



# Immediate Release Opioid to Buprenorphine

## How to Cross Taper from Your Short-Acting Opioid to Buprenorphine

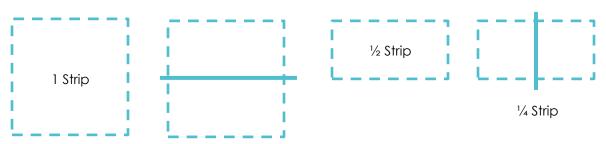
Are you taking one of the following opioid medications?

- + Norco (hydrocodone/acetaminophen) 10/325 mg tabs: 1 tab by mouth 3-4x daily
- + Percocet (oxycodone/acetaminophen) 10/325 mg tabs: 1 tab by mouth 3-4x daily
- + Oxycodone IR 10 mg tabs: 1 tab by mouth 3-4x daily
- + Morphine sulfate immediate release (MSIR) 15-30 mg: 1 tab by mouth 3-4x daily

If you are taking one of these medications, or something similar, you may be appropriate to switch to a safer, more effective pain management medication called **Suboxone**, or **buprenorphine** (+/- naloxone). You can be transitioned from your opioid to buprenorphine slowly over two weeks, working with your provider to make sure your pain is controlled while avoiding significant withdrawal.

- 1. You will be prescribed NALOXONE. You and your support member/s will be counseled on appropriate use of the naloxone prior to beginning the taper. Naloxone is a medication that reduces the risk of death from taking too many opioids. This is a key safety measure.
- Learn how to use the Suboxone medication. The table below shows a visual of how to use the suboxone 2 mg – 0.5 mg SL films each day during week 1 of the cross taper:

# 2 - 0.5mg Suboxone Film



The first strip will be cut into 2 pieces

Half of it is then cut into 2 pieces (1/4 of a strip).





		AM		PM	Date (write in)
1	¼ film		-		
2	1/4 film	<b>[</b> ]	⅓ film	<b>6</b> ]	
3	½ film		½ film		
4	1 film		1 film		
5	1 ½ film		1 ½ film		
6	2 films		2 films		
7	2 – 3 films		2 - 3 films		

3. Plan out a reasonable **cross taper schedule**. The table below shows how to increase Suboxone and decrease the short-acting (i.e., immediate release [IR]) opioid over two weeks. 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	Opioid IR Rec		
Day 1 (Initial Apt)	(1/4) film SL Daily	100% of usual dose 3-4x 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	75% of usual dose 3-4x daily		
Day 5	1.5 film SL 2x daily	Continue		
Day 6	2* films SL 2x daily	Continue		
Day 7 (F/U Apt)	2-3* films SL 2x daily	50% of usual dose 3-4x daily		
Day 8	2-4* films SL 2-3x daily	Continue		
Day 9-11		25% of usual dose 3-4x daily		
Days 12-13	Based on craving/pain response: up to	25% of usual dose 2x daily		
Day 14 (F/U Apt)	16mg-4mg to 24mg-6mg/day split 3-4x daily	Stop or use needed dosing for		
Days 15-Beyond		additional pain relief		

<sup>\*</sup>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.





## **Dosing Help**

## For oxycodone- or hydrocodone-containing IR 10 mg products 4x daily:

75% of the dose (7.5 mg) =  $1.5 \times 5$  mg tabs 50% of the dose (5 mg) =  $0.5 \times 10$  mg tab OR 1 x 5 mg tab 25% of the dose (2.5 mg) =  $0.5 \times 5$  mg tab

### For MSIR 30 mg 4x daily:

75% of the dose (22.5 mg) =  $1.5 \times 15$  mg tabs 50% of the dose (15 mg) =  $0.5 \times 30$  mg tabs OR 1 x 15 mg tab 25% of the dose (7.5 mg) =  $0.5 \times 15$  mg tab

### For MSIR 15 mg 4x daily:

75% of the dose (aprx 10 mg) = 5 mL of the 10 mg/5 mL solution 50% of the dose =  $0.5 \times 15$  mg tab 25% of the dose = (aprx 5 mg) = 2.5 mL of the 10 mg/5 mL solution

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Developed in collaboration with Stader Opioid Consultants.