Buprenorphine/Naloxone Discharge Information for Primary Care

Date: _____

Client: _____

Dear _____

This patient has been started on **sublingual buprenorphine/naloxone,** hereafter *SL buprenorphine* (trade name Suboxone®), as treatment for opioid use disorder (OUD).

Buprenorphine is a long-acting opioid that prevents withdrawal symptoms and limits cravings for opioids. It has a higher affinity for the opioid receptors than other opioids and blocks the effect or "high" of full-agonist opioids that are used concurrently, which further helps people reduce their use. Buprenorphine does not cause someone to become ill if they use opioids. Buprenorphine has a ceiling effect; there is no additional risk for respiratory depression above a certain dose, making it a good alternative to methadone. It also has fewer drug interactions and less QT-prolonging effect than methadone. Long-term buprenorphine use is associated with improved health outcomes and reduced overdose rates.

The usual dose of SL buprenorphine is 16–24 mg/day, usually prescribed in combinations of 2 mg and 8 mg tablets (as they are covered on the ODB formulary). Tablets must be taken sublingually, as the buprenorphine is not readily absorbed when tablets are swallowed. Naloxone is included in the medication only as a deterrent to injection; it is not absorbed when tablets are taken sublingually or orally.

Therapeutic results are best when this medication is combined with counselling and/or community support.

Please keep the following considerations in mind:

- Unlike methadone, SL buprenorphine usually does not need to be dispensed daily. Most patients can start with weekly pick-up and move toward monthly pick-up 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.
- 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 broad spectrum toxicology". 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 drugs, should prompt a discussion with the patient about their substance use and safety.
- Prescriptions for SL buprenorphine should specify the daily dose, start and end dates, the pharmacy, the days that the patient should pick up the medication at the pharmacy (e.g., pick up 7 days' supply every Monday), and a request that the pharmacy notify you if the patient misses any doses.
- During buprenorphine treatment, non-opioid medications are recommended for acute pain management. If opioids are required, be aware that it can take higher doses to reach a therapeutic effect.
- Clients that continue high-risk opioid use (i.e., use of fentanyl, intravenous administration) while taking SL buprenorphine should be considered for transition to another form of OAT, such as methadone. This transition is best completed by an experienced addictions provider.

Please see the attached prescription that the patient was given on discharge. For ongoing substance-related support, please contact your local rapid access addiction medicine (RAAM) clinic at _____

Sincerely,

Phone: _____ Fax: _____