MACS
Maryland Addiction Consultation Service

BUPRENORPHINE AND PAIN

FACT SHEET

Background

Buprenorphine is a Schedule III long-acting opioid that is FDA-approved for acute pain and opioid use disorder (OUD). There is limited evidence to suggest that buprenorphine is more efficacious than other opioid analgesics for chronic pain. However, it has a potentially better safety profile, given its ceiling effect on respiratory depression, adverse effect profile, and analgesic efficacy.[1] Furthermore, the stabilization of co-morbid OUD, if present, is very likely to help with the management of pain.

Dosing and Formulations

Only three formulations of buprenorphine are approved by the US Food and Drug Administration (US FDA) as an analgesic for the indication of pain: IV/IM injectable (Buprenex®), transdermal patch (Butrans®), and buccal film formulations (Belbuca®). These medications may be expensive for patients who do not have health insurance or who have a high out-of-pocket deductible.

Common Buprenorphine Dosages for Pain	**Injection**	**Transdermal**	**Buccal**	**Sublingual***
	0.3 to 0.6 mg every six hours	***5-20 mcg/hr patch (7 days/patch)***	**(Oral Film)** ***<1800 mcg/day***	**(Tablet)** ***2-24 mg/day***

Documentation of Buprenorphine Prescribing

FDA labeling is for "opioid dependence" and does not specify misuse. Buprenorphine for patients who have been taking opioids for OUD is considered “on label” and should not meet many obstacles. If a patient is already being prescribed buprenorphine for OUD, then prescribing buprenorphine for co-occurring pain is “on label” if the provider documents that the prescription is for OUD as well. That is, the prescription may be intended for two purposes.

* off-label for pain

Patient Considerations

Patients with chronic pain who could benefit from buprenorphine include those who:

- Have not experienced relief from pain using schedule II medications
- Have an increased risk of life-threatening opioid-related adverse events (e.g., high body mass index/obstructive sleep apnea, comorbid psychiatric diagnosis, pulmonary disease, concomitant use of drugs known to increase risk [benzodiazepines, gabapentin, pregabalin, muscle relaxants, alcohol],
- Are taking a high morphine milligram equivalent [MME]

References

1. Webster L, Gudin J, Raffa RB, et al. Understanding Buprenorphine for Use in Chronic Pain: Expert Opinion. *Pain Med*. 2020;21(4):714-723. doi:10.1093/pm/pnz356