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Alternative Buprenorphine Initiation Strategies

This guide provides clinical considerations for **alternative buprenorphine initiation strategies** for clinicians treating patients with opioid use disorder (OUD) in a hospitalized setting who may benefit from alternative initiation options.

Standard buprenorphine initiation is the standard of care and should be offered to all patients. More information on initiating buprenorphine using a standard initiation strategy and FAQs about Buprenorphine are available in the SHOUT Texas Buprenorphine Quick Start Guide and the SHOUT Texas Toolkit for Hospital-Based OUD Treatment.

A DEA X-Waiver is NO LONGER REQUIRED to prescribe buprenorphine.

"Cessation" Administration Strategies **Requires abstinence from opioid agonists before beginning protocol**		**"Cross-over" Administration Strategies** **Allows for ongoing opioid agonist use**
Rapid High Dose "Macro-dosing"	**Low Dose**	**Cross-Over** "Micro-dosing"
Best Suited For • Patients for whom standard initiation was unsuccessful • Patients with high opioid tolerance • Patients with time-constrained treatment windows	**Best Suited For** • Patients for whom standard initiation was unsuccessful and Rapid High Dose is undesired or inappropriate • Patients with uncomplicated medical or mental health conditions	**Best Suited For** • Care teams with increased capacity for education and support • Patients averse to withdrawal symptoms or breakthrough pain • Patients with concomitant pain who need to continue full opioid agonist use
Pros • Quickly reach therapeutic dose • Potentially shorter washout period	**Pros** • Most similar to standard protocol • More opportunity to recognize and treat precipitated withdrawal	**Pros** • Minimal withdrawal symptoms • Suitable for pre-, peri-, and post-operative patients • No washout period
Cons • Requires bedside availability to monitor for precipitated withdrawal or sedation	**Cons** • Longer washout period • Lower starting dose so longer time to therapeutic dose	**Cons** • Takes longer to reach therapeutic dose • Potential for mild withdrawal symptoms at dose increases
Notes or Considerations • May be best option for patients desiring or needing XR-Bup as soon as possible • Consider utilizing buprenorphine monoproduct to avoid potential naloxone absorption	**Notes or Considerations** • Patients may struggle with longer washout periods and may end the treatment attempt • Similarity to standard initiation may be more comfortable for care teams with less experience/support	**Notes or Considerations** • Patients should be on a stable dose of full opioid agonist • Patients need to be under close medical supervision, though they do NOT need continued hospitalization, if stable • Requires splitting sublingual doses or adding buccal, transdermal, or IV buprenorphine formulations to formulary
Create a backup treatment plan in case of failure or unforeseen complications, regardless of administration strategy		

Adapted from the Providers Clinical Support System and The American Society of Addiction Medicine

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A note on shared decision making and patient autonomy: Buprenorphine initiation strategies must be flexible and individualized according to patient preference, available medications, and exposure to full-agonist opioids for pain or withdrawal management.
Treat to your patient's symptoms and comfort level.

Fentanyl withdrawal and the drug supply are highly variable
Alternative initiation strategies can be useful in treating patients with exposure to fentanyl or other synthetic opioids. Alternate approaches may be especially beneficial for patients traumatized by prior episodes of precipitated or undertreated withdrawal.

Comfort medications should be used liberally in all induction strategies - especially during the variable washout period or to treat breakthrough withdrawal symptoms before reaching a therapeutic dose.

Example Rapid High-dose or Macro-dose Buprenorphine Administration Protocol

	Before Treatment	Treatment Day 1		Treatment Day 2+	
Daily Dose	0mg	24-32mg QD		24-32mg QD	
Dosing Time	Washout Period **Length varies, use COWS to identify visible withdrawal before initiating treatment*	AM	Every 2 hours or less	AM	PRN
mg Dose		8 - 24mg	+ 8-16mg repeat as needed	Day 1 Total Dose	+ 4-16mg
Full Agonists	**STOP**	**STOP**		**STOP**	

Example Low-dose Buprenorphine Administration Protocol

	Before Treatment	Treatment Day 1					Treatment Day 2		Treatment Day 3+	
Daily Dose	0mg	6-8mg QD					16mg QD		16-32mg QD	
Dosing Time	Washout Period **Length varies, use COWS to identify visible withdrawal before initiating treatment*	**Every 2 hours**					AM	PRN	AM	PRN
mg Dose		1 mg	1 mg	2 mg	2 mg	2 mg	Day 1 Total Dose	+ 4-8mg	Day 2 Total Dose	+ 4-8mg
Full Agonists	**STOP**	**STOP**					**STOP**		**STOP**	

Example Crossover or Micro-dose Buprenorphine Administration Protocol

	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
Daily Dose	.5 mg			.5mg BID			1mg BID			2mg BID			4mg BID			4mg TID			8mg BID		
Dosing Time	AM	PM	Eve	AM	PM	Eve	AM	PM	Eve	AM	PM	Eve	AM	PM	Eve	AM	PM	Eve	AM	PM	Eve
mg Dose	.5	-	-	.5	-	.5	1	-	1	2	-	2	4	-	4	4	4	4	8	-	8
Full Agonists	Continue			Continue			Continue			Continue			Continue			Continue			**STOP**		