Buprenorphine (Bup) Hospital Quick Start

- Any prescriber can order Bup in the hospital, even without an x-waiver.
- Bup is a high-affinity, partial agonist opioid that is safe and highly effective for treating opioid use disorder.
- If patient is stable on methadone or prefers methadone, recommend continuation of methadone as first-line treatment.

Uncomplicated* opioid withdrawal?**

YES (stop other opioids)

Administer 8mg Bup SL

1 Dose

Withdrawal symptoms improved?

NO

No Improvement Differential Diagnosis:
- Withdrawal mimic: Influenza, DKA, sepsis, thyrotoxicosis, etc. Treat underlying illness.
- Incompletely treated withdrawal: Occurs with lower starting doses; improves with more Bup.
- Bup side-effect: Nausea, headache, dysphoria. Continue Bup, treat symptoms with supportive medications.
- Precipitated withdrawal: Too large a dose started too soon after opioid agonist. Usually time limited, self resolving with supportive medications.

NO

Buprenorphine Dosing
- Either Bup or Bup/Nx (buprenorphine/naloxone) films or sublingual (SL) are OK.
- If unable to take oral/SL, try Bup 0.3mg IV/IM.
- OK to start with lower initial dose: Bup 2-4mg SL.
- Total initial daily dose above 16mg may increase duration of action beyond 24 hrs.
- Bup SL onset 15 min, peak 1 hr, steady state 7 days.
- May dose qd or if co-existing chronic pain split dosing TID/QID.

*Complicating Factors
- Altered mental status, delirium, intoxication
- Severe acute pain, trauma or planned large surgeries
- Organ failure or other severe medical illness
- Recent methadone use

**Diagnosing Opioid Withdrawal

Subjective symptoms AND one objective sign

Subjective: Patient reports feeling “bad” due to withdrawal (nausea, stomach cramps, body aches, restlessness, hot and cold, stuffy nose)

Objective: [at least one] restlessness, sweating, rhinorrhea, dilated pupils, watery eyes, tachycardia, yawning, goose bumps, vomiting, diarrhea, tremor

Typical withdrawal onset:
- ≥ 12 hrs after short acting opioid
- ≥ 24 hrs after long acting opioid
- ≥ 48 hrs after methadone (can be >72 hrs)

If unsure, use COWS (clinical opioid withdrawal scale). Start if COWS > 8 AND one objective sign.

If Completed Withdrawal:
- Typically >72 hrs since last short-acting opioid, may be longer for methadone. Start Bup 4mg q4h pm cravings, usual dose 16-32mg/day. Subsequent days, OK to decrease frequency to qdy

Opioid Analgesics
- Pause opioid pain relievers when starting Bup.
- OK to introduce opioid pain relievers after Bup is started for breakthrough pain. Do not use methadone with Bup.

Supportive Medications
- Can be used as needed while waiting for withdrawal or during induction process.

Pregnancy
- Bup monoprod or Bup/Nx OK in pregnancy.
- Consider referencing buprenorphine in pregnancy guide.

No Improvement

Administer 2nd dose

Inpatient: 8mg. Subsequent days, titrate from 16mg with additional 4-8mg pm cravings.

ED: 8-24mg. Consider discharge with higher loading dose.

Maintenance Treatment 16 mg Bup SL/day

Titrle to suppress cravings; Usual total dose 16-32mg/day

Discharge
- Document Opioid Withdrawal and/or Opioid Use Disorder as a diagnosis.
- If no X-waiver: Use loading dose up to 32mg for long effect and give rapid follow up.
- If X-waiver: Check CURES (not required in Emergency Department if ≤7 day prescription), prescribe sufficient Bup/Nx until follow-up.

Overdose Education Naloxone Kit
Naloxone 4mg/0.1ml intranasal spray

The CA Bridge Program disseminates resources developed by an interdisciplinary team based on published evidence and medical expertise. These resources are not a substitute for clinical judgment or medical advice. Adherence to the guidance in these resources will not ensure successful patient treatments. Current best practices may change. Providers are responsible for assessing the care and needs of individual patients.

PROVIDER RESOURCES
California Substance Use Line
CA Only (24/7)
1-844-326-2626

UCSF Substance Use Warmline
National (M-F 6am-5pm; Voicemail 24/7)
1-855-300-3595

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REFERENCES

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REFERENCES


