RAPID LOW DOSE – HIGH DOSE BUPRENORPHINE INITIATION USING PO METHODOLOGY AT AN INPATIENT TREATMENT FACILLITY

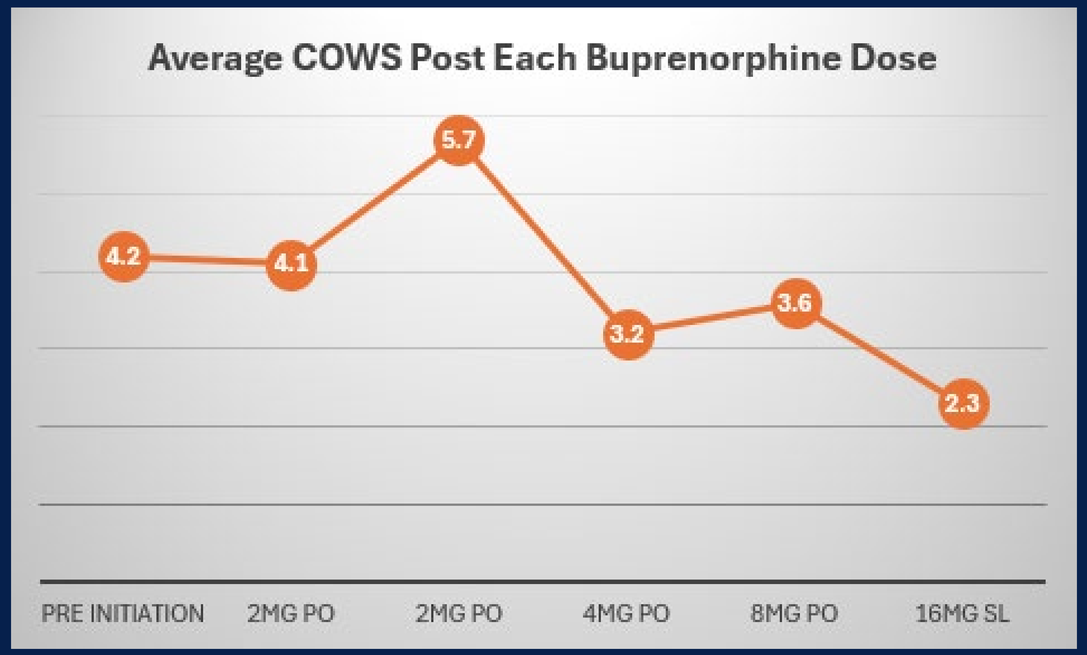
WHY THIS MATTERS

- It is paramount to avoid buprenorphine precipitated opioid withdrawal (BPOW) in patients seeking treatment for opioid use disorder (OUD). This would remove a barrier in treatment initiation in people who use fentanyl.
- Low dose buprenorphine initiation has been shown to be effective in this population. However, there are barriers to typical low dose initiation (< 2mg) for community-based inpatient and outpatient facilities including use of opioid agonist, cutting buprenorphine tablets/films or use of unapproved formulations of buprenorphine such as buccal or transdermal.
- A new rapid low dose – high dose protocol using oral administration of buprenorphine holds promise for addressing this gap

SAMPLE:

- *N* = 10 patients (*Mean* age = 19.7; male = 92.3%) across 13 admissions from January – September 2023
- Average COWS before first dose: 4.2 (range 1-8)
- Inclusion:
  1) positive urine toxicology for fentanyl;
  2) COWS ≤ 8
- Exclusion: Receiving extended-release buprenorphine subcutaneous injection in the past

Day 1:
Hour 0: 2mg PO
Hour 3: 2mg PO
Hour 6: 4mg PO
Hour 9: 8mg PO
Day 2 8am:
16mg sublingual



Using a novel PO protocol, we provide evidence for a **rapid low dose – high dose** buprenorphine initiation that **avoids BPOW and barriers** to other methodologies.

THE NOVEL PROTOCOL

- Utilizes oral administration of buprenorphine (PO administration)
- Takes advantage of low oral bioavailability (<15%) from first-pass effect
- Initiation of first dose of PO buprenorphine within 48 hours of last fentanyl use (8 patients initiated < 24 hours from last fentanyl use, and 5 patients initiated 24-48 hour from last fentanyl use). Patient received 16mg of buprenorphine 35-72 hours from their last fentanyl use. This method allowed reduction in duration of initiation as well as the withdrawal symptoms.

Two patients had a history of significant BPOW in the past and reported favorable experiences with this protocol, one of whom described this as "the best experience of my life".

One patient had worsening withdrawal after the first PO dose (COWS increased from 7 to 10) and decided to wait till the next day to initiate. However next day his COWS remained at 1 and he declined further dosing.

Success rate: 92.3%

Edmond Hakimi, DO
Jessica L. Bourdon, PhD
Rohan Singh, MD
Lora Allen, MS, AGNP
Shana Glynn, RPA-C
Corinna Mendis, PA
Joji Suzuki, MD
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