



Buprenorphine Quick Start Guide

Before the First Visit

- Provide patient with information on your initiation procedure (i.e. arriving in withdrawal if in-office initiation, etc.)
- Get pharmacy insurance information as this may impact initiation.

First Visit

- Make the diagnosis of an OUD (use the DSM-5 OUD diagnostic criteria)
- Obtain substance use and treatment history in addition to routine medical, psychiatric, and social histories
- Assess social determinants of health, paying attention to those that may impact medication and visit adherence
- Perform a targeted exam (can be completed either at the first visit or a subsequent visit to depending on the patient's severity of withdrawal or how the visit is being conducted)
- Check the PDMP
- Perform a Point of Care urine drug test if possible for fentanyl, methadone, opiates, and/or oxycodone
- Discuss medication treatment options, taking into consideration what may have worked for patient in the past
- Decide on in-office or home initiation of buprenorphine based on timing of patient's last use of opioids, ability to follow instructions, and severity of opioid withdrawal (wait 8-12 hours after last use of short-acting opioid including heroin; need longer for fentanyl)
- Consider using a patient-provider buprenorphine treatment agreement to outline how you will handle lost/stolen meds or scripts, unexpected drug test results or PDMP data, requests for early refills, and any identified diversion of the medication

Follow Up Visits

- Assess response to buprenorphine (cravings, other opioid use, withdrawal symptoms)
- Adjust buprenorphine dose as needed to dose where no opioid withdrawal symptoms or cravings occur between doses and other opioid use is significantly reduced or ceases
- Ask about other substance use/address other SUDs
- Refer patient for other psychiatric or social services needs
- Regularly check the PDMP
- Regularly perform a drug test, checking for commonly used substances and buprenorphine and metabolite (norbuprenorphine)
- If the patient's OUD does not stabilize with buprenorphine 24mg once daily and/or other SUDs persist, consider referral to specialty addiction treatment such as an Opioid Treatment Program

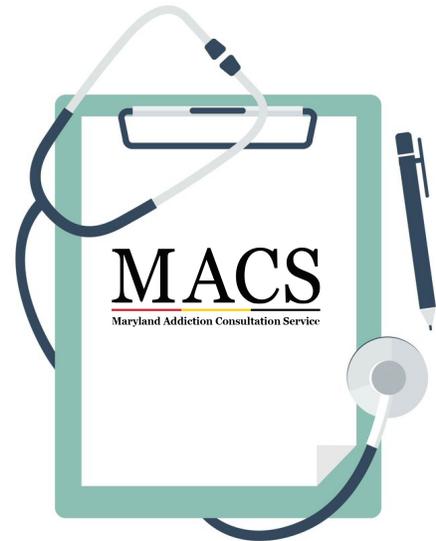
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Considerations

- Formulation and maximum daily dose coverage may vary by payer
- See the patient more frequently at the beginning of treatment with buprenorphine and if the patient becomes unstable
- Prescribe only what the patient will need to take between visits
- Switching from methadone to buprenorphine can be complex and should be done by an addiction treatment experienced practitioner
- Addressing medication misuse or diversion:
 - This does not mean an automatic discharge from the practice
 - Talk to the patient
 - Document and describe the misuse/diversion incident and the response with clinical rationale
 - Strongly consider:
 - Smaller supplies of medication
 - More frequent appointments
 - Random pill/film counts
 - Requirement to return used film packages
 - Supervised dosing (in-office, with the help of a responsible community support person or referral to an OTP)
 - Long-acting injectable buprenorphine

Recommended Services

- Individualize psychosocial supports to the patient's needs
- Provide naloxone and harm reduction education



Side Effects and Precautions

- Possible side effects include: sedation, headache, oral numbness, tongue pain, oral mucosal erythema, nausea/vomiting, constipation, disturbance in attention, palpitations, sweating
- Overdoses in opioid-tolerant adults is rare but can happen in children, pets, or others without opioid tolerance. Use of alcohol or benzodiazepines can also increase the risk.
- Precipitated withdrawal can occur if buprenorphine is started too soon after patient's last use of a full opioid agonist; waiting sufficient time after last use and starting with small doses will reduce the risk

Patient Education

- Remind patient not to abruptly stop buprenorphine as withdrawal may occur and risk of overdose increase with return to other opioid use
- **Medication Storage Recommendations:** Instruct patients to keep the medication securely stored in a cool, dry place (not the refrigerator) away from children and pets