



Buprenorphine/Naloxone Home Dosage Schedule: Films or Tablets

Name: _____ Date: _____

Procedure for taking buprenorphine:

- Let the medication dissolve under your tongue for at least 10 minutes. Do not suck on it.*
- Do not eat, drink, or smoke cigarettes for 30 minutes after you take your medication.
- Wait 2 hours between each dose.

The maximum dose is 16 mg/4 mg. If you reach this dose, you cannot increase further without calling the office first.

The office phone number is _____ [insert phone number].

Day 1 Induction Day (In Office): You have taken a total dose of _____ mg.

Day 2 in the Morning: Take the total dose you took on **Day 1** = _____ mg.

- If you experience withdrawal 2 hours later, you may take one 2 mg/0.5 mg film or tablet.
- Record your withdrawal symptoms: _____.
- If you continue to experience withdrawal 2 hours later, you may take one more 2 mg/0.5 mg film or tablet.
- Record your withdrawal symptoms: _____.

Your total dose on **Day 2 cannot exceed** _____ mg. Record your total dose on **Day 2:** _____ mg.

Day 3 in the Morning: Take the total dose you took on **Day 2** = _____ mg.

- If you experience withdrawal 2 hours later, you may take one more 2 mg/0.5 mg film or tablet.
- Record your withdrawal symptoms: _____.
- If you continue to experience withdrawal 2 hours later, you may take one more 2 mg/0.5 mg film or tablet.
- Record your withdrawal symptoms: _____.

Your total dose on **Day 3 cannot exceed** _____ mg. Record your total dose on **Day 3:** _____ mg.

Day 4 in the Morning: Take the total dose you took on **Day 3** = _____ mg.

- If you experience withdrawal 2 hours later, you may take one more 2 mg/0.5 mg film or tablet.
- Record your withdrawal symptoms: _____.
- If you continue to experience withdrawal 2 hours later, you may take one more 2 mg/0.5 mg film or tablet.
- Record your withdrawal symptoms: _____.

Your total dose on **Day 4 cannot exceed** _____ mg. Record your total dose on **Day 4:** _____ mg.

Day 5 to next visit: In the morning, take the total dose you took on **Day 4** = _____ mg.

General Rules

- The maximum dose is 16 mg/4 mg. If you reach this dose, you cannot increase further without calling the office first. The office phone number is _____ [insert phone number].
- Please call if you have any questions. There are no "stupid" questions.
- Call us if you feel sleepy after your dose.
- Please bring this record to your next visit.
- It's okay to take Tylenol (acetaminophen) or Motrin (ibuprofen) for aches/pains.

BRING THIS WITH YOU TO YOUR NEXT APPOINTMENT, scheduled for _____ [insert date and time].

Notes:

 *If prescribing the buccal film, ensure the patient understands that the buccal film is placed on the inner cheek (buccal mucosa) rather than sublingually (under the tongue).

M. Lofwall, February 27, 2017 (personal communication). Adapted with permission.