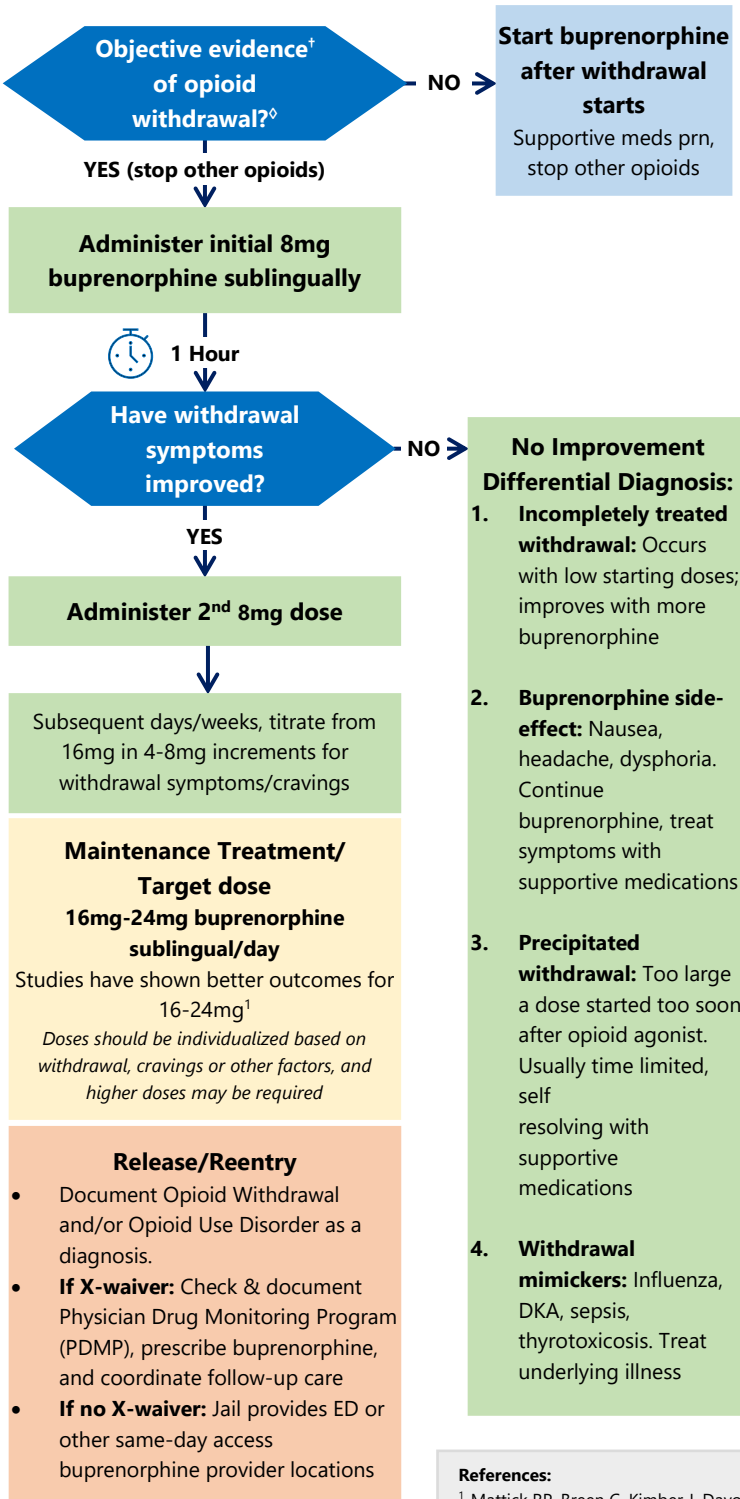


Buprenorphine (Bupe) Jail Quick Start Guide

- Buprenorphine is a high-affinity, partial opioid agonist that is safe and highly effective for treating opioid use disorder (OUD).
- Effective January 2023, an X-waiver is no longer required to prescribe buprenorphine. [Section 1262 of the Consolidated Appropriations Act, 2023 \(i.e., Omnibus bill\)](#), removed the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of OUD.
- If the patient is stable on methadone or prefers methadone, recommend continuation of methadone.



◊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
- If suspected fentanyl use, wait until moderate withdrawal before starting buprenorphine

Complicated withdrawal requires higher level of care

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

Buprenorphine Dosing

- Buprenorphine or Bupe/Nx (buprenorphine/naloxone) films or tab sublingual
- OK to start with lower initial dose: buprenorphine 2-4mg sublingual, for those using low amounts of heroin or whom you suspect/know have been using fentanyl
- Daily dose above 16mg may increase duration of action beyond 24 hours²
- Buprenorphine sublingual onset 15 minutes, peak 1- hour, steady state 7 days
- Dose daily unless co-existing chronic pain, then split dosing TID/QID

Typical withdrawal onset:

- ≥ 12 hours after short-acting opioid (heroin)
- ≥ 24 hours after long-acting opioid
- ≥ 48 hours after methadone (can be >72 hours)

If unsure, use COWS (clinical opioid withdrawal scale)

Start when there is objective evidence of withdrawal.³

Withdrawal is generally completed after 72 hours for short-acting opioids –

with the exception of fentanyl due to fentanyl accumulation in fat stores. Withdrawal associated with longer-acting opioids, such as methadone or buprenorphine, is generally completed within 7 days. Start buprenorphine 8mg q day if use over past 10 days.

Even if the patient has completed withdrawal the patient remains at risk of

relapse; due to loss of tolerance, start with a lower dose of buprenorphine. Target dose remains the same.

Opioid Analgesics

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

Supportive Medications

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

Pregnancy

- Buprenorphine monoprodut or Bupe/Nx OK in pregnancy.⁴
- Reference [Buprenorphine Quick Start in Pregnancy](#) by CA Bridge

References:

- ¹ Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database Syst Rev.* 2014 Feb 6;(2):CD002207. doi: 10.1002/14651858.CD002207.pub4. PMID: 24500948.
- ² Marsch LA, Bickel WK, Badger GJ, Jacobs EA. Buprenorphine treatment for opioid dependence: the relative efficacy of daily, twice and thrice weekly dosing. *Drug Alcohol Depend.* 2005 Feb 14;77(2):195-204. doi: 10.1016/j.drugalcdep.2004.08.011. PMID: 15664721; Coe MA, Lofwall MR, Walsh SL. Buprenorphine Pharmacology Review: Update on Transmucosal and Long-acting Formulations. *J Addict Med.* 2019 Mar/Apr;13(2):93-103. doi: 10.1097/ADM.0000000000000457. PMID: 30531584; PMCID: PMC7442141.
- ³ The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. (2020). *Journal of addiction medicine*, 14(2S Suppl 1), 1–91. <https://doi.org/10.1097/ADM.0000000000000633>
- ⁴ Link HM, Jones H, Miller L, Kaltenbach K, Seligman N. Buprenorphine-naloxone use in pregnancy: a systematic review and metaanalysis. *Am J Obstet Gynecol MFM.* 2020 Aug;2(3):100179. doi: 10.1016/j.ajogmf.2020.100179. Epub 2020 Jul 3. PMID: 33345863.

Standard of care is long-term agonist treatment.