



# A Patient's Guide to Starting Buprenorphine at Home

## PREPARATION

### Receiving Medication Assisted Treatment (MAT) with Buprenorphine

Medication assisted treatment (MAT) with buprenorphine is a safe and effective method to help people with an opioid use disorder stop using prescription pain medications, heroin, and other opioids. There are three main phases of MAT: induction (first 1-2 days), stabilization (several weeks), and maintenance (as long as it takes). Before you start treatment, be sure to talk with your health care provider about your plans for treatment.

Your care team should schedule an MAT Procedure Review Appointment with you. This is a great time to discuss your decision to receive MAT, your goals and motivations, concerns, and receive important information. Before starting treatment, your health care team will also conduct a physical evaluation and some lab tests.

### Home or Doctor's Office?

This process of getting started on buprenorphine is called Induction. You can be at your doctor's office to get started, or you can do this at home. Talk with your doctor and care team about which option is better for you. There are pros and cons for both options. Which option do you prefer?

Induction at the Doctor's Office		Induction at Home	
Pros	Cons	Pros	Cons
<ul style="list-style-type: none"> <li>Your care team is there to check on you and answer questions.</li> <li>You can build a connection and relationships with your care team.</li> <li>In some practices, a peer counselor or a behavioral health provider might be there to talk with you.</li> </ul>	<ul style="list-style-type: none"> <li>You might not be as comfortable as home.</li> <li>Someone should drive you there and home, ideally.</li> </ul>	<ul style="list-style-type: none"> <li>You might be more comfortable at home.</li> <li>You do not need to drive anywhere.</li> </ul>	<ul style="list-style-type: none"> <li>Waiting to be in withdrawal before taking your first dose of buprenorphine can be difficult. If you take your first dose too soon, you increase the chance of an intense withdrawal that comes on very quickly (precipitated withdrawal).</li> <li>Your health care team is not there to check on you and talk with you.</li> </ul>

### When to Stop Taking Opioids

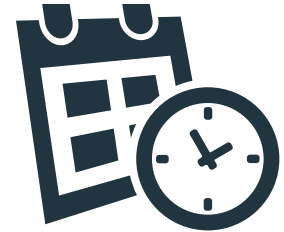
Your treatment will more successful if you prepare for your first dose of buprenorphine (or induction). Before starting your medication, you will need to stop using opioids for a required period. This period of time when you are not using opioids protects you from undesirable side effects, which could delay you from feeling normal again. Be truthful with yourself and your health care team about when you last used opioids and what you used.

Type of Opioid	Examples	When to stop
Short-acting	Percocet, Vicodin (hydrocodone), Heroin	12-24 hours before first dose. <i>Example: Stop at Sunday at 12 noon for a Monday induction.</i>
Long-acting	Oxycontin, MS Contin/ Morphine, Methadone	<ul style="list-style-type: none"> <li>36 hours before first dose for Oxycontin, Morphine</li> <li>&gt;48 hours for Methadone</li> </ul> <i>Example: Stop at Saturday at 12 noon for a Monday induction</i>

## MAT Procedure Review Appointment

Before you start taking buprenorphine and receiving MAT, you and your care team should meet for about 30 minutes. At this meeting, you will receive important information and be able to ask questions. This includes:

- Review and sign your Consent Form and Treatment Agreement Form.
- Discuss treatment steps, your goals and motivations, and buprenorphine information.
- Review the Subjective Opioid Withdrawal Scale (SOWS). This will ensure that you take your first dose of buprenorphine when it will be most effective. Your SOWS score should be  $\geq 17$  before starting your first dose.
- Identify whom you should call to check in.
- Map out a follow-up plan.
- Discuss safety, including interaction risks, avoid driving, safe storage



### DAY 1

#### Checklist

Check the boxes next to each step to help you track your progress. Be patient – you're close to feeling better!

Before taking your first dose, stop taking all opioids for 12-36 hours. You should feel pretty lousy, like having the flu. These symptoms are normal. You will feel better soon.

- Before your first dose of medication, you should feel **at least three** of the following:
  - Very restless, can't sit still
  - Twitching, tremors, or shaking
  - Enlarged pupils
  - Bad chills or sweating
  - Heavy yawning
  - Joint and bone aches
  - Runny nose, tears in your eyes
  - Goose flesh (or goose bumps)
  - Cramps, nausea, vomiting or diarrhea
  - Anxious or irritable
- Complete the SOWS. You need your SOWS score to be  $\geq 17$  before taking your first dose of buprenorphine.

#### Schedule

- Take 4 mg** of buprenorphine under the tongue (tablet or film strip). (Half of an 8 mg tablet, or two 2 mg tablets). Usually one film strip.
- Put the tablet or film under your tongue. Do not swallow it. Buprenorphine does not work if swallowed.
- Wait an hour.
  - If you feel fine, do not take any more medication today. Record your total for the day dose below.
  - If you continue to have withdrawal symptoms, take a second dose under your tongue (4 mg).

- If you are feeling worse than when you started, you might have precipitated withdrawal. Call and talk with your provider about treatment options.

- Call your provider or office staff to check in.
- Wait 1-2 hours.
  - If you feel fine, do not take any more medication today. Record your total for the day dose below.
  - If you continue to have withdrawal symptoms, take a third dose under your tongue (4 mg).
- Call your provider or office staff to check in.
- Wait 1-2 hours.
  - If you feel fine, do not take any more medication today. Record your total for the day dose below.
  - If you continue to have withdrawal symptoms,

#### DAY 1 Dose Summary

Dose	Amount	Time
1st dose (if needed)	4 mg	
2nd dose (if needed)	mg	
3rd dose (if needed)	mg	
4th dose (if needed)	mg	
Total mg on Day 1	mg	

**Do not take more than 16 mg total of buprenorphine on Day 1.** If you have taken up to 16mg of buprenorphine and still feel bad, call your doctor right away.

**Congratulations! You are through Day 1. See instructions for Day 2 on the next page. You're doing great.**



### DAY 3

- ❑ If you felt good at the end of Day 2, repeat the dose you took on Day 2. If the dose was more than 8 mg, you might want to split the dose into a morning dose (6 mg) and afternoon dose (6 mg).

If you felt too tired, groggy, or over-sedated on Day 2, take a lower dose on Day 3 (2-4 mg less).

If you still felt some withdrawal at the end of Day 2, take the same total dose you took on Day 2 plus another 4 mg dose.

- ❑ See how you feel as the day goes on. If withdrawal symptoms persist, take another dose.

Different people need different doses of buprenorphine. If symptoms persist, consider seeing your provider in the office. Talk with your provider about additional withdrawal treatments that might help.

\*Do not take more than 32 mg of Buprenorphine in one day.\*

#### DAY 3 Dose Summary

Dose	Amount	Time
1st dose (if needed)	4 mg	
2nd dose (if needed)	mg	
Total mg on Day 2	mg	

### DAY 4 & BEYOND

On Day 4 and beyond, take the total dose you used on Day 2. You can take more or less medication, depending on how you feel overall, if you still have cravings, or if you are still using.

At this point, you should discuss any dose adjustments with your doctor. If you need to increase your dose, you should not change it by more than 4 mg per day.

### NOTES, IDEAS & THOUGHTS

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