: Loperamide 4 mg po with 1st loose stool, then 2 mg per loose stool; max of 24 mg per day
  - Pain: Ibuprofen 600 mg or Acetaminophen 650 mg po q4-6h
  - Abdominal cramping: Dicyclomine (Bentyl) 20 mg po q4h
  - Nasal congestion: Diphenhydramine 50 mg po q4h
  - Muscle cramps: Methocarbamol 750 mg po q6h
  - Insomnia: Trazodone 50-100 mg po qhs

(continued)

For consultations or virtual counselling about SUD issues, call your MCPAP team and ask for the ASAP-MCPAP (SUD) program.

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