

Buprenorphine induction

Overview: Buprenorphine is a partial opioid receptor agonist, which means it stimulates opioid receptors to a degree, but unlike full agonists, it has a ceiling effect. Buprenorphine binds opioid receptors tightly and disassociates slowly; this can cause it to displace full agonists (e.g. heroin, morphine) from the receptors and precipitate withdrawal. When absorbed intestinally, buprenorphine is rapidly metabolized. Because of this, it has no effect if swallowed and must be administered sublingually or buccally.

Buprenorphine reaches its peak effect about 100 minutes after ingestion, and it remains active for 1 to 2 days. If buprenorphine is stopped abruptly, patients may experience withdrawal symptoms in 24 to 48 hours that last for days. Buprenorphine withdrawal is typically less severe than what is seen with stronger opioids such as heroin or morphine.

Products: Buprenorphine is available as a sublingual tablet and a sublingual/buccal film.

Buprenorphine products also contain naloxone, an opioid antagonist. Naloxone has no effect if the drug is taken as directed (sublingually or buccally), but it can cause severe withdrawal if the drug is dissolved and injected. There are two buprenorphine/naloxone products currently available - Suboxone and Zubsolv. Suboxone has a generic version and is much cheaper. Directions for dosing Suboxone are provided below.

Dosing: All dosing is for Suboxone and expressed in milligrams of buprenorphine.

Timing of initial dose

- Buprenorphine has the potential to displace full opioid agonists from opiate receptors and precipitate withdrawal. Because of this, it should not be administered too soon after the last opioid use. Patients should wait until they are experiencing significant withdrawal symptoms before starting buprenorphine.
- In general, buprenorphine should be started 6 - 12 hours after the last use of heroin or other short-acting opioids and 24 - 72 hours after using a long-acting opioid like methadone. Patients transitioning from methadone to buprenorphine should have their methadone dose tapered to 30 mg or less for at least 1 week before starting buprenorphine.
- The SOWS tool that is attached to this form can be used to assess withdrawal symptoms. A score of 11 or more is consistent with moderate withdrawal and indicates that it is appropriate to start buprenorphine.

First day

- Start with an initial dose of 2 mg. If this dose is well-tolerated, additional 2 mg doses can be given every 2 hours as needed up to a total daily dose of 8 mg.

Second day

- Take the total daily dose from the first day as a single dose. Monitor withdrawal symptoms and take an additional 2 mg dose every 2 hours as needed up to a total daily dose of 16 mg.

Third day and on

- Take the total daily dose from the second day as a single dose. If you feel like your withdrawal symptoms are not controlled at a dose of 16 mg per day, contact your provider to discuss further adjustments.

Suboxone sublingual tablets

- Comes in 2 and 8 mg strength (buprenorphine component)
- Do not cut, chew, or swallow tablets. Do not eat or drink anything until the tablet is completely dissolved.
- For doses requiring more than two tablets, place all the tablets at once or place two tablets at a time
- After tablets have dissolved, swish and swallow with water. Wait at least 1 hour before brushing your teeth

Suboxone films

- Comes in 2, 4, 8, and 12 mg strength (buprenorphine component)
- Films may be administered sublingually or buccally. Do not cut, chew, or swallow films. Do not move films after placement.
- Exposure to naloxone is somewhat higher with buccal administration; therefore, it is recommended that films be given sublingually during induction to minimize exposure to naloxone. After induction, patients may switch between sublingual and buccal administration.
- Sublingual: Place one film under the tongue, close to the base on the left or right side. If an additional film is necessary, place it on the opposite side from the first film. Try to limit film overlapping. Leave film(s) in place until it dissolves. If a third film is necessary, place it under the tongue on either side after the first 2 films have dissolved.
- Buccal: Place one film on the inside of the right or left cheek. If an additional film is necessary, place it on the inside of the opposite cheek. Leave film(s) in place until it dissolves. If a third film is necessary, place it on the inside of the right or left cheek after the first two films have dissolved.

Example:

Jim is starting buprenorphine for hydrocodone abuse. Hydrocodone is a short-acting opioid, and he last took some about 10 hours ago. Jim is beginning to have significant withdrawal symptoms, so he does a SOWS assessment and gets a score of 15. A score greater than 11 means he is in moderate withdrawal, so he takes 2 mg of buprenorphine. He tolerates the dose well and reassesses his symptoms in 2 hours. He still has some withdrawal, so he takes another 2 mg dose. He continues to assess his symptoms throughout the day and ends up taking a total of 8 mg.

On day two, Jim wakes up and takes an 8 mg dose of buprenorphine (his total daily dose from day one). He continues to assess his withdrawal symptoms throughout the day and ends up taking two additional 2 mg doses of buprenorphine.

On day three, Jim wakes up and takes a 12 mg dose of buprenorphine (his total daily dose from day two). He continues to monitor his withdrawal and cravings and reports those symptoms to his provider for further guidance.

Subjective opiate withdrawal scale (SOWS)

Score each symptom based on the following scale:

None = 0

A little = 1

Moderate = 2

Quite a bit = 3

Extreme = 4

Symptom	Date: Time:	Date: Time:	Date: Time:	Date: Time:	Date: Time:
I feel anxious					
I feel like yawning					
I am perspiring					
My eyes are tearing					
My nose is running					
I have goosebumps					
I am shaking					
I have hot flushes					
I have cold flushes					
My bones and muscles ache					
I feel restless					
I feel nauseous					
I feel like vomiting					
My muscles twitch					
I have stomach cramps					
I feel like taking opioids					
TOTAL					