IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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MEMORANDUM

TO: Illinois Pharmacies and Pharmacists

FROM: IDPH Office of Health Promotion, Division of Emerging Health Issues, Section of Substance Misuse

DATE: April 5, 2024

SUBJECT: Medication Assisted Recovery (MAR) Dosing Guidance

The prevalence of fentanyl in the illicit drug supply has increased in recent years[1]. This increased potency of illicit opioids may require higher doses of medications used to treat Opioid Use Disorder (OUD). Inadequate dosing or delays in treatment can lead to withdrawal symptoms, cravings, relapse, and increased risk of death. Pharmacists should seek and employ updated education on safe, effective, and necessary treatment delays caused by maximum dosing concerns based on outdated evidence.

A 2023 review of the clinical research on the daily dose of sublingual buprenorphine for the treatment of OUD demonstrates evidence that buprenorphine's dose-dependent benefits for treating OUD can safely extend up to and potentially beyond 32mg/day, particularly in individuals in high metabolic states such as pregnancy. Inadequate dosing can result in relapses and return to illicit opioid use to treat uncontrolled cravings and withdrawal, increasing risk of unintended overdose and death[2] The current FDA dosing guidelines on buprenorphine maintenance dose is, "generally in the range of 4mg/1mg buprenorphine/naloxone to 24mg/6mg buprenorphine/naloxone per day"[3]. However, these dosing guidelines are based on trials conducted prior to 2002 and may not adequately represent the magnitude of the present-day fentanyl-driven[4] opioid crisis.

Per the Substance Abuse and Mental Health Services Administration (SAMHSA), it is standard of care for all patients with OUD to be offered Medication Assisted Recovery (MAR), in particular

[1] Palamar JJ, Ciccarone D, Rutherford C, Keyes KM, Carr TH, Cottler LB. Trends in seizures of powders and pills containing illicit fentanyl in the United States, 2018 through 2021. Drug Alcohol Depend. 2022 May 1;234:109398. doi: 10.1016/j.drugalcdep.2022.109398. Epub 2022 Mar 31. PMID: 35370014; PMCID: PMC9027012.
[2] Grande LA, Cundiff D, Greenwald MK, Murray M, Wright TE, Martin SA. Evidence on Buprenorphine Dose Limits: A Review. J Addict Med. 2023 Sep-Oct 01;17(5):509-516. doi: 10.1097/ADM.0000000000001189. Epub 2023 Jun 16. PMID: 37788601; PMCID: PMC10547105.
[3] https://www.suboxone.com/pdfs/prescribing-information.pdf Accessed 04/03/24
[4] Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Atlanta, GA: US Department of Health and Human Services, CDC; 2024 February 26. Access at: https://www.cdc.gov/drugoverdose/fatal/dashboard . Accessed 04/03/24.

buprenorphine and methadone, due to its effectiveness in reducing morbidity and mortality, irrespective of counseling engagement. The overdose crisis in Illinois impacts all communities and there is a 20-fold increased risk of early death for patients with untreated OUD.[5] All formulations of buprenorphine are evidence-based and lifesaving and, therefore, considered a gold standard treatment for OUD. The time immediately after discontinuation of buprenorphine treatment is associated with a markedly increased mortality risk[6]. Therefore, buprenorphine treatment interruptions, such as a delay in medication dispensing, are life-threatening and should be avoided to help mitigate the risk of death.

IDPH recommends that Illinois pharmacists seek education on the most up to date, evidence-based information on safe and effective buprenorphine dosing for OUD to reduce the potential for unnecessary treatment delays caused by maximum dosing or formulation concerns based on outdated evidence.

Illinois ADVANCE is composed of clinical pharmacists from the University of Illinois Chicago (UIC). They provide academic detailing services to prescribers and pharmacists via one-on-one in-person or virtual appointments. This team of pharmacists is trained to provide tailored, unbiased, up-to-date drug information and easy-to-use resources to assist clinicians in making evidence-based therapy decisions to optimize patient care. Appointments are 20 minutes in length and CME or CPE approved for 0.5 CEUs. Please scan the QR code to schedule an appointment.

Summary and Recommendations:

-It is standard of care for all patients with OUD to be offered MAR to reduce morbidity and mortality.

-Patients with higher metabolic needs, such as pregnant women, and patients who are accustomed to higher levels of fentanyl may need a higher dose of OUD medication.

[5] Schuckit MA. Treatment of Opioid-Use Disorders. N Engl J Med. 2016;375(4):357-368. doi:10.1056/NEJMra1604339

[6]Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: Systematic review and meta-analysis of Cohort studies. *BMJ*. Published online 2017. doi:10.1136/bmj.j1550

-Patients under the care of a licensed physician or other medical providers must be provided with an appropriately prescribed dosage of medication for OUD in a timely manner based on up-to-date, evidence-based dosing considerations.

-Pharmacists and prescribers should register for IL ADVANCE one-on-one consultation to work directly with peers with the most recent evidence-based practices for MAR.