

Buprenorphine Dosing During Stabilization of Opioid Use Disorder Involving High Potency Synthetic Opioids

Information Brief

Background

Overview

Treatment of opioid use disorder (OUD) with buprenorphine has evolved considerably in the last decade as the scale of the addiction and overdose crisis has increased along with the emergence of high potency synthetic opioids (HPSOs) like fentanyl. One of the key clinical questions to have emerged out of the crisis is: *After buprenorphine initiation, what range of buprenorphine dosing and/or dosing strategies can be considered during stabilization and long-term treatment?*

In the document titled, “*ASAM Clinical Considerations Document: Buprenorphine Treatment of Opioid Use Disorder for Individuals using High Potency Synthetic Opioids: Clinical Considerations*,” the authors provide answers. The document is based on expert consensus and available evidence that aims to support successful initiation and stabilization of buprenorphine treatment among individuals with OUD chronically using HPSOs.

Key Takeaways

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As the potency of opioids being used has increased, initiation of buprenorphine has become more complex. Buprenorphine dosing during initiation and stabilization needs to be individualized to support successful engagement in ongoing care.



Higher buprenorphine stabilization doses (>16 mg per day) and frequent dosing (2-4 times per day) may be needed during pregnancy to achieve consistent effective buprenorphine plasma levels and prevent opioid withdrawal between doses.



While The ASAM National Practice Guideline (NPG) for the Treatment of Opioid Use Disorder cites a typical buprenorphine dose limit of 24 mg per day, **high-quality studies show improved treatment retention, reduced opioid use, and lack of adverse events at doses of buprenorphine 16-32 mg per day.**



Although some insurance plans or states may mandate a certain buprenorphine dose limitation, **some patients may benefit from high buprenorphine doses during buprenorphine stabilization (> 24 mg per day).**

More Information

Full Document

For more specific information, read the full clinical considerations document [here](#).