General Buprenorphine Treatment Guidelines

For convenience, “buprenorphine” is used to refer to buprenorphine/naloxone combination medication.

IF A PATIENT HAS BEEN USING ANY FENTANYL, THEY NEED TO START WITH THE LOW DOSE PROTOCOL

One of the concerns of buprenorphine induction is the occurrence of precipitated withdrawal = worsening of withdrawal symptoms. This can occur because buprenorphine is a partial agonist with high affinity for the mu receptor. Thus, any opioid still attached to a receptor will be displaced by the less activating buprenorphine. Generally, a COWS score of 12 greatly reduces this risk. Giving additional buprenorphine means more receptors become activated, helping to make up for the less activating effects of buprenorphine. Patients should understand this, and the importance of being honest about their recent opioid use, prior to induction.

Patients need to have been abstinent from short acting opioids for 12-24 hours and should have a COWS score of at least 12 before starting induction. If the patient is using fentanyl or methadone, follow the low-dose/micro-dosing buprenorphine protocol. If the patient is unable to abstain long enough to achieve a COWS score of 12, switch to a low dose/micro-dose protocol.

Day 1

- Start with a dose of 2 – 4 mg when a COWS score of 12 or higher is obtained.
- Use 2 – 4 mg every 2 hrs as needed to a maximum dose of 16 mg (2023 guidelines recommend 16 mg as the maximum first day dose)
- If the patient feels the buprenorphine has worsened their withdrawal symptoms, they should be given additional buprenorphine. Patients warned ahead of time about precipitated withdrawal are more likely to take additional doses than those who are not given the education in advance.

Day 2

- Take the total daily dose of Day 1, which can be divided into two or three doses. If 16 mg is not sufficient to suppress withdrawal and cravings, an additional 8 mg can be taken. The maximum dose should not exceed 24 mg/day.

Day 3 on

- Continue buprenorphine at a dose not to exceed 24 mg (in virtually all patients, higher doses are without effect). If dosing appears incompletely effective, try dividing the dose to 12 mg twice a day or 8 mt three times per day.

NOTE:
15-20% of individuals with opioid use disorder carry genetic variants that prevent buprenorphine from fully suppressing cravings/withdrawal symptoms. If Cravings and withdrawals are not fully suppressed after one to two weeks of continuous treatment, the patient should be referred to an Opioid Treatment Program for methadone, which works for everybody.

UCSF Warm Line – California 844-326-2626; National 855-300-3595