MACS
Maryland Addiction Consultation Service

BUPRENORPHINE FOR OPIOID USE DISORDER

What Is Buprenorphine?

- Buprenorphine is a Schedule III medication approved by the FDA in 2002 to treat opioid use disorder (OUD). It is a partial opioid agonist that reduces cravings and withdrawal symptoms while producing less euphoria and respiratory depression than full agonists.
- Buprenorphine is available in several formulations, including sublingual tablets or films (e.g., buprenorphine-naloxone) and weekly (Brixadi) or monthly (Brixadi/Sublocade) extended-release injections.
- Buprenorphine is also approved for pain treatment under different formulations and regulations than those used for OUD.

What Patients Could Benefit From Buprenorphine?

- Patients with mild to severe OUD
- Individuals seeking office-based or pharmacy-based treatment
- Patients who prefer a medication with a lower overdose risk than methadone
- Patients with co-occurring medical conditions involving respiratory depression
- Pregnant patients with OUD (with appropriate formulation and monitoring)
- Patients transitioning from illicit opioids or prescription opioids, including methadone

How Is Buprenorphine for OUD Accessed by Patients?

- Buprenorphine can be prescribed by clinicians with a standard DEA registration and Schedule III authority; a special waiver is no longer required.
- It can be prescribed in outpatient medical settings, primary care clinics, behavioral health clinics, hospitals, and emergency departments, or administered/dispensed through opioid treatment programs. Buprenorphine is dispensed through retail pharmacies and may be initiated in hospital or emergency settings. Telehealth prescribing is permitted under federal regulations when clinically appropriate.

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What Are Clinical Considerations When Starting Buprenorphine?

- Maryland providers can access prescribing support through the Maryland Addiction Consultation Service (MACS), including a Buprenorphine Quick Start Guide
- Clinical benefits include reduced illicit opioid use and cravings, reduced overdose risk, and improved retention in treatment.
- Initiation typically occurs when patients are in mild to moderate opioid withdrawal to avoid precipitated withdrawal
- Standard initiation doses range from 2–4 mg initially, with titration based on symptoms and response; maintenance doses commonly range from 8–24 mg/day although some patients might need higher doses.
- Side effects may include headache, nausea, constipation, and sedation; serious respiratory depression is uncommon when taken as prescribed.
- Buprenorphine has a ceiling effect on respiratory depression, contributing to a lower overdose risk compared to full opioid agonists.
- Patients using benzodiazepines, alcohol, or other sedatives should be monitored closely.
- Naloxone
  - Naloxone in buprenorphine-naloxone is included to deter injection and does not cause precipitated withdrawal when the medication is taken as prescribed.
  - Naloxone should be prescribed or provided alongside buprenorphine, as with all other opioids, for use in an overdose emergency.
- Treatment duration should be individualized depending on patient needs, with many patients benefiting from long-term treatment.

When to Contact MACS

Questions related to the initiation and maintenance of buprenorphine for the treatment of substance use disorders and chronic pain management.

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