



# Buprenorphine Inpatient OB Order Set

Patient Desires to Continue MOUD Post-Discharge

## CLINICAL PEARLS

**Buprenorphine should not** be given to patients who are currently taking **methadone**, as this would **cause withdrawal**. Please coordinate with patient's methadone clinic provider if patient has been receiving methadone treatment and desires to change to buprenorphine.

**Methadone** may be a **good option** for patients who are **struggling to initiate buprenorphine**, have been **unsuccessful with buprenorphine** treatment in the past, or **prefer methadone** due to not having to experience opioid withdrawal prior to initiation.

**Both** methadone and buprenorphine are **recommended** medications for treatment of **opioid use disorder in pregnancy**, and one is not better than the other. Both are recommended in breastfeeding.

For Discharge Prescription (**Colorado Medicaid**):

Prior Authorization Required for Suboxone Brand SL films.

**Prior Auth required** for buprenorphine **mono product**, as well as any buprenorphine doses **>24 mg/day**

Colorado Medicaid PA Phone Number:  
1-800-424-5725

Need patient full name, DOB, Medicaid ID #

## MEDICATIONS FOR OPIOID USE DISORDER

- Buprenorphine-Naloxone 2mg-0.5mg Sublingual Film**  
*May substitute comparable buprenorphine product on formulary*  
**Administer 4 mg (2 films) SL TID (12 mg daily)**

**Start Time:**

**Fentanyl Use:** Initiate once COWS >13 and 24-36 hours has elapsed since last reported or suspected use of fentanyl

**Short-Acting Opioid Use** (heroin, oxycodone, tramadol, kratom, etc):  
Initiate once COWS > 13 and 12-18 hours has elapsed since last reported or suspected use of a short acting opioid

**Methadone Use:** Initiate once COWS >13 and 36 hours has elapsed since last reported or suspected use of methadone

\*\*If initiating full agonist opioids in combination with low dose buprenorphine, there is no need to wait

If withdrawal has improved, continue with current dosing

### IF NOT:

- Buprenorphine-Naloxone 2mg-0.5mg Sublingual Film**  
**Administer 4 mg (2 films) SL Once**  
**Change order to:**
- Buprenorphine-Naloxone 8mg-2mg Sublingual Film**  
**Administer 8 mg SL TID (24 mg daily)**  
**Reassess in 1 hour after administration of first dose**

If withdrawal has improved, continue with current dosing

### IF NOT:

- Buprenorphine-Naloxone 8mg-2mg Sublingual Film**  
**Administer 8 mg SL Once**  
**Change order to:**
- Buprenorphine-Naloxone 8mg-2mg Sublingual Film**  
**Administer 16 mg (2 films) SL BID (32 mg daily)**  
**Reassess in 1 hour after administration of first dose**

If withdrawal has improved, continue with current dosing

If withdrawal has NOT improved, consult addiction specialist

## NALOXONE INPATIENT ORDERS

**Naloxone 0.4 mg Injection Solution**

**Administer 0.4 mg IV as needed for respiratory depression, and notify provider**

**Naloxone 4 mg Nasal Spray**

**Administer 4 mg nasally as needed for respiratory depression if no IV access, and notify provider**

## ADJUNCT TREATMENTS (+/-)

- Clonidine 0.1 mg orally q4h PRN restlessness, hot/cold flashes or anxiety
- Hydroxyzine 25-50 mg orally q6h PRN anxiety or insomnia
- Ondansetron 4 mg orally q6h PRN nausea
- Dicyclomine 10 mg orally TID PRN abdominal cramping
- Trazodone 50-100 mg orally qHS PRN insomnia
- Acetaminophen 500-1000 mg orally q6h PRN headache, pain
- Gabapentin 300 mg orally TID PRN restless legs, anxiety, agitation
- Promethazine 12.5-25 mg orally q6h PRN nausea (if preferred to ondansetron, or not having success with ondansetron)

## LABORATORY (IN ADDITION TO STANDARD OB LABORATORY ORDERS)

- HIV
- Hepatitis B Antigen and Antibody
- Hepatitis C Antibody with reflex RNA
- RPR/Treponema
- Urine screen for Chlamydia/Gonorrhea, Trichomonas
- CBC and CMP (if not already part of OB admission order set)

## INFECTIOUS DISEASE CONSIDERATIONS

- Treat/ refer for treatment of sexually transmitted infections
- Offer PrEP for patients with injection use, partners with injection use and/or transactional sex/ sex work

## CONSULTS

- Pain Management/Anesthesia
  - Consider Exparel, On Q, scheduled ketorolac/NSAID or acetaminophen for post-cesarean pain management**
- NICU Team
- Nursery/Pediatrics
- Case Management or Social Work
- Peer Support Specialist
- Education on naloxone take home kit (Nursing/Pharmacy)
- Education on Buprenorphine MOUD (Nursing/Pharmacy)

## AFTERCARE

- Outpatient SUD Provider for follow up visit within 5-7 days, or sooner if appointment available. (for continued MOUD treatment)
- Outpatient Behavioral Health Services
- Navigation Team
- Harm Reduction Services
- Peer Support Services
- Outpatient Prenatal Care/ Postpartum Care
- Outpatient Pediatric/ Family Medicine
- Naloxone 4 mg Nasal Spray- Take Home Kit**
  - Administer 4 mg nasally as needed for opioid overdose
  - Dispense at Discharge**
- Buprenorphine/naloxone prescription to last until date and time of follow up SUD appointment**

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