PROVIDER BULLETIN

TOPIC: Buprenorphine

Published by Wyoming Workers’ Compensation Medical Case Management Unit and Effective on September 1, 2017

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
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.
References


We invite you to take our customer service survey by visiting http://bit.ly/wyworkcomp or by scanning this code with your smart phone or other mobile device.

We Bridge Human and Economic Development for Wyoming’s Future.

CLAIMS
Phone 1-307-777-7441
Fax 1-307-777-6552
https://piers.wyo.gov