How to Discuss and Initiate Buprenorphine

Introduction

Induction refers to the process of starting a patient on buprenorphine (with or without naloxone; the combination product is most often preferred). It can be done either inpatient or outpatient and typically takes two to three days, depending on the ultimate dose. See also the "Buprenorphine Microinduction" fact sheet for an alternative approach.

Step 1: Ensure Patient Is in Moderate Withdrawal Before the First Dose

Patients should stop opioids prior to induction and get their first dose of buprenorphine once in moderate withdrawal. Taking buprenorphine too soon can be very unpleasant, resulting in so-called "precipitated withdrawal." Depending on the opioid the patient is using, they could reach moderate withdrawal as soon as six hours or as long as several days after their last use.

For inpatient induction, patients are ready for their first dose when Clinical Opiate Withdrawal Scale scores reach 8 (see separate fact sheet). Dilated pupils are also a reliable sign. If at home, patients can score themselves with the Subjective Opiate Withdrawal Scale (see separate fact sheet); they're ready for buprenorphine once scores are between 8 and 10. They can also use the BUP Home Induction smartphone app, which can be downloaded free of charge through Apple's App Store or Google Play. Most patients with prior buprenorphine experience know when they're ready for a dose.

Step 2: Teach the Patient How to Take It

Most forms of buprenorphine are administered sublingually, and none of them should ever be swallowed; buprenorphine has poor oral bioavailability, so a swallowed tablet is a waste of money and can cause a stomachache. Sublingual tablets can take 10–15 minutes to dissolve; films take about a minute. First, tell patients to rinse their mouth out to get it nice and moist. Have them place the medication under their tongue and hold their tongue still until the medication is dissolved completely. The films can also be placed against the side of the cheek. Swallowing excess saliva is fine, but they should not talk. If they find the taste unpleasant, and most patients do, chewing up a sugar-free peppermint candy immediately before and after can be helpful. Patients should rinse their mouth out with water afterwards and avoid brushing their teeth for at least an hour.

Step 3: Give First Dose

A typical first dose of buprenorphine is 4 mg, though you can start with 2 mg for patients using small amounts of opioids (no more than two bags of heroin/fentanyl or less than 10 mg of oxycodone daily). If the patient still has withdrawal symptoms after one hour, give them an additional 4 mg. This is sufficient to relieve withdrawal symptoms in most patients. Some, especially those using large doses of fentanyl, may require a third 4 mg dose after another hour. The goal of the first day is to eliminate withdrawal.

Step 4: Optimize Dose

Once withdrawal symptoms are relieved, the goal becomes elimination of cravings. This usually requires a higher dose than the 8 or 12 mg from day 1. On the morning of day 2, the patient should take the total amount that was taken on day 1. If they still have opioid cravings, have them take another 4 or 8 mg, up to a total daily dose of 16 mg. Repeat on day 3 up to a total daily dose of 24 mg. Most patients will require 16–24 mg daily.

Step 5: Give Prescription and Schedule One-Week Follow-Up

Buprenorphine Induction Cheat Sheet

1. Patient must be in moderate withdrawal before their first dose of buprenorphine
2. Day 1: 4 mg doses of buprenorphine up to 12 mg; goal is to eliminate withdrawal symptoms
3. Day 2: Give first day's dose in the morning, then additional doses up to 16 mg; goal is to eliminate cravings
4. Day 3: Same as day 2, up to 24 mg; goal is to eliminate cravings
5. Once dose is finalized, make follow-up appointment for one week or less