Buprenorphine/Naloxone Induction

**Day 0: Induction**

* Patient arrives at clinic in early withdrawal, with prescription medication in hand.
* For patients who are actively using opioids other than buprenorphine, the Nurse Care Manager assesses symptoms with Clinical Opioid Withdrawal Scale (COWS), if the COWS score is >6-12 the NCM instructs the patient to take the buprenorphine/naloxone as prescribed and per clinic protocol. (See Appendix 11E)
* For patients who are self-maintaining with buprenorphine/naloxone, assessment utilizing the COW scale may not be necessary. Use clinical judgment and refer to recent urine toxicology.
* NCM supervises medication administration, and educates the patient as to appropriate technique as this is a sublingual/buccal administration that necessitates being kept in the mouth for a long period of time for appropriate absorption.
* Buprenorphine/naloxone 2-4mg initial dose is removed by the patient from their medication bottle, taken sublingually, observed and under instruction by the OBAT NCM for proper administration.
* Reassess after 30-60 minutes, and instruct patient to then take their second dose of 2-4mg sublingually if needed, again observed and supervised by the OBAT NCM for proper administration.
* Provide written instructions, establish follow-up plan including same-day telephone check-in and clinic visits.
* For telephone induction, contact patient during first hour, then every 2 hours for the next 4 hours, and then as needed. Dose will continue to be titrated per prescription instructions and/or until signs and symptoms of withdrawal subside.
* Update Nurse Manager by end of the day in case of calls or concerns off hours.

**Day 1:**

* Patient checks in by telephone, and as needed during that day. Dosage is titrated per prescription instructions and until patient symptoms stabilize. Provide support and ongoing education; update Nurse Manager and OBAT Provider as needed. Typically patients will titrate to 8mg by the end of day 1, however, this dose may be less or could be higher when transitioning patients from long-acting opioids.

**Day 2 through Day 7:**

* Patient is instructed to take total dose equivalent from day one upon awakening. Patient is then required to check in with the NCM by phone a few hours later. If increased symptoms throughout the day, the patient may increase up to 16mg. Daily check-in with a phone note as needed; patient to return to clinic within one week or sooner if needed.
* Patient sees Nurse Care Manager weekly until stable, then every other week, and progresses to monthly as clinically indicated. If a patient requires more support (i.e., homeless) they may present in person for more frequent visits.

Buprenorphine/Naloxone Stabilization

***Goal:*** stabilization of dosing. Target buprenorphine/naloxone dose = 8-16 mg/day (maximum of 24mg/day) or less. May be taken in divided doses.

* Narcotic blockade is reached at 16mg and is recommended in the early stages of recovery http://www.naabt.org/education/pharmacoloy\_of\_buprenorphine.cfm
* Divided dosing is especially helpful for patients with chronic pain for dual effectiveness and avoidance of narcotic medications.
* Medication has a long half-life. The majority of patients take buprenorphine/naloxone twice daily; the prescription may need to be specifically written as twice daily dosing to allow some patients to receive it twice daily while engaged in residential programs.
* Patient returns to clinic after one week for assessment, prescription renewal, urine toxic screening/swab, counseling, education, support, and evaluation of mental health and other needs.
* No prescriptions lasting longer than 1 week are to be given during this phase.
* Refills are permitted, but patient must provide pharmacy information as all prescriptions are faxed to the pharmacies. Patients are never given a hard copy of the prescription.
* Patient sees Nurse Care Manager weekly for 4-6 weeks until stable. If urine screens are negative, patient is attending counseling and weekly clinic visits as scheduled, they then may progress to the maintenance phase.

Buprenorphine/Naloxone Maintenance

Once stable, clinic visits every 2 to 4 weeks, with refills that coincide with visits.

***Goal:*** monthly visits for a few months; ultimately, random visits as needed if appropriate for patient; random is more effective in assisting patients in their recovery and should be the goal instead of monthly.

* Many patients will remain on visits more frequently than monthly as patients find these visits important to their recovery process.
* Each decrease in visit frequency requires treatment team review.

**Clinic visits to include (See Appendix 6: Nursing Follow-up Form):**

* Collection of urine sample/swab for toxicology.
* Lab testing: if LFTs were elevated at induction, they must be re-checked within 1-2 months or sooner depending on degree of elevation, and must continue to be regularly monitored thereafter. Elevations are more common in patients with hepatitis C and HIV infection.
* If history of risky alcohol use, breathalyzer at each visit; if patient is struggling with alcohol use, this must be addressed by the team.
* Acamprosate (Campral), disulfiram (Antabuse), topiramate (Topamax) may be offered to patients with alcohol dependence with provider input and agreement.
* Patients managed on buprenorphine/naloxone cannot be treated with any naltrexone formulation, as these medications are contraindicated.
* Assessment of status: recovery, relapse, medical issues, should be addressed as indicated. Contact other OBAT team members as needed, including OBAT provider and PCP if different and warranted.
* Review of current buprenorphine/naloxone dose, adherence, and correct administration techniques
* Review of treatment plan: (counseling, meetings), need for further psychiatric treatment, difficulties with obtaining or using buprenorphine/naloxone, incidence of side effects, presence of cravings or withdrawal, instances of drug use.
* Medical case management with brief counseling support.
* Review contact information, including pharmacy at each visit.
* Refills for up to 6 months may be provided once stable and these are faxed to a pharmacy with pharmacy information kept on file.
* Visits with waivered OBAT provider at least every 3-4 months, with review of medical record, lab test results, recovery status and UTS results.
* RN performs telephone contact for support, monitors medical issues, pregnancy status, medication changes, any pending needs for surgery, acute/chronic pain management, and need for psychiatric assessment.