

# Initiation of Buprenorphine for Opiate Use Disorder in the ED

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<sup>1</sup> Grande LA, et. al. Evidence on Buprenorphine Dose Limits: A Review. J Addict Med. 2023 Jun 16. doi: 10.1097/ADM.0000000000001189.

<sup>2</sup> Herring AA, et al. Rapid induction onto sublingual buprenorphine after opioid overdose and successful linkage to treatment for opioid use disorder. Am J Emerg Med. 2019 Dec;37(12):2259-2262. doi: 10.1016/j.ajem.2019.05.053.

<sup>3</sup> Carroll GG, et. al. Buprenorphine Field Initiation of ReScue Treatment by Emergency Medical Services (Bupe FIRST EMS): A Case Series. Prehosp Emerg Care. 2021 Mar-Apr;25(2):289-293. doi: 10.1080/10903127.2020.1747579.

## Pathway Applicability:

- Suspicion of opiate use disorder with chemical dependency
- No recent methadone use (>72 hrs)
- No major concurrent medical problems (e.g. sepsis, trauma)
- Patient interest and consent

## Additional Details:

- As of January 2023, X-waivers are no longer required to prescribe buprenorphine, only a valid DEA prescriber license
- Outpatient buprenorphine is typically compounded with naloxone and ingested sublingually. When appropriately used, naloxone is not biologically available. The reason for this is to prevent theoretical risk of overdose if the sublingual tablets are injected or snorted.
- Initiating a patient on buprenorphine therapy when in a precipitated opiate withdrawal following naloxone rescue is appropriate and has evidence to support its safety and efficacy<sup>23</sup>
- Administration of other opiates (e.g. fentanyl, morphine) for symptomatic control following buprenorphine is appropriate, although they will have reduced effect.

## Useful Resources:

<https://bridgetotreatment.org/addiction-treatment/ca-bridge/>  
<https://www.mdcalc.com/calc/1985/cows-score-opiate-withdrawal>

