Quick Guide: Buprenorphine Starts in the Hospital

Appendix B

Check COWS on admission and discontinue all opioid prescriptions
- Patient needs to be in some withdrawal before starting buprenorphine, unless > 5 days off opioids
- As guidance, patient may need to wait for 12-24 hours of abstinence
  - 12 hours for short acting opioids
  - 24-48 hours for long acting opioids

Patient has not had opioids recently and is therefore not in withdrawal (at least 5 days off opioids)
Initiate buprenorphine at 2 mg SL x 1
Reassess in 2 hours. If cravings persist and not oversedated, Add 2 mg SL x 1
Repeat up to 16 mg total
Starting dose on Day 2 is total combined doses from Day 1

COWS < 8 or no objective withdrawal
- Reassess every 2 hours while awake until COWS ≥ 8

COWS ≥ 8 with objective signs of withdrawal
- Administer 4 mg of buprenorphine and reassess in 1 hr

COWS < 8
- Reassess q 6 hours. If patient endorses withdrawal. May assess COWS/redose sooner. May provide 4 mg of buprenorphine if COWS ≥ 8 at any point. Max dose 16 mg on Day 1.

COWS ≥ 8
- Administer 4 mg buprenorphine then reassess COWS q 6 hours or sooner if patient endorses withdrawal

COWS < 8, Reassess q 6 hours or sooner if patient endorses withdrawal.
- May give another 4 mg of buprenorphine if COWS ≥ 8. Max does 16 mg on Day 1. Total dose given becomes initial daily does for Day 2.

COWS ≥ 8, administer 4 mg of buprenorphine
- Reassess q 6 hours or sooner if patient endorses withdrawal.

If COWS < 8, continue to reassess q 6 hours or sooner if patient endorses withdrawal. May give another 4 mg of buprenorphine if COWS ≥ 8 at any point. Max dose 16 mg on Day 1. Total dose given becomes initial daily dose for Day 2.

If COWS ≥ 8, give another 4 mg of buprenorphine and reassess q 6 hours for sooner if patient endorses withdrawal. Max dose 16 mg on Day 1. Total dose given becomes initial daily dose for Day 2.

Formulation:
- Can administer either buprenorphine or buprenorphine-naloxone, films or tablets. Administer SL and allow to dissolve.

Pregnancy:
- only use buprenorphine monoprocess.

Adjunctive meds:
- The following can be prescribed PRN for symptoms of withdrawal
  - Acetaminophen 650 mg PO q 6 hours daily PRN pain
  - Clonidine 0.1-0.3 mg PO q 6-8 hours PRN w/d symptoms (NTE 1.2 mg/day, hold if BP < 100/70)
  - Diphenhydramine 25-50 mg, PO q 8 hours PRN insomnia/ anxiety
  - Loperamide 4 mg PO initially, then 2 mg PRN each additional loose stool (NTE 16 mg/24 hours)
  - Ondansetron 4 mg PO q 6 hours PRN nausea
  - Trazodone 50 mg PO qhs PRN insomnia
  - Melatonin 3 mg PO qhs PRN insomnia

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Testing prior to first dose:
- Urine toxicology
- Liver function tests
- Urine pregnancy test (PRN childbearing potential)
- HIV, Hep B, Hep C as indicated
- DSM 5 criteria for opioid use disorder
- CURES report
- **Pregnancy:** non-stress test or fetal heart tones as indicated

Contraindications/cautions:
Call experts as needed, may still start with support
- Allergy to buprenorphine
- Medically unstable, unable to tolerate mild withdrawal
- Methadone in last week
- AST or ALT > 5x upper limit normal
- Surgery in next 48 hours
- Acute severe pain
- Binge alcohol or benzo use

Patients started in the ED:
- If given total dose of <16 mg in ED, continue to follow day 1 algorithm
- If given total dose 16 mg in ED, hold additional doses on day 1, then day 2 start 16 mg qday
- If given total dose > 16 mg in ED, hold additional dosing until return of cravings/withdrawal, then start 16 mg qday
- If patient is experiencing pain may split dose TID

Day 2:
- Administer total daily dose from day 1 as single dose in am, or if patient is experiencing pain may split total daily dose TID
- Repeat COWS in 6 hours, if ≥8 administer additional 4 mg

Subsequent days:
- Administer total daily dose from previous day as single dose in am – split TID if ongoing pain
- Increase dose prn cravings/withdrawal/pain
- Decrease dose prn sedation, insomnia, adverse effects
- Typical max dose 24 mg

Discharge prescriptions:
Buprenorphine may only be prescribed on discharge by X licensed provider. Prescribe dose required in hospital as daily dose on discharge.

Example:
- Buprenorphine/naloxone 8 mg/2 mg film, 2 films SL qday, #14, 0 refills
- Naloxone 4 mg/0.1 ml intranasal PRN opioid overdose. Spray 0.1 ml into one nostril, call 911, if no response in 2-3 minutes repeat with second device in additional nostril. #1 pack of 2, 3 refills
- Consider pre-exposure HIV prophylaxis

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