

Buprenorphine Macro dosing Initiation

Contact ED substance use navigator/hospital to home coordinator if available.

Macro dosing is an alternative approach to initiating buprenorphine for patients who do not meet traditional criteria and for whom delays in treatment pose significant risk.

Macro dosing should be reserved for people with high opioid tolerance. Higher initial and total Day 1 doses are off-label but have been shown to be effective in achieving therapeutic levels of buprenorphine.¹

Indications:

- Patients in withdrawal from fentanyl use, or
- Patients who have had full naloxone reversal of an opioid overdose (i.e., naloxone-induced withdrawal)

Are any exclusion criteria to buprenorphine macro dosing present?

- Allergy or hypersensitivity to buprenorphine or naloxone
- Reported methadone use in the last 72 hours
- Unable to provide informed consent
- Altered mental status, depressed level of consciousness, or delirium
- Acute intoxication
- Severe medical illness such as sepsis, respiratory distress, severe liver dysfunction
- Concurrent withdrawal from alcohol or benzodiazepines
- Elderly

Provide supportive care and re-evaluate.

OPTIONS:

- Consult addiction medicine if available; patient may be a candidate for **methadone** or **SROM**
- Offer RAAM referral/harm reduction resources
- Provide naloxone kit [🔗](#)

Is patient awake with COWS ≥ 13
Has at least 18 hours elapsed since last fentanyl use?
(not necessary post-naloxone reversal)

OPTIONS:

- Offer home buprenorphine start [🔗](#)
- Offer microinduction buprenorphine start [🔗](#)
- Offer return to ED when in withdrawal for buprenorphine treatment
- Patient handouts about buprenorphine treatment [🔗](#), home start [🔗](#), micro dosing [🔗](#)
- Provide naloxone kit [🔗](#)

Explain:

- Goal is to achieve full treatment dose within a matter of hours
- May experience transient worsening of withdrawal symptoms before relief
- For patients in naloxone-induced withdrawal macro dosing should be started as soon as possible

- Discharge with prescription for total dose dispensed in the ED as daily observed dose until planned follow-up (max 7 days)
- Refer to RAAM/community clinic
- Dispense naloxone kit [🔗](#)
- Buprenorphine handout [🔗](#)
- Harm Reduction Info Sheet [🔗](#)

Provide 16mg buprenorphine SL as 2x8mg tablets

 Reassess in one hour

- See High-Dose Buprenorphine Initiation ("Macro dosing") Reference Guide for ED Providers [🔗](#)
- See Buprenorphine Reference Guide for further information [🔗](#)

Repeat buprenorphine 8–16mg q1–2h until withdrawal is resolved or sedation (recommended Day 1 maximum is 32mg)

¹ <https://cabridge.org/resource/starting-buprenorphine-immediately-after-reversal-of-opioid-overdose-with-naloxone/>