

Buprenorphine Quick Facts

Quick Facts About Buprenorphine

Indication: Treats pain and opioid use disorder, treats/prevents opioid withdrawal, craving, and markedly reduces overdose risk in people with opioid use disorder. If attempting to start buprenorphine when the duration since last use is unclear, or if the patient presents with only mild withdrawal symptoms, start with small doses of buprenorphine (0.5mg SL).

Preferred formulation: Combined with naloxone

Available formulations: Tablet, film, long-acting injectable (special considerations needed for this)

Typical therapeutic dose range: 12-24mg (higher doses may be needed for patients using fentanyl)

*OF NOTE: as a partial agonist, buprenorphine has a ceiling effect which may limit any additional effect (such as withdrawal and craving prevention/respiratory depression) beyond about 32mg daily. The ceiling dose for analgesia is unclear.

Mechanism of Action: Buprenorphine is a partial agonist at the mu-opioid receptor with a higher affinity than most other opioids. It can acutely precipitate withdrawal symptoms in patients taking full opioid agonists

*The majority of research on efficacy and dosing was done in individuals using heroin. There is little research with fentanyl analogues or other high-potency synthetic opioids, clinical experience in patients using fentanyl analogues is quickly growing.

Initiation Considerations

- The severity of opioid withdrawal will help guide the initial dose and timing of the initial dose. The more withdrawal the patient is able to tolerate the better they will feel with buprenorphine and the less likely they are to precipitate withdrawal.
- Assess severity of opioid withdrawal using the COWS (can be done by a nurse/MA). For home induction, review the subjective withdrawal scores (or SOWS) with the patient to identify timing of taking first dose.
- Buprenorphine/naloxone dose of 1-2mg can be given for a COWS score of >12 and can be given to mitigate the risk of precipitated withdrawal.
- **Patient Instructions for Home Induction:** Medication is placed under the tongue, not swallowed.
 - Better absorbed with a moistened mouth
 - Remove any dental plates prior to taking sublingual medication to increase absorption
 - No more than 2 tablets/film under the tongue at a time
 - Avoid tobacco for at least a half hour prior to using medication
 - Do not talk, chew gum, etc. while medication is under tongue
 - May take up to 10 min to dissolve completely
 - Wait to eat/drink for 10 mins after it has dissolved
 - Tablets and film may be split (though tablet may crumble)