



Buprenorphine Outpatient OB Order Set: Low-Dose Induction Quick Start

CLINICAL PEARLS

Rationale for Use: Due to the unique pharmacodynamics of fentanyl being highly lipophilic, transition to buprenorphine has a higher risk for precipitated withdrawal. In order to avoid precipitating withdrawal, low-dose ("microdose") protocols have been developed. The key is that buprenorphine is initiated at low, increasing doses while the patient continues to use fentanyl, until up to 8mg-2mg two-three times daily on buprenorphine, then stop fentanyl use. When done properly, this protocol may reduce the risk of precipitated withdrawal and make ongoing buprenorphine treatment more successful.

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.

Most patients can be **safely initiated** on buprenorphine in the **home setting**, unless there are cognitive needs or medical concerns for the safety of the mother and/or baby. **Admission for general observation and fetal monitoring are not required in an average risk pregnancy.**

MEDICATIONS FOR OPIOID USE DISORDER

- ☑ **Buprenorphine-Naloxone 2mg-0.5mg Sublingual Film**
May substitute buprenorphine 2 mg SL Tablet, if patient cannot take film
Initial Quantity: 9 films written for 3 day supply
- ☑ **Buprenorphine-Naloxone 8mg-2mg Sublingual Film**
May substitute buprenorphine 8 mg SL Tablet, if patient cannot take film
Initial Quantity: 21 films written for 7 day supply

DAY 1:

May initiate at any time, without gap in current opioid use

Initiate 0.5 mg (one quarter 2 mg film) SL once

DAY 2:

Take 0.5 mg (one quarter 2 mg film) SL Twice Daily

DAY 3:

Take 1 mg (one half 2 mg film) SL Twice Daily

DAY 4:

Take 2 mg (one 2 mg film) SL Twice Daily

DAY 5:

Take 4 mg (using 2 mg or 8 mg films) SL Twice Daily

DAY 6:

Take 8 mg (one 8 mg film) SL Twice Daily

DAY 7:

Take 8 mg (one 8 mg film) SL Up to Three Times Daily.

DISCONTINUE OTHER OPIOIDS THIS DAY.

Consider consulting addiction specialist if: severe withdrawal occurs, patient is unable to stop other opioid use despite max of 24 mg daily, patient unable to complete titration successfully

Buprenorphine and naloxone **combination products (and methadone) are safe** for use in pregnancy and breastfeeding.

Counsel patients to visit the emergency room if they are having thoughts of harming themselves or others, have not been able to keep fluids down for 12 or more hours, and/or have not urinated in over 8 hours due to severe dehydration.

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 #

NALOXONE

- Naloxone 4 mg Nasal Spray, Quantity: 2**
Administer 4 mg nasally as needed for opioid overdose
Provide as a **Take Home Kit**, if possible. Otherwise, send prescription to pharmacy

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

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

REFERRALS

- Harm Reduction Services
- Peer Support Services
- Outpatient Behavioral Health Services
- Outpatient Prenatal Care/ Postpartum Care
- Outpatient Pediatric/ Family Medicine

FOLLOW UP APPOINTMENT

- Outpatient SUD Provider in 5-7 days, or sooner if appointment available (in person or telemedicine). Prescribe 8mg-2mg films for BID-TID dosing once induction complete.

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