Starting buprenorphine

Educate patients about expectations.

Talk to patients about how to start their preferred protocol.
For protocols requiring opioid withdrawal symptoms to start, have patients wait as long as possible before starting.

Provide or recommend medications for withdrawal symptoms.

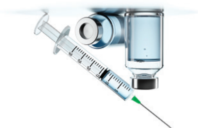
- **anxiety/restlessness:** clonidine 0.1 mg 3 times daily PRN
- **insomnia/anxiety:** hydroxyzine 25-50 mg 4 times daily PRN
- **nausea:** ondansetron 4-8 mg by mouth 3 times daily PRN
- **abdominal cramping:** dicyclomine 10-20 mg by mouth every 6 hours PRN
- **muscle aches:** ibuprofen 400-800 mg by mouth every 6 hours PRN

Plan for communication if questions arise. Provide patients with a way to contact the clinic. Ensure the clinic is able to contact the patient.

Provide linkage to local supports, such as support groups or resources around health-related social needs.

Discuss harm reduction strategies with all patients

Prescribe intranasal naloxone (e.g., Narcan) to prevent overdose



Recommend or provide immunizations (hepatitis, pneumococcus, tetanus)

Screen for infections (especially HIV, hepatitis C and B, and STIs like syphilis)

Other harm reduction strategies:

- For patients who use opioids alone, recommend **www.neverusealone.com** or the 1-800-484-3731 hotline to prevent unintentional overdose.
- For those who inject, **discuss sterile injection practices** to reduce the transmission of bloodborne pathogens like HIV, hepatitis C, and hepatitis B; link with a syringe exchange program or prescribe insulin needles.
- **Recommend fentanyl test strips,** if available.
- Evaluate whether **pre-exposure prophylaxis (PrEP) is indicated** for HIV prevention.
- Ask patients about **pregnancy plans** to support their goals.

Dosing options for starting buprenorphine

Help patients pick the strategy that works best for them.

	Low dose "microdose"	Low dose "classic dose"	High dose "macrodose"
Duration of initiation period	Days to weeks	1 day	2-3 hours
Withdrawal severity to start	None	Mild-moderate	
Initial dose of buprenorphine	< 1 mg	4 mg	16 mg
Usual maintenance dose	16-24 mg		
Benefits	• Patients with chronic pain do not need to stop opioid medications during initiation	• Dosing strategy with most experience	• Can be initiated in many settings (e.g., ED, primary care) • Simple steps to start • Short time to achieving maintenance dose
Challenges	• Complex dosing schedule • Requires cutting films	• Some withdrawal symptoms prior to initiation and possibly ongoing	• Some withdrawal symptoms prior to initiation
Resources	Bridge to treatment **qrco.de/lowdose**	BMC Grayken quick start **qrco.de/classicstart**	Bridge to treatment **qrco.de/highdose**

Prescribe enough buprenorphine for one week and follow up within one week.

A typical initial 1-week supply is fourteen films of buprenorphine 8 mg/2 mg for a 16 mg daily dose.

Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition.

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