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PROVIDER BULLETIN

TOPIC: Buprenorphine

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An UpToDate search was conducted August 10, 2017, with the focus on use of buccal Buprenorphine and high dose transdermal buprenorphine to help assist in management of Claimants on Buprenorphine.

Summary:
Butrans is a strong prescription pain medicine that contains an opioid (narcotic). It is used to manage pain severe enough to require daily, around-the-clock, long-term treatment with an opioid, when other pain treatments, such as non-opioid pain medicines (e.g., acetaminophen, ibuprofen, or celecoxib) or immediate-release opioid medicines, do not treat your pain well enough

Doses should be titrated to pain relief/prevention. Buprenorphine has an analgesic ceiling.

For Chronic pain (Moderate to severe):
Buccal film: doses of 600mcg, 750mcg, and 900mcg (maximum dose is 900mcg)

Patients who were receiving daily dose of <30 mg of oral morphine equivalents: Initial: 75 mcg once daily or every 12 hours

Patients who were receiving daily dose of 30 to 89 mg of oral morphine equivalents: Initial: 150 mcg every 12 hours

Patients who were receiving daily dose of 90 to 160 mg of oral morphine equivalents: Initial: 300 mcg every 12 hours

Patients who were receiving daily dose of >160 mg of oral morphine equivalents: Buprenorphine buccal film may not provide adequate analgesia; **consider the use of an alternate analgesic.**

Transdermal patch:

Initial: 5 mcg/hour applied once every 7 days

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Opioid-experienced patients (conversion from other opioids to buprenorphine):
Discontinue all other around-the-clock opioid drugs when buprenorphine therapy is initiated. Short-acting analgesics as needed may be continued until analgesia with transdermal buprenorphine is attained. There is a potential for buprenorphine to precipitate withdrawal in patients already receiving opioids.

Patients who were receiving daily dose of <30 mg of oral morphine equivalents:
Initial: 5mcg/hour applied once every 7 days

Patients who were receiving daily dose of 30 to 80 mg of oral morphine equivalents:
Taper the current around-the-clock opioid for up to 7 days to ≤30 mg/day of oral morphine or equivalent before initiating therapy. Initial: 10 mcg/hour applied once every 7 days

Patient who were receiving daily dose of >80 mg of oral morphine equivalents:
Buprenorphine transdermal patch, even at the maximum dose of 20 mcg/hour applied once every 7 days, may not provide adequate analgesia; **consider the use of an alternate analgesic.**

Discontinuation of therapy:
Taper dose gradually every 7 days to prevent withdrawal in the physically dependent patient; consider initiating immediate-release opioids, if needed.

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