

Basic Guidelines for Providers New to Buprenorphine Prescribing

Moving to a Higher Level of Treatment

- Consider moving to a higher level of treatment if the patient is continuing to use opioids while on buprenorphine, and dose has been optimized.
 - The patient should be involved in this decision.
 - ▶ For some patients, using heroin once a week is the best they have done in years, and they are happy with that.
 - ▶ For other patients, one-time use is enough that they want to increase treatment.

Injectable Buprenorphine

- Injectable buprenorphine is useful for patients who get good relief of their cravings and withdrawal symptoms, but not enough to completely stop using.
- Injectable buprenorphine is also useful for patients who struggle to take a pill every day.
- Injectable buprenorphine is especially useful for patients who are motivated to stop while in the office, but then frequently skip doses in between visits.
- Injectable buprenorphine is a good option if they patient does not have a good place to store medication, especially if there are children in the house.
- Injectable buprenorphine can also be a good option if you are concerned about diversion.

Methadone

- Methadone can be quite useful in patients who have chronic pain not relieved by buprenorphine.
- It is also useful in patients who are not getting good relief of cravings and withdrawal symptoms on buprenorphine.
- It can also be useful for patients who need more structure.

Inpatient

- Consider inpatient treatment in patients with significant psychosocial dysfunction, housing issues, continued use despite medication, or use of multiple drugs.