



Basic Guidelines for Providers New to Buprenorphine Prescribing

Home-Based Initiation

- Most patients will already have tried buprenorphine on their own and will feel comfortable with how to do it. If so, it is usually fine to give them a prescription and let them start how they feel comfortable.
- There are two different ways to initiate buprenorphine.
 - The traditional way involves putting the patient into withdrawal and having them start buprenorphine 12-24 hours later.
 - Microdosing, while off label, involves starting very small doses of buprenorphine while the patient is still using and gradually increasing. The patient usually stops using on their own when they reach a certain dose of buprenorphine.
 - ▶ This is generally better tolerated by patients.
 - ▶ Seems to be particularly helpful for patients transitioning from fentanyl.
 - ▶ There is a lot less research on this, although the research that has been done is favorable.
 - ▶ It can be somewhat complicated, and some patients may not be able to do it.

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Traditional Way to Initiate Buprenorphine

- Have the patient stop using opioids.
- Wait 12-24 hours until they are in withdrawal.
 - Withdrawal symptoms can be measured using the COWS score.
 - ▶ You want to aim for a COWS score of 7-9.
 - ▶ If they have been using fentanyl, you want to use a higher COWS score (e.g. 13).
- Can give acetaminophen/NSAID's, hydroxyzine, loperamide, clonidine, ondansetron to help with symptoms.
- Have them start at 2 -4 mg buprenorphine under the tongue. It is recommended to create the dosing schedule in collaboration with the patient.
- If symptoms improve or stay the same, have them take any additional 2 -4 mg in 30-60 minutes.
 - Continue to take 2mg every 30-60 minutes until symptoms are resolved.
- If symptoms worsen mildly, have them take medications for symptoms, and take another 2mg in 60-120 minutes. Continue to take 2mg every 60-120 minutes until symptoms resolve.
- If symptoms worsen significantly, have them take medications for symptoms and wait another 2-4 hours to take next dose. Alternatively, they can take buprenorphine every 30 minutes, which will eventually improve symptoms.
 - Feel free to call the poison center for help with this, as this can be quite tricky.
- Aim for a dose of 16mg on the first day. Patients using fentanyl may need higher amounts to control withdrawal symptoms. Note that insurance typically only covers up to a total of 24 mg daily.

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Microdosing

- Patient does not stop using opioids right away.
- Instead, they start the buprenorphine at low dose and increase buprenorphine gradually.
 - Outpatient microdosing induction schedule for buprenorphine–naloxone. Take the buprenorphine right before using opioids for the first time in the day.
 - ▶ Day 1: 0.5 mg once a day (1/4 of a 2mg tablet or film)
 - ▶ Day 2: 0.5 mg twice a day
 - ▶ Day 3: 1 mg twice a day (1/2 of a 2mg tablet or film)
 - ▶ Day 4: 2 mg twice a day
 - ▶ Day 5: 3 mg twice a day (1 ½ of a 2 mg tablet or film)
 - ▶ Day 6: 4 mg twice a day
 - ▶ Day 7: 12 mg (stop other opioids)
 - May increase to 16 mg daily if needed
- The following are complicated situations for induction that should be deferred to experienced prescribers:
 - Pregnancy
 - Transition from methadone
 - Possibly induction if using fentanyl