

SUBUTEX TITRATION PROTOCOL

SUBUTEX (BUPRENORPHINE) treatment in Pregnancy

Indication: Buprenorphine is indicated for the treatment of opioid dependence as an alternative to methadone therapy.

CRITERIA FOR SUBUTEX TREATMENT IN PREGNANCY

1. Intrauterine pregnancy (**OR** positive B-hCG and undergoing work-up for IUP)
2. Positive urine toxicology screen for opiates **OR** meets criteria for substance abuse disorder
3. Desire to enter a Subutex treatment program
4. Desire to obtaining prenatal care at Boston Medical Center
5. Ability to comply with Subutex patient guidelines

ADMISSION FOR SUBUTEX TITRATION

PLEASE PAGE & FLAG Ana Cecilio, RN on DAY OF ADMISSION TO SCHEDULE INTAKE AND START INSURANCE RELATED PAPERWORK

1. Evaluation by an OB/GYN resident or attending; admission to MFM
2. Labs done on admission: urine pregnancy test, serum HCG, HIV, HCV Ab, HBSAg and HBSAb, Rubella, Varicella, RPR, CBC, T&S, urine culture, PPD; urine tox. screen **and** expanded urine opioid panel screen (includes methadone, buprenorphine, oxycodone)
3. TV US to confirm intrauterine pregnancy (does not have to be done in ED)
 - Labs and US do not have to be completed before leaving ED
4. Patients may be admitted to L&D Antepartum regardless of gestational age.
5. **No intravenous access** to be obtained
6. **Restricted from leaving the floor while being titrated: Patient understands leaving the floor unattended is grounds for discharge**
7. Nicotine patch will be offered for smokers

Subutex Induction:

1. Resident makes initial evaluation of patient and provides patient information regarding Subutex Treatment in Pregnancy Program protocols (forms on Share Point).
2. **NO BENZODIAZEPINES:** If patient is on benzodiazepines or wants to be on benzodiazepines, she **cannot** take subutex. She should be titrated to Methadone.
3. Patient needs to be in **active withdrawal** to start Subutex Induction. Initiating Subutex prior to active withdrawal can precipitate immediate withdrawal and make titration less tolerable to patient. Initiation should be at least >4 hours after last use. She should be

assessed every 2 to 4 hours per COWS protocol for signs and symptoms of opioid withdrawal.

Symptoms: yawning, sweating, anxiety, restlessness, insomnia, chills, nausea, crampy abdominal pains, muscle aches

Signs: lacrimation, rhinorrhea, dilated pupils, piloerection, tachycardia, hypertension, diarrhea, vomiting

- For initial dose: 4 mg of Subutex sublingual, reevaluate in 4 hours
- For COWS between 5 and 25: give STX 2 mg SL
- For COWS >25: give STX 4mg SL

Dosing interval: re-evaluate q 4-6hrs-- not to be dosed in <4hrs from last dose.

**** THERAPEUTIC GOAL WOULD BE 16 MG OR LESS. MAXIMUM DOSING FOR PATIENTS ON SUBUTEX IS 16MG DAILY. PATIENT'S WILL NOT BE DISCHARGED ON MORE THAN SUBUTEX 16 MG. IF THEY NEED MORE THEN 16 MG TO TREAT WITHDRAWAL SYMPTOMS, METHADONE SHOULD BE CONSIDERED.**

DISCHARGE CRITERIA:

1. Communication to Hutch Warden, Anna Cecelio for prior authorization for Subutex prescription.
 2. Scheduled follow up appointment with Project RESPECT Program – please flag Ingrid St. Hill in EPIC or call @ 4-6376. Please include gestational age in flag or on phone.
- **NO PROMETHAZINE, BENADRYL OR NEURONTIN!**
 - **OBGYN RESIDENTS DO NOT WRITE ANY RX FOR PSYCHIATRIC MEDICATIONS!**

ADDITIONAL QUESTIONS:

1. Please feel free to contact anyone on the Project RESPECT team with any questions or concerns.
2. The Project RESPECT RN Phone Line is 4-4165.