



Buprenorphine and X-Waivers

In this document we will attempt to simplify the seemingly complex regulations about buprenorphine and provide more information on what is a great opioid for both chronic pain and the treatment of opioid use disorder (OUD).

The Science (5 Interesting Facts)

1. Buprenorphine is a schedule III narcotic pain medication and is a high affinity partial agonist @ the mu receptor, antagonist @ the kappa receptor (helping prevent opioid induced hyperalgesia aka OIH and tolerance) and possesses anti-NMDA activity. The kappa and NMDA activity are thought to help prevent OIH. This unique pharmacology presents several benefits to utilizing buprenorphine.
2. It is an estimated 25 - 100x more powerful than morphine when it comes to analgesic effect and can be dosed IV, SL or via patch.
3. It is many times safer than normal agonist given it has a ceiling effect on respiratory depression and sedation making it ideal for physiologically fragile patients. The CDC specifically excludes buprenorphine from its MME table because it is not likely to be associated with overdose in the same dose-dependent manner as are pure opioid agonists.
4. In general buprenorphine has less side effects than full agonist opioids, although side effects are still common (nausea, constipation, etc.).
5. Buprenorphine shows a distinct benefit in improving neuropathic pain syndromes due to its unique pharmacology.

For more please refer to this [great article by Dr. Rudolf](#). It is one of the best in discussing the unique properties of buprenorphine. [This Consensus Statement](#) from back in 2008 also highlights some of Buprenorphine's benefits.

The Regulations

- + To prescribe Buprenorphine products **for pain you do not need an X-waiver!**
- + To prescribe Buprenorphine products **for OUD, you do need an X-waiver!**
- + You can now obtain an X-Waiver **without** sitting through an 8-hour course and with your X-Waiver treat up to 30 patients with OUD through the Notification of Intent! You can read instructions [here](#) and [apply here!](#)

We strongly encourage any physician who is using chronic opioid therapy for patients to become X-Waivered! It demonstrates a commitment to comprehensive opioid stewardship, allows you to care for patients who you identify as developing an OUD, and is one of the measured outcomes by CMS of the Compass Opioid Stewardship Certificate Program!



Compass Opioid Prescribing + Treatment Guidance Toolkit



In Practice

- + Buprenorphine is a versatile and effective opioid. It is perhaps the safest of all opioids in physiologically fragile patients.
- + Buprenorphine sometimes requires prior authorizations - especially Belbuca (SL) and Butrans (Transdermal). However, several states have added buprenorphine products to the Medicaid preferred formulary list and/or do not require prior authorizations for certain products.
- + Buprenorphine sublingual tabs can be used off-label for pain and are often a cheaper alternative to Belbuca and Butrans - a GoodRX search on 12/27/2021 showed that Sixty 2mg SL buprenorphine tablets cost \$32.89 with the GoodRx Coupon. Affordable for patients on self pay!
- + To optimize buprenorphine for management of chronic pain, it is recommended to split dosing TID or QID.
- + When you identify a patient with OUD, buprenorphine is an approved drug to treat the disease and dosing can be split to a TID regimen that also helps with pain.
- + It is possible to cross taper patients from full agonist opioids to buprenorphine and hence minimize withdrawal symptoms (Compass Opioid Stewardship Toolkit has several resources).

For any questions about buprenorphine please feel free to reach out to our Compass Opioid Stewardship Subject Matter Experts via email or schedule a coaching call.

This material was prepared by the Iowa Healthcare Collaborative, the Opioid Prescriber Safety and Support contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

Developed in collaboration with Stader Opioid Consultants.