

Buprenorphine/Naloxone (Suboxone®)

Information for Community Providers

ABOUT BUPRENORPHINE

Buprenorphine/naloxone (brand name Suboxone®) is a first-line treatment for opioid use disorder. As a long-acting opioid, buprenorphine prevents withdrawal symptoms and reduces cravings for opioids, making it easier for people to reduce their use. Because of its high affinity to the opioid receptor, buprenorphine blocks the effect of other opioids used concurrently, resulting in less of a high. However, buprenorphine does not cause someone to feel ill if they do use opioids. Buprenorphine has a “ceiling” effect, meaning that above a certain dose there is no additional effect. This contributes to a lower risk of respiratory depression and overdose than with other opioids, including methadone.

People who are not stabilizing with buprenorphine or prefer another type of opioid agonist treatment (OAT) should be referred to appropriate settings where methadone or slow-release oral morphine can be prescribed. Treatment strategies that are based on withdrawal management alone without plans for transition to OAT are associated with very high rates of relapse and mortality. In contrast, long-term OAT is associated with improved health outcomes and reduced overdose rates, including for people who are not abstinent from other opioid use.

PRESCRIBING BUPRENORPHINE

Buprenorphine comes in 2mg, 8mg, 12mg, and 16mg tablets combined with naloxone. The 2mg and 8mg tablets are most commonly prescribed because they are covered on the ODB formulary. Buprenorphine tablets must be taken sublingually as the buprenorphine is not readily absorbed when tablets are swallowed. The naloxone component is not absorbed when taken sublingually or orally. Naloxone is included in the medication only as a deterrent to injection. Buprenorphine tablets must be taken sublingually.

Dosing: Usual doses are 16 to 24mg/day.

Prescriptions for buprenorphine should include the following:

- Dose in mg of buprenorphine
- Start and end dates
- Days that you would like the patient to pick up medication at the pharmacy (e.g., pick up 7 days' supply every Monday)
- The specified pharmacy
- A request that the pharmacy notify you if the patient misses any doses

CLINICAL CONSIDERATIONS

Take-home vs observed dosing: Being able to take buprenorphine at home like a typical medication (as opposed to observed daily dosing at a pharmacy) reduces stigma, cost, and barriers associated with treatment. Most patients can take home up to one week of buprenorphine from the time that they start treatment and move toward monthly pickup, as long as they are stable and managing their medications well. For patients who have ongoing severe substance use or are unable to store medication safely, consider having buprenorphine doses dispensed daily at the pharmacy until these issues are resolved.

Urine drug testing: There is no required frequency of urine drug testing for patients on buprenorphine. Testing is usually done at the time of an appointment. Urine drug screens can be ordered on the usual laboratory requisition by writing “urine toxicology for drugs of abuse”. The report will typically indicate buprenorphine and/or norbuprenorphine (the metabolite) along with naloxone. A urine screen with unexpected results, such as the absence of buprenorphine/norbuprenorphine or the presence of opiates, alcohol, benzodiazepines, or other illicit drugs, should prompt a discussion with the patient about their substance use and safety.

Duration of treatment: Studies have shown that patients are significantly less likely to relapse with long-term treatment. However, medications are just one part of the long-term management of opioid use disorder; counselling, mutual support groups, and active management of mood and anxiety disorders are all beneficial for long-term recovery. Patients who are considering discontinuing buprenorphine treatment should be assessed for stability and supports and encouraged to taper gradually.

ADDITIONAL RESOURCES

- [META:PHI Provider Resources](#)
- [machealth Opioids Clinical Primer](#)
- [Your local Rapid Access Addiction Medicine \(RAAM\) clinic](#)