



Switching to Buprenorphine

Is it Right for Me?

Buprenorphine Comes in Five Formulations:

- + Buccal film (dissolves in cheek)
- + Sublingual (dissolves under tongue; approved only for opioid addiction)
- + Transdermal (topical patch)
- + Monthly subcutaneous injection (approved only for opioid addiction)
- + Subcutaneous implant (once every 6 months; approved only for opioid addiction)

Benefits of Buprenorphine Over Other Chronic Opioid Therapies:

- + **Stronger:** Buprenorphine is among the strongest pain relievers in the opioid class.
- + **Safer:** It is less likely to cause respiratory depression, unintentional overdose, and opioid addiction.
- + **Better quality of life:** Buprenorphine provides additional pain relief, reduces mental depression, and is less likely to lead to constipation, dysphoria, and drug abuse.
- + **Fewer access barriers:** The drug's Schedule III classification enables health care providers to prescribe pharmacy refills.

*Starting or switching to buprenorphine may cause nausea, which can be managed by your provider.

You Should Consider Switching from Chronic Opioid Medication to Buprenorphine IF:

- + Your current opioid therapy is no longer effective, or you are needing to increase your dose to dangerous levels to feel an effect. The need to increase your dose is caused by tolerance or hyperalgesia (increase sensitivity to pain). This problem is common with most opioids, but it is significantly less common with buprenorphine.
- + You have had an adverse event from your current opioid (e.g., accidental overdose, pneumonia, a fall, severe constipation) or are developing a problem with your pain medications, including opioid addiction.
- + Your health care provider has expressed concern about prescribing a Schedule II opioid due to the associated risk of addiction, misuse, and/or overdose death.
- + There is concern about interactions between your current medications and other sedatives (e.g., benzodiazepines or muscle relaxants).
- + You have a limited ability to use or tolerate oral formulations. Buprenorphine can be given as a dissolving tablet or skin patch.
- + You are receiving immediate-release treatment and would benefit from a longer-acting analgesic with a relatively favorable safety profile and Schedule III classification.



Compass Opioid Prescribing + Treatment Guidance Toolkit



There Are Two Methods for Converting from Chronic Opioid Medication to Buprenorphine:

- + A tapered approach in which your doctor slowly increases buprenorphine while decreasing your previous opioid dose. This often prevents withdrawal.
- + An abrupt method that prompts a brief period of moderate opioid withdrawal, which can be managed with medications followed by a transition to buprenorphine.

*For certain patients on high doses of chronic opioid therapy, health care providers may recommend a gradual taper to a lower dose of opioid medication prior to prescribing buprenorphine.

Note: Although buprenorphine is safer than opioids, it still poses a risk of opioid-type adverse reactions, including respiratory depression, addiction, overdose, and death. It must be used with caution!

Speak with your health care provider to learn more!

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