

Patient has chosen either the **bup mono** or **bup combo**.

Review IL PMP to assess recently prescribed controlled substances. Although unexpected findings should not prevent MOUD initiation, be sure to have a risk-benefit discussion with patient and document in chart.

Identify **where** the patient will be initiated.

Has patient voiced intentions to immediately stop illicit opioid use?

No

Yes

Use Standard Dose Initiation

Educate patient on initiation process ([handout](#)), explaining need to wait until moderate withdrawal (i.e., [COWS](#) > 12 or [SOWS](#) > 11).

For fentanyl users, this can take 48-72 hours. Offer comfort meds (e.g., acetaminophen, diphenhydramine, clonidine, hydroxyzine, loperamide, and ondansetron) and ensure patient has access to naloxone.

When in moderate withdrawal, begin with daily dose of 12-16 mg bup.

Follow up daily via text or phone until patients' withdrawal symptoms and cravings are controlled, increasing dose up to 24 mg if needed.

MOUD
Provider



Patient



Use Low Dose Initiation

Educate patient on 7-14 day low dose protocol ([example](#)).

Document rationale for use of this strategy (e.g., "patient unable to abstain from full agonist for appropriate timeframe"), offer comfort meds (e.g., acetaminophen, diphenhydramine, clonidine, hydroxyzine, loperamide, and ondansetron), and ensure patient has access to naloxone.

Immediately begin with Day 1 dose of bup.

Follow up daily for the next 7-14 days via text or phone to check patient's progress with low dose protocol, providing support as needed.



If at any point, you need assistance with initiating MOUD treatment or providing follow-up or ongoing care management for your patient, contact [MAR-NOW](#) or [IllinoisDocAssist](#).

