and an unrestricted educational grant from Aetna. **Jul 2022** of Health, through funding from the Centers for Disease Control and Prevention, of Drug Surveillance and Misuse Prevention of the Pennsylvania Department Elderly (PACE) Program of the Pennsylvania Department of Aging, the Office This material was supported by the Pharmaceutical Assistance Contract for the

an individual patient's clinical condition. decisions should be made by the treating clinician based on These are general recommendations only; specific clinical

Balanced information for better care



- muscle aches: ibuprofen 400-800 mg by mouth every 6 hours PRN
 - every 6 hours PRN abdominal cramping: dicyclomine 10-20 mg by mouth
 - nausea: ondansetron 4-8 mg by mouth 3 times daily PRN
 - insomnia/anxiety: hydroxyzine 25-50 mg 4 times daily PRN
 - anxiety/restlessness: clonidine 0.1 mg 3 times daily PRN

Additional medications can help address withdrawal symptoms

buprenorphine 8 mg/2 mg for a 16 mg daily dose. A typical 1-week supply is fourteen films of

and follow up within one week.

Prescribe enough buprenorphine for one week

Quick guide for starting buprenorphine

Avoid precipitated withdrawal by waiting to initiate buprenorphine.



Option 1: Wait for patients to be experiencing at least moderate symptoms of opioid withdrawal: Measure withdrawal symptoms using the Clinical Opioid Withdrawal Score (COWS).



COWS: A score of 13 or more equates to moderate withdrawal.



Option 2: Wait for a duration of time based on last opioid used.

Category	Examples	Time to wait before initiating buprenorphine
Short half-life	hydromorphone, oxycodone, heroin	12-24 hours
Long half-life	extended-release oxycodone or morphine	36 or more hours
Extremely long half-life*	methadone, fentanyl	48 hours or more

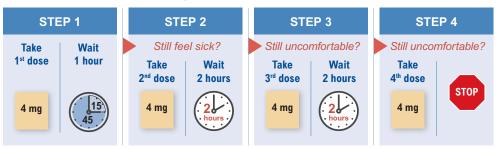
^{*}Highest risk of precipitated withdrawal

Initiating buprenorphine at home

Start based on withdrawal symptoms or timing of last opioid use.

(See front of card for tips to avoid precipitated withdrawal.)

Day 1: buprenorphine start



Most patients will feel better with 8 or 12 mg of buprenorphine on Day 1, but can take up to 16 mg if needed.

Day 2: continuing buprenorphine





The Buprenorphine Home Induction phone app can help patients manage buprenorphine initiation at home.



A clinician should be available to address questions regarding the buprenorphine induction.

Day 3+

Discuss harm reduction strategies with all patients



Prescribe intranasal naloxone (e.g., Narcan) to prevent overdose



Recommend or provide immunizations (hepatitis, pneumococcus, tetanus)



Screen for infections (especially HIV, hepatitis C)

Other harm reduction strategies:

- Recommend www.neverusealone.com (1-800-484-3731) to prevent overdose.
- **Discuss sterile injection practices** to reduce risk of infections, link with a syringe exchange program (if available), or prescribe insulin needles.
- Recommend fentanyl test strips, if available.
- Evaluate whether pre-exposure prophylaxis (PrEP) is indicated for HIV prevention.