Buprenorphine Prescribing
During the Fentanyl Era

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Dosing with Buprenorphine

- The effective dosing range is 2mg – 32mg
- The average stabilization dose is 16mg
- Payers arbitrarily set limits - $ not science
- Most Opioids are tainted with fentanyl
- **Fentanyl** is highly lipophilic – protracted clearance leading to *prolonged withdrawal*
- *Mono Product is preferable*
- Critically important to stabilize quickly – hrs not days
- Delays in stabilization leads to loss of patients

New Developments- Buprenorphine Dosing

- New evidence has been developed on optimum buprenorphine dosing that would suggest a need to revisit language in SAMHSA's Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction (TIP 40)
  - On page 56, the guidelines state, "….with stabilization goals in mind, dose of buprenorphine/naloxone may be increased in 2/0.5- 4/1 mg increments per week until stabilization is achieved. Nearly all patients will stabilize on daily doses of 16/4-24/6mg; some, however may require up to 32/8 mg daily."

Tips and Pearls Buprenorphine

- Overdosing with Buprenorphine is nearly impossible – due to “ceiling effect” and tolerance
- Mono product is used in pregnancy (category C)
- Mono product may be best for induction
- Single dosing (q.d.) breaks the addiction pattern of using drugs
- Discontinuation – slowly 4mg each time until at 8mg. Best results 1mg reductions to 1mg dose
- Use of Lofexidine thereafter to completion