



Royal Papworth Hospital
NHS Foundation Trust

Buprenorphine

A patient's guide

What are buprenorphine patches?

Buprenorphine is a strong opioid that is used to treat moderate to severe pain. Like other opioids, it works on the brain and nervous system to reduce the sensation of pain. Buprenorphine skin patches are used for relatively stable or chronic pain. The drug is absorbed gradually through the skin over a number of days. Because of this, it may take a few days from applying the first patch to see a benefit.

Buprenorphine tablets may also be used to treat some drug addictions. Using buprenorphine patches appropriately, as prescribed by your doctor, for pain, will not lead to development of a drug addiction and is a safe and practical option for improving pain and quality of life.

How to use buprenorphine patches

- If you are using BuTrans patches:
Apply one patch to a dry, non-irritated, non-hairy area of skin on your upper body. Remove after seven days and replace with another patch. Apply the replacement patch to a different area of skin, making sure to remove the

old patch. Avoid using the same area of skin for at least three weeks. Continue to replace the patches every week, on the same day of the week.

- If you are using Transtec patches:
Apply one patch to a dry, non-irritated, non-hairy area of skin on your upper body. Remove after three or four days and replace with another patch on another suitable area of skin. Avoid using the same area of skin for at least a week. Continue to replace the patches every week, on the same two days of the week, e.g. on Mondays and Thursdays.

Upper arms, upper chest and shoulders are often suitable areas to apply the patch.

Make sure the old patch is removed before applying a new one.

The patches should not be cut. When removing a patch, fold it in half with the sticky side inside before throwing it away as this will help prevent other people coming into contact with the drug accidentally. It is particularly important to be careful with disposal if there are children around.

If a patch comes loose, take it off completely and replace with another. Do not apply lotion or cream to the skin area where you will be applying the patch as this can make it harder for it to stick.

You can shower and swim while wearing a patch, but it is important not to get too hot as this can increase the amount of drug being absorbed. For this reason it may be better to avoid long, hot baths, saunas and electric blankets.

Breakthrough pain

You may still experience short periods of increased pain (this is called 'breakthrough pain'). If this happens, it is safe to use additional 'as needed' pain relief you have been prescribed, such as paracetamol or oral morphine (Oramorph). If you find that you are using 'as needed' pain relief more frequently, please let your doctor know as your background pain relief (i.e., the buprenorphine patches) may need to be adjusted.

Possible side effects

Along with useful effects, all medications can potentially cause side effects. The manufacturer's information leaflet issued with the patches

will provide more details, though it is important to remember that side effects are not predictable and most people tolerate this medication well. Most side effects will improve as your body adjusts to the new medication. If any of these side effects are troublesome or persist for more than a few days, please let your doctor know:

- Feeling drowsy, dizzy or blurred vision.
This should improve after the first few days. Do not drive or operate any machinery if you experience this. Let your doctor know if this persists.
- Feeling sick or nauseous.
This should improve after the first few days. Your doctor can prescribe anti-sickness medication to help.
- Itching or redness at site where patch has been applied.
Make sure a different site is used each time a patch is applied. Let your doctor know if this persists.
- Dry mouth, reduced appetite, sweating, flushing, and feeling confused or nervous.
Let your doctor know if this persists.

Constipation is a predictable effect of buprenorphine, but is usually easily treatable. It is important to eat a well-balanced diet containing plenty of fibre and to drink plenty of water, but you will probably also need to take a laxative regularly.

When to seek advice or help

- Fever/increased body temperature.

A raised body temperature can increase the absorption of buprenorphine from the patch. This may lead to increased sleepiness or confusion. If you develop a fever while using a buprenorphine patch, please contact your doctor as the dose may need to be reduced.

This may also happen with the use of a hot water bottle near the skin area that the patch has been applied to, and with the use of electric blankets or hot showers.

- Potential signs of overdose (opioid toxicity).
Excessive sleepiness, confusion, muscle jerks or hallucinations could be signs of opioid toxicity. This may happen if the patches have been increased too quickly or if more of the drug is

absorbed through the skin during periods of increased temperature.

This may also happen when other medications that might increase the effect of buprenorphine are taken while using the patch (see next page for details).

It is important to tell your doctor and other health care professionals involved in your care that you are using buprenorphine patches.

Taking other medication while on buprenorphine

Buprenorphine is metabolised by complex enzyme systems in our body. Other medications can increase or reduce the effect of buprenorphine by interfering with these enzymes. These effects may develop within days or even up to a few weeks after being on the additional medication.

Let your doctor or nurse know that you are on buprenorphine patches when you are being prescribed other medications.

Drugs that can increase the effect of buprenorphine, and, therefore, could potentially cause opioid toxicity:

- Drugs used to treat fungal infections (e.g. posaconazole,

isavuconazole, ketoconazole, fluconazole, itraconazole, voriconazole);

- Aprepitant and netupitant, which are drugs used to treat nausea and vomiting;
- Diltiazem and verapamil, drugs used to treat heart conditions and raised blood pressure;
- Some drugs used in HIV treatment, e.g. Cobicistat, HIV- protease inhibitors such as atazanavir, ritonavir, etc.;
- Imatinib, nilotinib and crizotinib, which are used to treat cancer and leukaemia;
- Some antibiotics (clarithromycin, erythromycin, and ciprofloxacin);
- Grapefruit juice.

Drugs that can reduce the effect of buprenorphine, potentially leading to more breakthrough pain:

- Some drugs used to treat seizures or epilepsy (e.g. carbamazepine, phenytoin, phenobarbital);
- Rifampicin, an antibiotic used to treat infections, including TB;
- Enzalutamide, a hormone treatment for men with prostate cancer;
- Dronaderone, a drug used to

treat heart arrhythmias;

- St John's wort, a herbal remedy that can be bought over the counter.

Travelling abroad

If you are travelling abroad, you need to check both UK Customs regulations and those of the country to which you are travelling (as well as any countries you are travelling through). At a minimum, you will require a letter from your doctor, as buprenorphine is classed as a controlled drug and will be subject to different regulations.

Alcohol

The effects of alcohol such as sleepiness and poor concentration may be increased if you are also on opioids such as buprenorphine. Once you have been on a stable dose for some time, you should be able to have alcohol in moderation, but this is likely to be less than the amount you previously tolerated.

Driving or operating hazardous machinery

You may drive once you are on a stable dose of buprenorphine, but should inform your insurance company and carry a copy of your prescription with you. It is your responsibility to ensure you

are fit to drive before getting behind the wheel of a car. Please see our leaflet 'Medication and Driving' for more information.

MRI scans

Certain brands of buprenorphine patches contain metal and can potentially cause burns or lead to increased absorption of the drug if worn during an MRI scan. For these reasons, all patches should be removed prior to an MRI scan and replaced with a new patch following the scan. Please remember to bring a replacement patch with you to your appointment if you are having an MRI scan. This does not apply to CT scans.

References

BNF

<https://patient.info/medicine/buprenorphine-for-pain-relief-butrans-hapoctasin-temgesic-tephine-transtec>

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<https://www.medicines.org.uk/emc/files/pil.124.pdf>

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