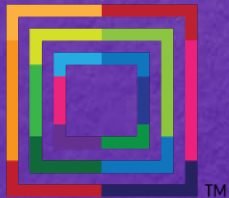


Saving Lives and Treating Pain:

An Overview of
Buprenorphine
Use in Medical
Practice



BUP



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Designation and accreditation

Community Hospital designates this online activity for a maximum of **CME 0.5 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the online activity. This credit may also be applied to the CMA certification in continuing medical education. Provider number 4000941.

Cultural and linguistic competency

This online activity is in compliance with *California Assembly Bill 1195* that requires all CME activities comprising a patient care element to include curriculum addressing the topic of cultural and linguistic competency. The intent of this bill is to ensure that healthcare professionals are able to meet the cultural and linguistic concerns of a diverse patient population through effective and appropriate professional development. Cultural and linguistic competency was incorporated into the planning of this online activity.

Disclosure

The content of this online activity does not relate to any product of commercial interest as defined by the ACCME. The planners nor presenters have relevant financial relationships to disclose. *Acknowledgement of commercial support: NONE.*



Welcome to the online activity

Thank you for joining the **Saving Lives and Treating Pain: An Overview of Buprenorphine Use in Medical Practice** online activity.

At the end of this online activity, you will have the opportunity to complete a quiz and evaluation questions. Successful completion will allow you to earn **CME 0.5 AMA PRA Category 1 Credits™** and receive a certificate of completion.

Let's get started!

Dr. Reb Close and Dr. Casey Grover
Montage Health Prescribe Safe Medical Directors

Montage Health Prescribe Safe



Learning objectives

- Comprehend the pharmacology and mechanism of action of buprenorphine
- Differentiate between opioid use disorder and opioid dependence, including how buprenorphine can be used to treat both
- Identify indications and contraindications to buprenorphine
- Develop competence in buprenorphine induction and maintenance

Important points



- **Buprenorphine is a life saving medication** for patients with opioid use disorder and can also be used to treat pain.
- Buprenorphine **can be prescribed by any physician**, NP, or PA with a valid DEA.
- Buprenorphine is a **mixed opioid agonist-antagonist with high binding affinity at the opioid receptor**, which requires caution during initiation but is protective in the case of relapse.

Kumar, 2024

Sordo et al., 2017



What is buprenorphine?

1

Partial mu opioid agonist and kappa/delta antagonist that binds with high affinity

- Out-competes other traditional opioids for the same receptors
- Can prevent withdrawal symptoms and cravings for those with addiction/dependence
- Provides pain relief with very little risk of respiratory depression
- Blocks other opioids from binding at the opioid receptor

Ahmadi et al., 2018



What is buprenorphine?

2

Schedule III medication

3

FDA approved for both opioid use disorder and pain

Shulman et al., 2019

Buprenorphine FOR OPIOID TREATMENT



Why buprenorphine?

Buprenorphine is a unique opioid that is useful for several reasons

- It has a lower risk of producing opioid induced hyperalgesia when used to treat pain as compared to other opioids
- It is a very effective treatment for Opioid Use Disorder (OUD) - buprenorphine reduces the risk of death from overdose by 70%!
- It blocks the effects of other opioids, and therefore is protective against severe overdose in the case of relapse
- It has a ceiling effect - it does not cause respiratory depression at high doses the way other opioids do
- As it is a partial agonist at the opioid receptor, it does not cause euphoria the way other opioids do

Poliwoda, 2022

Williams et al., 2019



Buprenorphine dosing

- **Sublingual**
 - The first-pass effect is large - not effective when taken orally
 - Combined with naloxone (Suboxone, Zubzolv) to prevent misuse
 - Available as a single agent (Subutex) for patients who are intolerant of suboxone — often used in pregnancy
- **Transmucosal (Belbuca)** — generally used to treat pain
- **Transdermal (Butrans)** — generally used to treat pain
- Buprenorphine can be given in the **acute care setting IM or IV** for pain or opioid withdrawal (Buprenex)
- Buprenorphine is available as a **once-a-month injection** for opioid use disorder to improve compliance (Sublocade, Brixadi)



NO...

- **X-DEA waivers** are no longer required
- If you have an **active DEA**, you may **prescribe buprenorphine** like any other controlled substance

Do I need special licensure to prescribe bup?

Opioid dependence

- **Opioid dependence** refers to the fact that patients on chronic opioids will develop withdrawal when they stop
- **This can be from prescription medication** (even when medication is taken as prescribed) or illicit opioids
- **Approximately 2 weeks** of continuous opioid use will result in dependence

American Psychiatric Association, 2013



Opioid use disorder (OUD)

- OUD refers to an **“addiction”** to opioids
- OUD refers to **the psychological aspects of addiction** — craving the drug, using despite consequences, and compulsive behavior around getting/using the drug
- Most patients with OUD **also have opioid dependence** (patients will withdraw when chronic opioid use is stopped)

American Psychiatric Association, 2013

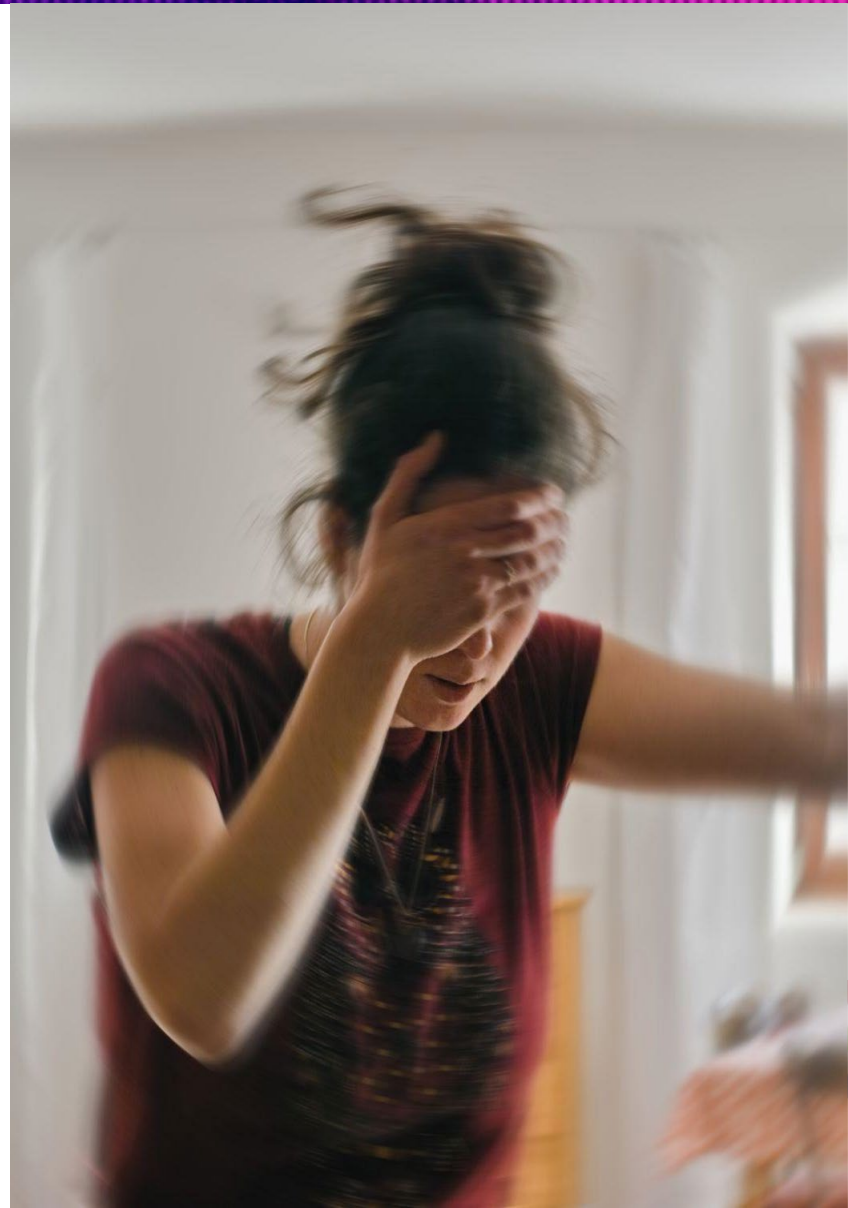


Opioid dependence vs OUD

Not all patients with opioid dependence have opioid use disorder

Example: A patient has a major surgery and takes hydrocodone 4 times per day for 15 days may develop dependence and withdrawal when the opioids are stopped. The patient does not demonstrate cravings or compulsive behavior and does not experience significant consequences from using the prescription

American Psychiatric Association, 2013



Screening for OUD



There are 11 criteria for opioid use disorder

- 2-3 criteria = mild opioid use disorder
- 4-5 criteria = moderate opioid use disorder
- 6+ criteria = severe opioid use disorder

Krichbaum et al., 2023



Criteria for OUD

- ① Opioids are often taken in larger amounts or over a longer period than was intended.
- ② There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
- ③ A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
- ④ Craving, or a strong desire or urge to use opioids.
- ⑤ Recurrent opioid use results in failure to fulfill major role obligations at work, school, or home.

Shulman et al., 2019



Criteria for OUD cont.

- ⑥ Continued opioid use, despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
- ⑦ Important social, occupational, or recreational activities are given up or reduced because of opioid use.
- ⑧ Recurrent opioid use in situations in which it is physically hazardous.
- ⑨ Continued opioid use, despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- ⑩ Tolerance
- ⑪ Withdrawal



Indications for Buprenorphine

- Opioid Use Disorder - **can be used to reduce** cravings, and prevents severe overdose in case of relapse
- Opioid Dependence - **can be used to treat** and stabilize opioid withdrawal
- Pain (acute or chronic)

Bridge to Treatment, n.d.



Contraindications



- Buprenorphine, like other opioids, **should not be combined** with benzodiazepines if possible.
- Buprenorphine is hepatically metabolized, and **cannot be used** with serious liver dysfunction, such as cirrhosis.
- **Should not be combined** with heavy alcohol use.



How is sublingual buprenorphine dosed?

- Most patients stabilize on a **dosage of 16–32 mg of buprenorphine daily** split into two to three doses
- Pain **responds better to divided dosing** (dosing for pain is often QID)
- Suboxone is a **combination of buprenorphine and naloxone** dosage in a 4:1 ratio, available in 2/0.5 mg, 4/1 mg, and 8/2 mg doses. The naloxone is not absorbed.
- Subutex is a **buprenorphine monoprodukt**. It is available in 2 mg and 8 mg tablets

Shulman et al., 2019



How is sublingual buprenorphine dosed? **cont.**

- **Subutex and Suboxone dosing are equivalent** (8/2 Suboxone = 8 mg Subutex)
- Buprenorphine/naloxone is **available as sublingual strips or tablets**. Buprenorphine alone is only available as tablets
 - Reinforce with patients that these must be allowed to absorb in the mouth
 - Ineffective if swallowed
- 1 mg of SL buprenorphine is **approximately 30–40 MME**
 - Due to the ceiling effect of buprenorphine, the risk of overdose is lower than a full opioid agonist

Shulman et al., 2019



Screening prior to initiation

- Unless there are obvious signs of severe liver disease (e.g. jaundice), buprenorphine **may be started to stabilize a patient** with opioid use disorder or opioid dependence.
- Once stabilized on the dose, providers may **consider checking LFTs** every 6 to 12 months to monitor for any hepatic dysfunction as a side effect of buprenorphine.
- Discuss full **addiction history/use of other substances** with patient.

Shulman et al., 2019



Special populations

Pregnant women

- Both SL buprenorphine and SL buprenorphine/naloxone may be used in pregnancy
- Slight dose increases may be needed later in the pregnancy due to increased volume of distribution
- Tapering during pregnancy should be avoided as withdrawal can precipitate preterm labor

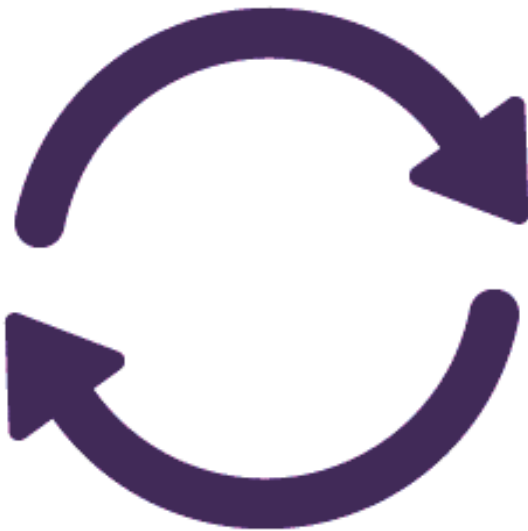
Youth

- Buprenorphine can be used in children for both pain and opioid use disorder (OUD).
- Any patient 16 and older can consent to treatment with buprenorphine for OUD without parental consent.

Shulman et al., 2019



Common Side Effects



- Side effects of buprenorphine are **similar to those seen with other opioids**
 - Constipation
 - Nausea
 - Drowsiness
- Dental caries (from SL administration)
- Injection site reaction (from long-acting injection)



Initiating therapy

- For opioid naive patients, **buprenorphine can be started for pain** in the same fashion as any other analgesic:
 - Starting dose 2 mg TID to QID for pain
- For patients with opioid dependence, **patients must be in opioid withdrawal prior** to starting buprenorphine for pain or opioid dependence
 - This is because **buprenorphine has a high binding affinity at the opioid receptor** and is only a partial agonist at the opioid receptor, so using buprenorphine when other opioids are in a person's system displaces the other opioids currently bound to the receptors
- If initiating therapy, please **[visit the CA Bridge resources page](#)** regarding specifics to consider at samhsa.gov



Initiating therapy/Continuing therapy

- Many **patients will initiate therapy in acute withdrawal** with the Emergency Department or in treatment for addiction and follow up with primary care physicians for continued therapy.
- Once the patient has stabilized on a **dose that manages their pain, withdrawal, and/or cravings** (e.g., 8 mg TID), that dose can be continued in a similar fashion to any other chronic medication.
- Primary care **physicians can help their patients** by taking over prescribing of buprenorphine when stable on the dose.

Snyder, 2023

Substance Abuse and Mental Health Services Administration, n.d.



Monitoring

- Patients will **need to be seen at short intervals** during the first few weeks after initiation to ensure that the dose is correct.
 - Assess for symptoms (uncontrolled pain or withdrawal/cravings) and compliance with regimen.
- Once stabilized, patients may be **seen every few months**.
- As buprenorphine is a controlled substance, providers may consider doing **urine drug testing every 3–6 months**, or more frequently if there is concern for ongoing substance use or the patient is on a high-risk medication regimen.



Monitoring **cont.**



- Consider doing **liver function tests** at least annually.
- Patients and their families **should have Naloxone and know how to use it.**
 - Please share Prescribe Safe's [Naloxone Training Video](#) and the [Naloxone Saves Lives](#) page for more information and resources.
- For patients with OUD - encourage patients to **participate in addiction therapy**/support groups.



Safety Tips for your Patients

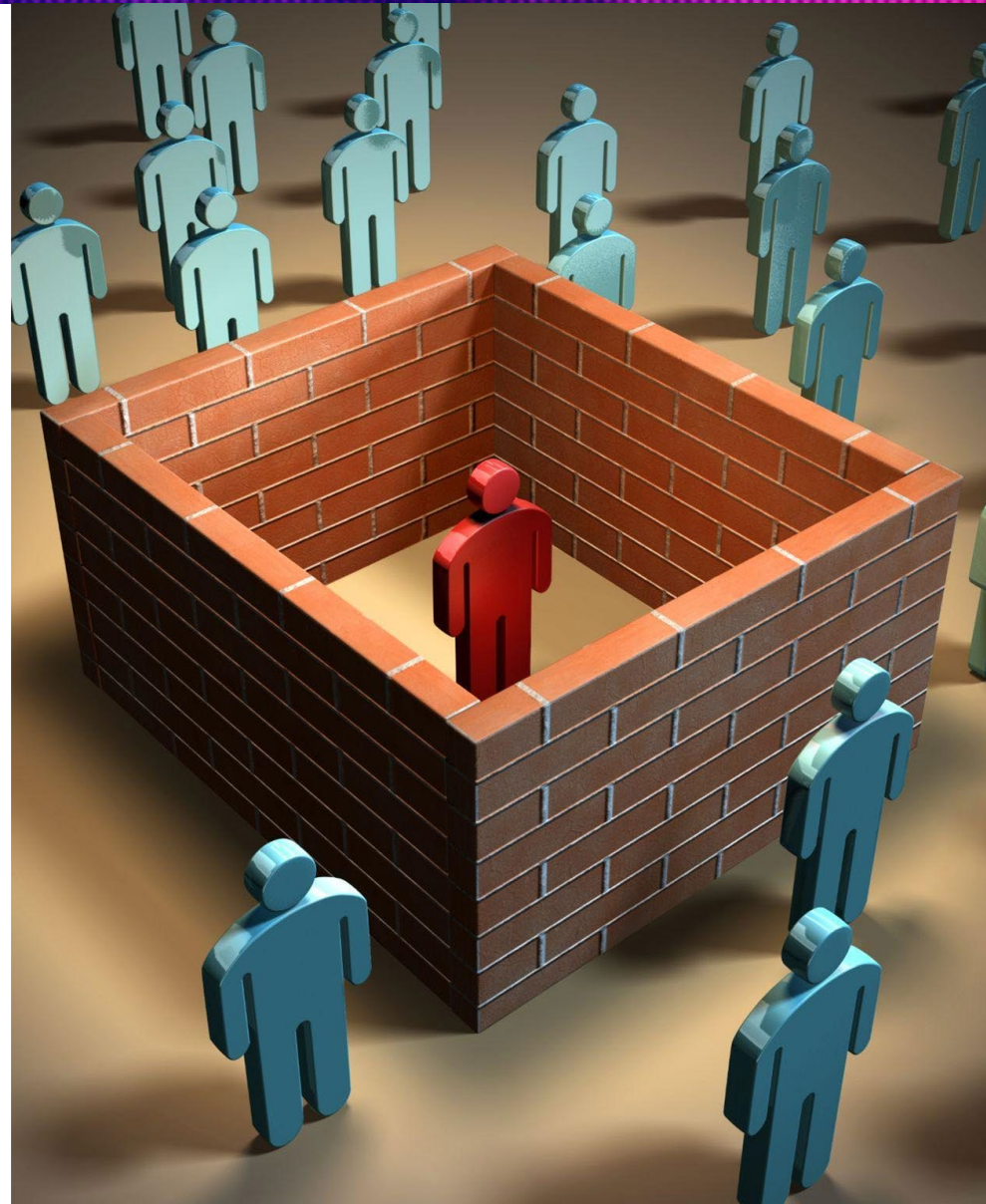
- Be wary of **counterfeit pills**
- Assume that non-prescribed drugs contain fentanyl
- **Never use drugs alone** (friends can save your life)
- Always have naloxone (Narcan®) in case of overdose
- If using, **start low and go slow** (watch and wait before using more)
- Avoid **dangerous combos** (especially dangerous when mixed with benzos like Xanax and Klonopin, opiates such as heroin, Vicodin, or Oxycontin, and depressants including alcohol)



What is stigma?

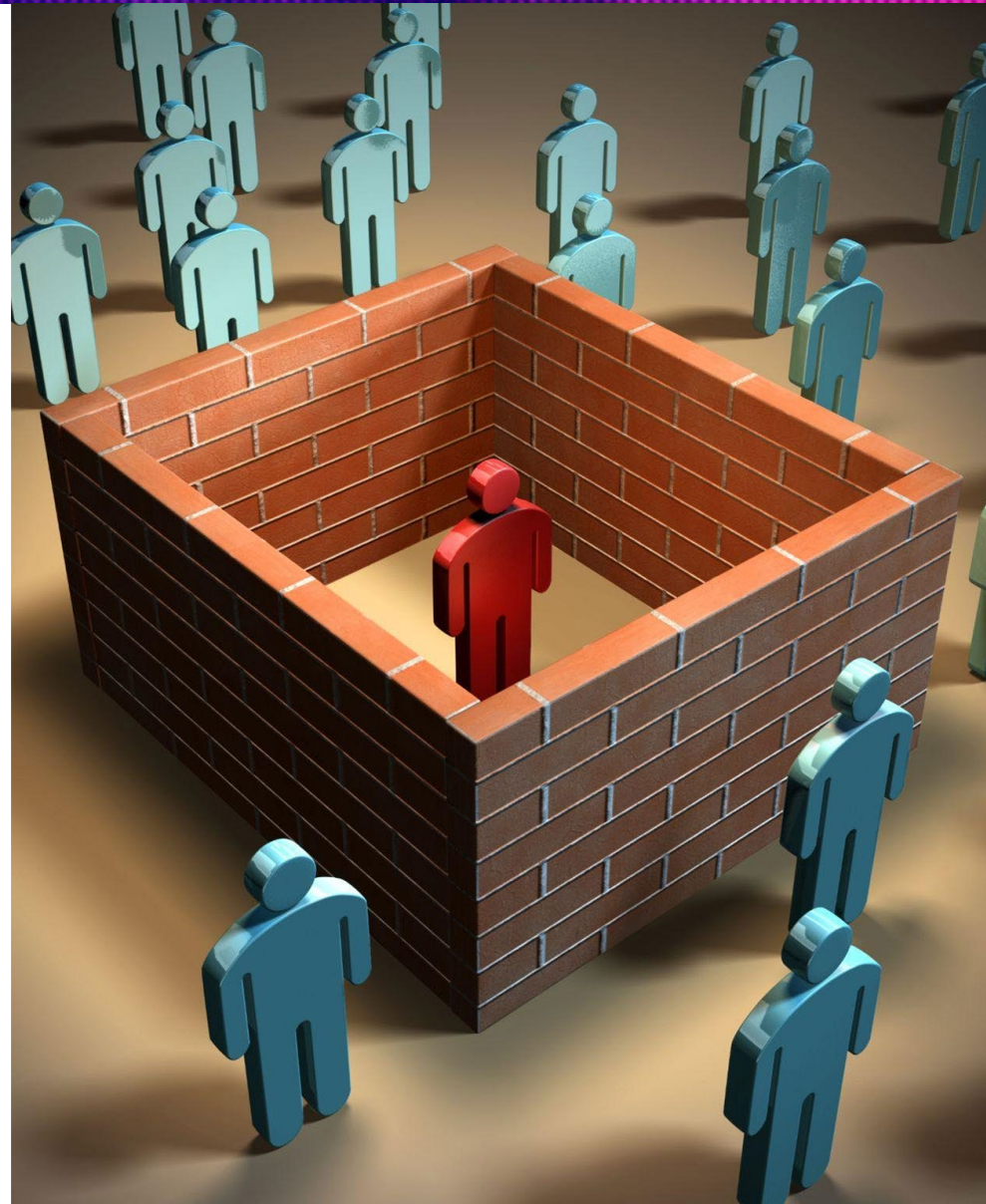
An attribute considered to be undesirable and unpleasant by society and which differentiates the stigmatized person from other members of the community to which he or she should belong.

Hankir et al., 2014



Reducing Stigma

- Patients with pain, opioid dependence, and opioid use disorder **often feel judged for their conditions** by their healthcare providers
- **Avoid any terms** that confer judgement (such as “dirty urine” or “junkie”)
- Use **person-first language** and be objective - “this is a 35-year-old male with opioid use disorder”



What do we do about stigma?

- Start by identifying stigma
 - “In health facilities, the manifestations of stigma are widely documented, ranging from outright denial of care, provision of sub-standard care, **physical and verbal abuse**, to more subtle forms, such as making certain people wait longer or passing their care off to junior colleagues”
- And realize we are hurting ourselves too:
 - “Stigma also **impacts the well-being of the health workforce** because healthcare workers may also be living with stigmatized conditions”

Nyblade et al., 2019



Words matter

“ Our language helps us understand and interpret the world around us. They convey meaning whether the effect is good or bad. **We can use our words to help decrease stigma.** ”

Zwick et al., 2020

A photograph showing the words "WORDS MATTER" spelled out using light-colored wooden blocks. The blocks are arranged in two rows: "WORDS" on top and "MATTER" on the bottom. The background is a grey, textured wooden surface.

Use person-first language

Use **person-first language** and **avoid terms with a judgment**, whether in front of a patient or in front of your staff.

- “Patient with diabetes” vs. “diabetic”
- “Person with anorexia” vs. “anorexic”
- “Person with obesity” vs. “fat person”
- “Person with a mental illness” vs. “crazy” or “psycho”
- “That person has severe psychosis” vs. “that guy is crazy”
- “Person with alcohol use disorder” vs. “alcoholic”
- “Person with substance use disorder” vs. “junkie” or “addict”
- “Abnormal urine tox screen” vs. “dirty urine”



Language choice can reduce stigma

“ If you want to care for something, you call it a ‘flower’; if you want to kill something, you call it a ‘weed.’ ”

Don Coyhis, n.d.



Take-home points



- **Buprenorphine is a life saving medication** for patients with opioid use disorder and can also be used to treat pain.
- Buprenorphine **can be prescribed by any physician**, NP, or PA with a valid DEA.
- Buprenorphine is a **mixed opioid agonist-antagonist with high binding affinity at the opioid receptor**, which requires caution during initiation but is protective in the case of relapse.



Buprenorphine

is an effective treatment for opioid use disorder and pain management, supporting recovery and reducing risk!

**Key
Takeaway**

Conclusion

By **prescribing buprenorphine**, you play a critical role in supporting recovery, reducing harm, and **saving lives**.

- **Effective** — Buprenorphine is a **safe and effective** treatment for opioid use disorder and dependence.
- **Protective** — Its **unique pharmacology reduces withdrawal**, cravings, and overdose risk.
- **Supportive** — Proper use in induction and maintenance **supports recovery and saves lives**.



Evaluation questions

1

What do you plan to do differently in your medical practice as a result of completing this module?

2

Did you feel that this presentation had a financial bias toward companies that produce, market, sell, or distribute healthcare products used on or by patients?

3

Did the presentation include relevant health disparity information relate to age, gender, race, socioeconomics, sexual orientation, religion, language, and/or ethnicity?



Thank you

Thank you for reviewing the **Saving Lives and Treating Pain: An Overview of Buprenorphine Use in Medical Practice** online activity.

We appreciate your commitment to enhancing your knowledge and understanding of this important subject. By participating in this education, you are contributing to safer and more effective pain management strategies, supporting evidence-based practices, and playing a vital role in addressing the ongoing opioid crisis.

We appreciate the care you provide for our communities.

Dr. Reb Close and Dr. Casey Grover
Montage Health Prescribe Safe Medical Directors

Montage Health Prescribe Safe



Acknowledgements

Saving Lives and Treating Pain: An Overview of Buprenorphine Use in Medical Practice was developed by [Dr. Michael R. Gorman](#), [Dr. Jon-Peter Meckel](#), [Dr. Casey Grover](#), and [Dr. Reb Close](#) to provide healthcare professionals with an in-depth understanding of buprenorphine's role in treating opioid use disorder and managing pain.

We hope this online educational resource enhances clinical practice and supports improved patient outcomes.

For questions or support, email prescribesafe@montagehealth.org



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Complete the quiz

To earn your credits:

- Please complete the quiz and evaluation questions.
- Upon completion, you will receive your certificate awarding **CME 0.5 AMA PRA Category 1 Credits™**.

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Explore our other online activity:

Changing Perspectives and Promoting Respect: Stigma Reduction and Person-First Language in Healthcare

This online activity offers **CME 0.5 AMA PRA Category 1 Credits™** for those interested in enhancing their understanding of addressing stigma in healthcare.

