

Basic Guidelines for Providers New to Buprenorphine Prescribing

Discontinuation of Treatment

The following are NOT reasons to discontinue treatment:

- Pregnancy
- Urine drug screens positive for illicit drugs
- Patient has been on buprenorphine a certain length of time
- It is recommended that the clinician caution patients from discontinuing medication early in treatment. Rates of relapse are unacceptably high following discontinuation.

Rapid Discontinuation

- Generally to be avoided, as this approach often incurs a high rate of return to illicit opioid use and suicide.
- However, consider for select patients who are going to be incarcerated or going into an abstinence-only inpatient program.
- Decrease dose by ½ tablet every 2-3 days until off, generally over a 2-week time period.
- Can give acetaminophen/NSAID's, hydroxyzine, Imodium, ondansetron to help with symptoms.

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Gradual Discontinuation

- This is for patients whose opioid use disorder is stable and would like to get off the medication and is at lower risk for return to use/relapse
- Evaluate their stability overall, including living situation, sources of support, frequency of relapses, psychiatric and medical co-morbidities, and commitment to getting off.
 - Decrease by ½ tablet every other day (e.g. on MWF) for 2-4 weeks, then every day (the ½ tablet reduction is complete).
 - ▶ Repeat the process as above for however long it takes.
 - Mild withdrawal symptoms are common and will generally abate without treatment.
 - Cravings are more worrisome. If they are significant, it is worth considering whether to continue with discontinuation.
 - The patient should be involved in the decision making. Patients will often times hit plateaus. The last few decreases are often the hardest.
- For any patient who is discontinuing buprenorphine, it is important to review risk of relapse and decreased tolerance, including the risk of overdose. Ensure the patient has naloxone at this stage.
- Make sure the patient knows that they can return to start buprenorphine if needed.
- Also consider placing the patient on long acting injectable naltrexone following discontinuation to provide a safety net.