

Alaska Patient Guide for Beginning Buprenorphine Treatment

Before you begin, you want to feel *moderately sick* from your withdrawal symptoms

It should be at least:

- ✓ **12 hours** since you used heroin/fentanyl
- ✓ **12 hours** since you snorted pain pills (OxyContin)
- ✓ **16 hours** since you swallowed pain pills

You should feel **at least three** of these symptoms:

- | | | |
|--|---|---|
| <input type="checkbox"/> Restlessness | <input type="checkbox"/> Body aches | <input type="checkbox"/> Goose bumps |
| <input type="checkbox"/> Heavy yawning | <input type="checkbox"/> Tremors/twitching | <input type="checkbox"/> Stomach cramps, nausea or diarrhea |
| <input type="checkbox"/> Enlarged pupils | <input type="checkbox"/> Chills or sweating | <i>(vomiting not necessary)</i> |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Anxious or irritable | |

Once you're ready, follow these instructions to start on the medication:

Day 1

8-12 mg of buprenorphine

Dosing depends on how early on the first day you start

Most people feel better the first day after 8-12 mg

4 mg of buprenorphine =



A full film is 8 mg so you need to cut the film in half

Day 2

8-12 mg of buprenorphine

- Most people feel better the second day using 8-16 mg of buprenorphine.
- If you wake up on day 2 and feel fine, take the same dose you took on day 1.
- If you wake up on day 2 feeling withdrawal, take the same dose you took on day 1, plus an additional 4 mg.
- If you feel withdrawal symptoms more than 2 hours after your initial dose, you can take an additional 4 mg every 2 hours *up to a maximum of 16 mg/day*.
- Repeat your total day 2 dose each day until your next follow-up appointment.

Step 1

Take 1st dose

4 mg

Wait 1 hour total



- Put the strip under your tongue. Do NOT swallow.
- Keep it there until fully dissolved (about 15 min.), then wait for 45 minutes.
- Do NOT eat, drink or talk at this time.

Step 2

Still feel sick? Take 2nd dose

4 mg

Wait 2 hours



- Most people feel better after two doses or 8 mg.
- If feeling more withdrawal symptoms after the 1st dose, you will likely feel better after the 2nd dose.

Step 3

Still uncomfortable? Take 3rd dose

4 mg

Wait 2 hours



- Take the 3rd dose only if needed.

Step 4

Still uncomfortable? Take 4th dose

4 mg

STOP



- Stop after this dose.
- Do NOT exceed 16 mg on Day 1.

Do NOT mix buprenorphine with alcohol, benzodiazepines – such as Xanax, Ativan or Valium – or other sedatives.

If you develop worsening symptoms while starting buprenorphine before your next scheduled outpatient appointment, return to the emergency department

Medications for opioid use disorder (OUD)

Naltrexone, methadone, and buprenorphine

The right treatment for a person with OUD will depend on the severity of their disease, their readiness to engage in treatment, their preference regarding treatment, clinician preferences regarding treatment, and local options for treatment. In addition, the right medication for an individual may change over time as they are further along in their recovery or during relapse. Described below are the three different medications approved for OUD, and the different treatment environments in which these medications are prescribed.

In general, if a person can be successfully treated at an office-based opioid treatment (OBOT) program, it may be preferred to an opioid treatment program (OTP) as the OBOT is less restrictive. However, individuals with more severe opioid use disorder, who have other severe complicating use disorders (like alcohol, benzodiazepines or methamphetamine), have less support of sober family and friends, and those with complicating psychiatric illness and social and legal challenges may be better treated at an OTP as compared to an OBOT program.

While the effectiveness of an abstinence-only approach is low, and the risk of overdose with relapse is higher, the option of abstinence should be considered prior to starting buprenorphine.

	Buprenorphine	Methadone	Naltrexone²
Clinic model	Office-based opioid treatment (OBOT): A primary care clinic model that has additional expertise treating OUD. An OBOT may also treat other use disorders. Buprenorphine can also be administered within an opioid treatment program (<i>see methadone</i>).	Opioid treatment program (OTP): ¹ A highly specialized and regulated clinic that is specifically designed to treat patients with OUD. An OTP is more intense, more supportive and more restrictive than an OBOT. An OTP may also treat other use disorders.	Any prescriber
Regulatory treatment context	Suboxone can be prescribed by any licensed prescriber with a DEA registration and a buprenorphine waiver or in compliance with the 72-hour rule. ³	Methadone can only be dispensed at a certified OTP or in compliance with the 72-hour rule. ³	While it is important to discuss the option of naltrexone for patients with OUD, it generally should not be initiated in the ED setting unless the prescriber has significant experience treating OUD.
Visit frequency	Variable. A typical schedule is 1-2 times per week for 1 month, progressing to every other week for 1-2 months, then to 1 visit every 1-3 months.	Daily for months, progress to earn increasing “take home” privileges over a period of months to years.	Monthly
Counseling/recovery	Individual and group counseling, Alcoholics or Narcotics Anonymous, and other recovery activities are strongly recommended. These activities may be offered at the OBOT, although more commonly, the patient may need to go elsewhere for these services.	Individual and group counseling is embedded within the OTP and is a required part of treatment. The patient can get most, if not all of their recovery-related care at the same location.	Patients who tend to be successful with naltrexone are highly motivated patients with a strong support system. As with all patients with use disorders, ongoing recovery activities are encouraged.

¹For many patients, the more intensive treatment environment, embedded behavioral health services, and daily contact that occurs in an OTP is beneficial and necessary at certain stages of recovery.

²Naltrexone has more limited evidence supporting its long-term efficacy when compared to buprenorphine and methadone.

³Per title 21, §1306.07(c), a non-waivered prescriber can administer buprenorphine or methadone in the ED and the patient can return for three consecutive days to get buprenorphine or methadone as they wait for an appointment.