Buprenorphine Induction

|  |
| --- |
| Buprenorphine/Naloxone Products |
| Zubsolv | Suboxone | Bunavail |
| Tablet dissolves under tongue | Film dissolves under tongue | Film dissolves in your cheek |
| 0.7/0.18 | $139 |  |  |  |  |
| 1.4/0.36 | $139 | 2/0.5 | $163 |  |  |
| 2.9/0.71 | $280 | 4/1 | $278 | 2.1/0.3 | $278 |
| 5.7/1.4 | $287 | 8/2 | $305 | 4.2/0.7 | $278 |
| 8.6/2.1 | $418 | 12/3 | $551 | 6.3/1 | $551 |
| 11.4/2.9 | $557 |  |  |  |  |
| Your insurance will probably select your product for you. Prices are cash prices at a local pharmacy. Discount cards may be available on-line. |

We will set a date for your induction – switching from your current pain medication to a buprenorphine/naloxone product (and a 6-8 day follow up visit). We will give you a prescription for enough of your current opioid to last until your induction. We will also give you a prescription for your buprenorphine medicine that will last you until your planned follow up visit. You should bring your full prescription to your induction visit. Do NOT take any, but feel free to read the patient instructions. We will go over your specific instructions before you take your first dose. I will watch you take it and monitor you for at least 30 minutes to see how it affects you.

Before starting your buprenorphine induction, you should have stopped the use of your prescription opioid. You should be showing the early symptoms of withdrawal. We will assess your symptoms with you and see if you will be able to do so when you go home. Bring a partner to this visit if you can. Some people find it hard to assess their withdrawal when they are going through it. You will need to score your withdrawal symptoms five time on your day of induction.

For these instructions, the dose will be expressed for Suboxone, the original product. If your insurance prefers another product, look to the right or left in the above table to determine your dose.

Most people will start with the 4/1 dose. This should be enough to ease your withdrawal symptoms, but depending on how much opioid you have been taking, it may not completely replace it. As you continue to get rid of your current opioid, you will probably need to take additional doses. You will need to be reassessed for withdrawal at two and four hours after your first dose. In the late afternoon, you will do a fourth assessment of any withdrawal symptoms. I will call you (you should have your score ready to tell me) and we will determine your dose for the next day.

Your current opioid will be mostly gone by the end-of-day call, but buprenorphine will take a few days to get to steady-state. I will call you at planned times over the next couple of days to make sure:

* you are free from symptoms of withdrawal,
* your pain is adequately addressed, and
* that the buprenorphine is not building up too much.

These should be brief calls. By your follow up visit six to eight days later, your drug level should be where it will be long term. Depending on your dose, your prescriptions may need to be changed. You will be given one month’s supply of medicine.