

Buprenorphine: Practical Clinical Guidance for Prescribers

Optimizing Care for Chronic Pain and Opioid Use Disorder (OUD)

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Why Buprenorphine?

Buprenorphine is a high-affinity partial mu-opioid receptor agonist with a ceiling effect on respiratory depression and superior safety compared to traditional full agonist opioids. It offers evidence-based efficacy for both chronic pain and OUD. With expanded prescribing access (no longer requiring the DATA X-waiver), buprenorphine is now a vital option in primary and specialty care settings.

Clinical Advantages

- **Effective Analgesia:** Comparable or superior to morphine, oxycodone, and hydrocodone.
- **Safety Profile:** Reduced risk of overdose; ceiling effect for respiratory depression.
- **Additional Benefits:** Reduces opioid-induced hyperalgesia, anxiety, and depression.
- **Multimodal Action:** Partial mu-agonist, kappa/delta antagonist - supports pain relief and mood stabilization.

Indications & Use

Chronic Pain (with or without OUD): Buprenorphine is endorsed by DHHS, VA/DoD guidelines as a first-line alternative to Schedule II opioids.

Opioid Use Disorder (OUD) Treatment: Proven to reduce all-cause mortality by 50%. Appropriate for both induction and maintenance therapy.

Initiation Strategies

1. Opioid-Naive or Low-Dose Patients

Direct initiation with low-dose buprenorphine (e.g., 0.5 mg BID). Titrate gradually based on analgesic response and tolerability.

2. Opioid-Tolerant Patients

Option A: Taper First, Then Initiate

Gradual weaning off full agonist opioids. Initiate buprenorphine once daily opioid dose is low.

Option B: Concurrent Initiation

Start buprenorphine 0.5–1 mg BID while continuing full agonist. Taper full agonist as buprenorphine is up-titrated.

Example: Transitioning from Oxycodone ER 30 mg BID + IR 5 mg QID

Day	Buprenorphine Dose	Oxycodone Plan
Day 1	0.5 mg BID	Stop PRN oxycodone IR
Day 2	1 mg BID	Continue oxycodone ER BID
Day 3	2 mg BID	Continue ER
Day 4	3 mg BID	Reduce oxycodone ER to PM only
Day 5	4 mg BID	
Day 6	6 mg BID	Discontinue all oxycodone
Day 7	Adjust as needed	

Individualization of microdose initiation regimens is common based on prior dosing and patient tolerability

Acute Pain & Perioperative Considerations

- Continue baseline buprenorphine (split dose q6-8h if needed).
- Supplement with full agonists (short-acting opioids) for breakthrough pain.
- Prioritize multimodal analgesia (NSAIDs, acetaminophen, regional blocks).
- Coordinate care with outpatient MOUD/pain providers.

Prescribing Essentials

No X-waiver required (2023 policy change).

DEA-registered providers can prescribe for pain or OUD.

Formulations include:

- Sublingual (Suboxone, Subutex, Zubsolv)
- Buccal film (Belbuca)
- Transdermal (Butrans)
- Injectable (Sublocade, Brixadi)

Cautions & Monitoring

- Dental injury risk (especially with SL/buccal forms)
- Liver enzyme monitoring recommended
- Avoid concurrent sedatives (e.g., benzodiazepines, alcohol)
- Use naloxone for overdose reversal (may require higher doses)

Final Takeaway

Buprenorphine is a flexible, effective, and safer opioid option for managing chronic pain and OUD. With proper patient selection and initiation strategies, it enables prescribers to improve function, reduce risk, and support recovery.

- 1) Centers for Disease Control and Prevention, "CDC Clinical Practice Guideline for Prescribing Opioids for Pain - United States, 2022." 3 November 2022. <https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>.
- 2) Covington, Edward C., et al. "Ensuring Patient Protections When Tapering Opioids: Consensus Panel Recommendations" Mayo Clinic Proceedings, vol 95, Issue 10, 2020. p 2155 – 2171. [https://www.mayoclinicproceedings.org/article/S0025-6196\(20\)30395-5/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(20)30395-5/fulltext)
- 3) Pain Management Education at UCSF – "Buprenorphine" <https://pain.ucsf.edu/opioid-analgesics/buprenorphine>
- 4) Internet Book of Critical Care (IBCC) – "Buprenorphine & opioid use disorder" (Josh Farkas, 2021). <https://emcrit.org/ibcc/buprenorphine/>
- 5) Psychiatric Research Institute -What is Buprenorphine? <https://psychiatry.uams.edu/clinical-care/outpatient-care/cast/buprenorphine/>
- 6) Buprenorphine: How It's Used to Treat Opioid Use Disorder. <https://www.healthline.com/health/drugs/buprenorphine-for-oud>
- 7) "Conversion from High Dose Full Opioid Agonists to Sublingual Buprenorphine Reduces Pain Scores and Improve Quality of Life for Chronic Pain Patients." Pain Medicine 2014 Vol 15 pp. 2087-2094. <https://pubmed.ncbi.nlm.nih.gov/25220043/>
- 8) Neale et al. "Top ten tips palliative care clinicians should know about buprenorphine" Journal of Palliative Medicine. 2023; 26(1)DOI: 10.1089/jpm.2022.0399. <https://pubmed.ncbi.nlm.nih.gov/36067137/>
- 9) Van Dorp E., et al, "Naloxone reversal of buprenorphine-induced respiratory depression." Anesthesiology. 2006; 105: 51–57. <https://pubmed.ncbi.nlm.nih.gov/16809994/>

Additional Helpful links:

https://www.cdc.gov/overdose-resources/pdf/Conversation-Starter_Naloxone_Clinician_508.pdf
<https://www.samhsa.gov/sites/default/files/quick-start-pocket.pdf>