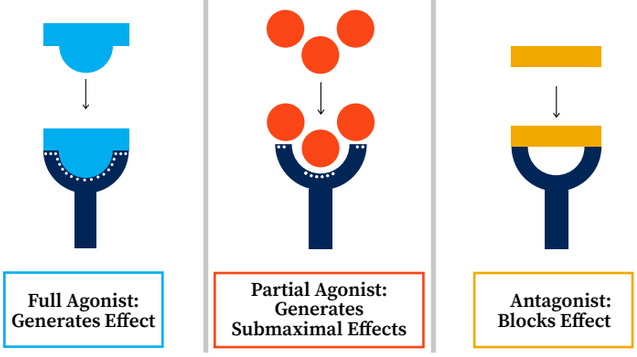
UF College of Medicine
Quality and Patient Safety Initiative
UNIVERSITY of FLORIDA

WHAT IS BUPRENORPHINE

BUPRENORPHINE is a partial mu-opioid agonist that is FDA approved for the management of Opioid Use Disorder (OUD) and Pain.

- Buprenorphine is effective in the management of OUD due to its ability to reduce withdrawal symptoms while minimizing euphoric effects compared to other opioids.
- Buprenorphine may be considered a safer alternative to methadone or other opioids due to its ceiling effect with a plateau in respiratory depression as doses escalate - NOTE this does not eliminate the risk of overdose.

FULL AGONIST VS. PARTIAL AGONIST VS. ANTAGONIST



INITIATION OF BUPRENORPHINE FOR OUD AT UF HEALTH

1 ANY PROVIDER MAY INITIATE; ADDICTION MEDICINE IS AVAILABLE TO ASSIST

Buprenorphine may displace other opioids at the receptor and precipitate withdrawal which can lead to patient dissatisfaction and non-compliance with treatment. Consider consultation with Addiction Medicine for complicated cases.

2 ASSESS, INITIATE, AND REASSESS

In the inpatient setting, buprenorphine is used as a single entity (without naloxone due to the ability to observe administration)

3 ENSURE ADEQUATE FOLLOW-UP ON DISCHARGE

Patients need clear guidance on how to continue to manage OUD upon discharge in order to minimize disruption in therapy.

CONTINUATION OF BUPRENORPHINE FOR OUD AT UF HEALTH

- Any provider may order buprenorphine for continuation of OUD management.
- Validate current dose utilizing EFORSCE or by contacting patient's treatment clinic.

Note: Dose changes should be done with caution. If alternative opioids are needed to manage the patient, please consider consultation with Acute Pain, Addiction Medicine or Psychiatry

BUPRENORPHINE FOR MANAGEMENT OF ACUTE PAIN

- Any provider may order buprenorphine for the treatment of pain and may contact Acute Pain Service for guidance and initial management if desired
- Use caution when initiating in the setting of other opioid use as it may precipitate withdrawal by displacing full agonist from receptor
- When used to treat pain, providers should individualize dosing as well as consider severity of pain and prior analgesic use. As with other opioids, use the lowest effective dose for the shortest duration consistent with individual treatment goals.

Note: due to the ceiling effect, doses greater than 24 mg/day (given in divided doses) are less associated with increased risk of respiratory depression and may continue to provide added analgesia. As with other opioids, start low and go slow and evaluate patient's response.