CASE 2: FENTANYL TO BUPRENORPHINE (OUTPATIENT)

This case study explores the initiation of buprenorphine in an outpatient setting, titrating up to the goal dosing, adjunct treatments, and discussing induction with patients.

PATIENT

Patient is 25 yo G3P1011 at 26 weeks who comes to see you for new OB visit in outpatient clinic.

ASSESSMENT AND TREATMENT

Patient reports fentanyl use daily and would like to start buprenorphine treatment. She has previous experience with methadone but did not feel well, missing doses frequently due to her work schedule. She has tried to start buprenorphine on her own, but ended up with precipitated withdrawal. She is nervous about trying again.

Q & A

Q: Do you need an X-waiver to prescribe buprenorphine?
Q: What are next steps?
Q: Who would you call for help/consult?
Q: How do you start buprenorphine from fentanyl use?

Q: What are your concerns with transitioning her from fentanyl to buprenorphine?

A: Fentanyl is a full agonist opioid, while buprenorphine is a partial agonist opioid. With fentanyl in her system, starting buprenorphine abruptly may put her into significant precipitated withdrawal.

Q: How do you avoid causing precipitated withdrawal?

A: Since full agonist opioids for opioid withdrawal cannot be prescribed in the outpatient setting, instruct the patient to continue her fentanyl use for several days while starting and titrating the buprenorphine. *This is not promoting ongoing fentanyl use, this is recognizing the pharmacologic reality of the substance, and how to work with what we've got to achieve the mutual goal of stabilizing on buprenorphine quickly, comfortably, and safely.*

Q: How do you start the buprenorphine?

A: Using a low-dose (or micro) titration method, start day 1 with a small dose of buprenorphine, then increase over 5-7 days to target dose. Instruct patient to continue her fentanyl use.

Q: What if the patient still experiences withdrawal?

A: Use adjuvant nonopioid medications. They will not mask moderate-to-severe opioid withdrawal, but will help support the patient with specific symptoms (N/V, muscle cramps, pain, sleep, diarrhea). However, they are NOT a substitute for full agonist opioid (ie fentanyl continuation)..

RESOURCES

SCAN FOR MOMS+ BUPRENORPHINE LOW-DOSE INDUCTION OUTPATIENT OB ORDER SET

SCAN FOR MOMS+ BUPRENORPHINE STANDARD INDUCTION OUTPATIENT OB ORDER SET

SCAN FOR MOMS+ FULL TOOLKIT OF EDUCATIONAL RESOURCES, HARM REDUCTION TOOLS AND ORDER PATHWAYS

MOMs

(Maternal Overdose Matters)

BUPRENORPHINE INITIATION PLAN

Utilize a low-dose buprenorphine protocol with continued fentanyl use for several days while titrating the buprenorphine dose.

This is not promoting ongoing fentanyl use; this is recognizing the pharmacologic reality of the substance, and how to work with what we've got to get to mutual goal of stabilizing on buprenorphine quickly, comfortably, and safely.

Establish a baseline and provide instructions:
"How many pills/powder do you need to use per day to just not be sick?" Once established, advise patient to continue that amount daily while starting buprenorphine.

Discuss and clarify:

- Agree no alcohol, benzodiazepine, and minimize stimulant use as much as possible
- Many people use (more) cannabis during this week, readdress once stabilized on buprenorphine.
- Clarify that pt does not need to wait to be in withdrawal to start buprenorphine.
- Give clear patient instructions (dotphrase for AVS recommended); give instructions about when and how to take any adjuvants you also prescribe.
- Always prescribe naloxone and review overdose prevention education.
- Not required, but nice if there is another person who can help support and monitor pt at home.

Prescribe 2- and 8- mg tablets or films of buprenorphine:
Sig for 2 mg tabs/films:

- Day 1: take ¼ tablet under tongue every 6 hrs.
- Day 2: take ½ tablet under tongue every 6 hrs.
- Day 3: take 1 tablet under tongue every 6 hrs.
- Dispense #8 tablets (one extra in case of crumbling)

Sig for 8 mg tabs/films:

- Day 4: take ½ tablet under tongue every 6 hrs.
- Day 5: take full tablet under tongue every 6 hrs.

Stop other opioids this day.
Dispense #28 tablets (for a 7 day follow up, or however much the patient will need until follow up, assuming target dose of 24-32 mg per day)

Give clear patient instructions:
Include how and when to take adjuvant medications.
Include clinic contact info, ED precautions, and follow up visit time/date.
Ensure naloxone provision and overdose prevention education.

MOMs
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ADJUNCT TREATMENTS (+/-)

- Clonidine 0.1 mg orally q4h PRN restlessness, hot/cold flashes or anxiety
- Hydroxyzine 25-50 mg orally q6h PRN anxiety or insomnia
- Ondansetron 4 mg orally q6h PRN nausea
- Dycyclomine 10 mg orally TID PRN abdominal cramping
- Trazodone 50-100 mg orally qHS PRN insomnia
- Acetaminophen 500-1000 mg orally q6h PRN headache or pain
- Gabapentin 300 mg orally TID PRN restless legs, anxiety, agitation
- Promethazine 12.5-25 mg orally q6h PRN nausea (if preferred to ondansetron, or not having success with ondansetron)