**Buprenorphine Dosing Algorithms** [1]

**Description:** A series of flow charts displaying the steps that should be followed when inducting a new patient into buprenorphine treatment.

Flow charts are included for patients addicted to short- and long-acting opioids, for non-physically dependent patients, and for patients switching from buprenorphine to buprenorphine/naloxone.

---

**Day 1: Induction for Patients Physically Dependent on Short-Acting Opioids (e.g., Heroin)**

- **Patient dependent on short-acting opioids?**
  - **YES**
    - Withdrawal symptoms present 12-24 hours after last use of opioids?
      - **NO** → Stop: patient not dependent on short-acting opioids
      - **YES** →
        - Give 4 mg buprenorphine and observe 2+ hours
          - **NO** → Withdrawal symptoms continue or return?
            - **NO** → Daily dose established
            - **YES** →
              - Repeat dose up to 8-16 mg for the first day
                - **YES** → Withdrawal symptoms relieved?
                  - **YES** → Daily dose established
                  - **NO** → Manage withdrawal symptomatically
                    - **NO** → Daily dose established
          - **YES** → Withdrawal symptoms return?
            - **NO** → Daily dose established
            - **YES** → Follow Day 2+ induction guidelines for physically dependent patients (Figure 2)

---

Copyright: Clinical Tools
Days 2+: Buprenorphine Induction for Patients Physically Dependent on Short- or Long-Acting Opioids

Patient returns to the office on 8 mg

**YES**

Withdrawal symptoms present since last dose? **NO**

Maintain patient on 8 mg/day; daily dose established

**YES**

Give buprenorphine 10-12 mg

**YES**

Withdrawal symptoms continue? **NO**

Withdrawal symptoms return?

**NO**

Daily dose established

**YES**

Administer 2-4 mg doses up to maximum 16 mg total for second day

**YES**

Withdrawal symptoms relieved? **NO**

Manage withdrawal symptomatically

**YES**

Daily dose established

Return next day for continued induction; start with Day 2 total dose and increase by 2-4 mg increments [Max daily dose: 32 mg]

**NO**

Copyright: Clinical Tools
Day 1: Induction for Patients Physically Dependent on Long-Acting Opioids (e.g., Methadone)

Patient dependent on long-acting opioids?

YES

Taper to 30 mg/day of methadone (or equivalent)

48+ hours after last dose, give 4 mg buprenorphine and observe 2+ hours

Withdrawal symptoms continue or return?

NO → Withdrawal symptoms return?

NO → Daily dose established

YES → Repeat dose up to 8-16mg for the first day

Withdrawal symptoms relieved?

NO → Manage withdrawal symptomatically

YES → Daily dose established

Follow Day 2+ induction guidelines for physically dependent patients (Figure 2)

Copyright: Clinical Tools
Day 1: Induction for Nonphysically Dependent Patients

Patient has history of opioid dependence?  
**NO**  Do not proceed

Current physical dependence on opioids?  
**YES**

Follow induction guidelines for physically-dependent patients (see Figures 1 & 3)

**NO**

Give 2 mg in office, observe 2+ hours

Opioid agonist side effects (i.e., nausea, vomiting)?  
**YES**

Administer symptomatic treatments

Wait 24 hours: Reassess need for agonist therapy

Agonist therapy required?  
**NO**

Follow Day 2+ induction guidelines for non physically dependent patients (Figure 5)

**YES**

Proceed with non-agonist treatment (i.e. psychosocial tx with or without naltrexone)

Day 2+: Induction for Non Physically Dependent Patients

Agonist side effects emerge within 2 hours of first buprenorphine dose?  
**YES**

Daily dose established

**NO**

Increase dose by 2-4 mg/day [target dose: 12-16 mg/day]

Observe

Side effects occur?  
**NO**

Continued illicit opioid use, withdrawal symptoms, or compulsion to use?  
**NO**

Daily dose established

**YES**

Maintain on buprenorphine dose, increase intensity of nonpharmacological treatments

Copyright: Clinical Tools
Switch From Buprenorphine to Buprenorphine/Naloxone

Patient on buprenorphine monotherapy (up to 32 mg/day)

YES

Patient pregnant? NO Other compelling reason to continue monotherapy? NO

YES

Transfer to buprenorphine/naloxone therapy

Continue buprenorphine monotherapy

Links:
[1] https://www.buppractice.com/node/2623

Copyright: Clinical Tools