



Buprenorphine for Pain Management MME Based Product Decision Guide

How to initiate buprenorphine products for pain management:

- + **Belbuca** (buprenorphine buccal film)
 - + Initiate in opioid-naïve patients, or those with current daily MME < 30. In patients taking >30 MME daily, taper regimen to <30 MME daily prior to initiating Belbuca.
 - + **If it is impractical to taper a patient down to <30 MME, please reach out to your Compass Coach for patient specific product and dosing recommendations.**
 - + **Dosing:** Belbuca starting dose is based on the patient's current daily MME, ranging from 0-160. Patients taking >160 MME's daily are recommended to utilize a different product. **Appendix 1: Dosing Chart**
**Only 75 mcg, 150 mcg and 300 mcg strengths are approved for initial dosing
 - + **Administration:** utilize a dry finger to place one film inside the mouth with the yellow side facing against one cheek. Press and hold the film in place for 5 seconds, then release finger. Film should remain in place until dissolved.
 - + **Tapering:** if insufficient, the dose of Belbuca may be increased as frequently as every 4 days. **Appendix 1: Dosing Chart**

BELBUCA is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. BELBUCA is NOT indicated for the treatment of opioid use disorder.

- + **Butrans** (buprenorphine transdermal system)
 - + Initiate in opioid-naïve patients, or in those with a daily MME<30. In patients taking >30 MME, taper regimen to <30 MME daily prior to initiating Butrans.
 - + **If it is impractical to taper a patient down to <30 MME, please reach out to your Compass Coach for patient specific product and dosing recommendations.**
 - + **Dosing:** Butrans starting dose is based on the patient's current daily MME, ranging from 0-80. Patients taking >80 MME's daily are recommended to utilize a different product. **Appendix 1: Dosing Chart**
**Only 5 mcg/hr and 10 mcg/hr strength patches are approved for initial dosing
 - + **Administration:**
 - Remove the liner covering the sticky side of the skin patch. Then press the patch firmly in place, using the palm of your hand, for a minimum of 15



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seconds. Make sure that the entire adhesive surface is attached to your skin, especially around the edges. Do not rub the patch.

- If the patch becomes loose, tape the edges with first aid tape. Do not cover it with any other bandage or tape.
 - If the patch falls off after applying it, throw it away and apply a new patch in a different area.
 - Wash your hands with a lot of clear water after applying the medicine. Do not use soap or other cleansers.
 - Remove the patch after 7 days, or as directed by your doctor. Choose a different place on your skin to apply the next patch. If possible, use a place on the other side of your body. Wait at least 3 weeks (21 days) before using the first area again.
- + **Adhesive Reactions:** Many patients experience reactions to the adhesive used in Butrans patches. A water based steroid (such as fluticasone nasal spray) sprayed on the skin, can help prevent these reactions. Patients should clean the area well, administer two sprays of the steroid on the skin, let dry completely and then apply the patch.
- + **Problems with Patches Remaining Affixed:** Some patients experience difficulty with Butrans patches remaining affixed to the skin for one week. Unfortunately, most insurance plans do not pay for extra patches if this occurs. If a patch falls off, the adhesive side should be quickly rinsed, and then the patch can be put back on. Medical tape and bandages can also help.
- + **Tapering:** If insufficient, the dose of Butrans can be increased as frequently as every 72 hours, but insurance carriers may only pay for a maximum of 4 patches monthly. Tapering weekly can help ensure insurance coverage. **Appendix 1: Dosing Chart**

BUTRANS is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period of time. BUTRANS is NOT indicated for the treatment of opioid use disorder.

- + **Suboxone** (buprenorphine & naloxone sublingual/buccal film)
and Subutex (buprenorphine sublingual tablet)
- + Use in the treatment of pain is recommended for patients who cannot utilize other buprenorphine products approved for pain, due to reasons such as the following:
- Cost of other buprenorphine products, or insurance coverage issues
 - High MME's above the threshold for use of other buprenorphine products
 - Previous treatment failure with other buprenorphine products



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- + **Some insurance companies may not cover Suboxone or Subutex for pain, and only cover for opioid use disorder. Other companies may require a prior authorization for coverage.**
- + **Dosing** is variable and based on daily MME's of current regimen when utilized in the treatment of pain. **Appendix 1 & 2: Dosing Charts**
Patients may be initiated on suboxone by utilizing a "Standard Rotation" or "Micro-Rotation" approach. **Appendix 3: Example Rotations**
 - Standard Rotation: when utilizing a standard rotation, the patient will be instructed to stop all current opioids and allow for moderate withdrawal symptoms to begin. At this time, suboxone/subutex will be started, and subsequent doses will be given based on withdrawal symptoms assessed by the patient utilizing a SOWS score. **Appendix 4: SOWS**
 - Micro-rotation: when utilizing a micro-rotation, the patient will be gradually weaned off of their current opioid therapy over a time period of two weeks. During this time, they will also start suboxone and gradually increase the dose concurrently over the two week time period. Micro-rotations work better with suboxone films, due to the ability to cut the film into small initial doses.
- + **Administration:**
 - Suboxone Film:
 - Sublingual Administration: Place one film under the tongue, close to the base on the left or right side, and allow to completely dissolve.
 - Buccal Administration: Place one film on the inside of the left or right cheek and allow to completely dissolve.
 - Subutex Tablets: Place one tablet under the tongue and allow to completely dissolve.
- + **Tapering:** both "Standard Rotation" and "Micro-rotation" approaches allow for dose adjustment to pain relief. See page 5.

SUBOXONE sublingual film and SUBUTEX sublingual tablets are indicated for treatment of opioid dependence and should be used as part of a complete treatment plan to include counseling and psychosocial support. Use for the treatment of pain, is considered off-label, but is common medical practice. When utilizing SUBOXONE, SUBUTEX or generic products for pain management, be sure to thoroughly document the reason for use (i.e. cost, failed other buprenorphine options, high MME, etc).



For more complex patients, product overlap, product failures or help individualizing standard and micro-rotations to buprenorphine, your Compass Opioid Stewardship Coach is ready to help!



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APPENDIX 1: MME Based Buprenorphine Product Selection, Dosing and Titration Chart

CURRENT MME	INITIAL DOSING			TITRATION
	BELBUCA PATIENT MUST BE TAPERED TO <30 MME BEFORE STARTING	BUTRANS PATIENT MUST BE TAPERED TO <30 MME BEFORE STARTING	SUBOXONE/ SUBUTEX SEE STANDARD & MICRO-ROTATION GUIDES	
Opioid Naive	75 mcg BID	5 mcg/hr patch	May Consider (based on patient specific factors like insurance costs, previous product failure, etc.)	 75mcg 150 mcg 300 mcg 450 mcg 600 mcg 750 mcg 900 mcg
Opioid Experienced: MME<30				
Opioid Experienced: MME 30-80	150 mcg BID	10 mcg/hr patch		
Opioid Experienced: MME 81-89				
Opioid Experienced: MME 90-160	300 mcg BID	Not Indicated	Standard/Micro- Rotation to Suboxone/ Subutex (see next table for target doses based on MME)	 5 mcg/hr 7.5 mcg/hr 10 mcg/hr 15 mcg/hr 20 mcg/hr
Opioid Experienced: MME>160	Not Indicated			

Belbuca: every 4 days (minimum) as needed

Butrans: every 72 hours (minimum) as needed

If max dosing insufficient, consider Suboxone/ Subutex



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APPENDIX 2: MME Based Suboxone and Subutex Target Doses for Pain (Off-Label Use)

Please note: insurance plans may vary and limit the quantity of films or tablets used each day. Please adjust the strength and frequency of the product used as needed to meet patient needs and maintain insurance coverage.

DAILY MME	COMPARABLE BUPRENORPHINE TOTAL DAILY DOSE	EXAMPLE SUBOXONE REGIMEN	EXAMPLE SUBUTEX REGIMEN
30 MME	1 mg	One-half 2-0.5 mg film SL daily	One-half 2 mg tablet SL daily
60 MME	2 mg	One-half 2-0.5mg film SL BID	One-half 2 mg tablet SL BID
90 MME	3 mg	One-half 2-0.5 mg film SL TID	One-half 2 mg tablet SL TID
120 MME	4 mg	One 2-0.5mg film SL BID	One 2 mg tablet SL BID
150 MME	5 mg	One 2-0.5mg film SL in AM, one-half 2-0.5.g film at noon, one 2-0.5mg film HS	One 2 mg tablet SL in AM, one-half 2 mg tablet at noon, one 2 mg tablet HS
180 MME	6 mg	One 2-0.5mg film SL TID	One 2 mg tablet SL TID
210 MME	7 mg	One 2-0.5 mg film SL TID and additional one-half 2-0.5 mg film daily	One 2 mg tablet SL TID and additional one-half 2 mg tablet daily
240 MME	8 mg	One 2-0.5 mg film SL QID	One 2 mg tablet SL QID
270 MME	9 mg	Three quarters of a 4-1mg film SL TID	One and a half 2 mg tablets SL TID
300 MME	10 mg	One 4-1mg film SL in AM & HS, One 2-0.5 mg film at noon	Two 2 mg tablets SL in AM, One 2 mg tablet at noon, Two 2 mg tablets HS
330 MME	11 mg	One 4-1mg film SL in AM & HS, Three-quarters of a 4-1mg film SL at noon.	Two 2 mg tablets SL in AM, One and a half 2 mg tablets at noon, Two 2 mg tablets HS
360 MME	12 mg	One 4-1mg film SL TID	Two 2 mg tablets SL TID
Above 360 MME	1 mg: 30 MME estimate. Patients taking high MME's are more likely to require additional agents to treat pain		



APPENDIX 3: Example Standard and Micro-Rotations to Buprenorphine

Standard-Rotation Example:

How to transition Oxycontin 60 mg Tablets (Q8h) + Percocet 7.5/325 mg (PRN 4x daily) to Buprenorphine

Patient Recommendations:

- + Take the day off to rest.
- + **You will take your last Oxycontin in the morning on the day prior to the day you plan to start Suboxone. That evening you will take your last dose of Percocet.** After taking, stop all Oxycontin and Percocet, and wait until you feel very sick the next day to begin Suboxone.

Day 1:

Use the SOWS to score your symptoms, and begin Suboxone once your SOWS score is >15.

1. **You will take one 4mg-1mg film and wait one hour.**
2. **If you are still experiencing withdrawal symptoms after 1 hour, repeat the dose with another 4mg-1mg film.**
3. **You may repeat the dose every hour for two more doses, until you no longer have withdrawal symptoms.**

Maximum total dose for day 1 = 4 films Total dose taken on day 1: _____ films

Day 2:

1. **Take the total dose taken on day 1, and divide into four equal doses for day 2.**
_____ films
2. **If you experience withdrawal symptoms during the day on day 2, you may take one additional 4mg-1mg film.**

Maximum total dose for day 2 = 5 films Total dose taken on day 2: _____ films

Day 3:

1. **Take the total dose taken on day 2, divided into four equal doses for day 3.**
2. **Call the office and let your provider know your dose.**
Your provider will give you further instructions for day 4 and beyond. You will likely transition to split your daily dose into multiple doses each day to better control pain.



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Micro-Rotation Example:

How to Cross Taper from Your MS Contin 100 mg Tablets (Q8HR) + Oxycodone 15 mg IR (4x daily) to Buprenorphine

Patient Recommendations:

Plan out a reasonable **cross taper schedule**. The table below shows how to increase Suboxone and decrease the MS Contin over the first week, followed by decreasing the Oxycodone. The titration of the Suboxone during the second week and beyond will be very patient-dependent, and your provider will work closely with you to find the best regimen.

Time Point	Buprenorphine Microinduction Recommendation	
	Suboxone Rec	MS Contin + Opioid IR Rec
Day 1 (Initial Ap)	(1/4 film) SL daily	MS Contin 100 mg 3x daily; Continue Oxycodone 15 mg, 1 tab up to 4x daily
Day 2	(1/4 film) SL 2x daily	Continue
Day 3	(1/2 film) SL 2x daily	Continue
Day 4	1 film SL 2x daily	MS Contin 100 mg 2 x daily; Continue Oxycodone 15 mg, 1 tab up to 4x daily
Day 5	1.5 film SL 2x daily	Continue
Day 6	2 films* SL 2x daily	Continue
Day 7 (F/up apt)	2 -3 films* SL 2x daily	MS Contin 100 mg once daily; Continue Oxycodone 15 mg, 1 tab up to 4x daily
Day 8	2-3 films** SL 2x daily	Continue
Day 9	2-3 films** SL 2x daily	Continue
Day 10	2-3 films** SL 2x daily	Stop MS Contin; Continue Oxycodone PRN for additional pain relief
Day 11 and beyond	2-4 films** SL 2x daily	Continue Oxycodone PRN for additional pain relief vs stop

*Based on pain response; may not need to increase Suboxone dose any higher than 2 films per dose at this point, vs. increasing frequency to 3 or 4x daily. For best pain relief, 3 or 4x daily dosing is recommended. Rarely will a patient on these opioid doses need Suboxone doses of 3 or 4 films SL at a time.

**Change patient to strength of film or tablet that matches maintenance dose; this will likely be somewhere around 4 mg/1 mg film SL BID-TID vs 8 mg/2 mg film SL BID. Okay to switch to buprenorphine monoprodukt as well (SL tab).



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APPENDIX 4: Subjective Opioid Withdrawal Scale (SOWS)

Name: _____

DOB: _____



Subjective Opiate Withdrawal Scale (SOWS)

Instructions: We want to know how you're feeling. In the column below today's date and time, use the scale to write in a number from 0-4 about how you feel about each symptom right now.

Scale: 0 = not at all 1 = a little 2 = moderately 3 = quite a bit 4 = extremely

DATE						
TIME						
SYMPTOM	SCORE	SCORE	SCORE	SCORE	SCORE	SCORE
1	I feel anxious					
2	I feel like yawning					
3	I am perspiring					
4	My eyes are tearing					
5	My nose is running					
6	I have goosebumps					
7	I am shaking					
8	I have hot flushes					
9	I have cold flushes					
10	My bones and muscles ache					
11	I feel restless					
12	I feel nauseous					
13	I feel like vomiting					
14	My muscles twitch					
15	I have stomach cramps					
16	I feel like using now					
TOTAL						

Mild Withdrawal = score of 1 – 10

Moderate withdrawal = 11 – 20

Severe withdrawal = 21 – 30

Source: Reprinted from Handelsman et al. 1987, p. 296, by courtesy of Marcel Dekker, Inc. . For use outside of IT MATTTRs Colorado, please contact ITMATTTRsColorado@ucdenver.edu

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