

# PRESCRIBING SUBOXONE IN THE OUTPATIENT SETTING

## A QUICK-REFERENCE GUIDE TO IN-OFFICE INDUCTION

### ASSESSMENT



**Confirm opioid use disorder using DSM-5 criteria**



**Obtain substance use history**

- All drugs used, including ethanol (EtOH), nicotine, benzodiazapines
- Age and amount of first use, current use
- Any periods of abstinence
- Treatment history
- Goals

Discuss treatment options for opioid use disorder

#### 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 DIS**



**Rule out contraindications**



- Allergy to Suboxone
- Severe liver dysfunction
- Severe respiratory distress
- Acute EtOH intoxication

**Pregnancy**



- If patient is pregnant, contact RACE line



**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 or patient has already completed opioid withdrawal but is at high risk of relapsing (COWS=0)
- ✓ No contraindications
- ✓ No long-acting opioids used for > 30 hours

**Give Suboxone 2-4 SL mg SL, observed at pharmacy**

↓ ~ 2 hours  
**Withdrawal symptoms gone?**

Withdrawal symptoms worse ~30-60 mins of first dose?

↓  
See precipitated withdrawal

Yes Go to Day 2

No, additional doses needed, given observed at pharmacy

↓  
If still having withdrawal symptoms after 2<sup>nd</sup> or 3<sup>rd</sup> dose, consider giving a carry dose of 2-4 mg to take ≥ 4 hours past last dose if withdrawal symptoms persist. Max day 1 dose is 12 mg.

### 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)
- Occurs 30-60 min from first dose

#### 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, acetaminophen and ibuprofen. Avoid benzodiazepines
- Offer to continue with induction (see BC OUD Guidelines, page 45) or stop induction and try induction again the following day
- Encourage/motivate patient to try again soon

#### \*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](http://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)

## 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 ( $\geq 12$  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  $\geq 12$  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 symptoms between doses. Ideally, dose  $\geq 12$  mg/3 mg



### Monitor

- Check DIS regularly to ensure prescriptions are filled, no doctor shopping, etc.
- Follow up at least every 1–2 weeks until clinical stability is achieved
- 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](http://www.bccsu.ca)

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