Prescribing Suboxone in the Outpatient Setting
A Quick-Reference Guide to In-Office Induction

ASSESSMENT

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

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

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

Confirm opioid use disorder using DSM-5 criteria

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

Confirm opioid use disorder using DSM-5 criteria

Obtain substance use history

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?
    - Yes Go to Day 2
    - Withdrawal symptoms worse ~30-60 mins of first dose?
      - See precipitated withdrawal

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 opioid withdrawal (i.e., increased heart rate, sweating, agitation, diarrhea, tremor, unsease, 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

Order/review lab test results

* COWS = clinical opiate withdrawal scale
**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 symptoms between doses. Ideally, dose ≥ 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

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**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

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*May 2019*