My UCDAVIS HEALTH

Name: Jason East | Legal Name: Jason East | DOB: 12/3/1974

FDA guidance

Participants

You May 6, 7:36 PM

Dear Dr. Davis,

Thank you again for your time during today's appointment. As we discussed, I wanted to follow up on the suggestion regarding the use of tape over the Butrans patch.

Per the FDA-approved prescribing information for Butrans (buprenorphine transdermal system), the manufacturer and the FDA specifically state that the patch should not be covered with tape or bandages unless explicitly instructed and approved by the healthcare provider using specific medical adhesive films (e.g. Bioclusive or Tegaderm). Even then, it is only advised if the edges of the patch lift.

Here is the relevant language from the prescribing guide:

> "Avoid exposing the BUTRANS application site and surrounding area to direct external heat sources and do not cover with bandages or tape unless specifically instructed by the healthcare provider."
— FDA Butrans Prescribing Information (Labeling), Section 2.6

The manufacturer also notes:

> "Covering the patch with tape or other materials not approved can increase absorption of buprenorphine, potentially leading to overdose or respiratory depression."

I understand that clinical practices may vary, but given my own history of side effects—including blackouts and low blood pressure—I felt it was

important to refer directly to the official FDA guidance. I appreciate your willingness to review this and welcome any additional input.

Best regards,
Jason East

R Matson, RN May 7, 11:48 AM

Dear Mr. East,

My name is Robin and I am a Registered Nurse working with the Rancho Cordova Doctors.

I have forwarded your message to your doctor as an FYI. If you need further assistance please call the clinic, 916-851-1440.

Thank you,

Robin Matson, RN
UCD Advice / Rancho Cordova

Molly Davis May 9, 5:57 PM

Hi, Jason,
As I noted in my last message to you, this is referring to putting the patch on and THEN putting tape over the back of the patch that would press it onto your skin more. In this situation, there is nothing between the patch and your skin, and the tape is over the back of the patch, not the adhesive side.

What has been recommended for you re: taping is to put tape on the underside (adhesive side) of the patch BEFORE putting it on your skin. In this situation, there is tape between the patch and your skin. This is different from what the FDA is referencing.

I have also seen your other email regarding the butrans patch. I agree that the side effects from the butrans are not ideal. I am concerned that adding further oxycodone is also not ideal, though I realize it is something you have done in the past. I am happy to continue considering alternative management strategies including the cessation of buprenorphine with the assistance of a pain management pharmacist. I will place a referral for us to work with Becky Hoss, PharmD, given your feelings about your experience with Mariya.

Please let me know if you have any questions or if there's anything else I can do for you.
Best,
Molly Davis, MD

You May 11, 10:33 PM

Hi Dr. Davis,

Thank you again for the clear explanations—I truly appreciate it.

You mentioned I should let you know if anything in your notes seemed inaccurate or incomplete, so I wanted to clarify an important omission from the record.

During our discussion, I shared that I previously blacked out while using a sander in my garage due to orthostatic hypotension caused by Butrans. The incident resulted in an injury to my arm, which was visible at the time (still faintly scarred), and was reported not only to you, but also to Dr. Curole and pain pharmacist Dr. Mariya Kotova during a prior video visit. My wife Stacey was present for all of these conversations.

This incident is one of the primary reasons I remain deeply concerned about continuing Butrans, even at reduced doses. It has caused serious side effects that impact my safety and mobility.

I also want to note that oxycodone, even at slightly higher doses during periods of increased pain, has never caused side effects beyond occasional constipation, which is manageable. The contrast in safety and function between that and the risks I've experienced on Butrans is significant. While I understand the broader concerns around opioids, in my case, oxycodone has been more stable and predictable than buprenorphine-based options. Maintaining safe mobility and avoiding further injury is a critical part of my care plan.

Thank you again for your time and willingness to review this.

Sincerely,
Jason East

Molly Davis May 13, 12:45 PM

Hi, Jason.

Thank you for reminding me about the incident with the sander. Consider it documented as it will be present and visible to you and your care team in these messages.

Regarding the butrans, I agree, it is not a good option. You were deciding between 15mg vs 10mg at our appointment and chose 15mg for better pain control despite the side effects. I think we should decrease the dose to 10mg and continue to wean you off of it.

I realize this will result in an increase in pain, but it would be a significant increase in safety.
My expectation with the plan we made - consultation with our Pain Management Clinic and ongoing discussion with your surgical team re: non-surgical options - is that we will find a way to better control your pain that is safer than what you are currently taking.

The referral to our Pain Management clinic has been approved. You may reach out to

them at 916-734-7246 to schedule your appointment.

The referral to Psychiatry for management of your anxiety in the context of chronic pain has also been approved. You can call 916-734-3574 to schedule an appointment with them.

I know you would prefer to go back to an increased supply of oxycodone per 30 days and realize that you felt this was an effective regimen previously. I am concerned that increasing beyond 180 tabs per month would be setting you up for further tolerance in a short period of time and result in even fewer options for pain control in the future. This would ultimately become a safety risk, as well.

I will be ordering your oxycodone today. Would you like me to order the 10mg butrans as well? I will wait to hear back from you before ordering any butrans. If you start the 10mg butrans with this fill, we can wean you to 7.5mg next month.

I can also initiate a referral to an outside pain management clinic who can take over your medication prescribing if you would like me to. I will wait to do so until I have heard back from you.

Let me know if you have any questions.

Best,
Molly Davis, MD

You May 13, 1:50 PM

Dear Dr. Davis,

Thank you for documenting the sander injury in our message thread.

Regarding Butrans, I want to be clear: I do not consent to further use or tapering of this medication. It has not controlled my pain effectively and caused significant side effects. While I agreed to try 15mcg over 10mcg, it was only due to lack of alternatives and under pressure during our appointment—not because it was a workable solution.

I appreciate the referrals to Pain Management and Psychiatry and will follow up. However, I'm concerned that despite past issues with Dr. Curole, I am now facing the same approach—dose reductions without viable substitutes. This is dangerous and already led to harm.

At this time, I am requesting continued access to my oxycodone prescription without reduction until a safe, effective alternative is in place. I do not consent to any other medication changes, including a Butrans refill.

Please also hold off on referring me to an outside pain clinic until we've had further discussion.

Sincerely,

Jason East

You May 13, 2:01 PM

I want to clarify what I meant when I referred to the “pressure” placed on me regarding the Butrans patch. That pressure came from being put in an impossible situation: either continue using a medication that caused me to black out, risking serious injury, or stop using it and be left in unmanaged pain and withdrawal. That’s not a real choice—it’s coercive, and it left me with no safe or humane option.

I am not wanting escalation, I just want adequate care. Period.

Thank you,
Jason

You May 13, 2:10 PM

And to clarify once more:

I am not refusing care. I am asking for care that does not cause additional harm.

Thank you.

Molly Davis May 13, 2:19 PM

Hi, Jason.
Thanks for your response.

I am definitely not reducing your oxycodone prescription. That has been filled for 180 tabs. Sent today.

Given the butrans was not helpful for your pain, I hope stopping it will not significantly reduce your functional level.

I will not refill the butrans per your request; if you have withdrawal symptoms, however, it may be advisable to trial a step-down approach.

I expect that your UCD Pain Management doctor, Dr. Javidan, and I will be in communication together to come up with a strategy for you. It is not my intention to leave you without a viable substitute. I acknowledge we may have periods of less-than-desirable pain control while we work to find the safest treatment option that allows you to maintain the level of function you have had. I do not expect your current regimen minus the butrans to be where we ultimately settle. As you know, this will take some fine tuning over time, but I am optimistic that we will find additional pain management modalities that will work for you. I know it's difficult when you're not feeling your best, and I ask for your patience while we continue moving forward. Please also know that it is never my intention to simply leave you in pain without a next step. I agree with you that we need to prioritize your safety at this point.

Tomorrow is my last day before I will be on leave for approximately 6 weeks. I have spoken with Dr. Torres as discussed at your appointment. You can reach out to her for anything you may need in my absence.

If you need anything before I go, please call our clinic as I may not be able to check MyChart as regularly over the next day and a half.

Best,
Molly Davis, MD

You May 13, 3:53 PM

Hi Dr. Davis,

I am sorry that my message was miscommunicated. I may have phrased that incorrectly. I do not want to discontinue or taper the Butrans without a replacement for a working solution to control my pain.

I do not agree with continuing the medication, as I have said all along. It is dangerous, however I do not agree with stopping it or tapering without a replacement.

I will call with a message that reflects exactly what is said here.

Thank you,
Jason Rast

You May 13, 4:56 PM

Messaging is not always the best method of communication.

I will make it clear yet again as noted in my chart; Butrans does control my pain, just not effectively at 15mcg. It does a pretty good job at 20mcg.

Molly Davis May 13, 10:21 PM

Hi, Jason.

Here are the options I am able to offer at this time:
1) oxycodone as currently prescribed + 10mcg butrans + increased gabapentin dose*

2) oxycodone as currently prescribed + 10mcg butrans + I will reach out to pain management at UCD to see if they can get you in as soon as possible.

3) if neither of these options are suitable, I can refer you to an outside pain management specialist with experience managing higher doses of opioid therapy to take over your pain management prescriptions.

Per our discussions both at your appointment and in these messages, the butrans 15mcg is doing more harm than good. From a safety standpoint, I cannot continue to reasonably recommend ongoing use of this dose. Escalating to 20mcg would be expected to be worse with regards to orthostatic hypotension and pose further risk for harm.
While the potential increase in pain associated with a lower dose of butrans is frustrating and uncomfortable, it is safer than risking ongoing orthostatic hypotension that has already resulted in your sander injury and could result in serious head trauma or death.

I propose butrans 10mcg + gabapentin, increasing as below, to replace butrans 15mcg. (Gabapentin 1400mg/day x 4-7 days, then 1600mg per day x 4-7 days, then 1800mg/day until you can see Pain Management).

*This total daily dose of gabapentin is less than your prior dose of 2800mg/day that was associated with hair loss and swelling.

Please let me know how you would like to proceed.

Best,
Molly Davis, MD

You May 13, 11:20 PM

Hi Dr. Davis,

Thanks for laying out the options. After talking it over with my wife, I'd like to go with Option #1—continuing the current oxycodone, trying the 10mcg Butrans, and gradually increasing the gabapentin as you suggested.

I'm definitely open to giving this combination a fair shot. I know it may take some trial and error to find the right balance, and I appreciate you working with me on it.

I'm not sure yet if this will be a long-term solution—it really depends on how it works for both pain and side effects. I'm hopeful we'll find something that works well, and I'm grateful for your help moving forward with that in mind.

Thanks again,
Jason

Molly Davis May 14, 11:19 AM

Hi, Jason.
That's great! I'm glad you and Stacey talked it over together. I agree, this may not be a long-term solution, but it's something to get us through to the next step. I appreciate your input and collaboration.

I will send over the butrans 10mcg/hr patches today as well as 100mg gabapentin caps to add to your current 400mg Rx.

I may not be able to fit the full instructions on the label on the Rx bottle, so it may simply say "take as directed" in which case "as directed" would mean the following:
1) you can add 100mg to your 400mg gabapentin twice per day - whichever doses you thing would be best (morning + afternoon, morning + night, afternoon + night)

2) you can add 200mg (2 x 100mg caps) to a single dose of the 400mg for a total of 600mg for that dose. You can choose which time of day you think a higher dose would be most beneficial.

Either way, the total daily dose for the first 4-7 days should be 1400mg.

Following that, you may add another 200mg per day in the same fashion. The only combination I would avoid is adding 200mg to a 600mg dose. That is to say, I would not recommend taking a single 800mg dose and 2 400mg doses. Total daily dose should be 1600mg/day.

For the 3rd increase, similar principles apply.
I would avoid doing a single dose of 1,000mg.

I will send a more detailed list shortly.

Please let me know if you have any questions. I will be here until 3:30p today. If it's ok with you, I'd like to CC Dr. Torres on this thread to keep her in the loop as she'll be covering your prescriptions for me while I'm gone. That may also allow you to select her from the drop down menu of physicians you can message.

Thanks!
Best,
Molly Davis, MD

You May 14, 1:23 PM

Hi Dr. Davis,

Thank you for this thoughtful message and for working with me on a plan we can move forward with. I appreciate the clarity on the gabapentin titration and the refill for the Butrans. I'll follow the dosing instructions carefully and will keep an eye on how things go.

Yes, please do CC Dr. Torres on this thread—I'd like to make sure she's fully in the loop, especially since she'll be handling my prescriptions while you're away. That includes the next refill for my oxycodone, so I'd appreciate her being aware of my current regimen and the history behind it.

Thanks again for your support and collaboration. I'll reach out if anything changes.

Best,

Jason East

Last viewed by staff May 14, 2:01 PM

Molly Davis May 14, 2:30 PM

Great, Jason. I will CC her.

For further clarity re: the gabapentin, as promised, see below. These are the progressions I recommend to minimize orthostatic hypotension or central nervous system suppression.

Current schedule:
3 doses: 400mg / 400mg / 400mg

Options for first dose increase for total dose of 1400mg/day (these doses are not necessarily in order, ie, the first dose listed doesn't necessarily mean it's your morning dose, it's just the suggested combination of doses. Whichever dose you choose for morning/afternoon/evening is per your preference):

- 400mg / 500mg / 500mg
- 400mg / 400mg / 600mg

Options for the 2nd dose increase to 1600mg/day:
Any combination such that your highest dose that day is no more than 700mg (ie, not 400mg / 400mg / 800mg)

- 400mg / 500mg / 700mg
- 400mg / 600mg / 600mg
- 500mg / 500mg / 600mg

Options for 3rd increase to 1800mg/day:

- Any combination such that your highest dose that day is no greater than 900mg (ie, anything other than 400mg / 400mg / 1000mg)

Once you find what dosages work for you, we can simplify the pill regimen so you're not just adding 100mg pills everywhere.

I look forward to following up with you and Stacey in person upon my return (I'll have staff reach out to set that up with you).

Best,
Molly Davis, MD

You May 14, 4:01 PM

Thank you!

Please allow at least 2 business days for a reply.

You cannot reply to this conversation. It is too old to be replied to.