BUPRENORPHINE /NALOXONE (BUP/NLX) TREATMENT FOR OPIOID USE DISORDER (OUD)

DOSING

INITIAL DOSE	BUP/NLX 2 mg/0.5 mg to BUP/NLX 8 mg/2 mg Individualized: patients with prior BUP/NLX experience and higher opioid tolerance can be initiated at higher doses i.e. 4mg/1mg. *Patients must be in moderate opioid withdrawal* (except during pregnancy)*
TITRATION	Adjust dose in increments/decrements of BUP/NLX 2 mg/0.5 mg or BUP/NLX 4 mg/1 mg up to BUP/NLX 16mg/4mg on Day 1 *To reach a level that will control opioid cravings, withdrawal symptoms and support treatment goals.*
MAINTENANCE	Maximum recommended** dose of BUP/NLX 24mg/6mg *Taken once daily or split into 2 doses*

** using either Clinical or Subjective Opioid Withdrawal Scales*
*** Patients with higher opioid tolerance, including those who use fentanyl, may benefit from a maximum dose of BUP/NLX 32mg/8mg*

CLINICAL CONSIDERATIONS

- Verify by observation or patient report that patient is in moderate opioid withdrawal before starting BUP/NLX; initiation of BUP/NLX may precipitate opioid withdrawal.
- Home-based, unobserved BUP/NLX inductionis as effective as office-based induction; choose an approach based on patient and clinician experience/comfort/preferences.
- Consider offering low-dose BUP/NLX initiation to reduce potential for precipitated withdrawal. Visit https://bit.ly/BUP-NLXMicroInduction for related resources
- If patients continue to have symptoms of opioid withdrawal or cravings on a maximum dose of BUP/NLX 24mg/6mg per day, review proper administration, intensify visit frequency and psychosocial support, address mental health needs. Consider referral to methadone treatment. Refer patients to experienced substance use treatment provider.

LOCATING A PROVIDER

- NYS: To contact qualified clinicians, call the NYS HOPEline ar 1-877-8-HOPENY or use the SAMHSA national Buprenorphine Practitioner Locator.

OVERDOSE PREVENTION EDUCATION:

- Provide or prescribe naloxone to all patients with OUD in case of witnessing or experiencing an opioid overdose, and encourage patients to have their partners, families or other close contacts trained to use naloxone.

ALTERNATIVE TREATMENT GOALS: Long-term cessation of illicit and/or unprescribed opioid use is not achievable for many patients. Alternative goals can lead to substantial improvements in the health and lives of those with OUD.
Medications for OUD should not be denied or discontinued for patients because of continued or return to use; patients who continue to use can benefit from treatment.

ALTERNATIVE GOAL	BENEFITS & EXAMPLES
1. Staying engaged in care	Facilitates prevention, diagnosis, and treatment of other conditions
2. Reducing opioid use	Improves overall health of those with OUD
3. Reducing high-risk behaviors	Reduces injection drug use, sharing of injection equipment, risk of reducing infection and overdose
4. Improving quality of life and other social indicators	Employment, stable housing and lowered risk of incarceration

BUP/NLX does not treat other substance use (e.g. cocaine use); do not expect that BUP/NLX will change other substance use, though often engagement in OUD treatment will decrease other substance use.

SUPPORT: Ongoing, regular follow-up is essential for support, encouragement. and modification of the treatment plan as needed.
Follow-up within 1-2 weeks of treatment initiation allows tailoring of the treatment plan (e.g., change in dose of pharmacologic treatment, addition of support services) according to individual needs.
Provide monthly or quarterly follow-up for patients stable on treatment, for ongoing evaluation to ensure goals are being met. Referral to counseling and mental health services is not a requirement for BUP/NLX treatment.

BEFORE PRESCRIBING BUP/NLX: NYS Prescription Drug Monitoring Program (PDMP) tracks a patient's history of dispensed controlled substances and must be consulted before providing each prescription for BUP/NLX (see New York State I-STOP/PMP – Internet System for Tracking Over-Prescribing – Prescription Monitoring Program). Medications dispensed in opioid treatment programs (i.e., methadone) are not included in the PDMP.

For all OUD treatment recommendations, including use of methadone or naltrexone, please see full guidelines at *www.hivguidelines.org*
For more resources on Drug User Health go to: *www.ceitraining.org* To speak with a dinician experienced in Drug User Health call the CEI Line at

866-637-2342

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