Immediate Release Opioid to Buprenorphine

How to Cross Taper from Your Short-Acting Opioid to Buprenorphine

Are you taking one of the following opioid medications?

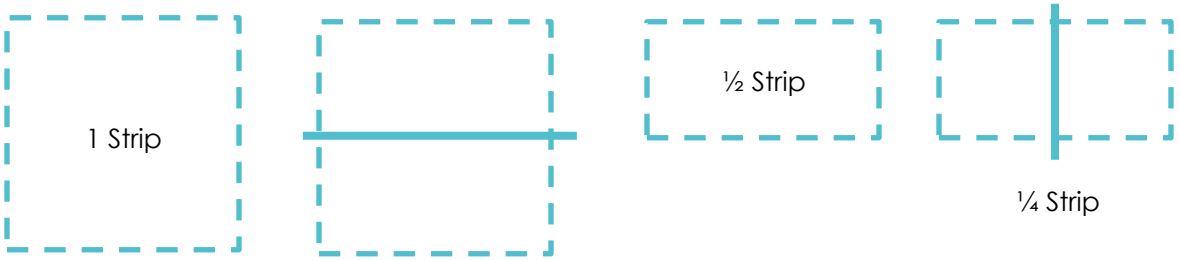
- Norco (hydrocodone/acetaminophen) 10/325 mg tabs: 1 tab by mouth 3-4x daily
- Percocet (oxycodone/acetaminophen) 10/325 mg tabs: 1 tab by mouth 3-4x daily
- Oxycodone IR 10 mg tabs: 1 tab by mouth 3-4x daily
- Morphine sulfate immediate release (MSIR) 15-30 mg: 1 tab by mouth 3-4x daily

If you are taking one of these medications, or something similar, you may be appropriate to switch to a safer, more effective pain management medication called **Suboxone**, or **buprenorphine** (+/- naloxone). You can be transitioned from your opioid to buprenorphine slowly over two weeks, working with your provider to make sure your pain is controlled while avoiding significant withdrawal.

1. You will be prescribed NALOXONE. You and your support member/s will be counseled on appropriate use of the naloxone prior to beginning the taper. Naloxone is a medication that reduces the risk of death from taking too many opioids. This is a key safety measure.

2. Learn how to use the Suboxone medication. The table below shows a visual of how to use the suboxone 2 mg – 0.5 mg SL films each day during week 1 of the cross taper:

2 – 0.5mg Suboxone Film



The first strip will be cut into 2 pieces

Half of it is then cut into 2 pieces (1/4 of a strip).

		AM	PM	Date (write in)
1	**¼ film**	☐	**-**	
2	**¼ film**	☐	**¼ film** ☐	
3	**½ film**	☐	**½ film** ☐	
4	**1 film**	☐	**1 film** ☐	
5	**1 ½ film**	☐ ☐	**1 ½ film** ☐ ☐	
6	**2 films**	☐ ☐	**2 films** ☐ ☐	
7	**2 – 3 films**	☐ ☐ ☐	**2 – 3 films** ☐ ☐ ☐	

3. Plan out a reasonable **cross taper schedule**. The table below shows how to increase Suboxone and decrease the short-acting (i.e., immediate release [IR]) opioid over two weeks. The titration of the Suboxone during the second week and beyond will be very patient-dependent, and your provider will work closely with you to find the best regimen.

Time Point	Buprenorphine Microinduction Recommendation	
	Suboxone Rec	**Opioid IR Rec**
Day 1 (Initial Apt)	(1/4) film SL Daily	100% of usual dose 3-4x daily
Day 2	(1/4) film SL 2x daily	Continue
Day 3	(1/2) film SL 2x daily	Continue
Day 4	1 film SL 2x daily	75% of usual dose 3-4x daily
Day 5	1.5 film SL 2x daily	Continue
Day 6	2* films SL 2x daily	Continue
Day 7 (F/U Apt)	2-3* films SL 2x daily	50% of usual dose 3-4x daily
Day 8	2-4* films SL 2-3x daily	Continue
Day 9-11	Based on craving/pain response: up to 16mg-4mg to 24mg-6mg/day split 3-4x daily	25% of usual dose 3-4x daily
Days 12-13		25% of usual dose 2x daily
Day 14 (F/U Apt)		Stop or use needed dosing for additional pain relief
Days 15-Beyond		

**Based on pain response; may not need to increase Suboxone dose any higher than 2 films per dose at this point, vs. increasing frequency to 3 or 4x daily. For best pain relief, 3 or 4x daily dosing is recommended. Rarely will a patient on these opioid doses need Suboxone doses of 3 or 4 films SL at a time.*

Dosing Help

For oxycodone- or hydrocodone-containing IR 10 mg products 4x daily:
75% of the dose (7.5 mg) = 1.5 x 5 mg tabs
50% of the dose (5 mg) = 0.5 x 10 mg tab OR 1 x 5 mg tab
25% of the dose (2.5 mg) = 0.5 x 5 mg tab

For MSIR 30 mg 4x daily:
75% of the dose (22.5 mg) = 1.5 x 15 mg tabs
50% of the dose (15 mg) = 0.5 x 30 mg tabs OR 1 x 15 mg tab
25% of the dose (7.5 mg) = 0.5 x 15 mg tab

For MSIR 15 mg 4x daily:
75% of the dose (aprx 10 mg) = 5 mL of the 10 mg/5 mL solution
50% of the dose = 0.5 x 15 mg tab
25% of the dose = (aprx 5 mg) = 2.5 mL of the 10 mg/5 mL solution

This material was prepared by the Compass Healthcare Collaborative, the Opioid Prescriber Safety and Support contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

Developed in collaboration with Stader Opioid Consultants.