



## Buprenorphine Outpatient OB Order Set: Standard Induction Quick Start

### 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.

**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.

**Observation admission and fetal monitoring are not required in an average risk pregnancy.**

Buprenorphine & naloxone **combination product (and methadone)** is **safe** for use in pregnancy and breastfeeding.

No 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 8mg-2mg Sublingual Film**

*May substitute buprenorphine 8 mg SL Tablet, if patient cannot take film*

**Quantity: Sufficient to last until follow up appointment date and time**

**Initiate 4 mg (one half film) SL once, in clinical setting or at home once withdrawal has started.**

**Start Time:**

**Fentanyl Use:** Initiate once SOWS >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 SOWS > 13 and 12-18 hours has elapsed since last reported or suspected use of a short acting opioid

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

If withdrawal has improved 1 hour after dose, **continue with dosing at 4 mg (one half film) SL TID (12 mg daily)**

*If symptoms return, may increase dosing as shown below*

**If still symptomatic:**

**Patient may take additional 4 mg (one half film) dose**

If withdrawal has improved 1 hour after taking second 4 mg dose (8 mg total), **continue with dosing at 8 mg (1 film) SL BID (16 mg daily)**

*If symptoms return, may increase dosing as shown below*

**If still symptomatic:**

**Patient may take additional 8 mg (1 film) dose**

If withdrawal has improved 1 hour after taking 8 mg dose (16 mg total), **continue with dosing at 16 mg (2 films) SL BID (32 mg daily)**

If withdrawal has **NOT** improved or has **worsened**, may consult **addiction specialist**

## 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)