

# BUPRENORPHINE QUICK START

Not currently physically dependent on opioids.  
(i.e. individual recently released from incarceration  
or at a residential treatment program with no  
recent opioid use)

- Start low and go slow.
- Typical Day 1 dosing: 2mg total daily dose.
- Slow titration (+2-4mg every 3-5 days as tolerated) to achieve opioid blockade and elimination of cravings

Opioid dependent and not  
yet in opioid withdrawal

- Educate patient on the need to be in moderate withdrawal prior to starting buprenorphine to avoid precipitated withdrawal.
- For persons using fentanyl, recommend last use be at least 24 hrs prior to starting buprenorphine to avoid precipitated withdrawal.
  - Provide anticipatory guidance and medications\* for withdrawal management.
- Encourage patient to return to clinic or provide instructions for community initiation when patient is in active withdrawal.

Opioid dependent and in  
active opioid withdrawal

- COWS score to help guide initiation and to ensure patient in moderate withdrawal.
- For persons using fentanyl, recommend last use be at least 24 hrs prior to starting buprenorphine to avoid precipitated withdrawal.
  - Provide anticipatory guidance and medications\* for withdrawal management.
- Typical Day 1 dosing: 2-4mg every 2 hrs, up to max dose of 24mg on day 1.
- If unobserved initiation, review handout (+).

- Maintenance dose should be individualized to achieve opioid blockade and/or elimination of cravings
- Typical maintenance dose: 8-24 mg daily

\* See list of suggested medications to assist with management of withdrawal symptoms.  
(+) Refer to A Guide for Patients Beginning Buprenorphine.