

Microdosing Ketamine for a Smoother Buprenorphine Start

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Ketamine may help you get onto buprenorphine by preventing or reducing withdrawal symptoms. Ketamine is not approved by the FDA for this purpose, but most of our patients have found that it helps. It comes as a waxy square called a “troche” (“tro-key”) that you will dissolve under your tongue.

Ketamine Background: Ketamine is most commonly used for anesthesia for surgery. At high doses, it puts people into a dreamlike state where they can have surgery without feeling any pain. You will take a much smaller dose - about 2% of the surgery dose. Ketamine can also quickly treat depression and chronic pain, within minutes to hours, even at a low dose with no noticeable side effects.

How ketamine works. Ketamine makes opioid receptors work better. This allows both fentanyl and buprenorphine to work better to control withdrawal symptoms. It also helps your body make more of its own opioids, known as “endorphins.”

Where to get Ketamine. You can't get ketamine at regular pharmacies like Walgreens or Rite Aid. You have to go to a compounding pharmacy that makes it into lozenges that you can dissolve under your tongue (known as troches). Your prescriber will give you instructions.

Precautions. Using ketamine to help with starting buprenorphine is still new, and the best way to do this is not yet clear. Using ketamine with buprenorphine is probably safer and easier than starting buprenorphine without it, but you still may have some withdrawal symptoms. If you take too much ketamine in a short time, you might have a feeling of unreality, a dreamlike state or being disconnected from reality. Some people enjoy that but others find it uncomfortable. It is best not to take more than 2 troches (32 mg) within 8 hours.

INSTRUCTIONS

Please keep in close contact with your prescriber, so we can help!

Wait 12 hours or longer after your last fentanyl. Use ketamine 1/2 troche (8 mg) as needed if you start to feel uncomfortable.

Once: ketamine 1 troche (16 mg) + buprenorphine 4 mg.

Then, every 4 hours:

Take ketamine 1/2 troche (8 mg) + buprenorphine 4 mg.

Goal: take a total of buprenorphine 16 to 24 mg in the first 24 hours.

Take no more than 2 troches of ketamine (32 mg) every 8 hours.

If needed, use other prescribed medications such as clonidine or gabapentin every 2 to 4 hours after starting buprenorphine.

Next day: take buprenorphine 8 mg in the morning. Discuss with the physician what to do after that.

